

# Oral Health Connections Pilot Project

## Enhanced Periodontal Services for women experiencing pregnancy and clients with diabetes

Substitute Senate Bill 5883, Section 213(1)(nn), Chapter 1, Laws of 2017, 3<sup>rd</sup>  
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# Oral Health Connections Pilot Project

**Enhanced Periodontal Services for women experiencing pregnancy and clients with diabetes**

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# Table of Contents

Executive Summary.....	2
Background.....	3
Program Description.....	3
Division of Responsibilities .....	4
Progress to Date.....	5
Issues .....	6
Dental Delivery System Changes.....	6
Financing and Costs.....	7
Next Steps .....	8
Summary.....	8
Appendix: Access to Baby and Child Dentistry (ABCD) Program.....	9



# Executive Summary

Substitute Senate Bill (SSB) 5883, Section 213 (1) (nn) [2017] directs the Health Care Authority (HCA) in collaboration with the Arcora Foundation (previously known as the Washington Dental Service Foundation or WDSF) to review its adult dental program, develop and implement a plan to add additional oral health services for adults with diabetes and women experiencing pregnancy, and report on the results. \$500,000 in General Funds-State and \$500,000 in General Funds-Federal are appropriated for the demonstration in Fiscal Year (FY) 2019. The purpose of the pilot is to test the effect of enhanced oral health services on the overall health of persons who have diabetes and women experiencing pregnancy.

The legislation directs HCA, in partnership with the Arcora Foundation to:

- Implement the pilot project in Yakima, Adams, and Cowlitz counties;
- Model the pilot on the Access to Baby and Child Dentistry (ABCD) program, a public-private partnership that increases access to dental care for children under age 6 who are covered by Apple Health (Medicaid);
- Include enhanced reimbursement rates for participating dental providers; and
- Increase the allowable number of periodontal treatments to four within a 12-month period.

HCA and Arcora Foundation began work on the pilot in Spring 2017. Subsequent design changes resulting from analysis and modeling include:

- Pilot counties will include Thurston and Spokane counties in place of Yakima and Adams based on readiness of Thurston and Spokane county providers.
- Determination of covered services, focusing on those that are critical to addressing periodontal disease.
- Development of fee schedules for covered services with increased reimbursement rates for pilot providers to ensure clients' access to care.
- Assessment of the additional fund needs to implement the pilot.

HCA and the Arcora Foundation have made significant progress in planning the pilot, including finalizing the project timeline so the pilot begins in January 2019. The primary issues identified are:

- Integrating the Oral Health Connections Pilot in the first contracts for dental managed care [mandated by SSB 5883, Section 213 (1)(c)].
- Addressing the funding shortfall of \$963,374 (\$85,258 General Fund-State and \$878,116 General Fund-Federal) needed to effectively implement the pilot.

*HCA has submitted a 2018 decision package for FY 2019.*

This is the first of two progress reports mandated by the legislation, to be submitted on December 1, 2017 and December 1, 2018.

# Background

In 2015, the Legislature passed Engrossed Substitute Senate Bill 6052, Section 213 (1) (z) which directed HCA, in collaboration with the Arcora Foundation (previously known as the Washington Dental Service Foundation or WDSF), to review its adult dental program, develop and implement a plan to add additional oral health services for adults with diabetes and women experiencing pregnancy, and report on the results. The Washington State Diabetes Epidemic and Action Report notes that dental care is critical to maintaining health for people with diabetes. In the 2015 legislative report, HCA and the Arcora Foundation recommended funding a pilot demonstration to gain additional information on whether or not enhanced periodontal (gum) care in these populations could lead to improved health outcomes and reduced health care costs.

Substitute Senate Bill (SSB) 5883, Section 213 (1) (nn) [2017] directs HCA to implement the Oral Health Connections Pilot Project in collaboration with the Arcora Foundation, for FY 2019. \$500,000 in General Funds-State and \$500,000 in General Funds-Federal are appropriated for the demonstration in FY 2019.

The purpose of the three year Oral Health Connections Pilot is to test the effect of enhanced oral health services on the overall health of two specific populations: persons who have diabetes and women experiencing pregnancy.

The legislation directs HCA to:

- Implement the pilot project in Yakima, Adams, and Cowlitz counties;
- Model the pilot on the Access to Baby and Child Dentistry (ABCD) program, a public-private partnership that increases access to dental care for children under age 6 who are covered by Apple Health (Medicaid);
- Include enhanced reimbursement rates for participating dental providers; and
- Increase the allowable number of periodontal treatments to four per calendar year.

It calls for a partnership between the Arcora Foundation and HCA in which Arcora Foundation would provide community wraparound services to link patients to care.

This is the first of two progress reports mandated by the legislation, to be submitted on December 1, 2017 and December 1, 2018.

