# Partnering with an External Quality Review Organization (EQRO) to Achieve Medicaid Dental Access and Utilization Improvement

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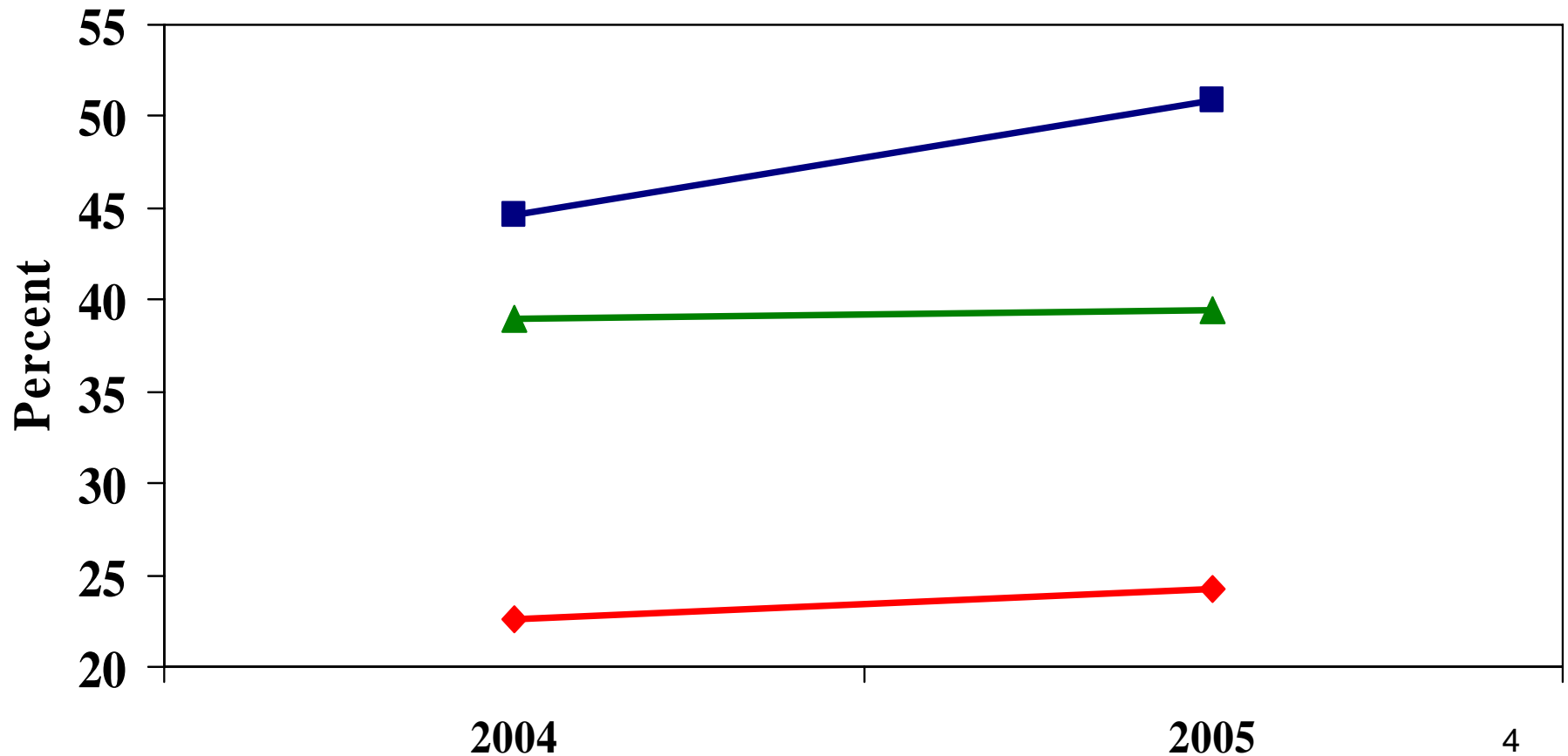Financing and Policy

# Background

- As the nation's fastest growing and most transient state, Nevada's health outcomes often reflect the "high-low syndrome" in health outcomes.

  - "High" in outcome measures where the object is to be "low," e.g. incidence of diabetes, injuries from gunshot wounds.

  - "Low" in outcome measures where the object is to be "high," e.g. access to early pre-natal care, well-child exams, immunization rates, and <u>dental utilization</u>.

# The Nevada Medicaid Dental Context

- Dental utilization historically "low" instead of "high."

- During the 1990s, dental utilization stuck in the low to mid-20% range.

- This utilization range occurred in an any willing provider, fee-for-service environment.

- In Las Vegas within the same dental delivery model and provider network the Nevada Medicaid and SCHIP programs reported widely disparate dental utilization rates: SCHIP "high," Medicaid "low."

