2019 SNBC Dental Access Improvement & Evaluation Annual Report

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Project Overview

The SNBC Dental Access Improvement and Evaluation Project is a collaborative effort between DHS’ Special Needs Purchasing Division, DHS, Direct Care and Treatment Dental Clinics (DCT-DC) and Managed Care Organizations (MCOs) to improve access to dental services for SNBC members throughout Minnesota. The MCOs submitted the project proposal to DHS on April 17, 2017. DHS approval of the proposal was received on May 3, 2017. This report provides DHS an update of activities carried out by the MCOs in the second year of the project. This will be the first year the MCOs are reporting data regarding the effectiveness of the project interventions. In year one, the project interventions were just implemented, therefore data was not available.

The primary goal of the project is to improve the annual dental visit rate for SNBC members, ages 18 to 64, to 60% or more over the next three to five years. Project work in the second year has had a similar focus as in year one of educating the community about the project, obtaining feedback from stakeholders and providers, and continuing the work on the primary interventions: dental case management and special needs community dentist and staff mentoring program. In year two the tele-dentistry demonstration project intervention was put on hold, with a plan to re-visit the intervention at a later time.

In collaboration with DHS staff, surveys were conducted with providers and Case Managers (CMs). Note that each MCO CM staff may include different titles, roles, and locations. For the purpose of this project, the term CM will be used. Survey results were utilized in developing and implementing project outcomes and will continue to guide the work of the MCOs moving forward.

Community presentations were another vehicle for obtaining feedback on the project. MCO representatives gave presentations to the DHS DCT –DC in August 2018; the DHS Stakeholders Meeting in September 2018 and the SNBC Case Managers and Care Coordinators Meeting in November 2018. Feedback obtained during these presentations has helped to shape the overall project plan and work moving forward. More detail about the presentations and feedback received can be found later in the report.

OVERALL PROJECT RESULTS

The MCOs received the following project results from DHS. The table below shows results from the primary project measure, defined as percent of continuously enrolled recipients who had one or more regular (not Emergency Department) dental visits during the year. The results show a slight improvement from calendar year 2017 to 2018 in SNBC members who had at least one dental visit during the year. The MCO’s are hopeful to continue the improvement through the ongoing project interventions described in more detail below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Program</th>
<th>N</th>
<th>D</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>SNBC</td>
<td>20,782</td>
<td>45,596</td>
<td>45.60%</td>
</tr>
<tr>
<td>2017</td>
<td>SNBC</td>
<td>20,358</td>
<td>45,104</td>
<td>45.10%</td>
</tr>
<tr>
<td>2018</td>
<td>SNBC</td>
<td>21,749</td>
<td>47,162</td>
<td>46.10%</td>
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</tbody>
</table>
PROJECT INTERVENTIONS ANNUAL UPDATE

Dental Case Management Intervention
MCOs, as part of their long-standing case management model, incorporate dental in the health risk assessment and care planning process. The SNBC Dental Access Improvement & Evaluation project has presented an opportunity for health plans to collaborate with DHS and each other with a focused effort to learn more about the dental habits of our SNBC members, mitigate barriers to service, and offer support leveraging the relationship and trust between the CM and the member.

Member Outreach and Dental Home Coordination
While each MCO’s case management model varies slightly, they all have two common components: the expertise at the health plan; and trained and knowledgeable CMs. Additional training opportunities in 2018 served to further enhance CM’s knowledge and attention to the importance of dental care for SNBC members. CMs have multifaceted ways to work with SNBC members to ensure that they have every health plan option available to them to receive quality and regular dental care. MCOs have dental resources in place to assist CMs and members, including internal staff as well as resources through dental benefit providers, as applicable. These resources were in place prior to the implementation of this project and are leveraged to provide additional support. This project, approved by DHS in May 2017, afforded the opportunity to build additional tools to equip the CM and enhance the member conversation.

MCOs formalized their identification and notification process to CMs regarding members who have not accessed dental care in the previous twelve months during the first year of the project. Claims reports are run by each MCO at minimum on a quarterly basis. Starting in October 2017, each MCO began sending a list of members who were identified as having a gap in dental care over the previous twelve months to the member’s assigned CM or other MCO designee for follow-up with the member. The CM follow-up is via telephone when possible, unless the timing aligns with a scheduled face-to-face appointment. For members who have a guardian in place, the CM communicates with the guardian regarding the member’s dental care needs. If the CM is unable to reach a member via phone, follow-up occurs via mail as appropriate. Members who decline or have not engaged in case management services receive outreach by trained MCO staff via phone or mail as appropriate to educate about the dental benefit, provide encouragement and support, offer assistance in connecting with a dentist, scheduling an appointment, and obtaining transportation to the covered benefit if needed. This work continued in year two of the project. In addition to member level outreach conducted by CMs, additional CM education was offered in year two of the project, described in further detail below.

The first full year of the member outreach intervention for this project ran from November 1, 2017 – October 31, 2018. Data for the dental case management intervention are found in the Case Management Process Measures section.

1. Case Manager Education
In the effort to support the CM staff working with SNBC members on dental access, the MCOs continued to provide education focused on enhancing the project and the importance of securing a
dental home for SNBC members. Several practical tools were developed and put into use by CMs when working with the SNBC members on dental education and coordination of their dental services. These tools were developed and distributed between May, 2017 and July, 2017 and continued to be utilized by CMs in 2018.

