The Affordable Care Act

- Medicaid expansion to 138% of FPL
- Health insurance exchanges for people without public coverage or affordable employer coverage
- New regulations on health plans to prevent them from denying coverage for any reason
- Requirement that most individuals have health insurance beginning in 2014
- Penalties to employers that don’t offer affordable coverage to their employees (exceptions for small employers)
Dental benefits are only mandated for children
States can opt out of expanding Medicaid
People with incomes below 100% are not eligible for subsidies in health exchanges (because these individuals are eligible for public coverage)
Undocumented immigrants and legal immigrants who have been in the U.S. less than 5 years are not eligible for Medicaid or the exchanges
Today, Medicaid covers 60 million individuals.
Mostly children, parents with dependent children, pregnant women, people with severe disabilities and seniors.
Expansion of coverage will make many low-income adults eligible for Medicaid.
By 2016, an additional 17 million individuals will be covered, mostly low-income adults.
States are mandated to simplify Medicaid enrollment processes.
What Are the Potential Challenges to FQHCs?

• Heavy restrictions on dental benefits for Medicaid adults (20 states have no or only emergency coverage for adults)
• Stagnation in Medicaid fees for dental
• Many states are opting out of expanding Medicaid eligibility (22 at this time)
• Many low-income adults who are still uninsured for dental (dental benefits not mandatory for adults under ACA)
Many people eligible for Medicaid/CHIP who aren’t enrolled

Many people eligible for subsidized coverage in the health exchanges who don’t know that

Increased competition for children from the private sector

Insured patients with more options for access to care in the private sector

Billing and collecting from commercial insurers can be tricky
The Potential Challenges (cont.)

- Large number of low-income uninsured adults seeking dental care
- Potentially fewer children with Medicaid or commercial insurance in the dental program to help subsidize care to those adults
- Medicaid reimbursements that often don’t cover the cost of care
- Few staff available to conduct outreach/education to patients and assist with enrollment
- Inadequate dental billing infrastructure and support
<table>
<thead>
<tr>
<th>State</th>
<th>Adult Medicaid Dental Services</th>
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<tbody>
<tr>
<td>Alabama</td>
<td>No Adult Services</td>
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<tr>
<td>Delaware</td>
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<td>Limited</td>
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*Additional services available to pregnant women
**Annual cap on benefits
***Pregnant women only
****Some MCOs offer limited benefits
## Expansion of Medicaid Eligibility

<table>
<thead>
<tr>
<th>State</th>
<th>Expanding Medicaid Eligibility? (As of 9/13/13)</th>
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<tbody>
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Who Will Still be Uninsured?

- Estimated 23 million people nationwide
- Over 9 million people eligible for, but not enrolled in, Medicaid or CHIP
- Over 5 million undocumented immigrants
- 7 million young singles without dependents
- 1.8 million people eligible for subsidized coverage through the exchanges
- Over 3 million people with higher incomes who won’t qualify for subsidized coverage

* Source: Research funded by Robert Wood Johnson Foundation (Urban Institute)
ACA and the Homeless

- Over 600,000 people are homeless on any given day, and several million people move in and out of homelessness each year
- Two-thirds are individuals and one-third are families
- Two-thirds are in shelters and one-third are on the streets
- Many homeless people have chronic physical and mental health and substance abuse issues
- Most homeless people will qualify for Medicaid in states that expand Medicaid eligibility
- ACA will give many homeless better access to care and management of chronic health conditions
ACA and the Homeless (cont.)

To best help the homeless take advantage of ACA:

• Dedicated staff for outreach/education and enrollment
• Build community partnerships to assist with outreach and enrollment
• Address the client’s immediate needs first
• Provide small items (such as bus passes, socks and toiletries) to build trust
• Educate clients about the benefits of coverage
• Provide hands-on one-on-one assistance through each step in the enrollment process
ACA and the Homeless (cont.)

