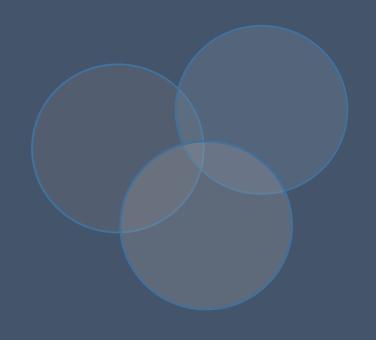
Dental Programs

Samuel Zwetchkenbaum, DDS, MPH State Dental Director Department of Human Services Department of Health





My background

- Advanced training in Prosthodontics and Geriatric Dentistry
- Dentist at FQHC 1988-1990
- Faculty in Hospital Dentistry and Prosthodontics at University of Michigan 1995-2012
- Experience in nursing home care 2014-2016 in New Jersey

Current Position

- Oral Health Program, RIDOH (50%)
 - Mission/Vision of Program
 - Major Activities
 - Funding
- Medicaid Dental Director, EOHHS (50%)
 - Dental oversight

What Do We Do?



OHP Mission:

- Provide oral health (OH) and public health leadership to enhance community efforts for the prevention, control & reduction of oral diseases;
- Plan, implement and evaluate OH promotion and disease prevention programs in collaboration with key partners; and
- Work with partners to build and sustain community capacity for high-quality, culturally-sensitive OH services.

What Do We Do?



Oral Health Program (OHP) Vision

Optimal oral health for all Rhode Islanders

Oral Health Program



- Surveillance
- Workforce development
 - Mini-Residency
- Community Water Fluoridation monitoring
- Coordination of the Rhode Island Oral Health Commission, which develops a State Oral Health Plan every 5 years
- Coordinates SEAL RI! Program
- Other Interdepartmental collaborations

Medicaid Dental Programs

- Mandatory coverage for under 21
 - RIte Smiles Managed Care program for those born in 2000 or after
- Fee-For-Service for non-RIteSmiles
- Adult dental coverage is optional by state, Rhode Island is one of 29 states for which dental is a benefit for adults.

Medicaid

Medical assistance program developed in the 1960's under Title XIX covering Children, Aging, Blind and Disabled

Expansion under ACA added Adults below FPL

Total eligible in RI near 250,000, including 92,000 children.

Mandatory: Dental care for children (EPSDT)

Optional: Dental care for adults



RIte Smiles

Managed care dental program for children

Began in 2006, covering 0-6 year olds, and adding an age cohort every year.

Focus is on preventive services.

Managed by United HealthCare

Current ADV: 50%

Current PD:49%





Problems with Medicaid FFS

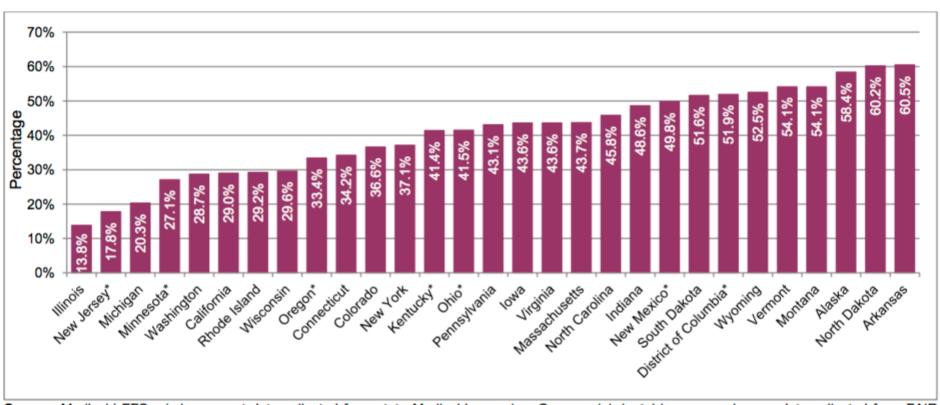
Concerns relate both to rates and policy

- Rates have not been raised since early 1990's and are <30% of commercial.
 - Rate increases need to be approved by General Assembly
- Policy: allowance of posterior composites for adults, when is prior authorization needed, use of CAMBRA, etc
 - Policy changes require hearings, support.



