

Maintenance Level

M2-EM Oral Health Connections

Agency Recommendation Summary Text

The Health Care Authority (HCA) requests an increase of \$1,061,000 (\$119,000 GF-State) in the 2018 Supplemental to implement the Oral Health Connections Pilot Project. Substitute Senate Bill (SSB) 5883 as passed in the 2017 legislative session, directs HCA to implement the Oral Health Connections Pilot Project in collaboration with the Washington Dental Service Foundation (WDSF), now known as Arcora.

Fiscal Summary

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-1 GF-State	\$0	\$119,000	\$152,000	\$175,000
Fund 001-C GF-Medicaid	\$0	\$942,000	\$975,000	\$1,020,000
Total Cost	\$0	\$1,061,000	\$1,127,000	\$1,195,000
Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs				
Revenue	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-C GF-Medicaid	\$0	\$942,000	\$975,000	\$1,020,000
Total Revenue	\$0	\$942,000	\$975,000	\$1,020,000
Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
Obj. N – Client Services	\$0	\$1,061,000	\$1,127,000	\$1,195,000

Package Description

SSB 5883 as passed in the 2017 legislative session directs HCA to implement the Oral Health Connections Pilot Project in collaboration with the Washington Dental Service Foundation (WDSF), now known as Arcora.

The purpose of the three year Oral Health Connection Pilot is to test the effectiveness of enhanced Medicaid dental benefits for two specific populations; persons who have diabetes and pregnant women. Pilot success will be determined through measures evaluating access, cost and health outcomes. This pilot will be conducted in three counties. These pilot clients will be afforded all of the existing dental benefits plus up to three additional periodontal maintenance visits per calendar year. The pilot will pay participating dentists an enhanced dental benefit rate for seeing and providing specific pilot endorsed services.

The pilot is to be modeled after the Access to Baby and Child Dentistry (ABCD) program. The ABCD program serves a Medicaid subpopulation of 0-5 year olds. Dental providers who have received specialized training, from the University of Washington’s School of Dentistry, regarding pediatric dentistry and this program’s parameters and expectations provide the care. Arcora partners with HCA to administer this program. Arcora provides community connection and coordination. HCA is responsible for the provider publications, payments, and community coordinator contracting activities.

The Oral Health Connection Pilot Program will be co-organized and implemented by HCA and Arcora. The community Primary Care Providers (PCPs) will be given direction on how to refer their diabetic and pregnant patients to a community dentist. The participating dentists will be required to obtain specific training, also from the University of Washington’s School of Dentistry, regarding the populations’ medical/dental needs and the pilot’s parameters and expectations. Arcora will be responsible for all community-based implementation efforts and non-dental services contracting. HCA will take the lead on the publications, payments and CMS approval of the pilot.

The following table/diagram outlines HCA and Arcora’s respective responsibilities where R represents responsible and C represents consulted.

Deliverable	HCA	The Foundation
CMS (ABP/APM) Pilot Approval	R	C
Updating Contracts w/Dentists (P1 indicator)	R	C
Communications (PCPs, Dentists, Clients, and Community)	C	R
Update ProviderOne (Claims)	R	C
Update WAC	R	C
Update Provider Billing Guides	R	C
Code Designation	R	C
Funding Request (DP)	R	C
Contracting for Dentists Training and other needed community support	C	R
Elicit PCP participation and design and coordinate referral process and education	C	R
Elicit dentist participation and design and coordinate referral process and education	C	R

Deliverable	HCA	The Foundation
MCO Contract Enhancement (Physical and Dental)	R	C
HCA Internal Staff Communication and Training	R	C
Legislative Report	R	C
Pilot Evaluation	C	R

This pilot will afford the aforementioned Medicaid clients an integrated system whereby the primary care provider works with the pilot participating dentists to encourage dental interventions to enhance the health and wellbeing of the clients' oral and medical conditions or pregnancy outcomes. Presently the health care system for medical and oral health are fragmented and the two health care providers, medical and dental, do not usually interface or integrate the two models of care. Starting with these two subpopulations, HCA hopes to demonstrate this integration improves the health outcome of the participating clients.

