Quarterly Medicaid Dental Stakeholders Meeting

July 31, 2013

https://www2.gotomeeting.com/register/258986186
Webinar Broadcast

• This presentation is broadcast in Webinar format with the integrated speakers and microphone of your own computer automatically

• If you do not have speakers on your computer dial in to the conference call number provided

• Webinar attendance requires registration at: https://www2.gotomeeting.com/register/258986186
Format for Stakeholders Meetings

• Stakeholder Meeting announcements are posted on the HHSC website at:
  http:www.hhsc.state.tx.us/meetings

• Sign up for automatic distribution the moment announcements are posted at
  www.govdelivery.com

• Announcements and agendas are posted about 4 weeks prior to Stakeholder Meetings
Format for Stakeholders Meetings

• Distribution lists for personalized email announcements are based on Webinar attendance, which captures email addresses automatically

• Stakeholder meetings are held Quarterly at 1pm
  - October 30th, 2013
  https://www2.gotomeeting.com/register/613949010
  - January 29th, 2014
  https://www2.gotomeeting.com/register/482986266
  - April 30th, 2014
  https://www2.gotomeeting.com/register/713033586
TDA Members can follow along with this presentation – it is posted on the TDA website now!
Introduction of Speakers

Dental Maintenance Organizations (DMOs)
- Dr. Carlos Garcia, MCNA
- Shannon Turner, MCNA
- Dr. Monica Anderson, DentaQuest
- Brenda Walker, DentaQuest

Health and Human Services Commission (HHSC)
- Colleen Grace, Manager, Health Plan Management
- Katy Walter, Dental Specialist
- John “JR” Roberts, Dental Director
Format for Stakeholders Meetings

• Questions posed today were submitted in advance at:
  DentalStakeholdersMeeting@hhsc.state.tx.us

• Today’s presentation will be posted on the HHSC website

• Webinar archives of this meeting posted at:
  http://www.hhsc.state.tx.us/news/WebBased_present.asp
Questions during the Meeting - Voting

• The chat function of the webinar will be used to request feedback from participants during this meeting. The chat box is located at the bottom of the webinar control panel.

• All chats are recorded and captured automatically. We will be using responses and questions entered today in the chatbox.
• Representatives from the DMO’s are available for 30 minutes after this presentation.

• They will have internet access but may not be able to answer specific claim questions

• Specific claim questions are best answered by Provider Relations Representatives
Fluoride Payments

• Procedure code D1208 is a new CDT 2013 code
• D1208 replaced CDT 2011/2012 codes:
  o D1203
  o D1204
• All Fluoride claims paid from DentaQuest and MCNA
• Statement from TMHP
  “The completion date for the entire mass adjustment was July 16, 2013.”
• There are a group of processed claims for clients that were over 21 that were denied and will not be reprocessed or paid.
Fluoride Payments – Vote 1

• Have you received payment for all Fluoride code submissions between January 1 and March 31?
• Does anyone request a reach out from a TMHP Provider Relations Representative?

• NOTE: CDT 2014 codes will become effective on January 1, 2014. Begin using them on that date!
Q: Main Dentist

We continue to have significant issues regarding Main Dental Home assignments. Not only are patients STILL NOT being assigned based on history, we continue to have to change the same patients over and over. I have asked my front office to begin tracking repeat change requests. We have 8 repeats in the past three weeks since we begin keeping a record, but I couldn’t begin to guess the number of times this has happened in the past 16 months. The patients question us as to why this keeps happening and we have no answer to give them. We have patients who have been with us since our practice opened five years ago who we cannot keep assigned to us. An additional concern is that only one parent is assigned as the responsible party at the MCO, but another parent may actually bring the patient to their appointment. The MCO will not allow the other parent to change the Main Dental Home.

Can someone please help us understand how this situation is in the best interest of the patient??
A: Main Dentist

• A member is auto-re-enrolled to the same DMO and Main Dentist if they lose and then regain eligibility within a 6 month window, as long as the Main Dentist was captured prior to losing eligibility. If you have examples of this process not working properly, please forward to HPM Complaint Box – HPM_Complaints@hhsc.state.tx.us

• Members outside of the 6 months are treated as new members and defaulted to a DMO and Main Dentist if one is not selected. Both DMOs use member utilization history to make MDH assignments.
A: Main Dentist (continued)

- Currently, the only person that can change the Main Dentist is the child’s Medicaid/CHIP casehead, and we continue to explore other options regarding this issue.
Q: Main Dentist – Vote 2

Are you having difficulty with your Main Dentist assignments?