Medicaid Rates Compared to Commercial (ADA HPI)

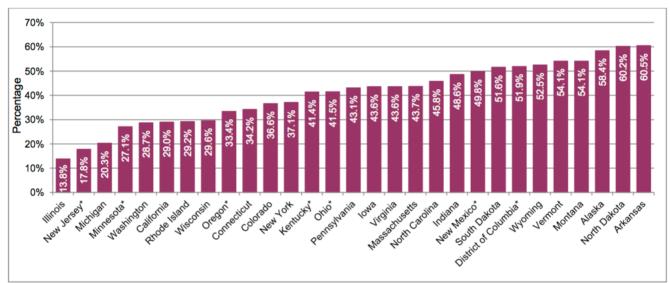
Figure 3: Medicaid Fee-for-Service Reimbursement as a Percentage of Commercial Dental Insurance Charges, Adult Dental Care Services, 2014



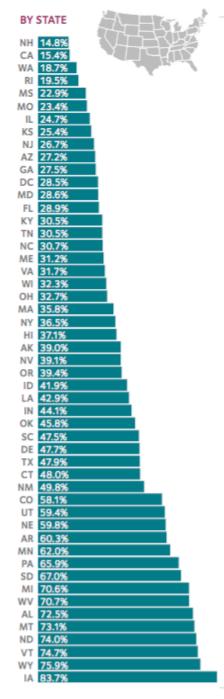
Source: Medicaid FFS reimbursement data collected from state Medicaid agencies. Commercial dental insurance charges data collected from FAIR Health. Notes: 2013 commercial charges inflated to 2014 dollars using the all-items CPI. *These states enroll the majority of their adult Medicaid beneficiaries in managed care programs for dental services; for these states, the data in this figure may not be representative of typical dentist reimbursement in Medicaid.

Dentist Participation in Medicaid by State

Figure 3: Medicaid Fee-for-Service Reimbursement as a Percentage of Commercial Dental Insurance Charges, Adult Dental Care Services, 2014



Source: Medicaid FFS reimbursement data collected from state Medicaid agencies. Commercial dental insurance charges data collected from FAIR Health. Notes: 2013 commercial charges inflated to 2014 dollars using the all-items CPI. *These states enroll the majority of their adult Medicaid beneficiaries in managed care programs for dental services; for these states, the data in this figure may not be representative of typical dentist reimbursement in Medicaid.



Current Initiatives

Some current initiatives

Oral surgery access-reduction in expensive E.D. /Hospital use.

Improve willingness of general dentists to provide care knowing they have back-up for difficult surgical needs

Allowance of posterior composites

Development of DMAC-Dental Medicaid Advisory Committee, to review policy proposals



Case Management Project

New set of codes introduced by ADA- Pilot program to pay for services which are likely to increase success of care and address challenges of working with complex patients.

D9991: DCM- Addressing appointment compliance

barriers

D9992: DCM-care coordination

D9993: DCM-motivational interviewing

D9994:DCM-patient education to improve oral

health literacy



Learning Collaborative



Completed 2016 in Classroom form, soon available as online training.

Modules 1-6: Learn how to make Medicaid financially viable in your practice using data-driven metrics.

NEW! Modules 7-10: Learn to use new case management codes.

We are also looking for offices willing to Beta-test the online modules- \$100 Gift card available!

Help Wanted!



Pilot testing of Case Management codes!

Be the first to be reimbursed using case management codes, D9991-D9994.

Requires completion of online modules and completion of code submission form for each patient.

The form is easy to use, assures complete service for billing and data collection, and allows effective communication with the patient.

Dental Inventory Survey



State administers Health Inventory every 2 year by statute.

To include dental this year.

Please look for link in the mail this summer to complete online survey.

All feedback appreciated!

TeethFirst! Materials

Brochure on First Dental Visits



Poster (2 sided, English/Spanish)





Plus

Free educational PDFs for patients & Tooth Talk Blog



SAVE THE DATE!

2017 Rhode Island Oral Surgery Mini-Residency

Friday and Saturday, July 14-15, 2017 CROWNE PLAZA HOTEL, WARWICK, RHODE ISLAND



This is a two-day, hands-on program intended to improve surgical skills, free for Rhode Island general dentists.

REGISTRATION FORMS AVAILABLE IN MAY





Contact Info:

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