• Provide clinic contact information to serve as a secondary point of contact on application forms
• Assist in obtaining documentation needed for enrollment (filling out paperwork, going with the client to offices and covering the cost of replacement documents)
• Storing copies or originals of the client’s documentation to keep them safe and secure
• Maintaining contact with the client over time to assist in renewal of coverage
• Engaging providers to remind homeless patients of steps needed to complete/maintain enrollment
Strategies for Success
Maximize Enrollment

• Run reports on uninsured patients to identify those who may now be eligible for Medicaid or subsidized health insurance
• Designate/hire staff to conduct outreach, education and enrollment
• Provide hands-on assistance to help patients complete enrollment applications
• Create promotional materials in all relevant languages to post and hand out to patients
• Add to each new and existing uninsured patient visit a review of potential eligibility and offer of assistance
Level the Playing Field—Waiting Area

• Can your dental facility compete with private dentist offices (especially those that cater to children)?
• Is the waiting room bright, fresh and attractive for patients of all ages? Are there up-to-date reading materials? Televisions/DVDs? Books, toys and activities to keep waiting children occupied?
• Is there adequate seating in the waiting area? Are chairs clean and stain free?
• Are the floors clean and shiny (if linoleum or tile) and free of stains (if carpeted)
Level the Playing Field—Clinical Area

• Is the clinical area clean, neat and uncluttered? Does it appear fresh and modern?
• Are the walls painted in an attractive color? Are they clean and undamaged? Floors clean and shiny? Everything neatly in place?
• Is the clinical area child-friendly?
• Do the people who work in the clinical area look like they’re happy to be there? Are they cheerful and friendly to each other and patients? Do they appear to function as a cohesive team?
• How long do patients sit in operatories waiting to be seen?
Level the Playing Field—Reception and Administrative Operations

- Is the reception area neat, clean and uncluttered?
- Do the people who work in the reception/administrative area(s) look like they’re happy to be there? Are they cheerful and friendly to each other and patients? Do they appear to function as a cohesive team?
- How long do patients sit in the waiting area before being taken into the back?
- Is the check-in/check-out process efficient?
- Are front desk staff able to tell patients what they owe for each visit before the visit?
Set the Stage for Successful Billing

• Get providers and/or the program credentialed for the commercial plans your patients will be on
• Make sure to get fee schedules from each commercial plan
• Using these fee schedules, set up insurance tables in your dental or medical practice management system for each of the commercial plans (whichever system you bill out of)
• Make sure your reception/administrative staff know the rules for your major commercial plans (eg, pre-treatment authorizations)
Set the Stage for Successful Billing

• Make sure the people at the front desk know how to determine what each patient will owe at the next visit (co-payments) and that this gets communicated to patients when they are scheduling that next appointment.

• Make sure the people responsible for dental billing know how to submit and manage claims to commercial insurers.

• Make sure you have enough people dedicated to dental billing to manage commercial claims (after claims are filed, it’s important to have someone assigned to follow-up and resolve denials).

• Carefully monitor A/R past 60 days to track and manage outstanding claims.
Focus on Medical/Dental Integration

• More than ever, it will be important to have good systems in place to facilitate effective referrals from family practice, pediatrics and ob/gyn to dental

• Goal is to keep pediatric patients and pregnant women within the health center, not just for medical, but also for dental

• Strengthening/developing relationships with outside entities serving low-income families will also help (with outreach/enrollment as well as referrals to dental)
Key Staffing

To be ready for ACA, make sure you have enough staff in key areas in dental:

• Reception/registration
• Administrative support
• Outreach/case management
• Billing/claims management
Key Systems

• Finance
  ✓ Fee schedule/sliding fee scale
  ✓ Payment for dental care policy
  ✓ Determination of eligibility (who, where, when, etc.)
  ✓ Effective front desk operations (registration, verification of demographics, collection of co-pays, scheduling, etc.)
  ✓ Effective billing processes (verification of services provided, filing of e-claims/paper claims, resolution of denials, posting to patient accounts
Key Systems (cont.)

• Evaluation of Program Performance
  ✓ Identification of key performance metrics (access, productivity, finance and quality measures)
  ✓ Identification of key reports, periodicity of reports, personnel responsible for generating reports and mechanism for evaluating and sharing results
  ✓ PDSA approach to performance improvement
Key Systems (cont.)

• Patient-Centered Medical Home
  ✓ Multidisciplinary team approach
  ✓ Staff training (oral health for medical staff and pediatric and prenatal management for dental staff)
  ✓ Two-way referrals, warm handoffs and curbside consults
  ✓ Dental component to well-child and prenatal appointments
  ✓ Management of patients with chronic health issues (eg, diabetes, cardiovascular disease, HIV/AIDs)
  ✓ Blood pressure screening initiative in dental
Fee Schedule/Sliding Fee Scale

- Fees should be set at prevailing rates for your community
- Sliding fee scale should be in alignment with Federal Poverty Limit (FPL) guidelines
- Sliding fee scale discounts should be based on income eligibility (require documentation)
- HRSA requires full charges for patients at or above 200% FPL and nominal fee for patients at or below 100% FPL (but currently no consensus on what the nominal fee should be)
- Require patients to pay any lab costs upfront and apply slide to remainder of the charge for the procedure
Developing Billing Excellence