Would you be willing to be contacted by HHSC to give details?

Thank You for your input !!
Q: Solicitation of Patients

Just thought I'd keep you in the loop with what is happening on the streets. You would think that we have covered this topic to death but as you can see it is still going on. Most of it has traveled underground with unmarked recruiters offering verbal enticements traveling in unmarked cars. We will forward this on to the MCO's.
A: Solicitation of Patients

PIONEER DENTAL

* $20 GIFT CARD FOR GAS PER PATIENT & 10 toothbrushes
* AND FREE DENTAL CLEANING FOR MOM

OF NEW PATIENTS WITH CHIP and MEDICAID
AFTER COMPLETION OF TREATMENT

NO INSURANCE? NO PROBLEM!
BIG 4 DAYS DISCOUNT
CROWN: $ 447. BRIDGE (3 UNITS): $ 1,190.
VALID ONLY ON MAY 13 & 29 / 2013
JUNE 10 & 26 / 2013
CALL TO MAKE APPOINTMENT IN ADVANCED FOR MORE DETAILS

* UP TO 30% DISCOUNT
FOR ALL NEW PPO PATIENTS
Expires 6/30/2013

Mon-Fri: 10am-6pm
Sat: 9am-3pm

SPECIAL $25
FOR DIGITAL X-RAYS AND EXAM

972 870 5282
1100 W. PIONEER, IRVING TX 75061

(Intersection of PIONEER AND MAC ARTHUR BLVD)
CURRENT RESIDENT
1104 S CARRIER PKWY APT C109
GRAND PRAIRIE TX 75051
Consumers Urged to Report Improper Solicitation or Treatment by Dentists

• The HHSC Office of Inspector General has become aware of dental clinics directly soliciting Medicaid clients. People hired by dental clinics have approached HHSC clients in the parking lots of state benefit offices or neighborhood grocery stores offering a variety of incentives, including free gift cards, pizzas, and manicures, in exchange for taking their children to a specific dentist or clinic.

• Offering inducements to Medicaid clients is a violation of state and federal law and is subject to a penalty of up to $10,000 per violation. In addition, some dentists are believed to have performed unnecessary dental work on children. To report this or any other suspected act of fraud, waste, or abuse in the Texas Medicaid program, please visit: http://oig.hhsc.state.tx.us/OIGPortal/Default.aspx to Report Fraud click on link or call 1-800-436-6184.
Relevant Rules and Laws

• Board Rules
  • Business Promotion: Rules 108.50 to 108.69
  • Fee-splitting: Rule 108.1(6)
  • Referral Schemes: Rule 108.60

• Texas Law
  • Patient Referral and Solicitation: TOC 102.001
  • Oral Solicitation: DPA 259.008(2)
  • Advertising Rules: DPA 259.005
Residents are being told that it is OK to work Saturdays in Medicaid offices and the Medicaid dentists they work for will bill under their own number (even though they are never present) These providers are telling the residents that there is no risk for the residents if they get caught, only the billing providers will get in trouble.

I have been telling the residents they should not treat Medicaid patients by themselves unless they are appropriately credentialed. Again these providers are telling the residents that they don't need to be a Medicaid provider to do "locum tenens"

What should I tell my residents???
A: Provider Credentialing

HHSC is attempting to foster a DENTAL HOME for each Texan on Medicaid.

A Dental Home is a relationship, and even "LOCUM TENEMS" dentists can and should have a relationship with their patients.
QUESTION

• treating dentist 1 is also the billing dentist
• dentist must be credentialed Medicaid provider and have appropriate location number
• no violation?

ANSWER

• correct. Generally speaking the treating dentist should be the billing dentist
QUESTION
• treating/billing dentist 1 is provider with appropriate location number. This dentist uses another dentist 2 not credentialed to assist. This second dentist assists the provider but provider 1 directly (in person) oversees all work and takes responsibility for final work product
• billing dentist 1 bills under his number
• licensed dentist 2 does not need to be credentialed Medicaid provider.
• no violation?

