



Innovative Cost Oversight Strategies

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Goals

- Create partnerships toward a more accountable Medicaid and CHIP program
- Develop an outcome based metric system that reflects true measurements of this population resulting in appropriate effective oral health care
- Describe actuarially sound and quality based reimbursements for network dental providers



Role of Managed Care Organizations (MCOs)

MCOs must play a key role in claim management, utilization management, cost effectiveness, outcome based metric reporting and network development.



Reality

“Not all providers are the same”

They come in all shapes and sizes and sadly the public believes all dentists are equal in performance.



Dental Provider Profiles Recruitment

Access to care:

- Hours of operation
- Appointment time
 - *emergency care
 - *urgent care
 - *routine care
- Recall program

Points assigned



PROVIDER PROFILES METRIX (Ingenix) Retro-review

- Average paid per claim
- Average procedures per claimant
- Total number of claimants
- Average paid per claimant
- Minor restorations per exam
- Crowns to minor restorations

Provider Profiles con't

- Sealants per exam
- Paid claims
- Oral exams
- Radiographs
- Lab and other tests
- Other preventive
- Prophylaxis

Provider Profiles con't

- Fluoride
- Sealants
- Space maintainers
- Minor restorative
- Crowns
- Endodontics
- Non surgical periodontics

Provider Profiles con't

- Surgical periodontics
- Dentures
- Simple extractions
- Surgical extractions
- General services
- Anesthesia
- Orthodontics

Provider Profile Recall Metrics

- Cost per claimant recall compared to the initial visit
- Number of procedures recall compared to the initial visit
- Time between recall visit and the initial visit
- Procedure codes recall visit compared to the initial visit

Provider Oversight Orthodontics

- All cases reviewed per State contract requirements by orthodontic consultant
- Modifications by consultant are based on medical need and internal rating system
- Orthodontists are contracted on a global rate
- Required to submit final records on completion

Outcomes and Cost Oversight

HEDIS is not an outcome measure

Greater accountability for dental Medicaid and CHIP programs can be attained through the use of claims data.

Rhode Island Rlte Smiles

Charge and Challenge

To develop a network for Medicaid children six years of age and younger with aging in of younger children each year

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Rhode Island Rlte Smiles

- o Market based reimbursement
- o Differential fee schedules
- o Modification to comply to EPSDT
- o Efficient administration process
- o Rebranding name to Rlte Smiles
- o Dedicated customer representative
- o Partnership with State of Rhode Island

Rlte Smiles Network Development

- o Accessed ready-made provider network
- o Encouraged participation of safety-net providers
- o Contracted for care integration between primary and specialty dentists
- o Allowed dentists to negotiate terms of participation

Oversight Strategies

Innovative Oversight Strategies commence with the network dental provider and the building of a lasting relationship.

Your network providers are your best partner for network expansion.

Integrated Provider Partnerships

By age two, children have seen their Primary Care Physician seven times for well child care visits but few if any have seen a dentist for a well child care visit.

Integrated Provider Partnerships

Primary Care Physicians Fluoride Varnish

This program is based on screening, application of fluoride varnish and the referral of children to a dental home.

All functions are web based for the PCPs.



American Academy of Pediatrics

A dental home should be established by twelve months of age.

This can only be accomplished with the proper reimbursement of the PCPs.



The Epidemiology of Dental Caries

- o The Surgeon General's Report (2000) indicates that dental caries is the most prevalent infectious disease in children and that it has a profound affect on the health of the nation's children.
- o Early intervention is a most effective cost saving method for children that are covered by Medicaid and CHIP.



ROI

Low-income children that visit a dentist by age one cost 40% less for dental care (\$263 vs. \$447) over the first five years of age vs. children that visit a dentist after age one.



Innovative Cost Strategies

Dentistry must change from the current surgical model to a medical model. Savings will result from early intervention by shifting to a preventive based dental program and less costly procedures. The model will also result in a reduction in high cost operating room use.



Improve the Integrity of Dental Medicaid

- o Eliminate fraud and abuse within the program and ensure necessary oversight to determine adequate access to care is provided to beneficiaries
- o Ensure that the financing of the Medicaid program is sound and responds to market demands and economic needs.

Dental Medicaid Reform
Core Principles & Policies
American Dental Association



The Future

Ten years has passed since the Surgeon General's report and what progress have we made in dentistry?

The most common disease know to occur in children, caries, still is the "silent epidemic".

The future is now. Change is needed and must begin with us.

Thank you