## Program Description

This pilot will be conducted in three counties. In these counties, adult Apple Health clients who are diabetic or pregnant will receive all of the existing dental benefits and three additional periodontal maintenance visits within a 12-month period. The pilot program will pay participating dentists an enhanced dental benefit rate for providing specific pilot-endorsed services to eligible clients. The enhanced dental benefit rates will be one component of a comprehensive program that also

Oral Health Connections Pilot Project  
December 1, 2017



includes community wraparound services such as dental and medical provider training; coaching, support and collaboration to identify and treat disease; patient outreach and education; and coordination by local organizations contracted with the Arcora Foundation. Success will be determined through measures evaluating access, cost, and health outcomes. Arcora Foundation will lead the evaluation effort, partnering with an evaluation firm and conducting in-house data analysis to track outcomes and monitor the project's progress over time.

Oral Health Connections will be modeled after the Access to Baby and Child Dentistry (ABCD) Program, a nationally recognized public-private partnership between the state, dental providers and their associations, and academic institutions. (See the Appendix for more information about the ABCD Program.)

Like the ABCD Program, the Oral Health Connections Pilot Program will be organized and implemented jointly by HCA and the Arcora Foundation. Primary care providers in the pilot counties will be trained to assess the oral health of their patients who are pregnant or have diabetes. They will also be trained to provide oral health education, and to encourage and refer clients to a dentist participating in the pilot. Participating dentists will be required to obtain specific training, provided by the University of Washington (UW) School of Dentistry, regarding the populations' medical and dental needs, as well as requirements and expectations for participating providers. Pilot-eligible dental providers will receive enhanced reimbursement for pilot services.

Apple Health clients served in this pilot will have access to a better integrated dental and medical system in which their medical provider works with participating dentists to encourage dental interventions aimed at enhancing clients' overall health and well-being.

Instead of the standard adult Apple Health benefit of one periodontal maintenance treatment every 12 months, clients who have diabetes or are pregnant would be eligible for up to four periodontal maintenance treatments every 12 months, and would be encouraged by their doctors and dentists to schedule visits quarterly. Diabetes and pregnancy are both conditions that are associated with increased dental problems; furthermore, it appears that untreated periodontal disease may be associated with other generalized health problems, like coronary artery and cerebrovascular disease.

Through this pilot, HCA and the Arcora Foundation hope to demonstrate that more intensive dental care, integrated with general health care, improves clients' health outcomes. If it does, the pilot may provide valuable information on the potential link between patient participation in enhanced periodontal care and maintenance, improved health outcomes and reduced health care costs. At the conclusion of the pilot, information will be available to determine recommendations for potential continuation or expansion of the program.

## Division of Responsibilities

While HCA and the Arcora Foundation share overall responsibility for the program, the Arcora Foundation will have primary responsibility for developing and implementing all community-based

implementation efforts and non-dental services contracting. The Arcora Foundation will also be responsible for developing and funding the pilot evaluation. HCA is responsible for overall project implementation, publications, payments and CMS approval. Each organization will play a consultative role for the areas that it does not hold primary responsibility. (Table 1, below, outlines the areas for which each organization holds primary responsibility.)

**Table 1: Responsibilities by Organization**

Deliverable	HCA	Arcora
CMS (ABP/APM) pilot approval	√	
Update contracts w/ dentists (P1 indicator)	√	
Communications (PCPs, dentists, clients, and community)		√
Update ProviderOne (Claims)	√	
Update Washington Administrative Code	√	
Update Provider Billing Guides	√	
Determine the billing codes to apply to this pilot	√	
Funding request (DP)	√	
Contract for dentists' training and other needed community support		√
Elicit PCP participation and design and coordinate referral process and education		√
Elicit dentist participation and design and coordinate referral process and education		√
MCO contract enhancement (Physical and Dental)	√	
HCA internal staff communication and training	√	
Legislative report	√	
Develop and implement evaluation: Conducting data analysis and tracking outcomes		√
*ABP=Alternative Benefit Plan, APM=Alternative Payment Model, P1=Provider One—the State Medicaid Management Information System, PCPs=Primary Care Providers, DP=Decision Package, MCO=Managed Care Organization		

## Progress to Date

HCA and the Arcora Foundation have made great strides toward the implementation of the Oral Health Connections Pilot Project. Since April 2017, HCA and Arcora Foundation staff have been meeting regularly to plan development and implementation of the pilot.

One significant change has been made. An evaluation by the Arcora Foundation found that two counties—Spokane and Thurston—demonstrated a higher level of readiness than Adams and Yakima counties, two of the original three counties identified for the pilot. A number of factors contributed to this assessment of readiness, including current oral health investments and partnerships at the local level. For this reason, Spokane and Thurston counties are replacing Adams and Yakima, joining Cowlitz County (one of the original three counties) in the pilot.