In year one as part of the implementation of the CM intervention, MCOs collaborated with DHS to conduct a statewide training titled, “Sinking Our Teeth into SNBC Dental Case Management” utilizing DHS’s ITV site capabilities. The training took place on August 17, 2017 and served as kickoff training for SNBC CMs introducing them to the project and providing detail about their essential role in achieving the goal to increase access to and utilization of dental services for SNBC members. In year two the MCOs collaborated with DHS again for another statewide training titled, “SNBC Dental Project: Education for Case Manager and Care Coordinators.” This training, which took place on November 1, 2018, was a refresher on the project goals and interventions. A MCO Assistant Dental Director presented important information on the medical-dental connection to overall health. A dental outreach specialist shared strategies for effective ways to connect with members when completing dental outreach. They also focused on the importance of SNBC members receiving dental care and establishing a dental home.

In year two, MCOs also continued to utilize monthly, quarterly, or biannual CM meetings and newsletter opportunities within their health plan to provide ongoing training to their CMs on project overview and updates, CM expectations, process/workflows, and use of available resources. These meetings are also helpful to gather CM feedback, address questions they may have, identify barriers experienced, etc.

In March 2018, the MCOs administered a CM Survey. The survey yielded 229 respondents, who provided key insight on barriers members face in seeking dental care. The survey also provided insight on what additional training needs CMs may have. CMs indicated the following training needs:

- Oral Health Care – how oral health impacts overall health
- How to get appointments- more information about dental providers who serve special needs members
- Information for members with dentures
- How to help/support members with dental anxiety and fears
- Benefit set

The training needs identified in the CM survey were utilized in developing the statewide Case Manager training and will continue to be used in steering the case management intervention.

2. Resources

From the onset of this project, MCOs have given careful consideration to strategies for educating both the CM/CM Support staff and SNBC members on the importance of daily oral care, routine preventive dental care and the link to overall health, education on available dental benefits, locating a dentist, education on the importance of keeping scheduled dental appointment, etc. The following resources were created in late 2017 and 2018, have been kept updated, and continue to
be provided to CMs and SNBC members as part of the dental case management intervention:

- The **Care Coordination Informational Guide** was developed to provide insight to Care Coordinators and CMs on SNBC members’ unique dental needs and considerations when assisting members schedule dental appointments. This included education on chronic conditions and complications of medications contributing to dental decay and pain, disabilities and anomalies to the oral cavities, oral care exams, related behavioral health concerns, and medical information needed for dental appointments.

- **Tips for Good Oral Health** is an educational resource developed for case management staff to use as an educational resource during outreach calls and face to face meetings with members as well as mailings to members unavailable during outreach attempts. Topics covered included:
  - Instructions on daily oral hygiene
  - Reasons to visit a dental provider at least annually
  - When to contact a dentist with concerns
  - When to call a dentist with emergency concerns and when to access a hospital emergency room
  - Locating a dental provider
  - Transportation assistance
  - Additional oral health resources

- **Outreach Letters** were developed and used for mailings to members by CM staff for members staff were unable to reach. These letters, along with the **Tips for Good Oral Health** resource, were mailed to members who were either due or overdue in scheduling a dental exam and/or to members accessing hospital emergency departments for non-traumatic dental concerns.

- **Dental Benefit Sheets** were developed by individual MCOs for use in educating members about the dental benefits available to them.

These resources were submitted to DHS for approval by each individual MCO to their respective DHS contract manager prior to the implementation of case management activities in October 2017.

3. **DHS New Member Report**

The DHS New Member Report provides MCOs with dental claims that occurred within the 12 months prior to the current enrollment month. The report includes the following claim information:

- Date of Service
- Procedure codes and descriptions
- Pay to provider’s Name and NPI
- Treating provider’s Name, NPI and phone number

The New Member Report also includes history of dental service authorizations approved by DHS prior to the member having MCO enrollment, allowing for continuity of care for SNBC members who are in the process of completing a treatment plan with dental services requiring authorization.
MCOs utilize the report in our work with SNBC CMs. Information about the dental services may be used as a talking point/starting place with the member during the initial assessment and when trying to establish a dental home for their assigned member. If the member expresses a positive experience and a desire to return back to the clinic identified in the report, MCOs have the Dental Clinic contact information to make the connection. While the report is helpful in establishing a dental home for members interested in going back to a previously visited clinic, not all members share that interest. For those members who express disinterest in returning back to the clinic(s) identified in the report, new referrals are provided in efforts to help them find and establish a dental home.

**Non-Traumatic Emergency Department (ED) Outreach**
Outreach to members who used the emergency department for non-traumatic dental reasons started in January 2018. MCO staff spent time in 2017 working to identify reporting to show members who have accessed the Emergency Department (ED) for non-traumatic dental care. MCOs and CMs may not be aware of members’ visits to the ED until the claim is received several months later. Outreach with the member, either by MCO staff or the CM, occurred to educate on appropriate use of the ED and ensure the member has established a dental home.

The MCOs each used the following criteria to identify, conduct outreach, and track SNBC members utilizing the ED for a dental symptom and any subsequent follow up dental appointments:

**ED Dental Methodology**
- **Measure:** Percent of ED for non-traumatic dental visits that were followed by a dental visit.
- **Denominator:** Total ED for non-traumatic dental visits between November 1, 2017 and October 31, 2018.
- **Numerator:** Visits from the denominator followed by an outpatient dental appointment within 15 days of ED visit (inclusive of day 15); 30 days (inclusive of day 30); day 31 through 60 (inclusive of 60)
- **Eligible ED Visits:**
  - CPT of 99281-99285 or Revenue Code of 0450, 0451, 0452, 0456, 0459, or 0981;
  - Primary diagnosis code of a69.0xxx, k02.xxxx, k03.xxxx, k04.xxxx, k05.xxxx, k06.xxxx, k08.xxxx, k12.xxxx, k13.xxxx, k09.8xxx, k09.9xxx, or m27.6xxx
  - Negative history of 15 days prior to the ED visit when the member had no other ED dental visits and
  - Member was continuously enrolled from the date of the ED visit through 60 days after (61 days total, no allowable gap).
- **Follow Up Outpatient Dental Appointment:**
  - Any CDT code starting with Dxxxx

**Case Management Process Measures**
The case management process measures are broken out into three categories to provide a complete description of data obtained by the MCOs. The first full year of member outreach for this project ran
from November 1, 2017 to October 31, 2018. This time frame was selected by the MCOs in order to allow SNBC members a full 60 days to obtain a dental visit after the outreach occurred.