ANSWER
• CORRECT. THE TREATING DENTIST IS AGAIN THE BILLING DENTIST
QUESTION

• billing dentist 1 is provider with appropriate location number. This dentist uses another dentist 2 not credentialed. The credentialed dentist 1 allows the non credentialed dentist 2 to perform work on Medicaid patients while the credentialed dentist 1 is not present and bills under his/her number even though they never directly saw or supervised the care provider by the non credentialed dentist

• This is a violation, correct?

ANSWER

• **CORRECT, THIS IS INAPPROPRIATE. IN THIS CASE THE BILLING DENTIST IS NOT THE TREATING DENTIST**
QUESTION
• billing dentist 1 hires another Medicaid credentialed dentist 3 but the dentist 3 he hires does not have a Medicaid number to practice at the billing dentist's 1 office so the dentist 1 bills under his number for the work dentist 3 does even though dentist 1 is not present
• This is a violation, correct?

ANSWER
• CORRECT, THIS IS INAPPROPRIATE. THE TREATING DENTIST SHOULD HAVE A LISTED LOCATION FOR ALL FACILITIES IN WHICH HE/SHE TREATS PATIENTS. THE REMEDY FOR THIS SITUATION IS TO CREDENTIAL DENTIST 3 AT THE OFFICE OF DENTIST 1.
The future of Oral Health Outcomes in Texas Medicaid/CHIP members

Quality Initiatives in dental at HHSC

Katy Walter/Colleen Grace/JR
National Oral Health News

• In April 2013, CMS released the national baseline for the two national goals.

• In May 2013, Texas was chosen as one of 7 states invited to participate in an Oral Health Learning Collaborative, which provides technical assistance in achieving the CMS national goals by 2015.

• In July 2013, The National Dental Quality Alliance measures approved. First national set of dental quality measures, and Texas data used.
CMS National Oral Health Goals

Goal 1: Increase by 10 percentage points the proportion of children ages 1-20 enrolled in Medicaid for at least 90 continuous days that received a preventative dental service.

- National baseline: 42% (FY2011)
- Texas baseline: 56% (FY2011) (3rd highest in the nation!)
- Texas goal: 66% in FY 2015
Percentage of children, age 1-20, enrolled in Medicaid for at least 90 days who received any preventive dental service, FY2011 (12b)

Source: FY 2011 CMS-416 reports, Line 1b, 12b
Note: *FY 2011 data for Ohio are not yet available and was substituted withFY2010 data. Estimates for this state are included in the National figure for FY 2011.
Goal 2: Increase by **10 percentage points** the percentage of children ages 6-9 enrolled in Medicaid for at least 90 continuous days that received a sealant on a permanent molar.

- CMS has not yet set a baseline year or target date for this goal.
  - Texas scored 29% in FY 2011
  - Texas scored 30% in FY 2012
Percentage of children, age 6-9, enrolled in Medicaid for at least 90 days who received a sealant on a permanent molar, FY2011 (12d)

Source: FY 2011 CMS-416 reports, Line 1b, 12d
Note: *FY 2011 data for Ohio is not yet available and was substituted with FY 2010 data. Estimates for this state are included in the National figure for FY 2011.
Upcoming HHSC Managed Care Quality initiatives for dental

• Overarching goals of the program: HHSC is looking to align with the CMS national goals
  • Closing the gap between baseline and attainment goal for the proportion of Medicaid and CHIP children who receive a preventive dental service.
  • Closing the gap between baseline and attainment goal for the proportion of Medicaid and CHIP children ages 6-9 who receive a dental sealant on a permanent molar tooth.
Upcoming HHSC Managed Care Quality initiatives for dental

- PIPs (Performance Improvement Projects)
  - The DMOs are required to implement PIPs to improve clinical and non-clinical services each year.
  - HHSC is considering focusing PIPs on preventive dental services (sealants, fluoride, etc.) and/or timeliness of evaluations. This will support attainment of the national CMS goals.
Upcoming HHSC Managed Care Quality initiatives for dental

- **Incremental Improvement program**
  - HHSC is developing an incremental improvement program that rewards the Dental Plans for making progress towards improving care for predetermined quality measures.
  - HHSC and the Dental Plans would set minimally acceptable baselines for quality of care measures and then award improvement toward a goal.
  - Still a work in progress, but could also help Texas achieve the national goals.
Upcoming HHSC Managed Care Quality initiatives for dental

