Nebraska Dental Medicaid Collaborative Goal Summary

August 2024

1. Goal 1 (ADA): Increase the number of Medicaid providers’ claims submissions by 5-10%

Baseline Data (2023):

New Goal (NE):

Potential Subgoals and Strategies:

1. Improve provider education
	1. Use NDA Newsletter to provide updates, provide positive messages about Medicaid, and highlight a dentist Medicaid provider.
	2. MCO’s to review current education content, timeline, and medium to dentists and business office staff for webinars and town halls. What is each plan currently doing? How many dental practices participate? How can you reach dentists? Can you send dentists emails with a link to your website?
	3. Ensure all dental practices, FQHC’s, and dental schools have designated provider reps for each MCO.
	4. Send email prompts to dental office managers and doctors directing them to MCO websites for updates.
	5. Plan a CE at April 2025 Annual Session “How to be Successful Seeing Medicaid” into the 3 hour session on public health. Address things like how EFDA’s save you money.
2. Improve dental student education
	1. MCO chief dental officers to present in Oct to UNMC COD
	2. Can make a plan to present to CU as well.
3. Improve faculty and staff at CU and UNMC education
	1. Dr. Meeske to present to UNMC Friday, Sept 6th, 1:00 pm
	2. Dr. Wallen will contact Dr. Meeske once she knows their schedule
4. Reduce administrative barriers
	1. Make sure all providers know their provider reps for each MCO.
	2. Simplified provider credentialing. This is planned by MLTC and MCO’s for 2025. Currently a dentist must credential with MLTC, all 3 MCO’s, per site they practice. This can result in 10 applications all with the same information for one dental school faculty.
	3. Give faculty, new residents, new dentists, and locums tenuns priority for credentialing. What is a reasonable time? 30 days?
5. Reduce no-shows
	1. Use MCO case managers to work with members to help keeping appointments
	2. Create a provider referral form for provider to refer patients and families with chronic broken appointment behavior.
	3. Think about using transportation vendor to create a system where same driver picks up same patients. Train driver in modified motivational interviewing. Driver texts patient, “George, I’m looking forward to taking you to your dental appointment at Creighton Dental School tomorrow. I’ll see you at 8:00.”
6. Continue to work on getting provider rates closer to commercial plan rates and providing incentives for dentists to participate.
	1. NDA to work on legislative bill to get another 12.5% rate increase for 2025.
	2. NDA to work on legislative bill to create a loan repayment program to early career dentists willing to see a disproportionate amount of Medicaid.
7. Strengthen FQHC’s
	1. Incentivize dentist recruitment with signing bonuses
8. Educate dentists about the program integrity and how audits work
	1. This could be added to the planned faculty lectures.
	2. Dr. Meeske could work with program integrity could create an on-demand video.
9. Give excellent customer service to dentists who agree to see Medicaid beneficiaries under a single case agreement arrangement so they potentially would convert to become an in-network provider.
10. Goal 2 (ADA): Increase the number of Medicaid providers with claims for more than 100 Medicaid beneficiaries by 5-10%

Baseline Data:

New Goal (NE):

Potential Subgoals and Strategies:

1. Consider value-based contracts for dentists with outcomes that align with CMS, DQA, and MCO’s goals to reduce dental disease risk and improve access to care.
	1. Example: Offer VBC or P4P for dentists for new and recall patients birth to age 3 y/o using the Texas and Washington models. (Age One Dental Home)
	2. Example: Offer VBC or P4P for dentists who get a high percentage of sealants on 1st and 2nd permanent molars. Use DQA criteria.
	3. Example: Offer VBC or P4P for dentists who hit a certain percentage of patients with completed treatment (D9999 unspecified code with narrative “all treatment completed). Something like this prevents “skimming off the top.” That refers to dentists who do more diagnosis and preventive codes, but don’t get patients into treatment. This has been a problem in other states with things like poorly run school-based programs and mobile clinics. Have not seen this in Nebraska.
	4. Example: Offer VBC or P4P for dentists who accept direct referrals from hospital ED’s who treat the acute problem. Then do a 2nd payment for completed treatment. A third payment for a preventive dental visit, which would be a good marker that dental practice has become a dental home.
	5. Example: Consider end of quarter or end of year bonuses for number of new patients (measure is comprehensive exam code) a dentist sees.
2. Consider Teledentistry as a way to allow dentists to increase capacity to see more patients without adding new doctors and new physical clinic space. While incentives exist to practice in rural Nebraska, we are at risk for a net loss of rural based dentists. Also, more rural dentists have stopped seeing Medicaid which creates large areas where no dentist is available. Allowing TD would help the access issue. This could be piloted in practices with a long history and culture of caring for Medicaid.
3. Recognize dentists privately who see 100 plus patients in a year. Do this by visiting their office personally, taking community partners (like Head Start or a school principal). Take them a treat for their team (like popcorn). Recognize the whole team. Optional photo and press release with a focus on “This dental practice was recognized for its high level of care to underserved members of this community.” I wouldn’t mention “Medicaid” or you are just advertising for them and phones will ring.
4. Goal 3 (ADA): Measure change in the number of Medicaid beneficiaries by 5-10%

Baseline Data:

New Goal (NE):

Potential Subgoals and Strategies:

1. Establish a program for Age One Dental Home

We need to discuss when to have this education for GP’s, if there is an incentive to attend, and if this will be a value-based service with an enhanced payment. NDA annual session is April 2025. Time in the current meeting agenda has been allotted for this. Also, AAPD has a grant we can apply for $30,000. This might allow us to professionally record the didactic portion and use it as on-demand webinar training for future dentists.

1. Improve medical/dental integration

MLTC and MCO’s to operationalize medically complex patients where labs, vitals (high BP), etc. could be sent to dentist before dental appointment.

1. Conduct community outreach and education to members
2. Testify or send letters opposing anticipated legislative allowing communities to vote out community water fluoridation. Bill anticipated to be reintroduced by Sen. Hansen.
3. Encourage PCP’s to educate their patients about importance of seeing a dentist regularly.
4. Measure the percentage of adults with diabetes who received a comp or periodic oral eval or comp perio eval within reporting year. Use MCO’s Care Management Teams to provide targeting outreach and education to beneficiaries with diabetes. Encourage PCP’s to educate their diabetes patients to establish a dental home.
5. Measure the percentage of children who received a treatment service within reporting year using DQA specifications.
6. Measure the percentage of children who received a comp or periodic eval within reporting year.
7. Engage HCAN’s Clinical Governance Committee and FQHC Dental Directors on the current state of OB and pediatric referrals. Promote messaging around the mouth/body connection via text messaging and primary care referrals.