Dental Public Health Project Descriptive Report Form

Please provide a description of your organization's successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lcofano@astdd.org

Name of Project

Improving Medicaid Rates of Fluoride Varnish Application and Oral Health Assessment by Medical Professionals at Well-Child Visits

Executive Summary (250-word limit))

The Connecticut Medicaid Program administers the Access to Baby Care Program through its third-party administrator the CT Dental Health Partnership (CTDHP). The program trains and certifies medical providers to conduct oral health assessments and apply fluoride varnish (OHA/FV) to children enrolled in Medicaid up to age seven during medical/well-child visits.

The training enables the provider to bill and be reimbursed by CT Medicaid In 2022, CTDHP developed reporting and analytic capabilities to enhance its Access to Baby Care program model by providing ongoing performance improvement interventions after receiving training to increase OHA/FV rates.

This was tested with one medical practice, which improved its OHA/FV rate from 55% to 84% in 12 months, a 53% increase. As a result, CTDHP's Access to Baby Care Program has worked to expand its scope of services trained practices and scale its analytic and reporting capabilities to include:

The Utilization and Revenue Review Report (URRR), which outlines:

- Practice level percentage rates of OHA/FVA services per Medicaid medical/well-child visit.
- Individual provider percentage rates of OHA/FVA services per Medicaid well-child visit.
- Medicaid revenue opportunities lost in the prior 12 months by not providing OHA/FVA services.

Performance Improvement Interventions post-training, including:

- 30-day post-training contact by CTDHP to support workflow, supply ordering, billing, and policy questions.
- A review of URRR at 90- and 180 -days post-training with CTDHP for brainstorming and intervention testing.

- Information sharing from the practice on their approach, tactics, and interventions that work.

The Utilization and Revenue Review Report (URRR) also promotes targeted recruitment of practices by identifying practices with: :

- High volume Medicaid patient panels
- High revenue generation opportunities due to low OHA/FVA rates

Name of Program or Organization Submitting Project

The Connecticut Dental Health Partnership

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

X	Assessment
	Policy development
X	Assurance

http://www.astdd.org/state-guidelines/

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- Increase the use of the oral health care system – OH-08
- Reduce the proportion of children and adolescents with lifetime tooth decay -OH-01

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Medicaid, Fluoride, Fluoride Varnish, Medical Dental Integration, Children, Non-Dental Professionals

Detailed Project Description

Project Overview
(750-word limit)

1. **What problem does the project address? How was the problem identified?**

   Only 3% of all HUSKY Health (Medicaid) children receive OHA/FV at medical visits despite these services being a requirement of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines. CTDHP and other partners conducted training for medical providers to provide and be reimbursed for OHA/FV services since 2012 and saw a rise in OHA/FV service volume from 2012-2015. From 2015-2019, the number of children receiving OHA/FV plateaued. The model has historically been a "training only" model with the rationale that the more providers trained, the more children will be served.

   Through the support of the CMS Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity group, the project sought to develop strategies to increase rates of Medicaid/CHIP children receiving OHA/FV by pediatric providers beyond training. CTDHP worked with one specific practice, identified through an oral health "champion" relationship with the Connecticut Children's Care Network, the state's largest network of pediatric providers. CTDHP and the practice met routinely to discuss data needs, identify tactics such as discussing OHA/FV at morning huddles and workflow changes, and provide feedback on utilization reports developed by CTDHP to help the practice identify rates of OHA/FV service per well-child visit.

2. **Who is the target population?**

   The primary target population is the Medicaid pediatric/ and family practice providers and staff to provide OHA/FV services. A secondary target are children enrolled in Medicaid up to age seven who benefit from the services provided by the Medicaid medical provider.

3. **Provide relevant background information.**

   All Medicaid state programs must cover and reimburse for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. Like many states, Connecticut follows the American Academy of Pediatrics' "Bright Futures" Recommendations for Preventive Pediatric Health Care for EPSDT, including Oral Health Risk Assessment and Fluoride Varnish by pediatric medical professionals. AAP notes that young children visit the pediatrician more often than the dentist. They have an essential role in oral health in their daily practice of pediatrics and serve as a critical referral pathway to pediatric dentistry.