1. Number of members who have not accessed dental services within the previous twelve months who CM or CM Support Staff attempted outreach:
   In the specified time frame 17,483 SNBC members were identified for outreach by the 6 MCOs involved in the project.
   - Percentage of CM outreach that led to a dental visit:
     Each MCO has tracked how many SNBC members had outreach who then had a dental visit. Each MCO's SNBC membership varies in size significantly so in order to equally weight the work of each of the 6 MCOs, we calculated the average rate using each MCO's individual rate to reach a combined percentage of outreach that led to a dental visit for this 12 month period of 25.16%.

2. Number of members who accessed ED for non-traumatic dental visits who received MCO outreach
   The MCOs identified 1044 members who accessed ED for non-traumatic dental visits and received MCO outreach.
   - Percentage of members who utilized ED for non-traumatic dental visits and who received a dental visit following the ED visit

<table>
<thead>
<tr>
<th>SNBC Members with a non-traumatic ED visit</th>
<th>% Visit within 15 days</th>
<th>% Visit 16-30 days</th>
<th>% Visit 31-60 days</th>
<th>% of visits within 60 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCO Data: 1044</td>
<td>32.2</td>
<td>13.0</td>
<td>8.5</td>
<td>53.5</td>
</tr>
<tr>
<td>DHS Data: 712</td>
<td>37*</td>
<td>6.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Combined DHS 0-7 days and 8-15 days

MCOs identified a significant variation in the number of members seeking care in the ED compared to those identified by DHS; however, rates of follow-up are comparable. The variation in the totals may be due to the following factors.
- Variations in how the continuous enrollment criteria were applied.
- The MCO data may represent multiple ER visits for individual members if those visits didn’t occur within the 15 day negative history.
- The timeframe between the two data sets is slightly different with the MCO data inclusive of November and December 2017, but NOT December 2018 to allow for claims run-out.

3. CM/CM Support Staff annual survey to gather qualitative feedback
   In March 2018, the MCOs administered a CM Survey. The survey yielded 229 respondents, who provided key insight on barriers members face in seeking dental care.
   - Identify barriers, best practices and trends in working with members to access dental care

   While reviewing qualitative feedback from staff conducting member engagement calls with those who had utilized the ED for non-traumatic dental care, various trends were
identified. Often when outreaching to members, they are highly engaged due to their recent ED dental concern. When asking members about follow-up dental care, many experience dental access issues that create barriers to treating urgent dental problems such as pain, abscess, etc.

Barriers identified include needing dental care beyond the Medicaid benefit set, cost, transportation, and other social determinants of health. Another barrier identified by some CMs when working their outreach lists is the ongoing frustration with the lack of timely and convenient dental appointments available in their area. This feedback is most often heard from those CMs working outside of the metro area. Ensuring consideration of these barriers has been identified as a best practice while setting realistic action steps for the member. For example, providers often add Medicaid members to their clinic cancellation list when they are not taking new patients for these programs. These members are notified of an available appointment with little time to set up necessary arrangements such as transportation, interpreter services, employment leave, conflicting medical appointments, etc. Presenting another path that will set the member up for success in getting dental care is a key goal of this intervention.

The following best practices have been identified to help resolve member needs:

- Encourage and assist members with scheduling preventive dental appointments as far in advance as possible so that an appointment that is both geographically convenient and at a convenient time, can be secured.
- Ensure members are assisted with transportation arrangements and setting up interpreting services.
- Providing members with dental clinic information, member resources on dental and send reminders to support showing up for their scheduled appointments.
- Promote the importance of preventive care and its value in reducing ED incidents, medical cost, adverse health risks, etc.
- Assist members to find a provider they can call their dental home and provide the necessary follow-up care post-ED visit.

Educate the member on proper usage of the ED and how to appropriately navigate the system if an urgent dental need occurs.

Special Needs Community Dentist and Staff Mentoring Program Intervention

This intervention encourages additional education regarding the care of patients with special needs in the hopes that more Minnesota dental providers will be willing to see SNBC members. To assist the MCOs in understanding the issue and the direction that we should take to address it, we created a Mentoring Expert Panel to advise the project. Feedback from the Expert Panel and DCT-DC staff continued to be collected in 2018.

DCT-DC Collaboration

In June of 2018 representatives from the MCOs met with a small group of staff members from the DCT-DCs. An overview of the DHS SNBC dental project was provided to the group with a Power Point presentation, followed by a request for feedback on the information provided. The MCO representatives also introduced to the DCT-DC staff a draft of the MCO 101 Grid, again requesting
specific feedback. DCT-DC staff found the Power Point presentation informative. The DCT-DC staff commented that the MCO 101 Grid would be a great resource to have available for front office staff, hygienists, and others within the clinic. The group commented that the transportation information would be ideal.