- Additionally frustrating because Nevada SCHIP dental utilization rates run at or above national rates, Medicaid is typically 15 percentage points <u>below </u>national average.

# Medicaid Managed Care Dental Utilization:
# 2004 - 2005

# Needed: A Commitment to Improve

- In 2000, Nevada Medicaid committed to an alternative delivery and payment structure for dental services in Las Vegas, the State's dominant population center.

  -Implement managed care delivery through the incumbent managed care health plans.

  -Utilize the new University of Nevada Las Vegas UNLV School of Dental Medicine as lead provider and de facto network manager.

  -Compensate UNLV using age-gender specific capitated rate schedule.

# Recognized Planning and Pre Implementation Issues

- UNLV operated dental clinics but had limited infrastructure to serve 85,000 Medicaid and SCHIP members, e.g. staff, IT, call center.

- Need to conduct a formal Readiness Review in order to achieve a smooth implementation and satisfy CMS requirements.

- State had limited staff resources and large project management experience.

# Choosing the Right Dental Planning Approach

- The state considered alternative approaches to implementing its dental improvement strategy:

- State-HMO led Project Team

- Actuary-financially led consulting firm

- State-External Quality Review Organization (EQRO) led team

# The Right Dental Planning Approach for Nevada

- State-HMO led Project Team
- Actuary-financially led consulting firm
- State-External Quality Review Organization (EQRO) led team
  - Offered proven resources and technical experience, plus knowledge of Nevada Medicaid from previous compliance activities.

# Dental Implementation Approach

- Formed a project team with the EQRO, managed care plans, UNLV School of Dental Medicine.

- Collaborated to meet the needs of a start-up program:
  - Improvements to UNLV infrastructure staffing, training, phone system, scheduling software, data base software, compliance and program reporting.
  - HMOs negotiated a capitated reimbursement schedule with UNLV

# Dental Implementation Approach

- EQRO conducted the Readiness Review

- CMS reviewed and approved

- Program launched February 2002

# Impact of the UNLV Managed Care Dental Delivery Model

- The model achieved partial successes:
  - Improved availability of specialty care
  - Integrated Medicaid dental care to the contracted managed care plans
  - Operational components, e.g. payments, tracking and performance reporting worked well.

# Impact of the UNLV Managed Care Dental Delivery Model

- The model did not achieve critical success:
  - Dental utilization did not increase
  - Service quality was inconsistent
  - Appointment intervals
  - Wait times
  - Number of available dental providers did not increase significantly
- Recognize that Las Vegas is a challenging health care market due to rapid population growth:  holding dental utilization steady is still positive!

# Revisiting the Dental Delivery Strategy

- Post implementation dental performance report in August 2003 confirmed that dental delivery strategy was not keeping up with needs, meeting targets.
- Medicaid considered alternative approaches to significantly increase Medicaid dental utilization.
- Decided that the Medicaid managed care plans were willing and potentially able to establish larger dental networks based on community practitioners.
- Began planning expansion, targeted 2005 implementation.

# Together…Again: Nevada Medicaid and its EQRO

- The EQRO was again central to the planning and readiness assessment of the next iteration to dental delivery:

  – Provided oversight of provider credentialing
  – Verified quality assurance
  – Assessed scope and size of provider networks.

  The planning process was easier than the initial conversion due to internal readiness of the managed care plans and experience of state staff.

# The 2005 Medicaid Dental Model

- One managed care plan employed a network manager to recruit community practitioners.

- The other plan recruited from its existing commercial network and directly to additional community practitioners.

- Both Medicaid managed care plans reimburse their dental providers on a fee for service.

- UNLV School of Dental Medicine continues as a contracted network provider for one of the managed care plans.

# Dental provider participation results are very encouraging…

- From July 1, 2005 to date, the number of participating Medicaid dentists in Las Vegas has increased by 192%