• Provider Incentive Plans
  • Section 4.05 of Senate Bill 7, 83rd Legislature, Regular Session, permits HHSC to provide incentives to managed care organizations to promote quality of care, encourage payment reform, reward local service delivery reform, and to increase efficiency and reduce inappropriate or preventable service utilization.
Upcoming HHSC Managed Care Quality initiatives for dental

- **Provider Incentive Plans**
  - Both MCNA and DentaQuest will be implementing programs that reward network providers for delivering preventive services.
  - These programs are in the final approval phase and you will be hearing more from the plans in the next few months.
ADA Dental Quality Alliance

- Starter Set of Pediatric Oral Health Measures were approved by the Alliance
- 10 measures were adopted on July 19, 2013 after testing for reliability, feasibility and validity using Texas Medicaid/CHIP data
- Measure Set can be found on the web: [http://www.ada.org/8472.aspx](http://www.ada.org/8472.aspx)
- measures can tell us different things using 90-day and 180-day continuous eligibility data
### ADA Dental Quality Alliance

**Starter Set of Pediatric Oral Health Measures**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Measure</th>
<th>AHRQ Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluating Utilization</strong></td>
<td>Use of Services</td>
<td>Use of Services</td>
</tr>
<tr>
<td></td>
<td>Preventive Services</td>
<td>Use of Services</td>
</tr>
<tr>
<td></td>
<td>Treatment Services</td>
<td>Use of Services</td>
</tr>
<tr>
<td><strong>Evaluating Quality of Care</strong></td>
<td>Oral Evaluation</td>
<td>Access/ Process</td>
</tr>
<tr>
<td>(Evidence-Based with link to outcomes)</td>
<td>Topical Fluoride Intensity</td>
<td>Access/ Process</td>
</tr>
<tr>
<td></td>
<td>Sealant use in 6 – 9 years</td>
<td>Access/ Process</td>
</tr>
<tr>
<td></td>
<td>Sealant use in 10 -14 years</td>
<td>Access/ Process</td>
</tr>
<tr>
<td></td>
<td>Care Continuity</td>
<td>Access/ Process</td>
</tr>
<tr>
<td></td>
<td>Usual Source of Services</td>
<td>Access/ Process</td>
</tr>
<tr>
<td><strong>Evaluating Cost</strong></td>
<td>Per-Member Per-Month Cost</td>
<td>Cost</td>
</tr>
</tbody>
</table>
Quality measurement concepts

UTILIZATION

• Fluoride masks Sealants in overall preventive services measure
• “more” does not necessarily mean “better”, for example in treatment services measure
• 90-day continuous eligibility is used to show utilization. 180-day continuous eligibility is used to show quality.
Texas - Dental Quality measures

Measure 1: Utilization of Dental Services
• Percentage of all enrolled children who received at least one dental service within the reporting year

• Program Overall – 64.58%
  • Medicaid
  • CY 2011
  • 90-day continuously enrolled
  • 71.54% to 74.69% for ages 3-14
Quality measurement concepts

QUALITY OF CARE

• Doesn’t refer to an excellent margin or beautiful restoration

• Fluoride intensity measures multiple applications, which is scientifically associated with avoidance of dental caries (i.e. one fluoride application does not sufficient impact disease prevention/management)

• Usual source of care and Care Continuity directly reflect how the Main Dentist requirement is working, and can be used to hold the plans accountable for improvement
Texas - Dental Quality measures

Measure 7a: Topical Fluoride Intensity

- Percentage of all enrolled who received (1, 2, 3, 4 or more) topical fluoride applications within the reporting year

- Program Overall – 78.34%
  - Medicaid
  - CY 2011
  - 11-months continuously enrolled
  - Extremely small sample size in 0-35 month olds

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent of Total</th>
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<tbody>
<tr>
<td>0</td>
<td>21.66%</td>
</tr>
<tr>
<td>1</td>
<td>41.21%</td>
</tr>
<tr>
<td>2</td>
<td>34.37%</td>
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<tr>
<td>3</td>
<td>2.41%</td>
</tr>
<tr>
<td>4</td>
<td>0.35%</td>
</tr>
</tbody>
</table>
Texas - Dental Quality measures

Measure 7b: Topical Fluoride Intensity

• Percentage of enrolled children who received at least one dental service who are at “elevated risk” (e.g. “moderate” or “high”) who received (1, 2, 3, 4 or more) topical fluoride applications within the reporting year

