



Nevada Medicaid: Evaluating Models for Success

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Introduction to MCNA

Overview of MCNA

- For over 20 years, the MCNA organization has been a premier underwriter and administrator of dental benefits with a focus on providing exceptional service for **Medicaid, Children's Health Insurance Program (CHIP), and Medicare** members.
- MCNA serves over **3 million children and adults** nationwide, with operations in **Texas, Louisiana, Florida, Kentucky, and Indiana**.
 - MCNA is the sole dental benefit plan manager for all of the Medicaid and CHIP enrollees in Louisiana.
 - MCNA administers dental benefits for half of the Medicaid and CHIP enrollees in Texas.
- We are a family-owned business headquartered in **Fort Lauderdale, Florida**, with regional offices in **San Antonio, Texas** and **New Orleans, Louisiana**.

Overview of MCNA

- MCNA was founded by Dr. Jeffrey P. Feingold, a Florida-licensed Periodontist and Diplomate of the American Board of Periodontology.
- With nearly 600 employees, MCNA has the infrastructure and experience to deliver **best-in-class dental benefits management** to our clients.
- MCNA has been licensed by the Florida Office of Insurance Regulation since 1992, licensed as an accident and health insurer in Texas since 2011.

Quality Assurance Focus

- In 2014, MCNA became the first dental plan in the nation to receive full **Dental Plan Accreditation** and **Claims Processing Accreditation** from **URAC**.
 - Our Chief Dental Officer, Dr. Ronald Ruth, currently serves on the URAC Advisory Board.
- We are certified by the **National Committee for Quality Assurance** (NCQA) in Credentialing and Recredentialing.
- MCNA is a member of the **Dental Quality Alliance (DQA)**, a national organization established by the **American Dental Association** to advance performance measurement as a means to improve oral health, patient care, and safety through a consensus-building process.



Evaluating Possible Models

Carved-In (Provided by Health Plans),
or Carved-Out Dental Managed Care

Model 1: Carved-In to Health Plans (Status Quo)

- This model includes dental in the service array offered by a beneficiary's health plan.
- The state incorporates into the PMPM amount paid to a medical managed care plan a premium for covered dental services.
- Most medical plans subcontract with dental managed care plans to administer their dental benefits, resulting in **duplicative administrative costs**. Dollars appropriated for dental care risk being diverted into medical plan cost categories, such as hospital care and pharmacy services.
- When dental is administered by health plans as a carved-in service, the ability of the dental community to influence clinical guidelines and policy development is **severely compromised**.

Model 1: Carved-In to Health Plans (Status Quo)

- Forcing dental providers to deal with the requirements of multiple medical plans creates a **significant administrative burden**, increases their reluctance to participate in Medicaid, and stresses their already thin resources.
- Medical managed care plans have **minimal experience** in administering dental networks, managing the utilization of dental treatment services, or increasing quality of care measures such as the use of preventive services.
- When medical plans to manage the dental benefits of Medicaid children under an “integrated plan,” the state’s efforts to increase the effectiveness of its financial commitment to **dental services is diluted**.

Model 2: Carved-Out Dental Managed Care

- Dental managed care is a **proven solution** for states seeking to improve oral health outcomes compared to Carved-In models.
- This model can make a **dramatic difference** in the number of children receiving needed dental care. More than just an insurer of dental benefits, dental managed care is focused on getting children back on the road to good oral health by increasing the appropriate utilization of **medically necessary covered services** and decreasing fraud, waste, and abuse.

Model 2: Carved-Out Dental Managed Care

- Allowing dental managed care to remain **independent** of the Medicaid health plans **increases accountability** by ensuring that **funds appropriated for dental care remain separate from medical care**, allowing for services and expenditures to be targeted, easily monitored, and reported.
- Dental managed care **focuses on dental metrics and quality improvement goals** based on best practices and evidence-based standards. These goals are developed by the state and monitored by dental professionals.

Proposed Model: Dental Managed Care

Solutions for Increasing Outreach and Utilization,
Improving Access to Care, and
Increasing Operational Efficiency

Increasing Outreach and Utilization

- Higher utilization requires actively managing member relations by:
 - Encouraging members to utilize their dental benefits through outreach campaigns.
 - Targeting specialized outreach to underserved areas, members missing appointments, migrant farmworkers, and children with special health care needs.
 - Reducing access to care barriers by providing services in a culturally competent manner that address the needs of the member population and provider network.

Increasing Outreach and Utilization

- The guidelines set by the American Academy of Pediatric Dentistry Dental Home Policy promote a **strong relationship between dentists and enrollees**.
- Dental Home providers are obligated to assess the dental needs of our members and make prompt referrals for additional specialty care.
- MCNA Insurance Company's President, Dr. Philip Hunke (former AAPD President), provided leadership in the development of the national dental home guidelines.