   Connecticut was an early adopter of Medicaid reimbursement of Oral Health Assessment and Fluoride Varnish application at the medical office beginning in 2009. Connecticut was part of a From the First Tooth oral health initiative in six New England states and received funding from the DentaQuest Foundation and Connecticut Health Foundation from 2011-2017 to improve and expand training and support to medical practices and support other states in developing their programs.

   Under CT Medicaid policy physicians, physician assistants, and advanced practice registered nurses who are trained and certified can be reimbursed to perform oral health assessments to Medicaid children up to age 7. Application of Fluoride Varnish can be delegated to Registered Nurses, Licensed Practical Nurses, or Certified Medical Assistants

under their supervision. CT Medicaid reimburses providers $25 for oral health assessments and $20 for fluoride varnish application.

In 2017, ownership and administration of the program was shifted to the Connecticut Dental Health Partnership, the Medicaid third party administrator. It was renamed to the Access to Baby Care Program (ABC). CTDHP became the sole training and certifying body for Medicaid providers enabling them to be reimbursed. Providers can be certified by either completion of in-person training provided for free by the Connecticut Dental Health Partnership or provide proof of training completed through the Smiles For Life online training program.

From 2017-2019 the focus of the CT Dental Health Partnership's efforts were to streamline reimbursement processes and train more practices. CT Medicaid changed its reimbursement coding from CDT codes to CPT medical codes for practices and based on American Academy of Pediatric Guidelines. Medicaid providers are reimbursed for Oral Health Assessment through the modifier "DA-Oral Health Assessment by a licensed health professional other than dentist" to select Evaluation and Management (E/M) procedures codes. And use of CPT code 99188 for application of Topical Fluoride Varnish. Significant effort was made to recruit practices with high volume of Medicaid participation to become trained and certified to provide and be reimbursed for services.

In 2020, Connecticut was selected by CMS to participate in the CMS Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity Group which supported states in implementing quality improvement (QI) activities designed to improve oral health outcomes through the delivery of preventive oral health services. The Connecticut Dental Health Partnership's ABC Program led the effort under which the Utilization and Revenue Report and ABC Program staffing model changes were designed and implemented.

4. Describe the project goals.

1. **Overall Goal:** Test tactics and interventions conducted by the Connecticut Dental Health Partnership's Access to Baby Care Program (ABC) to increase the annual number of Oral Health Assessments/Fluoride Varnish Applications (OHA/FVA) by non-dental medical providers for the HUSKY Health (CT Medicaid/CHIP) program children aged zero up to seven years by 2% or more. From a baseline of 16,451 children receiving services to 16,780.

2. **Site Specific Goal:** Test with one pediatric practice intervention to improve their rate of OHA/FV after being trained. Through partnership with the test practice, it became clear the practice was missing actionable data to understand the volume of OHA/FV services provided as a practice and among individual providers to develop appropriate interventions. Additionally, it wasn't clear which staff had been trained to be reimbursed for services. As a result, CTDHP set a goal to develop the analytic reporting for this specific practice.

3. **Process Goal:** Identify what interventions could be scalable for statewide adoption.

Resources, Data, Impact, and Outcomes

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?

Data Resources:

- To develop the Utilization and Revenue Review Report, Medical claims are needed to identify numerator data in OHA/FV claims and denominator data in rates per Medicaid well-child/medical visit medical codes.
- The state of Connecticut Medicaid program's expertise and knowledge in medical claims was instrumental in identifying the appropriate claims set for well-child/medical visits to establish the denominator.
- Analytic and reporting tools to digest and visualize the data, for example, SQL Server.

Staffing:

- CTDHP deploys one FTE ABC Practice Specialist who coordinates the ABC Program. The ABC Program Practice Specialist must be Registered Dental Hygienist. A Master's degree in public health, health care administration or experience in practice transformation, performance improvement, or project management was a key factor in the hiring process.
    - The scope of work includes:
        - Coordinating with medical practices and the ABC Program trainers to conduct initial training and certification of the ABC Program.
        - Collaborating with the CT Dental Health Partnership's Community Engagement Team and other partners who work to provision practices to become an ABC Program trained/certified providers enabling them to be reimbursed by CT Medicaid.
        - Developing ongoing relationships with practices to identify and set meaningful, realistic, and data driven quality improvement goals and measures on a consistent basis.
        - Provide on-site and virtual quality improvement coaching including facilitating/recommending workflow redesign, helpful communication tactics, and integration of clinical and information technology, and data reporting on performance.
        - Identify opportunities and supports to replicate best practices within medical practices, by systematically examining data to identify practice trends in improvement, achievement, and interviewing practice leaders to isolate potentially replicable processes for dissemination.