The following accomplishments have been achieved:

- Held initial conversations with the Centers for Medicare/Medicaid Services (CMS) regarding the pilot project which lead HCA to believe they will allow the pilot.
- Finalized the pilot counties—Spokane, Thurston and Cowlitz—and identified local agencies interested in partnering to make referrals and provide care coordination to participating patients.
- Finalized the following CDT codes (the Current Dental Terminology codes established by the American Dental Association) that will be paid at an enhanced rate.
  - Office Visit
    - D0150 – Comprehensive Oral Evaluation
  - Diagnostic
    - D0210 – Intraoral – Complete series of radiographic images
    - D0274 – Bitewings – four radiographic images
  - Periodontics
    - D4341 – Periodontal scaling and root planning, 4 or more teeth per quadrant
    - D4342 – Periodontal scaling and root planning, 3 or more teeth per quadrant
    - D4910 – Periodontal maintenance
- Assessed project costs, and developed and submitted a decision package to fund the increased expenditures.
- Began outlining roles and responsibilities for HCA and the Arcora Foundation.
- Finalized the pilot project development timeline at 18 months; the pilot will begin January 1, 2019.
- Began discussing how to evaluate the pilot’s success.

## Issues

### Dental Delivery System Changes

Another proviso in SSB 5883—Section 213 (1) (c)—directs HCA to contract with dental Managed Care Organizations (MCOs) throughout the state to administer the Apple Health dental benefit, effective January 1, 2019. HCA will include programs such as the Oral Health Connections Pilot Program and the ABCD program in the initial rollout of the dental MCO contracts. While the overarching goal is to move forward with a dental managed care delivery system, HCA and the Arcora Foundation want to ensure consistent management of these specialized programs. Most of all, HCA and the Arcora Foundation do not want providers who participate in the pilot and in similar programs, like ABCD, to discontinue their participation (and thus reduce access to dental care) because of frustrations with changes in requirements and expectations as we move to a new delivery system.





## Financing and Costs

The budget proviso in SSB 5883 allocates one million dollars in FY 2019 (\$500,000 General Fund-State and \$500,000 General Fund-Federal) to implement this pilot. After careful analysis, HCA and the Arcora Foundation found that implementation costs were above the allocation.

HCA and the Arcora Foundation developed the project's benefit package by focusing on the services and procedures that are known to address periodontal disease. These represent the minimum services needed to effectively test a model of offering enhanced dental benefits with the goal of improving clients' health and, on balance, reducing overall health care costs. Likewise, the enhanced benefit rates for participating providers are key to ensuring that clients have access to care.

HCA has submitted a 2018 decision package requesting an additional \$85,258 GF-State and an additional \$878,116 GF-Federal for FY 2019 in order to appropriately implement the pilot project in the three targeted counties and better position providers, patients and the State for success.

The results of the fiscal analysis, included in the decision package, are shown below. 100 percent of these costs are for provider reimbursements; no costs for staffing or administration are included.

**Table 2: Total Cost for Pilot**

Service Category	FY 19	FY 20	FY 21
Office Visit	\$ 375,336	\$ 388,442	\$ 402,131
Diagnostic	\$ 432,046	\$ 446,685	\$ 461,976
Periodontics	\$ 1,155,991	\$ 1,191,534	\$ 1,228,635
<b>Total Cost</b>	<b>\$ 1,963,374</b>	<b>\$ 2,026,661</b>	<b>\$ 2,092,742</b>

**Table 3: Funding Shortfall**

	FY 19	FY 20	FY 21
Funding Level (GF-State)	\$ 500,000	\$ 500,000	\$ 500,000
Funding Level (GF-Federal)	\$ 500,000	\$ 500,000	\$ 500,000
<b>Total Funding</b>	<b>\$ 1,000,000</b>	<b>\$ 1,000,000</b>	<b>\$ 1,000,000</b>

	FY 19	FY 20	FY 21
Need (GF-State)	\$ 585,258	\$ 616,572	\$ 639,154
Need (GF-Federal)	\$ 1,378,116	\$ 1,410,089	\$ 1,453,587
<b>Total Need</b>	<b>\$ 1,963,374</b>	<b>\$ 2,026,661</b>	<b>\$ 2,092,742</b>

	FY 19	FY 20	FY 21
Difference (GF-State)	\$ 85,258	\$ 116,572	\$ 139,154
Difference (GF-Federal)	\$ 878,116	\$ 910,089	\$ 953,587
<b>Total Difference</b>	<b>\$ 963,374</b>	<b>\$ 1,026,661</b>	<b>\$ 1,092,742</b>



## Next Steps

The following table describes the work plan and timeline for development of the Oral Health Connections Pilot Project.

