Virginia Oral Health Summit

November 13, 2015
Cindi B. Jones, Director
Department of Medical Assistance Services

http://www.dmas.virginia.gov
Topics

Medicaid and FAMIS Dental Program

Medicaid Long Term Services and Supports

Delivery System Reform Incentive Program
Virginia’s Medicaid and FAMIS Dental Program
• Implemented on July 1, 2005, *Smiles For Children (SFC)* is the Virginia Medicaid dental program designed to improve access to quality dental services for children enrolled in Medicaid and CHIP across the Commonwealth.

• The program was made possible through the support of the Governor and the General Assembly, including the provision of an overall 30 percent increase in funding for the reimbursement of dental services in 2005.
Covered Services

(for all members under 21 years old)

• Regular dental checkups-every 6 months
• X-rays-when needed
• Cleaning and fluoride-every 6 months
• Sealants
• Information and education about oral care
• Space maintainers (if medically necessary)
• Braces (if medically necessary)
• Anesthesia (if medically necessary)
• Extractions
• Root canal treatment
• Crowns

http://www.dmas.virginia.gov
Adult Dental Coverage

• Emergency dental care and the associated diagnostics are the only covered services for adults under the Virginia Medicaid dental program, Smiles for Children. Dental emergencies that may qualify for reimbursement are ones compromising a patient’s general health and such conditions must be documented by the dentist or medical provider.

• The exception is dental coverage for pregnant women enrolled in Medicaid and FAMIS MOMS.
As of March 1, 2015, Virginia provides comprehensive dental benefits to low-income pregnant women.

**Link:**
- Pregnant women with periodontal disease may be up to 8X more likely to deliver prematurely, and 18 percent of all preterm births may be attributable to periodontal disease.
- Appropriate dental care during pregnancy can reduce poor birth outcomes.

**Providing care:**
- 45,000 low-income pregnant women enrolled in Medicaid or FAMIS MOMS are eligible for comprehensive dental.
What’s Covered  
(for pregnant women 21 years old and over)

- x-rays
- exams
- cleanings
- fillings
- root canals
- gum related treatment
- crowns, bridges, partials and
- dentures
- extractions and other oral surgeries

http://www.dmas.virginia.gov
Other Pregnancy Benefit Information

• Orthodontics are NOT covered for pregnant women.
• Dental benefits stop at the end of the month following the 60th day postpartum.
PREGNANT WOMEN BENEFIT
Access to Care

As of September 29, 2015:

• Top three services provided:
  – Fillings
  – X-rays
  – Comprehensive exams

• Inquiries received from members = 2747
  – Find A Provider
  – Benefits
  – Eligibility

• Inquiries received from providers = 2513
  – Authorizations
  – Claims
  – Eligibility

• Members With a Service = 3431

http://www.dmas.virginia.gov
“When I got pregnant, I was not aware that I had dental coverage. My teeth had been bothering me but since I didn’t have dental insurance, I didn’t know what to do. When I told my Head Start case worker, she informed me that I DID in fact have dental coverage through Medicaid.

When I went to the dentist, I found out I had quite a few teeth that needed fillings. In addition to getting my filings, I was able to get my teeth cleaned. I had not had my teeth cleaned in years! It felt so good to get this taken care of before the baby came! I no longer had to worry about the pain or how I was going to pay for my dental care. I was able to concentrate on having a healthy baby boy without the stress of the pain and worrying!”

- Jessica
2005-2015

SFC is celebrating TEN years of service to the Commonwealth

http://www.dmas.virginia.gov
Look How Far We’ve Come

Smiles For Children 10 Year Anniversary

2005-2015

Member Utilization

- 24% → 54% for members 0-20 years old
- 29% → 61% for members 3-20 years old

http://www.dmas.virginia.gov
Look How Far We’ve Come
Smiles For Children 10 Year Anniversary
2005-2015 Provider Participation

- 620 → 1995
- Just under 2,000 in 2015
- <50% → 79% submitting claims

Participating Providers

http://www.dmas.virginia.gov
Look How Far We’ve Come
Smiles For Children 10 Year Anniversary
2005-2015

