



Hennepin Health

Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

SNBC Dental Access Improvement and Evaluation Project

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Description

The Special Needs BasicCare (SNBC) Dental Access Improvement and Evaluation Project was initiated through Minnesota Department of Human Services (DHS) based upon DHS data revealing that less than half of the SNBC members had completed one or more dental visits with a dental practitioner during 2015. This project was a collaborative effort between the DHS Special Needs Purchasing Division, DHS/Direct Care and Treatment Community Dental Clinics (DCT-DC) and Managed Care Organizations (MCOs) to improve access to dental services for SNBC members throughout Minnesota.

The primary goal of the project is to improve the annual dental visit rate for SNBC members, ages 18 to 64 years old, to 60 percent or more over the next three to five years. The theory is that access can potentially be expanded if more community dentists have the capacity to accommodate the special needs of SNBC members.

Throughout the duration of this project, the MCOs collaborated with other supporting organizations, as applicable, such as: Dental Services Advisory Committee, SNBC Stakeholder Meeting for Seniors and People with Disabilities, Minnesota Dental Association and the University of Minnesota School of Dentistry.

Process and Documentation

MCO representatives from HealthPartners, Hennepin Health, Medica, PrimeWest, South Country Health Alliance and UCare (known as the “Collaborative”), with the assistance of Stratis Health, submitted the SNBC project proposal to DHS on April 17, 2017. DHS approved the proposal on May 3, 2017. During 2017 and 2018, work focused primarily upon educating the community about the project, obtaining feedback from stakeholders, members and providers, and implementation of the primary interventions: dental case management, special needs community dentist and staff mentoring program, and teledentistry demonstration project. These work efforts and interventions from 2018 were carried forward into 2019, with the exception of efforts spent on the teledentistry intervention. The teledentistry intervention was unable to be implemented in any project year due to resource constraints.

Analysis

Since the approval of the project proposal, the Collaborative met monthly with a primary focus on the implementation of the access improvement project interventions. Two subgroups were formed: a case management intervention group and a teledentistry/mentoring program intervention group. The subgroups met, at minimum, monthly focusing on implementing interventions specific to the subgroup topic. The Collaborative consulted frequently with DHS to provide updates and receive feedback, as needed.

Interventions were carried out by all participating MCOs as a collaborative group, with each MCO implementing the interventions at their respective health plan as appropriate. There were no individual MCO interventions planned or implemented.

Dental Case Management

MCOs, as part of their long-standing case management model, incorporate dental services in the health risk assessment and care planning process. The SNBC Dental Access Improvement & Evaluation Project is an opportunity for MCOs to collaborate with DHS on a focused effort to learn more about the dental habits of the SNBC members, how to mitigate barriers to service and support the relationship and trust between case managers (CMs) and members.

The MCOs have internal staff and dedicated coordinators at the dental benefit providers (as applicable) to assist CMs and members. These resources were in place prior to the implementation of this project and were able to provide enhanced support for interventions. In 2018, additional training opportunities were offered to further improve the CMs knowledge and attention to the importance of dental care for SNBC members. The MCOs have dental resources in place to assist CMs and members, including internal staff and resources through dental benefit providers, as applicable.

In 2018, the Collaborative formalized the identification and notification process to CMs regarding members who had not accessed dental care in the previous twelve months. On a quarterly basis, claims reports are run by each MCO. Starting in October 2017, each MCO began sending a list of members, identified as having a gap in dental care over the previous twelve months, to the member's assigned CM or MCO designee for member follow-up. This continued in 2018 and 2019.

Additionally, in 2018, the Collaborative worked with DHS to implement 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. An MCO Assistant Dental Director presented information on the medical-dental connection to overall health and a Dental Outreach Specialist offered strategies to effectively connect with members when completing dental outreach while focusing on the importance of SNBC members receiving dental care and establishing a dental home.

In March 2018, the Collaborative administered a CM Survey. The survey yielded 229 respondents and provided key insight on the barriers members face in seeking dental care. The survey also provided awareness on additional training needs the CMs may have including:

- Oral Health Care: How oral health impacts overall health
- How to obtain appointments: Additional information regarding 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 Case Management process measures are separated into three categories to provide a complete account of data obtained by the MCOs. The first full year of member outreach for the project was November 1, 2017 to October 31, 2018 and was selected by the MCOs in order to allow SNBC members a full 60 days to obtain a dental visit after the outreach occurred.

Category 1: The members who have not accessed dental services, within the previous twelve months, which CM or CM Support Staff attempted to outreach:

- 17,483 SNBC members were identified for outreach between all MCOs involved in this project.
- Percentage of CM outreach that led to a dental visit
 - Each MCO tracked the number of SNBC members who received outreach and a subsequent dental visit.
 - Each MCO’s SNBC membership size varied significantly; in order to equally weight the work of each MCO, an average rate was calculated based on the MCO’s individual rate. The combined percentage of outreach that led to a subsequent dental visit was 25.16 percent.