Increasing Outreach and Utilization

- Managed care plans utilize a variety of education and outreach methods to increase appropriate utilization, including:
 - An informative and interactive website
 - Social media platforms
 - Targeted outbound telephonic and text message campaigns
 - Appointment reminder postcards
 - Member handbooks
 - Oral health educational materials
 - Health fairs and community events

Texas Experience

- MCNA has been administering the Texas Health and Human Services Commission Medicaid and CHIP dental programs since March 1, 2012, with current membership of 1.5 million children.
- The National Committee for Quality Assurance's (NCQA) HEDIS Annual Dental Visit (ADV) measure is a nationally accepted quality of care indicator for oral health and access to care.
- All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process, and approval by NCQA's Committee on Performance Measurement and its Board of Directors.
- All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.
- The following slide details MCNA's HEDIS scores since program inception.

Texas Experience

- 2012 results were partial year (program started 3/1/12).
- HEDIS scores for 2013, 2014, and the preliminary for 2015 all exceed the 90th percentile.

Texas HEDIS Scores							
Year	2-3 years	4-6 years	7-10 years	11-14 years	15-18 years	19-21 years	Total
2012	68.30	72.00	71.83	68.77	61.48	48.72	69.12
2013	76.18	78.41	78.36	74.39	66.50	49.23	75.26
2014	75.86	79.67	79.49	75.27	66.42	49.21	75.87
2015	74.69	79.52	79.91	76.07	66.89	48.87	75.77

Improving Access to Care

- Nevada must ensure that it has a **robust provider network**, including the full spectrum of specialty care providers, in order to address current and future demand for Medicaid dental services.
- Dental managed care plans have **expertise** in developing provider networks capable of meeting stringent access standards in urban and rural areas.

Louisiana Experience

- In 2014 we were awarded the sole dental benefit plan management contract for Louisiana.
- Before MCNA was awarded the contract the state had around 600 active Medicaid providers.
- Under dental managed care our network has grown to nearly 1000 providers, including over 300 providers who had not previously participated in the Medicaid program.
- These providers were attracted into the program by the technology changes offered and the reliability of claims payment timeframes.

Promoting Provider Satisfaction

- Promoting and assuring provider satisfaction is also essential to recruiting and retaining a strong network of participating providers. The dental program must:
 - Provide **state-of-the-art technology** to assist with credentialing, eligibility verification, claims submission, and prior authorizations.
 - Pay **fee-for-service rates** for each dental procedure. We offer twice weekly EFT or check based payment cycles.
 - Actively **assist providers** in reducing missed appointments and other patient related challenges.

Provider Support

- MCNA has a team of Provider Relations Representatives who are regionally located throughout the states we serve.
- This team educates providers about MCNA and helps assist with any questions an office may have.
- MCNA continually updates our network providers through our monthly newsletter, *Dental Details*.
- Provider tutorial and training videos are available on MCNA's YouTube channel.

Increasing Operational Efficiency

- Dental managed care enhances operational efficiency by providing:
 - A utilization management program overseen by Nevada-licensed dentists.
 - Nationally accepted clinical guidelines with local review and approval by an advisory panel of key stakeholders (the Nevada Dental Association, dental academia, the Oral Health Advisory Board, and others).
 - A proactive quality improvement program to educate members and providers and to maintain benchmarks for clinical and operational efficiency.
 - Continuous provider support and ongoing education through an array of communications tools, phone hotlines, and dedicated representatives.

Increasing Operational Efficiency

- Additionally, dental managed care plans can provide **technology** to assist with daily administration.
- Dental managed care plans provide **web-based** member and provider portals. This allows providers to:
 - Submit claims, prior authorizations, and referrals.
 - Verify eligibility, view patient rosters, and view dental histories.
 - Download documentation and resources.
- This technology also benefits the state by **enabling ease of oversight** and **enhanced accountability** and transparency through detailed reporting.

Increasing Operational Efficiency

- Dental managed care plans are committed to detecting, investigating, and reporting suspected or confirmed cases of **fraud, waste, and abuse** by participating and non-participating providers.
- Provider treatment patterns are **scrutinized** to detect activities such as:
 - Billing inconsistencies
 - Abnormal service code utilization
 - Peer outlier situations
 - Frequency anomalies
- Investigation and management of fraud, waste, and abuse scenarios enables dental managed care plans to ensure funds allocated to the Medicaid program are used **efficiently**.

Conclusion

Our Formula for Success

- The administration of dental benefits using managed care strategies has proven to be the most **effective** and **efficient** approach to providing **quality dental care**.
- The Medicaid population benefits most from the **active management** of their care. MCNA partners with providers to ensure that the financial resources invested by the state are available to pay for medically necessary covered services.
- MCNA's dental managed care approach is a **hybrid model** that pays providers on a fee-for-service basis rather than through capitation.
- Preventing fraud, waste, and abuse and reducing inefficiencies **leads to savings** that can be applied to **improving access to and utilization of dental services**.

Our Formula for Success

- MCNA **partners with dental schools** in order to utilize the experts in the states that we serve and ensure that our approach is **up-to-date** with the prevailing standard of care being taught.
- We take a **proactive approach** to utilization management and cost savings by evaluating the medical necessity of services before they are provided.
- MCNA uses **community outreach**, including health fairs, enrollment events, and technology resources to directly encourage the utilization of services and to provide oral health education to children and parents.
- We look forward to continuing our dialogue with Nevada oral health stakeholders and the Oral Health Advisory Board about ways to improve oral health health outcomes for Medicaid members.