Major Program Innovation

• Sealant Program
• Fluoride Varnish
• CMS Oral Health Learning Collaborative

<table>
<thead>
<tr>
<th>SFY</th>
<th># of Medical Providers Submitting Claims</th>
<th># of Claims</th>
<th>Claims $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>24</td>
<td>516</td>
<td>$10,727.64</td>
</tr>
<tr>
<td>2013</td>
<td>186</td>
<td>9482</td>
<td>$185,559.95</td>
</tr>
<tr>
<td>2014</td>
<td>277</td>
<td>14,196</td>
<td>$273,087.49</td>
</tr>
<tr>
<td>2015</td>
<td>363</td>
<td>18,102</td>
<td>$353,270.63</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>62,923</td>
<td>$1,236,420.30</td>
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Ten Years of Excellence

http://www.dmas.virginia.gov
For more information on the **Smiles For Children** program:

* Myra Shook, Dental Program Manager  
  804.786.1567  
  myra.shook@dmas.virginia.gov

* DentaQuest  
  1.888.912.3456  
  www.dentaquest.com

http://www.dmas.virginia.gov
Managed Long-Term Services and Supports (MLTSS) refers to the delivery of long term services and supports, including both home and community based services (HCBS) and institutional-based services, through capitated Medicaid managed care programs.
MLTSS VISION AND GOALS

- Coordinated system of care that focuses on improving access, quality, and efficiency
  - Improves quality of care and quality of life
  - Promotes innovation, especially to enhance community-based infrastructure and improved community-based service capacity
  - Reduces service gaps with focused attention on individuals with complex needs, such as individuals with intellectual disabilities, multiple chronic conditions, and/or serious mental illness
  - Provides access to high-quality, timely and appropriate care and provides flexibility to serve individuals before they have higher needs
Current DMAS Service Models

*Serving Over A Million Individuals*

**As of October 1, 2015**

**Medallion 3 and FAMIS**
- 748,509
  - Includes children, pregnant women, adults (caretakers), foster care children, and some ABD; excludes LTSS

**Commonwealth Coordinated Care**
- 27,108
  - Full benefit Duals (adults) with Medicare A&B and Full Medicaid
  - Includes EDCD Waiver and Nursing Facility
  - Must reside in the CCC Demo region

**PACE**
- 1,306
  - Includes adults age 55 and older who meet nursing facility criteria; community alternative to nursing facility care

**Fee For Service**
- 322,112
  - Duals who are not enrolled in CCC
  - Non-Duals with LTSS
  - Individuals with limited benefits, other coverage, etc.
Medicaid Enrollment v. Spending

Enrollment

- 58%
- 25%
- 6%
- 2%
- 9%
- 8%
- 6%

Expenditures

- 1%
- 33%
- 31%
- 8%
- 2%
- 25%

- QMB
- Non Long-Term Care
- Long-Term Care
- Caretaker Adults
- Pregnant Women & Family Planning
- Children
To transition approximately 130,000 individuals to coordinated care model(s) that are designed to provide them with enhanced opportunities to improve their lives
MLTSS Included Populations

**Duals with full Medicaid benefits and any Medicare benefits**
- Includes nursing facility, specialized care, LTSS waivers, etc.
- Excludes PACE

**Non-duals with LTSS**
- Includes nursing facility, specialized care, LTSS waivers, etc.
- Includes HAP currently in Medallion 3.0
- Excludes PACE

**CCC Participants will transition to MLTSS at the conclusion of the CCC program 12/31/2017**
- Includes individuals who are CCC enrolled,
- Individuals who have opted-out of CCC, and
- Individuals who reside in CCC opt-in only regions (where only 1 MMP participates)
Accelerating Delivery System Transformation in Virginia

Delivery System Reform Incentive Payment (DSRIP)
Virginia is building on the following key reforms:

1. Enrolled 75% of individuals into **capitated managed care**

2. Over 55% of long-term services and support (LTSS) expenditures are for **home and community-based services**

3. Contracted with a Behavioral Health Services Administrator (BHSA) to provide enhanced care coordination, 24 hour crisis support, and to manage a network of quality providers

4. Launched **Commonwealth Coordinated Care** – a Medicare-Medicaid enrollee demonstration to integrate medical, behavioral health, and LTSS
Main Components of DSRIP Program

There are three main components of a DSRIP Program:

- Program Design
- Budget Neutrality
- Non-Federal Matching Funds
As the DSRIP program has grown and expanded, CMS perspective and feedback has evolved

<table>
<thead>
<tr>
<th>What is DSRIP?</th>
<th>What DSRIP is not…</th>
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<tbody>
<tr>
<td>✓ Medicaid waiver to access federal dollars to invest in transformation of the Medicaid delivery system. DSRIP program is a performance-based incentive program.</td>
<td>✗ DSRIPs are not grant programs. There is no DSRIP “application” from the federal government</td>
</tr>
<tr>
<td>✓ 5 year non-renewable waiver</td>
<td>✗ DSRIP cannot replicate other states’ DSRIP programs</td>
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<td>✓ CMS expects the DSRIP to move the state to Value Based Payment</td>
<td></td>
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<tr>
<td>✓ Program must be for current Medicaid population</td>
<td>✗ DSRIP cannot support non-Medicaid population (ex: uninsured)</td>
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✓ Investments **can** include:
- ✓ provider organizations (governance, accountability, risk sharing models)
- ✓ new processes
- ✓ new technology infrastructure
- ✓ training programs
- ✓ new business capabilities

✗ Investments **cannot** be used directly for:
- ✗ new health care services (ex: dental)
- ✗ new populations
- ✗ bricks and mortar
- ✗ housing (ex: rent)
DSRIP presents a Strategic Opportunity for Virginia’s Medicaid Program

• **The transformation priorities** in Virginia’s Medicaid Program through DSRIP is driven by many factors.

• **Clear objectives** supporting the case for change must be strong to drive support from CMS.

• **CMS** expects the investment to achieve readiness for **value based payment**.
Full transformation in Virginia Medicaid’s delivery system is constrained by limitations in our infrastructure and how we pay for services.

Specific challenges include:

- **Disparate Community Capacity**
  - Community-treatment options differ
  - Expertise in serving individuals of varying ability levels is inconsistent
  - Over-reliance on institutionalization

- **Limited Clinical and Social Data Integration**
  - The Medicaid program is not yet able to:
    - Provide optimal person-centered coordinated care
    - Sufficiently leverage social supports and community resources
    - Encourage timely care in the most appropriate setting
  - Medicaid reimbursement based upon volume of utilization
  - Providers have limited capacity and capability to support alternative payment models
  - Limited financial incentive for interdisciplinary community-based care

- **Positive Outcomes and High Quality Care is Not Financially Rewarded**
Greatest Opportunity for Virginia’s Medicaid System

DSRIP program is a great opportunity for Virginia to transform

✓ The future is a Medicaid delivery system that **reimburses** based on high-value care

✓ Ensure that even the most medically **complex enrollees** with significantly behavioral, physical, and developmental disabilities can live safely and thrive in the community

✓ To accomplish either of these, significant investment in **data infrastructure** at the provider and state level is imperative

✓ Opportune time to leverage upcoming Managed Long-term Services and Supports (MLTSS) procurement
**Transformation Concepts for Medicaid Delivery System**

Four key steps to transform Virginia’s Medicaid delivery system are:

<table>
<thead>
<tr>
<th>Transformation Step</th>
<th>Goal</th>
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<tr>
<td><strong>1. Integrate Service Delivery</strong></td>
<td>Eliminate siloed care between medical, behavioral, and community supports</td>
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<tr>
<td><strong>2. Build Data Platform for Integration and Usability</strong></td>
<td>Build the integrated clinical, behavioral, social and support data platform to accelerate provider integration and enable value-based payment</td>
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<tr>
<td><strong>3. Build Community Capacity</strong></td>
<td>Strengthen and build the array of community services and providers in a way that is self-sustaining</td>
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<tr>
<td><strong>4. Focus on Value Based Payment Strategy</strong></td>
<td>Establish readiness within Medicaid Providers and Plans to implement and accept value-based payments</td>
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In 5 years, Virginia envisions a Medicaid delivery system where high-value care is the norm and even the most medically complex enrollees with significant behavioral, physical, sensory, and developmental disabilities can live safely and thrive in the community.

Four Transformation Steps:
1. Integrate Service Delivery
2. Invest in Data Integration
3. Build Community Capacity
4. Advance How DMAS Pays for Services