  Other staff include:

- Three per diem trainers who are Registered Dental Hygienists to conduct the initial training to providers which certifies them to bill and be reimbursed by Medicaid.
- Ad hoc Data Engineering support.
- Executive level direction and policy efforts with the CT Medicaid division is led by The Connecticut Dental Health Partnership's Director of Member Care and Community Connection Team.

Partnerships:

- CMS Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Affinity provided ongoing guidance and performance improvement skill building to enable the design and development of the tests.
- State of CT Medicaid Program to provide executive leadership and technical support in claims identification.

- Connecticut Children's Care Network – a primary care pediatrician-led organization combining Connecticut Children's Hospital and community physicians in one network provided "champion" support by connecting CTDHP to the practice, reviewed and edited the Utilization and Revenue Review Report Utilization (URRR), and gave feedback on practice approaches and interventions. This relationship is invaluable to gaining insight and awareness of the medical community.
- Willing provider practices to engage in the work. In this case, due to the network champion's support and influence and the course's leadership orientation, we could work with Pediatric Associates of Western CT.

2. **(a) What process measure data are being collected (**e.g., **sealants placed, people hired**, etc.)?

Process Measures:

a. **Demonstration of engaged partnership and ongoing dialogue with test pediatric practice**: Monthly dialogue with the test practice group began in March 2022 through today to continuously update and revise the data visualization of the Utilization and Revenue Review Report (URRR). The URRR has gone through 7 drafts based on their feedback and has included shortening the length of the report, listing the providers trained and not trained, and refining the data definitions. Further testing occurred with the champions at the network level to gain insight in how the report could be used in promoting the ABC Program to its network of providers.

   Armed with this information, the practice site was able to identify which providers needed support and education, how workflows could be adapted to increase the services, and test interventions with follow up reports provided by CTDHP's ABC Program.

b. **Demonstration of engaged partnership and ongoing dialogue with medical network leadership:** Quarterly meetings with the medical network leadership began in November 2021 with the intent to understand the network and practices values on OHA/FV, identify a willing practice to work with CTDHP's Access to Baby Care Program, and be a subject matter expert to CTDHP reviewing and providing feedback on the URRR, providing thought partnership on the CTDHP Access to Baby Care Program staffing configuration etc. This dialogue continues today.

c. **Proposed Staffing Plan:** Recognizing the value of ongoing support to practices, rather than a 1-time training offering, CTDHP worked through various staffing models and budget considerations ultimately deciding on a coordination/performance improvement role with ad-hoc training staff.

d. **Design, Development, and Implementation of the Utilization and Revenue Review Report**: Collaborating with the test practice and provider network in identifying their data needs, the CTDHP data engineering team, and the State of Connecticut Medicaid program enable early versions of the URRR data to be developed for the specific to the test site. Once endorsed by the practice and network, CTDHP data engineering worked on automating the data reporting for all practices/providers in the Medicaid network. From there, the data was visualized into practice specific URRRs. The continuous improvement process continues today.

(b) What outcome measure data are being collected (e.g., improvement in health)?

Outcome Measures

a. Number of OHA/FV applied to children per well child/medical visits by practice and the practices providers.
b. *OHA/FV rates (practices and providers) via run chart identifying the impact of* ABC Program Training and *Interventions.*
c. Missed practice revenue opportunities by calculating the number of children who did not receive OHA/FV services in the prior 12 months
d. Number of total providers and practices trained statewide for internal program reporting
e. Number Medicaid children receiving OHA/FV statewide for internal program reporting

(c) How frequently are data collected?

Frequency:

e. The claims data represented on the URRR is available by week, month, and year.
f. The URRR is provided to practice while being recruited for more training and support, 90 days after training, and 180 days after training. They are also available on an ad-hoc basis.

3. How are the results shared?

The drafts of the report were shared with the site practice and practice network throughout the development of a Utilization and Revenue Review Report.

They are now shared with every practice 90 days and 180 days following their initial training. This enables the practice to see what if any gains have been made in their OHA/FV rates.

Budget and Sustainability

(500-word limit))

Note: Charts and tables may be used.

What is/was the budget for the project?