The MCO representatives and DCT-DC staff also discussed other questions and topics of concern voiced by DCT-DC staff, including:

- The number of phone calls that staff receive each day from patients who are not eligible for their services
- Opportunities for additional collaboration, including working together to educate the community about their services and identifying MCO members who would likely meet their criteria
- Access to dental specialists for those with special needs
- Prior authorization process
- Education for family members, Authorized Representatives, and Care Coordinators who work with special needs members

The MCO representatives took note of the concerns associated with prior authorizations specifically for routine dental prophylaxis coverage and made the decision to discuss this further at each MCO and report back to the DCT-DC staff on any potential process changes which the MCO group could implement to assist DCT-DC staff as well as special needs patients. The DCT-DC staff members recommended that the MCO presentation be provided at an upcoming full staff meeting.

In August of 2018 representatives from the MCOs held a follow up meeting with DCT-DC staff. In attendance from the DCT-DCs were representatives from each of the five clinics across the State of Minnesota. This included dentists, dental hygienists, dental assistants, office managers and other general office staff. A summary of the SNBC dental project was provided, and again feedback was requested. The MCO group also provided a review of the MCO 101 Grid and asked for input from the DCT-DC staff. DCT-DC staff appreciated the information and made several comments that this would be helpful information to have available for their front desk office staff to refer to when assisting members with special needs.

The MCO representatives discussed with DCT-DC staff the delay and barriers created by the prior authorization process for additional dental prophylaxis provided during the calendar year. The MCO group was able to report back to the DCT-DC staff that they were able to discuss this concern with their internal organizations since the June 2018 meeting, and most MCOs had made the decision to waive the prior authorization requirement for additional dental prophylaxis for SNBC members. The DCT-DC staff expressed their appreciation for the collaborative relationship with the MCOs. The group discussed other areas where collaboration may be possible, including the following:

- Development of a workflow or guide to be used by MCO care coordinators to determine which MCO SNBC members would be appropriate for DCT-DC referral
- Annual review of the MCO 101 Grid
- Collaboration to reduce the number of phone calls that the DCT-DCs receive from MCO members who may have been incorrectly provided their clinic as an option for a general dental clinic
1. **MCO 101 Medicaid Dental Grid**

   Based on feedback from the DCT-DC, as well as providers included in the SNBC Dental Access Improvement Project Expert Panel, the Health Plans collaborated on the creation of an MCO Grid (see attachment 1). The subtle differences among the MCOs can result in confusion and misinformation. This helpful and easy-to-use tool was shared with DCT-DCs, other dental providers, the MN Oral Health Coalition, as well as various counties and Child & Teen Checkups (C&TC) workgroups. This document will be updated as changes occur. The most current copy will be accessible to all by posting to the SNBC Dental Access Improvement Project page on the Stratis Health website. Health Plans may also make it available on their respective websites.

   The grid contains the following information for each Health Plan:
   - Identification, information and explanation of Dental Benefits Manager
   - Dental customer service contact information for members and providers
   - Incentives offered for preventive dental visit
   - Additional benefits outside of Medicaid non-pregnant adult benefit set
   - Contact information for transportation services
   - Health plans’ member services hours and contact information
   - Health plans’ website address
   - Listing of Medicaid products that are available for each health plan, including definition of each of the products

2. **Prior Authorization Update**

   SNBC members often present with additional medical and dental needs that may warrant more frequent dental care than other patients. The MCOs acknowledge that the dental provider is in the best position to identify the patient-specific preventive care plan and that the existing prior authorization requirement was burdensome. Several of the MCOs have decided to revise or remove the prior authorization requirement for additional (more than two) dental cleanings for their members. This will benefit the dental clinics in reducing workload and administrative staff time for these prior authorizations. Saving administrative time with this new process will increase time for the clinics to devote to access and care for special needs patients. Details of each MCO’s prior authorization requirements are outlined in the MCO-101 grid.

**Expert Panel Interviews**

MCOs recruited Expert Panel participants in 2017 to assist with developing the overall mentoring intervention. A variety of specialties and regions are represented in the Expert Panel. An initial meeting occurred in October of 2017 with 12 participants to gather feedback on a mentoring program and opportunities to collaborate on SNBC dental access.

After the initial Mentoring Expert Panel meeting, the group offered their expertise as needed throughout the project. To maximize their insight, the project utilized a Master of Public Health (MPH) intern and conducted personal interviews with members of the Expert Panel, their staff and other critical partners. The purpose of the interviews was to better understand both their needs from the health plans and to identify best practices that are already being employed in the field for SNBC members.
A letter was sent inviting the targeted experts to participate in the interviews. Thirty-four current SNBC dental providers were invited to participate. A total of 18 clinics were represented in the final interviews. These numbers reflect the total number of clinics/organizations although in some cases multiple people from the same organization were interviewed. During the initial Expert Panel meeting, the front desk and other auxiliary staff were identified as vital contacts so specific questions related to administrative staff were included in the interviews.

Themes of the questions asked included:

- Logistical information – How timely appointments can be scheduled for patients specific needs; challenges to scheduling special needs patients; time allowed for appointments; coordination or assistance with health plan information; authorizations.
- Considerations for special needs patients – How to identify level of care of the patient; support staff to accompany; transportation or other services; coordination with medical care; dental education for both the patient and their caregivers.
- Special training provided – Screening for behavioral health concerns; behavioral modification training for staff; other training to accommodate special needs.
- Special needs dental skills – Training provided to staff around serving patients with special needs; identifying gaps in knowledge in serving special needs; advice to new dentists who may want to see patients with special needs.

The results of the interviews have been transcribed and consolidated by theme into useful information. Administrative and health plan information has been integrated into the health plan grid. The results on approaches to scheduling, staff training and special needs dentistry will be incorporated into the Special Needs Dentistry Toolkit being developed by the MCOs in 2019. Preliminary information from the interviews was shared as part of the update given to the DHS Stakeholder meeting on September 10, 2018 and they will be updated on future activities developed as a result of the Expert Panel interviews.