  Number of participating dentists

  Clinic Based:              Community Based:
  Pre-network              Post Network
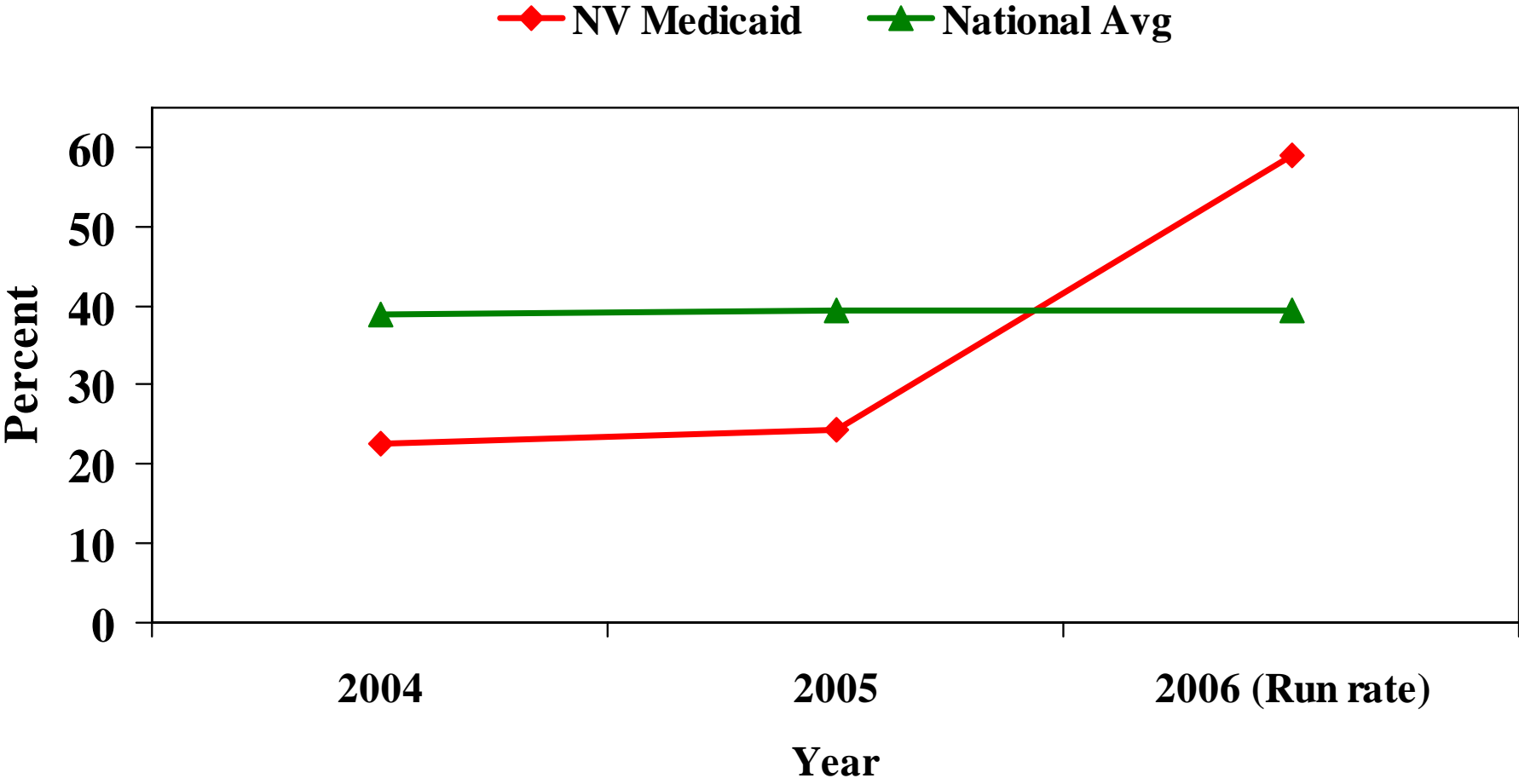   Expansion                    Expansion

         56                          164

# And…Dental Utilization rates are significantly higher…

- From July 1, 2005 to date, Medicaid dental visits in Las Vegas has increased by 60%.

- The rate of increase adjusts for the initial 3-month period following expansion, during which the number of dental visits increased by 123%.

- The annualized Medical dental utilization rate is now running at approximately 59%. This compares with the national HEDIS average of 40%.

# Medicaid Managed Care Dental Utilization in Las Vegas:   2004 - 2006

# Plus, Medicaid patients are generally satisfied with services provided by community practitioner network*

- 89% report receiving routine care within 45 days

- 68% rated ease of making a telephone appointment as "Excellent" or "Very Good."

- 71% rated the overall care received from dentist as either "Excellent" or "Very Good."

\*    Survey conducted between October 1, 2005 and December 31, 2005.  35% of members surveyed were Spanish speaking. Survey conducted from a sample of Health Plan of Nevada Medicaid members.

# Lessons and Conclusions

- The initial move to the Medicaid managed care clinic-based dental delivery model was an important, interim and transitional stage to improve access and utilization.

- The technical support, including controls and monitoring functions developed by the EQRO were critical to this implementation.

# Lessons and Conclusions

- All program results are "preliminary" given the dynamic nature of Medicaid eligibility and demographics.

- The transition from clinic-based to community practitioner-based dental delivery within managed care was facilitated by the accompanying change in payment structure. It was effective to pay capitation to the managed care plans and for the managed care plans to use a fee for service structure to pay its dental providers.

# Lessons and Conclusions

- Performance monitoring tools are critical to identify areas needing refinement as well as major changes to a delivery model.

- The EQRO is not the only option for dental planning and technical support, but it offers a unique partnership opportunity. It has been invaluable to Nevada's continuing Medicaid and SCHIP dental program development and evolving success. We recommend that others consider it relative to their respective program needs.