The budget proviso allocated \$1,000,000 (\$500,000 GF-State) to implement this pilot. After careful analysis the cost to implement this pilot is above that allocation. This pilot will be co-organized and implemented by HCA and Arcora and conducted in three counties. These pilot clients will be afforded all of the existing dental benefits plus up to three additional periodontal maintenance visits per calendar year. The pilot will pay participating dentists an enhanced dental benefit rate for seeing and providing specific pilot endorsed services. If additional dollars were appropriated the pilot could be appropriately implemented.

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Decision Package Justification and Impacts

Performance Measure Detail:

Activity Inventory

H002 HCA Direct Operations
H005 HCA National Health Reform
H010 HCA Apple Health

What specific performance outcomes does the agency expect?

Pilot success will be determined through measures evaluating access, cost, and health outcomes. Providing this enhanced oral health program as a demonstration offers Washington State an opportunity to garner additional information on the potential link between patient participation in enhanced periodontal care/maintenance and reduced healthcare costs. Implementation of a demonstration using a randomized controlled trial within a selected geographic area would allow the state to gather the needed information to assess how effective this intervention might be in reducing costs for targeted groups within the Medicaid population.

What alternatives were explored by the agency and why was this option chosen?

The pilot program was included in the enacted budget as a budget proviso. After coming to an understanding regarding the pilot's design, the fiscal analysis was conducted. Reducing rates/services within the current dental program to fund the pilot was not considered since doing this would require a decrease of services to all adults in order to enhance services to the pilot population.

What are the consequences of not funding this request?

If HCA is not able to fully fund this pilot service then the program would be required to be redesigned to fit within the current proviso amount, in doing so, evaluating the program's effectiveness will be compromised.

How has or can the agency address the issue or need in its current appropriation level?

HCA cannot fully meet the requirements of SSB 5883 at its current appropriation level. The pilot program would be scaled back to accommodate the amount.

Provide references to any supporting literature or materials:

[Oral Health Care Program for Adults with Diabetes and Pregnant Women](#)
[SSB 5883 Session Law](#)

Base Budget

If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service.

HCA is pursuing a contract to provide this service due to legislative mandate.

Expenditure, FTE and Revenue Assumptions, Calculations and Details:

This proposal requests funding to implement the Oral Health Connections Pilot Project. This amount is based on implementation in Spokane, Cowlitz, and Thurston counties. These pilot clients will be afforded all of the existing dental benefits plus up to three additional periodontal maintenance visits per calendar year. The pilot will pay participating dentists an enhanced dental benefit rate for seeing and providing specific pilot endorsed services.

HCA assumes a federal share of 69 percent.

Impacts to Communities and Other Agencies

Fully describe and quantify expected impacts on state residents and specific populations served.

The three selected counties for the pilot would be impacted by this pilot. The communities would grow and develop in a collaborative, collegial manner between medical and dental health care systems for the benefit of the client's coordinated services.

After the three year pilot HCA, the Office of Financial Management, and the legislature will evaluate the program outcomes and determine if expansion is justified.

What are other important connections or impacts related to this proposal?

Does this request have:

Regional/county impacts?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other local government impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Tribal government impacts?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Other state agency impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Does this request:

Have any connection to Puget Sound recovery?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Respond to specific task force, report, mandate or executive order?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Contain a compensation change?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Require a change to a collective bargaining agreement?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Create facility/workplace needs or impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Contain capital budget impacts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Require changes to existing statutes, rules or contracts?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Have any relationship to or result from litigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If "Yes" to any of the above, please provide a detailed discussion of connections/impacts.

The clients who will be served under the oral Health Connections Pilot Program are persons who have diabetes and women who are experiencing pregnancy. Starting with these two subpopulations HCA hopes to demonstrate this integration improves the health outcome of the participating clients.

Information Technology (IT)

Does this request include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

No



Yes

Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)