- Know the rules and regulations of your major insurers and follow them consistently
- Patients are self-pay for non-covered services they elect to receive
- Verify patient eligibility in advance of the visit (ideally when the appointment is scheduled) and again on the day of the visit. Twice the work, yes, but worth the time
- Determine why claims are being denied; identify and resolve the root causes
- Practices that know their insurers’ rules and regulations and do the work upfront to submit clean claims can expect to achieve close to 100% collection rates
- Assemble a multidisciplinary Performance Improvement Team to review all aspects of the billing process to identify barriers to successful billing and develop strategies for removing or overcoming these barriers
Manage Your Self-Pay Patients

Self-pay patients need to understand:

• Their recommended treatment plan
• The services they have agreed to receive
• The expected cost of these services
• The amount of the discount they are being given
• Why they need to pay for services at the time of the visit
• Many patients wrongly assume that safety net dental practices are fully subsidized and are supposed to be giving services away for free—we need to educate patients that this is far from the truth!
Every time an appointment is made for a self-pay patient, the following needs to be communicated:

• The services the patient will be receiving at the visit
• The full value of the services
• The amount of the discount the patient will be entitled to
• The amount the patient will be required to pay at the visit
• The reason why the clinic has a firm policy of requiring payment at the time of the visit
Creating a Culture of Accountability

- Decide on go-live date for 100% enforcement of policy
- Post signage stating that all patients are required to pay at the time of the visit (and explaining why)
- Give new patients to the practice a written copy of your policy regarding payment for dental care
- When universal enforcement goes into effect, expect push-back from patients; some will test the will of dental staff to enforce the policy
- Give staff scripting they can use to communicate with patients
- Stick to your guns, and patients will eventually settle down and comply with the policy
Emergency Patients

- Know what benefits are available to Medicaid adults in your state
- When uninsured patients call or walk in for an emergency appointment, they should be informed of the expected costs of their visit and reminded about the dental clinic’s policy of requiring payment at the time of the visit
- If the emergency patient can’t pay what they owe at the time of the visit, they are treated anyway. BUT that doesn’t mean they are off the hook when it comes to paying for their care!
- The practice should inform the patient that they must pay off their balance before any further non-emergent appointments can be made
Monitor Your Payer Mix

• If program performance data reveals that the dental practice is not financially sustainable, the program is justified in tweaking payer mix
• In all likelihood, the practice needs to increase the number of Medicaid-covered patients to help subsidize care to uninsured patients
• Children and pregnant women should be considered priority populations for dental—there are excellent clinical reasons for this AND, as a side benefit, they typically have Medicaid dental coverage
• Develop internal and external referral relationships to drive more children and pregnant women into the dental practice
• Use designated access scheduling to ensure these priority patients have immediate access to care
• School-based oral health programs (especially comprehensive programs) can be another effective way to remove barriers to care for children and generate critical revenue for dental
Watch Dental Like a Hawk

• Once you’ve gotten dental into the black, how do you keep it there?
• By never relaxing your guard!
• Just when you think things are going fine, the environment of care can change overnight and throw new challenges in your path
• The ultimate key to success in community health dentistry is constant vigilance, which enables you to recognize problems the moment they occur and respond immediately
Watch Dental Like a Hawk (cont.)

On a monthly and/or quarterly basis track:

- Number of visits
- Gross charges
- Net revenue
- Total expenses (direct and indirect)
- Payer/patient mix
- No-show rate
- Emergency rate
- Number and type of transactions (procedures by ADA code)
- Aging report (A/R past 90 days from Medicaid, commercial, and self-pay/sliding fee scale patients)
What the Data Reveals

- Revenue per visit
- Cost per visit
- Difference between gross charges and net revenue—are there any red flags?
- No-show and emergency rates can reflect the level of chaos in the practice (both can negatively impact productivity, morale and completion of treatment plans as well as financial sustainability and need to be managed proactively)
- Number of procedures per visit (should your providers be doing more?)
- Large amounts of money in A/R past 90 days can signal problems with the billing process and/or management of self-pay patients
SNS Mission

Partnering with safety net oral health programs to provide technical assistance and support that enhances community-based oral health care and creates programs that are mission-driven and financially-sustainable, assuring the long-term viability of the safety net.
Partnering to Strengthen and Preserve the Oral Health Safety Net