The themes of the feedback from the experts include:

- How patients with special dental needs are similar/different from other patients
- Communication strategies to understand patient’s special needs and additional supports that may be needed
- Conducting behavioral health screenings to understand special needs
- Practical strategies for making the visit go smoothly

**Teledentistry Demonstration Project Intervention**

Teledentistry project efforts have been put on hold this past year. In 2018, MCOs continued to engage with this project intervention with the DCT-DC; however the project has been suspended due to resource and funding concerns. Additionally, there are barriers to implementing the project related to MouthWatch and DCT-DC systems technology and data feed incompatibility.
PROJECT SURVEYS UPDATE

Annual Provider Access Survey
The MCOs, as part of the project interventions, conducted a survey with dental providers. The goal of the provider survey is to learn about access barriers for people with disabilities, ages 18-64 years old, and to identify any possible areas for further action as part of the SNBC Dental Access & Improvement Project.

The survey was conducted using an online survey tool and was sent to the MCOs’ dental provider networks. The survey link was sent with a cover letter in September 2018, with the survey remaining active until October 31, 2018. A summary of the results is listed below.

Survey Respondents
39.6% of survey respondents were from a dental clinic located within the Twin Cities metro area, and 56.4% of respondents were from the northern or southern area of Minnesota.

Quantitative Analysis

Medicaid members: 66.6% of respondents stated that they see Medicaid members through a Managed Care Organization (MCO). Respondents also stated that they see Fee for Service Medicaid members 73.0% of the time.

Average wait times for New Patients: 33.6% of the respondents surveyed stated that it takes more than 12 weeks for a new patient with Medicaid to get in to see a provider. 32.6% of the providers stated that it takes between 3-6 weeks to get in for a new visit. 26.5% stated that new patients can get in to see a provider within 1-2 weeks.

29.5% surveyed stated that new patients who have Medicaid with an Emergent need can get in to see a provider within same day, 26.5% stated that it takes 1-2 days to see a provider, and 16.3% stated that it takes 3-7 days to see a provider.

Average wait times for Established Patients: 37.5% of the respondents surveyed stated that patients who have Medicaid with an Emergent need can get for an appointment within the same day, 36.4% stated that it takes 1-2 days to see a patient, and 16.6% stated that the they can get the patient in within 3-7 days.

ADA (American Disabilities Act), Full Access and Transfer Assistance: 55.5% of the respondents surveyed stated that they offer full access and transfer assistance for patients with special needs. 24.2% stated that they would rather not answer the question.

Knowledge of Care Coordination: 60% stated that they were not aware of Care Coordination available to patients with Special Needs Basic Care (SNBC), and 23% stated that they were aware of Care Coordination, however, they have not used them in the past.

Provider Educational Topics: 47.5% surveyed stated that they would like information on Best Practices in working with SNBC patients. 45.1 % stated that the they would like information on the SNBC Program Benefits, and 36.5% stated that they would like information on Health Plan 101.
Provider Resources: 47.7% stated that they would like information on a provider toolkit to assist them in providing care to SNBC patients, and 47.7% of the respondents surveyed also stated that they would like a webinar series to assist them in providing care. 21.5% stated that they would be interested in having in-office training.

Annual Oral Evaluation: Patients who are edentulous (with or without dentures): 77.3% stated that they encourage patients to come for an annual oral exam, and 9.2% stated that they do not encourage patients who are edentulous to have an annual oral exam.

Benefit set of non-pregnant adults under Medicaid: 55.6% of respondents surveyed stated that the benefit set of non-pregnant adults under Medicaid provides a barrier of seeing more patients with coverage under Medicaid, while 44.4% stated that the Medicaid benefit set does not cause a barrier of seeing patients covered with Medicaid.

43.3% stated that they feel the limited benefit set for non-pregnant adults creates a barrier for patients with coverage under Medicaid to receive dental care, and 29.2% stated that they felt that the limited benefit set for non-pregnant adults does not create a barrier.

Additional benefits: 28.5% of the respondents stated that they would like to see scaling and root planing as a benefit, while 11.2% stated that they would like to see molar root canal treatments and crown coverage a benefit. 10.2% would like to see full mouth series radiographs as a benefit, and 6.1% stated they would like to see general anesthesia as a benefit.

Evaluate accepting Medicaid patients: 38.0% surveyed stated that they re-evaluate accepting more Medicaid patients in their practice annually, and 17.0% state that they re-evaluate seeing more Medicaid patients quarterly.

Qualitative Analysis
After reviewing the survey results, many common themes emerged. While many of the providers surveyed are currently serving Medicaid patients that are managed by a MCO, they are unwilling to see new Medicaid patients. This limits access for members trying to establish a new dental home. Inadequate reimbursement and a limited benefit set, which impact treatment, are some of the reasons cited for not accepting new Medicaid patients.

It was consistently noted this population has more extensive needs than the general population and that the current benefit set does not support these needs. For example, providers indicated that the lack of coverage for periodontal services and the restrictive sedation benefits is a barrier to appropriate care. Other responses focused on preventive care; some stating that the one cleaning per year for the standard Minnesota Health Care Programs (MHCP) benefit set is not adequate for this population. Of the providers who reported the limited benefit set has a negative impact on their ability to see patients, almost one-fourth cited reimbursement as the reason they must limit Medicaid patients.