• Program Overall – 89.18%
  • Medicaid
  • CY 2011
  • 11-months continuously enrolled
  • Extremely small sample size in 0-35 month olds

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<tr>
<th>Freq</th>
<th>% of Total</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>10.82%</td>
</tr>
<tr>
<td>1</td>
<td>46.91%</td>
</tr>
<tr>
<td>2</td>
<td>39.13%</td>
</tr>
<tr>
<td>3</td>
<td>2.74%</td>
</tr>
<tr>
<td>4</td>
<td>0.39%</td>
</tr>
</tbody>
</table>
Quality measurement concepts

COST

• Not useful in determining program success without meaningful association with delivery of quality care!
• Not YET associated with oral health outcomes
Texas - Dental Quality measures

Measure 10a: PMPM Cost

• Total amount that is paid on direct provision of care per enrolled child reported per member per month (PMPM)

• Program Overall – $41.12 PMPM
  • Member enrolled for at least one month
Texas - Dental Quality measures

Measure 10b: PMPM Cost

• Total amount that is paid on direct provision of care per enrolled child who accessed dental services within the reporting year reported per member per month (PMPM)

• Program Overall – $59.82 PMPM
  • Member enrolled for at least one month
WHY IS THIS USEFUL?

QUESTIONS THAT CAN NOW BE ANSWERED BY MEASUREMENT DATA

• What % of enrolled kids at elevated risk received sealants in a given year?
• What % of kids enrolled at elevated risk received at least 2 fluoride applications?
• What % of kids enrolled at elevated risk received 4 or more fluoride applications?
Preventive service reporting with FDH – Vote 3

Review of Texas Medicaid data points out that according to the National Common Coding Initiative (NCCI) reporting our data for FDH visits, since recorded by bundled code D0145, as not providing a preventive service!

Should Texas Medicaid adjust reporting codes for the First Dental Home (FDH) visit?

**Current:**
D0145 oral evaluation for a patient under three years of age and counseling with primary caregiver

**Also Suggested:**
D1120 prophylaxis - child
D1206 topical application of fluoride varnish
D1330 oral health instructions
DXXXX NEW CDT 2014 Risk Assessment codes (low/medium/high)
Quarterly Dental Stakeholder Meeting
July 31, 2013
MCNA offers assistance in treating members who may have special health care needs (SHCN) or who face other obstacles to care, like assisting with transportation to and from appointments through the Medical Transportation Program (MTP) and/or providing interpreters to address language barriers.

Our Member Advocate Outreach Specialists (MAOS) can serve as temporary liaisons between a member and you to smooth the way for effective treatment.

In order to access these services, you must first fill out the Member Outreach Form located in the Forms section of your Provider Manual.

The following are examples of reasons for which you may request help:
- Member behind on 6-month follow up appointment
- Member is a chronic “no-show” for appointments or follow-up care
- Member is non-compliant with treatment plan

The member will be contacted and then MCNA will reconnect with you and the member once we have formed a plan of action.
Important MCNA Updates

- MCNA has generated email address texaspr@mcna.net as a distribution listing. This email address will be utilized to communicate additional updates to Providers and to receive Provider feedback.
  - To add individuals to the distribution, please email the name(s) and email address(es) to texaspr@mcna.net.
  - Multiple names and email addresses within the same office are encouraged to be added to the distribution.

- A new Provider Manual will be coming soon. This single document will replace the Covered Services Manual and the current Provider Manual.

- The MCNA Provider Portal is continuously being updated with enhanced functionality; please check the Portal often for enhancements and updates.

- MCNA is pleased to announce that Appeals may now be submitted via the Provider Portal. Please be advised that faxing is not recommended for appeals as images sent are not of diagnostic quality.
Provider Appeal Request Form

This form is not to be used for initial claim submission or claims adjustments (such as corrected claims). Complete and submit this form to MCNA, along with all documents that support your appeal within 120 calendar days from the date of receiving MCNA's notification of denial.

All fields with a red * are required.

