Increasing Access to Care through Contracting for Dental Services

A NNOHA Promising Practice

Access Community Health Centers
Madison, Wisconsin

Access Community Health Centers (ACHC) serves over 15,000 patients per year in five Wisconsin counties from four fixed dental locations plus a comprehensive school-based program in twenty-nine schools. ACHC employs 17 FTE dentists and 10.5 FTE dental hygienists, but still identified a need for specialty services for their dental patients and saw other advantages to contracting with dental specialists outside the organization.

Why Contract for Dental Services?

For years primary medical care has contracted for services not available at the community health center, such as behavioral health services or OB-GYN services. But contracting is relatively new for dental programs. In the past to bill Medicaid for covered services, the federally qualified health center (FQHC) had to provide the services within the four walls of the health center’s approved sites. However, in 2009 the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) prohibited states from preventing FQHCs from entering into contractual relationships with private practice dental providers and two years later further clarified that state Medicaid agencies could no longer require dental providers who contracted with FQHCs to individually enroll in the state Medicaid program. With the changes in regulations, possible reasons for a health center to contract dental services include:
A. Patients need services. According to the 2016 UDS report, just over twenty percent of HRSA health center grantees had fewer than 0.5 FTE dentists during the year. Many of the health centers that do have larger dental staff have long wait times for appointments and high rates of appointment non-compliance.

B. Recruiting additional dentists for employment can be expensive and difficult, especially in rural or remote areas.

C. Contracting promotes positive relations with the local dental community. Few private dentists accept new Medicaid patients in their private practices, but contracting provides them a way to work with the underserved without the paperwork burden imposed by many state Medicaid programs. It is important to try to maintain healthy relations with state and local dental societies.

D. The health center may not be able to provide specialty services otherwise.

Referral Process

Access Community Health Centers contracts with two pediatric practices in its service area which have a combined four locations and ten dentists. The organization also has a contract with an oral surgery group with six dentists in two locations. All specialists are credentialed and privileged with ACHC.

The referral process is relatively straightforward and resembles that used in other departments of the health center.

1. The dentist identifies that a patient needs a referral to a specialist.

2. The need for referral is communicated to a referral point person who:
   a. Coordinates/schedules the specialist appointment and informs the patient.
   b. Ensures that new patient paperwork, including dental health history, is completed and the application for sliding scale discounts, when appropriate, is also completed.
   c. Tracks all referrals, kept appointments and no-shows.
   d. Reschedules patients when needed.
   e. Coordinates with the accounts payable department for reimbursement to the specialists when their invoice arrives.
   f. Coordinates with the billing department for billing to the insurance company or patient using data from the specialists' notes.

3. For patients on the health center's sliding fee scales:
   a. The patients are assigned a sliding scale discount based on their income.
   b. The patients are billed at their discounted rate based on the claims form from the specialist.
   c. The specialist is reimbursed at the agreed upon rate.

Exceptions apply for pediatric cases that require the services of a hospital operating room and general anesthesia. For those not covered by third party reimbursement, these costs are the responsibility of the patient. However, at ACHC, a Community Care program is available to assist with the costs of operating room procedures. Resource specialists help patients and their families access the resources of this program.
After all specialist care/referred care is completed, the patient returns to ACHC as their dental home. Pediatric specialists usually complete a six month follow up, which is reimbursable to the specialist.

**The Contracts**

It is important to emphasize and clarify that the patients are receiving health services at the health center. The health center is responsible for charting, prior authorizations when necessary, and quality assurance.

The specialists are responsible for timely billing of claims each month. Access Community Health Centers is responsible for collection of patient fees based on the sliding fee schedule and billing insurances as well as determining the sliding scale discount.

The contract includes a list of covered and non-covered services.

ACHC’s contracts with the pediatric specialists are drawn up on a rolling basis, but they are revisited every two to three years to update as necessary. ACHC representatives visit with the specialists on a yearly basis. The agreed upon codes for reimbursement are listed in an addendum to the contract. The pediatric contracts are paid as a percentage of ACHC’s full fee schedule. The oral surgery contracts are paid as a percentage of the surgeons’ full fee schedules.

The ACHC payor mix in 2015 for the two groups was similar, but the percentage of pediatric patients with at least some insurance coverage was higher with 96%. The rate for the oral surgery patients was slightly lower with 84% having some insurance.

The contracted dentists are responsible for carrying their own malpractice/liability insurance.

**Quality Assurance**

Before beginning the contracted relationships, ACHC ensured that specialists’ services were added to their scope of project with HRSA. All specialists are credentialed and privileged through ACHC’s quality assurance processes. Chart notes are reviewed for each case by the referring provider. These notes are scanned into the electronic dental record as part of the patient’s overall record. Specialist referrals are included in the biannual peer chart review process.

**Lessons Learned**

Clinics may want to consider the following strategies to implement successful contracting:

- **Planning for the Contracts**
  - Discuss the idea with your HRSA program officer in advance to be sure the scope is correctly reported to the government.
  - Set realistic goals for increasing access in a financially sustainable model.

- **Managing the Contracts**
Arranging contracts can be a challenge and takes time. It is important to find the right person within the clinic with adequate time to manage the process. Some clinics create a specific job for a dental services coordinator.

- **Communication**
  - Ensure that internal dental staff understands the program and how to refer patients to the program.
  - Private practitioners who have no prior experience in community health centers have a limited understanding of FQHC rules and regulations and why certain procedures must be followed. Time for orientation must be allotted in the beginning of the relationship.
  - Provide training to the specialist’s staff if they have trouble understanding the FQHC needs and requirements.

- **Maintaining Quality**
  - Reporting requirements and protocols should be established together, agreed upon early, implemented immediately and maintained consistently. Do not underestimate the potential difficulties of quality conversations between providers, or the cost of dealing with issues after the fact.

**Additional Resources**
NNOHA recommends the following resources for more information:

- **FQHC Handbook: Increasing Access to Dental Care Through Public/Private Partnerships**
  by Children’s Dental Health Project

- **Three Presentations at the 2016 NNOHA Conference** by Irene Hilton, DDS, MPH, Errin Pfeifer, DMD, and Tina Sopiwnik, DMD.

- **Contracting for Dental Services in Health Centers: Implementation Strategies**

- **Contracting for Dental Services in Health Centers: A Checklist for Planning**

- **Health Center Program Compliance Manual**

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