Another barrier noted by providers was caring for patients when their personal care giver is not present. A few providers expressed difficulties in treating patients with physical disabilities due to their special needs. One provider expressed the challenges of performing patient transfers at their facility.
For example, transferring to use the restroom when they are not accompanied by a caregiver can be challenging and a task they are not equipped to assist with. Another provider suggested that funding for transfer equipment along with training in transferring these patients safely may be helpful. Communication barriers were also observed when patients present to the clinic with a lack of assistance and support. Some expressed having difficulty helping the patients to understand what the provider is trying to convey to them. Lastly, some providers simply noted that their staff were not equipped to serve these patients but did not provide further detail to the specific concerns the staff have with this population.

Providers stated that they are interested in additional training to help them to better serve patients with a special healthcare need. Resources that providers felt would be helpful are toolkits, webinars and educational topics in SNBC program benefits, and best practices in working with SNBC members.

Post-Survey Follow-up
The results of this survey assisted the MCO collaborative in identifying action items to further the goals of the SNBC Dental Project during 2019. Responders clearly identified educational opportunities that would enhance their ability to successfully serve the SNBC population.

The majority of those who responded are not aware of the case management role (also referred to as care coordination) that SNBC members have access to. Educating the dental clinics about the availability of case management, and how this role could be optimized for some of their patients would enable dental clinics to include the case manager/care coordinator in the clinic visit process to increase the likelihood of a successful visit. This education could be completed via a combination of MCO provider newsletter articles and/or webinars to introduce this resource. In addition, there appears to be an opportunity to educate both providers and case managers about the benefit of having caregivers attending the dental appointment with members. For example, if member is approved for Personal Care Attendant (PCA) services, the PCA can be authorized to attend the appointment with the member. Educating care coordinators to ensure that the PCA is scheduled to attend with the member as well as educating providers of this option may help members have a better experience at their dental appointments.

In addition to the case managers, providers indicated a desire for education on health plan operations and resources such as filing claims, updates to State regulations, benefit set information and reasoning for low reimbursement. While the reimbursement rate is outside the scope of this project, the other topics are applicable for future educational opportunities. The plans can utilize the MCO grid developed in 2018 as a teaching tool for building these educational opportunities and offering a webinar on health plan resources.

Providers also clearly identified a desire for more information on best practices in working with the SNBC population. This aligns with the MCO mentoring group activities related to best practices. Interviews of experts in special needs dentistry in Minnesota were conducted in 2018. This information is being compiled into a usable format for educating clinicians and will be dispersed in 2019. Clinicians indicated that a toolkit format and/or a webinar series would be the most useful way for us to share this information.

The MCOs will incorporate these educational opportunities into our work plan for 2019.
DHS STAKEHOLDER PRESENTATION

The MCOs presented an update in regards to the SNBC Dental Access & Improvement project to the DHS Stakeholder Committee on Monday, September 10, 2018. The presentation information included: the project participants and partners; project background and goals; key project learnings of year one, Case Management survey results summary; and findings from the Special Needs Mentoring Expert Panel and interviews. At this time, no specific feedback has been received by the MCOs. In the future, if the DHS Stakeholder Committee members have feedback regarding the project, it will be reviewed and included in future planning. For complete details regarding the DHS Stakeholder Presentation see attachment 2.

OPPORTUNITIES FOR IMPROVEMENT

There are several focus areas and next steps that the MCOs have identified for mentoring providers, care coordinators and community groups based on the implementation of 2018 interventions.

1. Access

   Based on the interactions and planning meetings with DCT-DCs, we identified that there is a lack of awareness about who can be referred to DCT-DCs for services. The MCOs and DCT-DCs are creating resources and identifying venues to better educate caregivers and other care coordinators on appropriate referrals to these clinics. Interventions include:
   - Creating a decision tree on determining access criteria
     - Identify behavioral health diagnoses and ICD-10 diagnosis codes
     - Identify criteria questions
   - Educate and train health plan and community based Case Managers on DCT-DCs and services through:
     - Webinars
     - Conference presentations
     - Health plan newsletters and websites

2. Provider Toolkit

   The Provider Survey scores (described in next section) and Expert Panel feedback identified another opportunity to better engage and educate providers, care coordinators, and community groups on how to work effectively with the special needs population in relation to their dental care. This feedback will be incorporated into creating a provider toolkit. The provider toolkit topics and information may include:
   - Overview: explanation of product lines and care coordination for members
   - Health plans: information on each plan’s dental benefits manager (if applicable) and resources (e.g. prior authorizations, commonly used forms, etc.)
   - Specials needs population: description of this population and tips/strategies for working with these members
   - Behavioral health screening: screening tools and resources on what questions to ask during scheduling, how to use the information once it is collected, action steps when behavioral health needs are identified, and how to work with anxiety in a dental setting
   - Evidence based practices: tips, advice from the field (expert panel interviews)
• Oral health education: how to work with diverse groups on dental care
• Medical and behavioral health conditions and their impact on dental health: medication side effects and how it affects dental health, chronic conditions and dental health, how dental health affects behavioral health conditions
• Resources for members and providers

3. Webinar
Once resources and tools are created, this information will be shared with the community via webinars. Educational opportunities on working effectively with the special needs population will continue to be explored. Webinar topics in 2019 may include:
• Provider toolkit webinar: education on various components of the provider toolkit
• DCT-DC collaborative webinar: assist dental staff and community groups on learning how to work with the special needs population from a front desk, scheduler, hygienist, and dentist perspective
• Case Management webinar on DCT-DC and plan resources developed through this project
• Case Manager training on oral health topics identified through survey

CONCLUSION
The MCOs have spent the second year of the Dental Access & Improvement project launching the primary interventions; gathering feedback from members, providers and stakeholders, and learning what the true barriers to dental access are for SNBC members. We will continue to move forward with project interventions as described in the report, and look forward to continued collaboration with DHS to improve member access issues.
# Medicaid Dental Service Grid