Member Information
Subscriber ID: *
Date of Birth: * mm/dd/yyyy
First Name: *
Last Name: *

Provider Information
MCNA ID: *
State License: *
First Name: *
Last Name: *

Claim Information
Claim ID: *
You must enter at least one incident date or both from and thru dates. *
Incident Date 1: mm/dd/yyyy
Incident Date 2: mm/dd/yyyy
Incident Date 3: mm/dd/yyyy
Incident From Date: mm/dd/yyyy Thru Date: mm/dd/yyyy

Supporting Documentation
Upload New File: [Choose File] No file chosen

Appeal Explanation *

Sign and Submit
Signature: * First & Last Name
Date: 05/08/2013
You must enter all required fields before submitting this appeal.
Thank you!
DentaQuest – Dental Stakeholders Meeting
July 31, 2013
Important DentaQuest Reminders

- DentaQuest would like to remind everyone that Appeals and Peer to Peer requests may now be submitted electronically via the Provider Portal. Please remember that administrative denials within 95 days from the date of service may not require an appeal. Many of these claims can be resubmitted. Please contact your Regional Provider Relations Representative for additional training.

- DentaQuest has implemented the PURL process which allows providers to receive alerts when critical information is posted to the portal. Sign up today at http://www.dqinfosource.com/Login.aspx.

- The Office Reference Manual (ORM) has been updated as of July 1, 2013 and was posted on July 22, 2013 as Version 4. Notification of changes was distributed via the PURL process.
Training Schedule…

DentaQuest has posted the new training schedule for the remainder of 2013 to www.dentaquesttexas.com. Training sessions have been scheduled for the following:

- DentaQuest Best Practices
- DentaQuest Provider Training
- Cultural Sensitivity
- Texas HealthSteps
- DentaQuest Health plans – (Superior, AmeriGroup, HealthSpring)

Please visit www.dentaquesttexas.com for training dates. In addition, office training can be scheduled by contacting your Regional Provider Relations Representative.
The AAPD periodicity table supports the use of dental sealants on posterior primary and permanent teeth only. Effective 08/01/13 the review requirements for D1351 dental sealant will be according to below tables:

**Texas Medicaid**

<table>
<thead>
<tr>
<th>Code</th>
<th>Brief Description</th>
<th>Age Limitation</th>
<th>Teeth Covered</th>
<th>Review Required</th>
<th>Benefit Limitations</th>
<th>Documentation Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1351</td>
<td>Sealant-per tooth</td>
<td>0-20</td>
<td>2-5, 12-15, 18-21, 28-31 A,B,I,J, K,L,S,T</td>
<td>No</td>
<td>One of (D1351, D1352) per 36 Month(s) Per patient per tooth. Not allowed with D4000 series codes.</td>
<td>N/A</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant-per tooth</td>
<td>0-20</td>
<td>6-11, 22-27 1,16,17,32 C-H, M-R and Supernumerary teeth</td>
<td>Yes</td>
<td>One of (D1351, D1352) per 36 Month(s) Per patient per tooth. Not allowed with D4000 series codes.</td>
<td>Narrative and Intraoral Photograph</td>
</tr>
<tr>
<td>Code</td>
<td>Brief Description</td>
<td>Age Limitation</td>
<td>Teeth Covered</td>
<td>Review Required</td>
<td>Benefit Limitations</td>
<td>Documentation Required</td>
</tr>
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<td>--------------------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant-per tooth</td>
<td>0-18</td>
<td>2-5, 12-15, 18, 19, 30, 31</td>
<td>No</td>
<td>One of (D1351, D1352) per tooth-limited to 1 per tooth per lifetime. Not allowed with D4000 series codes.</td>
<td>N/A</td>
</tr>
<tr>
<td>D1351</td>
<td>Sealant-per tooth</td>
<td>0-18</td>
<td>1, 16, 17, 32 and Supernumerary teeth</td>
<td>Yes</td>
<td>One of (D1351, D1352) per tooth-limited to 1 per tooth per lifetime. Not allowed with D4000 series codes.</td>
<td>Narrative and Intraoral Photograph</td>
</tr>
</tbody>
</table>
Questions and Answers

Thank You!
Provider Relations Representatives

• DentaQuest  www.dentaquesttexas.com
  • (800) 896-2374

• MCNA  www.mcnatx.net
  • (855) PRO-MCNA  (855-776-6262)