The development of the URR Report and Access to Baby Care Program workforce restructuring was budget neutral from the existing Access to Baby Care Program. Per practice costs state fiscal year 2023, inclusive of total staff compensation/time, materials, initial training and ongoing support was roughly $2,400 per practice.

How is the project funded (e.g., federal, national, state, local, private funding)?

The project is obligated under contract from the CT Medicaid Department of Social Services and its dental administrative service organization CT Dental Health Partnership.

1. What is the sustainability plan for the project?

The Connecticut Dental Health Partnership's Access to Baby Care Program has fully assumed use of the Utilization and Revenue Review Report in its outreach to medical practices, demonstrating the potential revenue generation the practice could make if they conducted OHA/FV and is now provided to all practices after their initial training.

Additionally, the Access to Baby Care Program has shifted its workforce from a "training only" model to a performance improvement emphasis with more time and effort spent with practices and providers after the initial training.

Lessons Learned
(750-word limit))

(a) What lessons were learned that would be useful for others seeking to implement a similar project?

a. Access to medical and dental claims data to develop data analysis and reporting is essential to identify performance and support providers in identifying revenue opportunities.
b. Developing champion relationships and orienting to working together to identify interventions jointly is critical to creating an environment of change.
c. Understanding that perfection can't impede practicality, we continue to improve the data analysis and reporting.

Any unanticipated outcomes?

We did not anticipate the level of interest in the URRR and its application to other relationships. We have engaged with other medical partners, namely the Medicaid Medical Administrative Service Organization's practice transformation teams and other large practices.

(b) Is there anything you would have done differently?

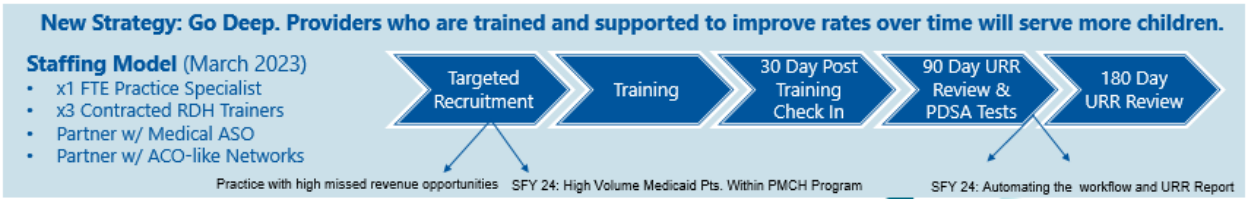
Bring in the data and data engineers earlier in the process to test the reporting more frequently.

Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

Pediatric and Family Practitioners: ABC Program - HUSKY Dental (ctdhp.org)
Maintaining and Improving the Oral Health of Young Children | Pediatrics | American Academy of Pediatrics (aap.org)
periodicity_schedule.pdf (aap.org)
Oral Health Campaign Toolkit (aap.org)
OralHealth Flip Chart AAP OHI.pdf (ctdhp.com)

Screenshot of Staffing Model:



Screenshot of URRR Sample

Access to Baby Care Program (ABC Program) Utilization and Revenue Review:

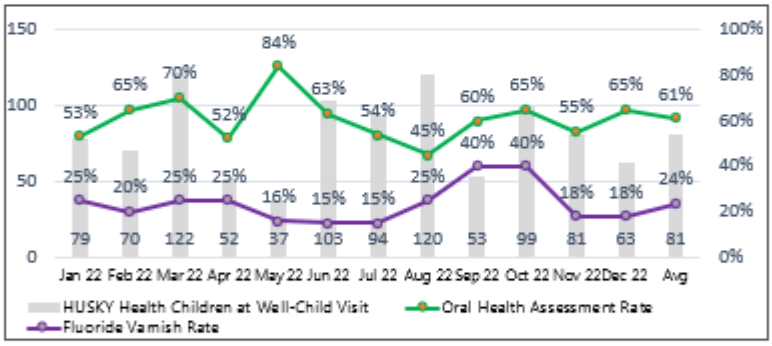
Pediatric Associates of Connecticut

Provider List *Based on CT Dental Health Partnership records and claims analysis, the providers identified below have either been trained and certified to bill for ABC Services or have not and are likely resulting in denied reimbursement claims. If there are errors or omissions please contact Jessica McMullin, RDH, MPH, ABC Program Practice Specialist at (860) 507-2309 or email at Jessica.McMullin@ctdhp.com to rectify.*