**Table 2: Oral Health Connections Pilot Project Work Plan and Timeline**

Task	Timeline
Finalize HCA-Arcora Foundation contract regarding roles and responsibilities.	Oct – Nov 2017
Establish the educational intervention for participating dentists.	Oct – Dec 2017
Establish community linkages (for referrals) between medical and dental providers.	Oct – Dec 2017
Determine best methods to integrate dental program delivery system model for pilot in managed care.	Oct 2017 – Jan 2018
Engage local partners in planning care coordination and support services.	Ongoing
Obtain CMS approval for the pilot.	TBD
Draft the Washington Administrative Code (WAC) for the pilot.	Oct 2017 – Apr 2018
Draft the Provider Billing Guide.	Apr – Jul 2018
Obtain additional funding for the pilot or reduce pilot expenditures to meet budget allocation.	Oct 2017 – Apr 2018
Develop an educational presentation to train and educate internal and external stakeholders.	Sept – Nov 2018
Determine the scope and other of evaluation; develop an evaluation plan and metrics to track pilot progress.	TBD
Amend the current HCA-Arcora Foundation data sharing agreement to ensure they have access to the Medicaid data needed to perform the required evaluation.	TBD

## Summary

SSB 5883 provides direction and funds to implement the Oral Health Pilot in Washington State. The aim of this work is to test a model of enhanced care and reimbursement for periodontal maintenance in Apple Health clients with diabetes or during pregnancy. The goal of this pilot project is to garner additional information on the potential link between patient participation in enhanced periodontal (gum) care or maintenance and reduced health care costs.

HCA and the Arcora Foundation have made great strides toward implementation of the Oral Health Connections Pilot Project. These include: establishing a proposed benefit design, completing financial modeling, submitting a decision package to fund the pilot, and developing a draft implementation plan.

Given additional changes to transform the Apple Health dental benefit delivery from a fee-for-service model to a primarily managed care model, some implementation decisions on how to integrate the Oral Health Connections Pilot will not be final until 2018. HCA and the Arcora Foundation anticipate the pilot will begin as directed on January 1, 2019.

Oral Health Connections Pilot Project  
December 1, 2017



# Appendix: Access to Baby and Child Dentistry (ABCD) Program

The ABCD program serves infants and children under 6 years old who are covered by Apple Health. Since 2007 the HCA has partnered with Arcora Foundation to manage this program. The leadership group that advises HCA on ABCD program administration includes the University of Washington (UW), the Washington State Dental Association (WSDA), Arcora Foundation and the Department of Health (DOH). The roles and responsibilities of each partner are outlined below.

HCA is responsible for:

- Maintaining and updating the ABCD Washington Administrative Codes;
- Maintaining and updating the ABCD provider guidelines;
- Providing enhanced reimbursement rates to participating dentists for specific procedures;
- Contracting and working with the UW School of Dentistry to train and certify participating dentists;
- Providing Apple Health (Medicaid) match to participating local health jurisdictions and other qualified organizations;
- Participating in the dentist training sessions organized by local programs; and
- Participating in and leading the ABCD program's Leadership and Operations Groups.

The University of Washington is responsible for:

- Providing Apple Health client linkage and education materials;
- Providing ABCD outreach to providers;
- Providing ABCD calibration training to dental champions and certifying trained providers;
- Participating on the ABCD Leadership Group;
- Providing annual ABCD dental provider educational reports; and
- Collaborating and consulting with HCA on best practices.

The Washington State Dental Association is responsible for:

- Participating on the ABCD Leadership Group;
- Providing ABCD Training to Champions; and
- Encouraging and recruiting ABCD providers.



The Arcora Foundation is responsible for:

- Supporting the transition of existing ABCD programs so they perform efficiently and effectively through the evolution to Oral Health Connections and dental managed care;
- Supporting the ABCD Program's public and private partners for the benefit of Apple Health (Medicaid) eligible children in Washington state;
- Serving as the Managing Partner for the ABCD Program;
- Co-leading, convening and staffing a statewide Leadership Group that has evolved to serve Oral Health Connections as well. Members include, but are not limited to representatives from:
  - HCA,
  - UW School of Dentistry,
  - WSDA,
  - DOH, and
  - Local ABCD programs.
- Co-leading, convening and staffing regular meetings of the ABCD Operations Group to resolve administrative issues and efficiencies that cut across agency lines. Members include, but are not limited to representatives from:
  - HCA
  - UW School of Dentistry
  - WSDA
- Convening and staffing meetings of the statewide ABCD Program Coordinators three to four times a year.
- Providing technical assistance to HCA and local ABCD programs to integrate with Oral Health Connections and a regional approach through ACHs.
- Developing and distributing statewide referral tools and communications materials to support the work of local programs and assist other partners in their access to care efforts.
- Analyzing and sharing data to improve program performance.

DOH is responsible for:

- Participating on the ABCD Leadership Group.
- Consulting on best practices and opportunities to organizations serving target populations, including the Women and Infant Children program (WIC).