• Traditional Medicaid  www.tmhp.com
Complaints

- Providers can appeal claims denials through the dental plans process outlined within the provider manual.
- If the provider has exhausted the appeal process and is still not satisfied, the provider may request a peer-to-peer review to resolve the claims dispute.
- The determination of the provider resolving the dispute is binding.
- If the provider has exhausted all avenues with the dental plan, they may file a complaint at the following email address: HPM_Complaints@hhsc.state.tx.us
Evidence-based Policy Decisions

• This is an example of evidence-based policy decision for which HHSC would like Stakeholder input

• Sealants on Anterior Teeth
Texas Medicaid

Sealant Distribution by Tooth Number Group

- POSTERIOR PRIMARY: 27.53%
- POSTERIOR PERMANENT: 72.32%
- ANTERIOR: 0.03%
- WISDOM TEETH: 0.12%

Dollars Spent on Sealants Distributed by Tooth Number Group

- POSTERIOR PRIMARY: $6,231,967.12
- POSTERIOR PERMANENT: $16,370,411.14
- ANTERIOR: $7,314.16
- WISDOM TEETH: $27,705.31
Medicaid Sealants

Medicaid-Total Paid

<table>
<thead>
<tr>
<th>Type</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Posterior Permanent</td>
<td>$20,425,765</td>
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<tr>
<td>Posterior Primary</td>
<td>$7,482,956</td>
</tr>
<tr>
<td>Anterior</td>
<td>$2,737,996</td>
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<tr>
<td>Wisdom Teeth</td>
<td>$40,854</td>
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Medicaid Sealants

Medicaid Sealant Trending

Total Paid

Mar-12  Apr-12  May-12  Jun-12  Jul-12  Aug-12  Sep-12  Oct-12  Nov-12  Dec-12  Jan-13  Feb-13
Sealants in the Fee-for-Service population

* number of D1351 paid claims from 3-1-12 to 2-28-13 by tooth position
**contained blank Tooth ID for paid claims (=805).

<table>
<thead>
<tr>
<th>Tooth Position</th>
<th>Number of Paid</th>
<th>Minimum Dollar amount, assumes only one sealant per claim (* $28.82)</th>
<th>Minimum Dollar amount, assumes four sealants per claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Captured</td>
<td>805 **</td>
<td>$23,200.10</td>
<td>$92,800.40</td>
</tr>
<tr>
<td>Anterior</td>
<td>29774</td>
<td>$858,086.68</td>
<td>$3,432,346.72</td>
</tr>
<tr>
<td>Posterior Perm</td>
<td>215416</td>
<td>$6,208,289.12</td>
<td>$24,833,156.48</td>
</tr>
<tr>
<td>Posterior Prim</td>
<td>67066</td>
<td>$1,932,842.12</td>
<td>$7,731,368.48</td>
</tr>
<tr>
<td>Wisdom Teeth</td>
<td>452</td>
<td>$13,026.64</td>
<td>$52,106.56</td>
</tr>
</tbody>
</table>

Paid = Number of claims *

Date Range 3-1-12 to 2-28-13
Anterior Sealant Policy Decision

• Our current policy
  • All deciduous and permanent teeth

• AAPD recommendation
  • Posterior primary and permanent teeth only

• Texas Human Resources Code
  Title 2. Subtitle C. Chapter 32. Subchapter B. Sec 32.024 (r)
  • Posterior permanent teeth only, time limitation
How would you support modifying the HHSC Medicaid benefit for sealants?

a) exclude anterior sealants as a benefit?
b) require prior authorization of anterior sealants?
c) exclude deciduous sealants as a benefit?
Texas Medicaid EHR Incentive Program: Dentists

Medicaid Health Information Technology (HIT) Team

Year 1: Adopt / Implement / Upgrade
Year 2: Meaningful Use
EHR Incentive Program

- 839 dentists in Texas have received incentive payments for AIU (Adopt / Implement / Upgrade) – which means that they have acquired and/or installed certified EHR technology. That technology could include a web-based system or software. This represents over 13% of all eligible professionals who have received an **AIU payment**.