Providers Trained/Certified	Providers Not Trained/Certified
Paul Pediatric Fran Fluoride Henry Health	Connie Cavity

ABC Service Rate by Practice. *Based on claims analysis from January – December 2022 the practice has an average **24% fluoride varnish rate and a 61% oral health assessment** rate for HUSKY Health children.*

Pediatric Associates % of HUSKY Health Children Oral Health Assessment and Fluoride Varnish at Well Child Visits Calendar Year 2023. Source: CMAP Claims Data



Missed Revenue Opportunity. The following analysis of missed revenue is based on the number of well-child visits without oral health assessment or fluoride varnish (or both) services for Calendar Year 2022. Analysis concludes that a missed revenue opportunity of $35,705 existed during this time frame.

Month	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Oral Health Assessments ($25 per Visit)	$1,275	$1,225	$2,475	$1,000	$775	$2,600	$1,900	$2,475	$1,125	$2,050	$1,575	$1,250
Fluoride Varnish ($20 per Visit)	$1,040	$1,040	$2,040	$800	$640	$2,080	$1,520	$2,00	$900	$1,640	$1,280	$1,000
Total Missed Revenue Opportunity	$35,705											

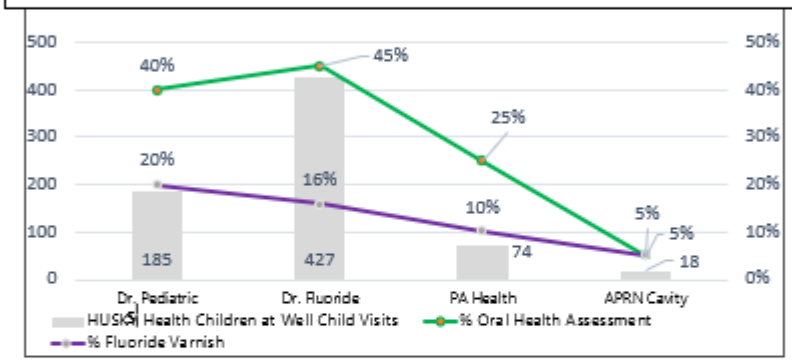
Utilization and Revenue Report developed by Kate Parker-Reilly, LMSW, Director Member Care & Community Connection Team, Connecticut Dental Health Partnership – The Dental Plan for HUSKY Health, 2022.

Access to Baby Care Program (ABC Program) Utilization and Revenue Review:

Pediatric Associates of Connecticut

Individual Provider Rates. The following analysis of the number of children who have received well-child visits and the percentage who received an oral health assessment and fluoride varnish service by provider. Any provider missing from table likely did not have any claims submitted.

Provider % of HUSKY Health Children Oral Health Assessment and Fluoride Varnish at Well Child Visits in Calendar Year 2022. Source: CMAP Claims Data



Well Child Codes: 99381, 99382, 99383, 99391, 99391, 99392, 99393
Oral Health Assessment Codes: All Codes with a D/A Modifier- 99381-99383 for Prevention-New, 99391-99393 for Prevention-Established.
Fluoride Varnish Code: 99188

Suggested Next Steps

- Consider setting a goal of 10% increase in Oral Health Assessments and Fluoride Varnish over the next 6 Months.
- Identify the general workflow of operations to understand how oral health assessment and fluoride varnish can become standardized or "hard wired" into processes.
- Explore EMR barriers to documentation to improve billing.
- Within existing communication channels and meetings raise Oral Health Assessment/Fluoride Varnish as clinical standard of care.

CTDHP Can Help! We can:

- Train in person on the ABC program to become certified and bill/receive reimbursement.
- Develop small performance improvement tests using the PDSA cycle model.
- Send updated reports to see what improvements haven been made and review with staff.

Utilization and Revenue Report developed by Kate Parker-Reilly, LMSW, Director Member Care & Community Connection Team, Connecticut Dental Health Partnership – The Dental Plan for HUSKY Health, 2022.

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To Be Completed By ASTDD	
Descriptive report number:	08007
Associated BPAR:	Early Childhood Caries Prevention and Management
Submitted by:	CT Dental Health Partnership
Submission file name:	DES08007CT-fv-oh-assessment-well-child-visits
Submission date:	September 2023
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