<table>
<thead>
<tr>
<th>Dental Customer Service for Member and Providers</th>
<th>BluePrint</th>
<th>HealthPartners</th>
<th>Delta Dental</th>
<th>Delta Dental</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental Member/Provider Customer Service: 651-406-5907 or 1-800-774-9049 TTY 711</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
<td>Delta Dental</td>
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<tr>
<td>Medicaid Dental Service Grid</td>
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</tr>
<tr>
<td>Incentives: Preventive Dental Visit</td>
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</tr>
<tr>
<td>Dental cleanings: 2 per calendar year and up to four times per year if medically necessary. No authorization needed. MSHO supplemental benefits 2018:</td>
<td>BluePrint</td>
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<td>Delta Dental</td>
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</tr>
<tr>
<td>• One additional preventive exam per calendar year.</td>
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<td>HealthPartners</td>
<td>Delta Dental</td>
<td>Delta Dental</td>
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</tr>
<tr>
<td>• Perio-maintenance dental visits (max 2 per year).</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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<tr>
<td>• Up to one electric toothbrush and one package of three electric toothbrush replacement heads.</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
<td>Delta Dental</td>
<td>Delta Dental</td>
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<tr>
<td>• Dental root planing and scaling (maximum one time every 2 years).</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
<td>Delta Dental</td>
<td>Delta Dental</td>
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<tr>
<td>Additional exam/X-rays:</td>
<td>BluePrint</td>
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<td>Delta Dental</td>
<td>Delta Dental</td>
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</tr>
<tr>
<td>• All cleaning, exam, x-rays covered once a year. SNBC: Up to 4 additional cleanings for those with medical necessity-no prior authorization required.</td>
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<td>HealthPartners</td>
<td>Delta Dental</td>
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<tr>
<td>• Additional fluoride:</td>
<td>BluePrint</td>
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<tr>
<td>• Periodontal services includes scaling and root planing.</td>
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<tr>
<td>• Periodontal services includes periodontal maintenance.</td>
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<tr>
<td>• Prosthetics includes tissue conditioning.</td>
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<tr>
<td>• Endodontics includes root canals on molars.</td>
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<tr>
<td>• Restorative services includes coverage for porcelain crowns limited to $3,000 maximum. Network providers only.</td>
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<td>Transportation Services</td>
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</tr>
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<td>BlueRide: 1-866-340-8648 TTY 711</td>
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<td>Delta Dental</td>
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<tr>
<td>RideCare: 952-883-7400 or 888-288-1439 (toll free) TTY 711</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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<tr>
<td>Transportation Services: 612-596-1036</td>
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<td>Delta Dental</td>
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<tr>
<td>1-800-627-3529 TTY 711</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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<tr>
<td>Provide-A-Ride: 952-992-2580, option 1 or 888-601-1805 TTY 711 M – Th 8 am – 5 pm Fri 9 am – 5 pm</td>
<td>BluePrint</td>
<td>HealthPartners</td>
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<tr>
<td>Member should contact their County of residence (complete phone listing available in member handbook)</td>
<td>BluePrint</td>
<td>HealthPartners</td>
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<tr>
<td>RideConnect Transportation Services: contact SCHA member services to schedule 1-866-567-7242</td>
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<tr>
<td>1-800-627-3529 TTY 711</td>
<td>BluePrint</td>
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<td>Health Plan Member Services</td>
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<tr>
<td>1-800-711-9862 TTY 711 M-F 8 am – 5 pm <a href="http://www.bluecrossmn.com">www.bluecrossmn.com</a></td>
<td>BluePrint</td>
<td>HealthPartners</td>
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<tr>
<td>952-967-7998 or 1-866-885-8880 8 am – 6 pm <a href="http://www.healthpartners.com/">www.healthpartners.com/</a> hp/insurance</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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<tr>
<td>612-596-1036 1-800-627-3529 TTY 711 M-F 8 am – 4:30 pm <a href="http://www.hennepinhealth.org">www.hennepinhealth.org</a></td>
<td>BluePrint</td>
<td>HealthPartners</td>
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<td>Delta Dental</td>
</tr>
<tr>
<td>952-992-2580 or 1-888-347-3630 TTY 711 M-Th 8 am – 6 pm Fri 9 am – 6 pm <a href="http://www.medica.com">www.medica.com</a></td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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<tr>
<td>1-866-431-0801</td>
<td>BluePrint</td>
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<tr>
<td>1-800-627-3529 TTY 711 M-F 8 am – 8 pm <a href="http://www.primewest.org">www.primewest.org</a></td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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<tr>
<td>1-866-567-7242</td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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<td>Delta Dental</td>
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</tr>
<tr>
<td>1-866-3200 or 1-800-203-7225 (toll free) TTY 1-800-688-2534 M-F 8 am – 6 pm <a href="http://www.ucare.org">www.ucare.org</a></td>
<td>BluePrint</td>
<td>HealthPartners</td>
<td>Delta Dental</td>
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</tbody>
</table>

Prepared by the SNBC Dental Access Improvement and Evaluation Project, Health Plan Collaborative Committee Members, updated October 2018. Please contact health plan or see plan’s provider manual for most recent information.

An electronic copy can be downloaded at www.stratishealth.org/providers/healthplanpips.html.
### Which Minnesota health plans offer each Medicaid product?