- 9 dentists in Texas have received incentive payments for Stage 1 Meaningful Use (MU) – which means they have met the program and reporting requirements for the first year of Meaningful Use (meaningful use measures, clinical quality measures, etc.) This represents 1% of all eligible professionals who have received an **MU payment**.
AIU Payments by Provider Type
as of July 2, 2013

- Physicians: 72% (n=4428)
- Physician Assistants: 1% (n=47)
- Certified Nurse Midwives: 1% (n=75)
- Nurse Practitioners: 13% (n=785)
- Dentists: 14% (n=839)

TExAS
Health and Human Services Commission
MU Payments by Provider Type as of July 2, 2013

Physicians 87% (n=1135)

Nurse Practitioners 10% (n=130)

Certified Nurse Midwives 1% (n=12)

Physician Assistants 1% (n=12)

Dentists 0.7% (n=9)
Dentists:
Adopt / Implement / Upgrade Incentive Payments

[Bar chart showing AIU Payments from May 2011 to June 2013]
Dentists:
Meaningful Use Incentive Payments

MU Incentive Payments

- 2012 May
- 2012 Jun
- 2012 July
- 2012 Aug
- 2012 Sep
- 2012 Oct
- 2012 Nov
- 2012 Dec
- 2013 Jan
- 2013 Feb
Dentists: Adopt / Implement / Upgrade EHRs

- Mitochon
- Practice Fusion
- SuccessEHS
- MicroMD EMR
- Dentrix - Meaningful Use Access
- 2011 PhysicianXpress
- NextGen Ambulatory EHR
- Open Dental
- Sevocity
- Emdeon Clinician
- MacPractice DDS
- Centricity Practice Solution
- OpenEMR
- axiUm
Dentists:
Meaningful Use EHRs

- MacPractice DDS: 4
- Emdeon Clinician: 1
- Open Dental: 1
- Vision: 1
- Mitochon: 1
Percentage of 2011 AIU Providers Completing MU Stage 1: As of July 1, 2013

Note: AIU attestations for 2011 were defined as occurring between 5-1-2011 and 2-28-2012
EHR Incentive Program

• **Dentrix Meaningful Use Access** was certified by the Certification Commission for Healthcare Information Technology (CCHIT) in May 2012, and meets the requirements as a certified EHR.

(http://www.dentrix.com/ehr/)

**Dentrix is certified for Meaningful Use**
### Patient Volume Threshold

<table>
<thead>
<tr>
<th>Payment Year by EP Type</th>
<th>Medicaid Patient Volume *</th>
<th>Incentive Amount</th>
<th>Max. cumulative incentive over 6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 for <strong>most EPs</strong></td>
<td>30% or higher</td>
<td>$21,250</td>
<td>$63,750</td>
</tr>
<tr>
<td>Years 2-6 for <strong>most EPs</strong></td>
<td>30% or higher</td>
<td>$8,500</td>
<td></td>
</tr>
<tr>
<td>Year 1 for <strong>pediatricians and pediatric dentists</strong></td>
<td>20% to 30%</td>
<td>$14,167</td>
<td>$42,500</td>
</tr>
<tr>
<td>Years 2-6 for <strong>pediatricians and pediatric dentists</strong></td>
<td>20% to 30%</td>
<td>$5,667</td>
<td></td>
</tr>
</tbody>
</table>
How to Register and Attest

2. Verify enrollment as a Texas Medicaid provider, with an active TPI. If you assign payment to yourself, your SSN must be listed in your TMHP profile.
3. Gather required information and documentation:
   • EHR certification number.
   • Group or individual attestation choice.
   • Patient volume information (numerator and denominator).
   • AIU documentation.
4. Log into the portal and attest. Go to www.tmhp.com and log in. Scroll down to “Manage Provider Account” and select “Texas Medicaid EHR Incentive Program.”

For the full checklist of steps: Go to www.tmhp.com and select Providers; go to the “Health IT” page and select “EHR Program Information” from the list on the left; click on “Getting Started with EHR Incentive Program”
Diagnostic Codes

• Box 34a of the 2012 ADA Dental Claim form
• This information will be available for capture on September 1, 2013 – **NOT mandatory**
• Some groups routinely use diagnostic codes
  • Craniofacial Orthodontists
  • Maxillofacial Surgeons
• Use SNODENT diagnostic codes for standardization
Adjournment

- **THANK YOU FOR BEING A TEXAS MEDICAID AND CHIP PROVIDER !!!**

- Thank you for your participation via webinar
- *If you have registered for this webinar or you signed in at the rear of this room you are on the Distribution List for our next webinar:*

  October 30, 2013

  [https://www2.gotomeeting.com/register/613949010](https://www2.gotomeeting.com/register/613949010)