Table 1 reflects results from Category 1: Continuously Enrolled Recipients with One or More Regular (Non-Emergency Department) Dental Visits during the calendar year. This is the primary project measure. 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 Collaborative is hopeful to continue the improvement through ongoing project interventions as described below.

Table 1. SNBC Members with One Non-Emergency Department Dental Visits				
Year	Program	Numerator	Denominator	Rate (%)
2016	SNBC	20,782	45,596	45.60%
2017	SNBC	20,358	45,104	45.10%
2018	SNBC	21,749	47,162	46.10%

Category 2: As shown in Table 2, the number of members with a dental visit after accessing the Emergency Department (ED) for non-traumatic dental issues and who received MCO outreach

- 1,044 members accessed ED for non-traumatic dental visits and received outreach by their respective MCO
- Percentage of members who utilized ED for non-traumatic dental visits and who received a dental visit following the ED visit

Table 2. Members with Dental Visits after Non-Traumatic Dental ED Visit				
Members with Non-Traumatic ED Visit	Visit within 15 Days Percent	Visit within 16-30 Days Percent	Visit within 31 – 60 Days Percent	Visit within 60 Days Percent
MCO Data: 1,044	32.2%	13.0 %	8.5%	53.5%
DHS Data: 712	37%	6.3%	No Information	No Information

Special Needs Community Dentist and Staff Mentoring Program

The Special Needs Community Dentist and Staff Mentoring Program intervention is based upon the theory that with additional education regarding the care of patients with special needs, more Minnesota dental providers would be willing to see SNBC members. A Mentoring Expert Panel comprised of representatives with a variety of specialties and backgrounds, experienced in providing care to patients with disabilities, affiliated with academic institutions and active in policymaking was created to advise the project.

The Mentoring Expert Panel and DHS identified gaps in knowledge the dental clinics have when working with MCOs, Medicaid and SNBC patients. The Collaborative met with DCT-DC staff to identify gaps in knowledge regarding MCOs, dental delegates and dental benefits for patients currently served. The Collaborative created training materials for the dental clinic front desk, business office and other staff to enhance the partnership between the health plans and clinics who serve SNBC members. Additionally, the Collaborative developed a “Dental Care 101 Grid” and “Frequently Asked Questions” tools to clarify dental benefits, coverage and best practices for use by dental clinics and other providers including CMs. It was recommended that the Collaborative continue to present information on the SNBC Dental Access Improvement and Evaluation Project at the Dental Services Advisory Committee (DSAC) and at the Odyssey Conference.

In June of 2018, the Collaborative representatives met with a small group of DCT-DCs staff members. A PowerPoint presentation overview of the DHS SNBC dental project and a draft of the “Dental Care 101 Grid” was provided to the group with a request for feedback on the information provided. DCT-DC staff found the Power Point presentation informative and commented that the “Dental Care 101 Grid” would be a great resource to have for front office staff, hygienists, and others within the clinic. The DCT-DC staff commented that information about transportation benefits would also be helpful.

The Collaborative noted the concerns about MCOs requiring prior authorizations, specifically for routine dental prophylaxis coverage, and determined further discussion was needed at each MCO. The Collaborative agreed to report back to the DCT-DC staff with any potential process changes which could assist DCT-DC staff and special needs patients. The DCT-DC staff members recommended that the Collaborative’s presentation be provided at an upcoming full staff meeting. As a result of this concern, most MCOs made the decision to waive the prior authorization requirement for additional dental prophylaxis for SNBC members. The DCT-DC

was appreciative of this change and the working relationship that had developed with the Collaborative members.

Based on feedback from the DCT-DC and providers included in the SNBC Dental Access Improvement Project Expert Panel, the Collaborative jointly worked on the creation of “Dental Care 101 Grid”.

The grid contains the following information for each MCO:

- 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

The Teledentistry Demonstration Project

The Collaborative partnered with the DCT-DC Operations Manager in the design and implementation of a teledentistry demonstration project. The Collaborative worked in partnership with DHS and the DCT-DC Willmar location in an effort to launch the project. Currently, the project is delayed due to final logistics being solidified including securing equipment and technology feeds. Once DCT-DC implements teledentistry, the success of teledentistry services will be evaluated and it will be determined if access has increased for SNBC members. Evaluation of the project will also include identifying opportunities to expand teledentistry services to other DCT-DC clinics. If teledentistry proves effective, best practices will be identified and recommendations made to DHS for policy decisions.

DHS has concluded that the dental utilization problem is more than just an access issue; it is a systemic problem, therefore the SNBC Dental Access Improvement and Evaluation Project will conclude on December 31, 2019. The final report will be delivered to DHS in May 2020.

Recommendations and Next Steps

The Collaborative has spent three years of the Dental Access Improvement and Evaluation Project initiating primary interventions, gathering feedback from members, providers and stakeholders, and identifying the true barriers to dental access for SNBC members. As a result of these efforts and the dental rate not significantly improving, DHS acknowledges the dental issues are systemic versus access related.

The Collaborative continues to meet monthly to discuss the final annual report and any other open items. The Collaborative will submit a final annual status report to DHS on May 15, 2020.



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