<table>
<thead>
<tr>
<th>Plan</th>
<th>HealthPartners</th>
<th>Hennepin Health</th>
<th>MEDICA</th>
<th>PrimeWest Health</th>
<th>South Country Health Alliance</th>
<th>UCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>MnCare—Coverage for low-income people age birth to 64.</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Prepaid Medical Assistance Program (PMAP)—Coverage for children, families, pregnant women, and adults under age 65.</td>
<td>●</td>
<td>●</td>
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<tr>
<td>MN Senior Health Options (MSHO)—Integrated coverage for seniors age 65 and older that combines Medical Assistance and Medicare.</td>
<td>●</td>
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<tr>
<td>MN Senior Care Plus (MSC+)—Coverage for low-income seniors age 65 and older who are eligible for Medical Assistance.</td>
<td>●</td>
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<tr>
<td>Special Needs BasicCare (SNBC)—Coverage for adults ages 18-64 with certified disabilities.</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Special Needs BasicCare + Medicare (HMO SNP)—Integrated coverage for people ages 18-64 with disabilities that combines Medicaid and Medicare.</td>
<td>●</td>
<td>●</td>
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</tr>
</tbody>
</table>

### What is a Dental Benefits Manager?

The Dental Coverage Administrator manages the member’s dental benefits in the same way that the health plan manages the medical benefits.

<table>
<thead>
<tr>
<th>Benefit Manager</th>
<th>Health Plan</th>
<th>Responsibilities/Services Provided</th>
</tr>
</thead>
</table>
| Internal Management at Health Plan | HealthPartners, PrimeWest | • Customer Service  
• Dental Care Coordination  
• Claims  
• Grievances and Appeals  
• Management of in network providers |
| **Delta Dental** | Blue Cross, Hennepin Health, Medica, South Country Health Alliance, UCare | |

**Delta Dental: Health plans manage members’ medical benefits and Delta Dental manages their dental benefits.**
SNBC Dental Access & Improvement Project
DHS Stakeholder Meeting
September 10, 2018
Health Plan Collaborative Committee Members

• HealthPartners:
  – Patty Graham, Sr. Quality Consultant
  – David W. Klein, DDS, Assistant Dental Director
  – Michelle Scearcy, Manager, Dental Contracting
  – Jeff Ogden, Vice President, Dental Plans

• Hennepin Health
  – Annette Baumann, RN, Quality Department Manager
  – Naqwai Davis, Senior Health Care Quality Improvement Specialist

• Medica
  – Kathleen Albrecht, LISW, Manager, Regulatory Oversight & Improvement
  – Sheila Heskin, LICSW, Clinical Improvement Lead

• PrimeWest Health
  – Jordan Klimek, Quality Coordinator
  – Leah Anderson, Dental Services Coordinator

• South Country Health Alliance
  – Heather Goodwin, Senior Health Services Manager
  – Michele Grose, Dental Program Manager

• UCare
  – Jamie Galbreath, Quality Improvement Associate Director
  – Emily Eckhoff, Quality Improvement Specialist
  – Margaret Crawford, Quality Improvement Specialist
MN Department of Human Services Partners

• Gretchen Ulbee, Manager, Special Needs Purchasing
• Deborah Maruska, Special Needs Purchasing
• Jared Gruepner, Dental Clinics Program Manager
• Dr. Linda Maytan, DHS Dental Policy Director
Project Goals

• Help SNBC Members find a regular dentist (Dental Home)

• Increase the number of SNBC members that have dental check ups at least one time per year.

• Decrease the use of the emergency room for dental problems that could be taken care of in an outpatient dental office.
Project Learnings – Year 1

• MCO Collaborative is currently in year 2 of the project
  – Having representation from Managed Care staff with diverse areas of expertise has been critical
• This is a complex issue
  – Many factors impact SNBC members utilization of dental care
• Open communication with DHS partners about process, learnings and next steps
Case Management Intervention

• Resources developed
  – Dental Outreach Letter (for CMs to send to members as appropriate)
  – Oral Care Tip Sheet (for CMs to review and give members)
  – CM Information Guide (to give CMs for information about members related to dental)

• Case Manager training - November, 2018
  ❖ Agenda to include: oral health information; information for members with dentures; best practices when reaching out to members to discuss oral health
Case Manager Survey Results

- Survey was fielded in Q1 2018 with 229 CM/Care Coordinators providing feedback.

- Identify barriers, best practices and trends in working with members to access dental care.
CM Survey Results

• Length of time to obtain a dental appointment
  – 51.55% indicate within 2 months
  – Length of time varies based on geographic location; Greater Minnesota more challenging
  – Member prior experience with a dental clinic also has impact

• Barriers identified; lack of providers open to new patients; benefit set not covering needed work; wait times, transportation
CM Survey Results

• Training Needs
  – Oral Health Care – how oral health impacts overall health
  – How to get appointments- more information about dental providers who serve special needs members
  – Information for members with dentures
  – How to help/support members with dental anxiety and fears
Special Needs Mentoring
Expert Panel

1st Meeting held 10/2017
Evaluation of Successful Models
Key Informant Interviews
Toolkit of Learnings
Special Needs Mentoring
Collaboration with DCT Clinics

- Supports Available to Members/Patients
- Tools for Clinics
- Spread Learnings to Other Clinics
Strategies

Before Appointment: Coordination and Preparation

At the appointment: Build positive rapport

Clinical: Focus on Preventative Procedures

Referral: For patients requiring greater level of care

Reschedule:
Supportive Services

History
- Medical history
- Oral health education
- Informed consent
- Discuss treatment plan

Behavior Modification
- Interpretation
- Recognize behavior

Support
- Assist with restroom
- Patient transfer
Next Steps

• Provider Survey – Q4 2018
  – Finalizing survey with DHS input and approval
  – Follow up questions based on year 1 learnings