How to Get Paid for Doing EBD

Our mission is to improve the oral health of all.

Robert D. Compton, DDS
President
Disclosure

- **DentaQuest Institute**
  - **President**

- **DentaQuest Benefits**
  - **Senior VP & CDO**
  - 25 million members
  - 28 states
  - Over 60,000 dentists
  - Over 100 MCO

- **DentaQuest Foundation**

- **DentaQuest Care Group**
Quality of Care

- The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- This prescript contains just two concepts: measurement and knowledge.
Value Driven Health Care

Four Cornerstones

1. Reporting of quality of care measures
2. Reporting of health care price information
3. Incentives for high-quality, cost effective care
4. Interoperable health care information technology

“If you desire to do business with the Federal Government you need to adopt quality standards”

“We intend to begin moving to a system where at least part of the payment structure is a reward for high quality.”

HHS Secretary Michael Leavitt’s remarks to the ADA in 2007
Triple Aim of Health Care

Definition

- System designs that simultaneously improve three dimensions:
  - Improving the health of the populations;
  - Improving the patient experience of care (including quality and satisfaction); and
  - Reducing the per capita cost of health care.
Example of Value-Based Purchasing

Pay-for-Quality Program

The Pay-for-Quality Program replaced the At-Risk and Quality Challenge Program. It creates incentives and penalties for managed care organizations based on their performance on certain quality measures. Health plans that excel on meeting the measures are eligible for a bonus of up to 4 percent of their capitation rate; health plans that don’t meet their measures can lose up to 4 percent of their capitation rate. Below is a description of the 2015 measures:

Medicaid Dental Measures

1. Preventive Dental Services
2. Texas Health Steps Dental Checkups
3. Texas Health Steps Checkups after Enrollment
4. Sealant Measure

CHIP Dental Measures

1. Annual Dental Visit
2. Preventive Dental Services
3. Sealant Measure

P4Q Frequently Asked Questions
2012-2015 Table of Measures
2015 Pay-for-Quality Technical Specifications
2015 Dental Reporting Guidelines
- Medicaid
- CHIP

http://www.hhsc.state.tx.us/hhsc_projects/ECI/P4Q.shtml
**SPECIFICATIONS: MEDICAID P4Q DENTAL MEASURES**

### Sealant Measure

#### Description

1. The percentage of enrolled members 6 through 9 years of age, who had at least one dental sealant service on a permanent first molar during the measurement year.
2. The percentage of enrolled members 10 through 14 years of age, who had at least one dental sealant service on a permanent second molar during the measurement year.

### Eligible population

| Ages                  | 1) 6 – 9 years as of December 31 of the measurement year  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2) 10 – 14 years as of December 31 of the measurement year</td>
</tr>
<tr>
<td>Continuous enrollment</td>
<td>6 months continuous enrollment during the measurement year</td>
</tr>
<tr>
<td>Allowable gap</td>
<td>No gap during the 6 months continuous enrollment period</td>
</tr>
<tr>
<td>Anchor date</td>
<td>Does not apply to this measure</td>
</tr>
<tr>
<td>Benefit</td>
<td>Dental</td>
</tr>
<tr>
<td>Quality Programs</td>
<td>Medicaid – P4Q</td>
</tr>
</tbody>
</table>

#### Administrative specification

**Denominator**

- The eligible population:
  1. 6-9 years of age
  2. 10-14 years of age

**Numerator**

1. One or more sealants on a permanent first molar during the measurement year for members 6 through 9 years of age.
2. One or more sealants on a permanent second molar during the measurement year for members 10 through 14 years of age.

A member with a submitted claim/encounter containing any code in the table below.

#### HCPCS/CDT

| C1351 ONLY |

A permanent first molar tooth is defined by tooth number 3, 14, 19 or 30.

A permanent second molar tooth is defined by tooth number 2, 15, 18 or 31.

**Note:** Current Dental Terminology (CDT) is the equivalent dental version of the CPT Physician Procedural Coding System.

Specifications: Medicaid Dental Measures – P4Q
Use of Pit and Fissure Sealants: Evidence-Based Clinical Recommendations

Levels of evidence and strength of recommendations:
Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence do not mean the recommendation should not be applied for patient treatment.

Correlate these colors with the text below.

| Recommendation based on higher levels of evidence | Recommendation based on lower levels of evidence |

Should I consider sealants for my patients?

<table>
<thead>
<tr>
<th></th>
<th>Consider sealants for prevention when there is no lesion but tooth or individual is at risk¹</th>
<th>Consider sealants to limit progression in early non-cavitated lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Primary teeth (D)</td>
<td>All teeth (B)</td>
</tr>
<tr>
<td></td>
<td>Permanent teeth (B)</td>
<td></td>
</tr>
<tr>
<td>Adolescents</td>
<td>Permanent teeth (B)</td>
<td>All teeth (B)</td>
</tr>
<tr>
<td>Young Adults</td>
<td>Permanent teeth (D)</td>
<td>All teeth (B)</td>
</tr>
<tr>
<td>Adults</td>
<td>Permanent teeth (D)</td>
<td>All teeth (D)</td>
</tr>
</tbody>
</table>

Monitor periodically and reapply as needed (D) (Change in caries susceptibility can occur)

If you decide to apply sealants

- □ Routine clinical situations use Resin-based sealants (A)
- □ Moisture control concerns use Compatible one bottle bonding agent after acid etching (B) OR GI Cement (D)
- □ Routine mechanical preparation of enamel before acid etching is NOT recommended (B)
- □ When possible use a four-handed technique for placement of resin-based sealants (C) OR glass-ionomer cements (D).
Sealants Significantly Reduce Decay!

Decay Rate for 1000 Teeth With & Without Sealants

In a population with a 40% decay rate, 338 out of 400 teeth that would have gotten decay will be saved.

In a population with a 70% decay rate, 511 out of 700 teeth that would have gotten decay will be saved.

Cost of Restoring Caries in Adult Teeth

Age of Patient

- 3rd Molar
- 2nd Molar
- 1st Molar
- 1st Premolar
- Canine
- Lateral Incisor
- Central Incisor
Medicaid Sealant Scores for 2014

12d. 6-9 Total Eligibles Receiving Sealants on Permanent Molars 2014
Provider Performance - Sealants

Percent of 6 and 7 Year Olds Receiving Dental Sealant on First Molars

- Count of Ages 5, 6 & 7
- Percent 5-7 w/ Seal
# Preventistry Member Roster

Members Who May Benefit from Sealants

During the Period of

<table>
<thead>
<tr>
<th>Age Measurement:</th>
<th>Children Ages 6 and 7*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Must Turn 6 By:</td>
<td>XXXXXX</td>
</tr>
</tbody>
</table>

Sealant Measurement:

Tooth ID 3, 14, 19, 30

These members may benefit from having dental sealants placed on their first molars.

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Measurement:</th>
<th>Children Ages 12 and 13*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Must Turn 6 By:</td>
<td>XXXXXX</td>
</tr>
</tbody>
</table>

Sealant Measurement:

Tooth ID 2, 15, 18, 31

These members may benefit from having dental sealants placed on their second molars.

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Preventistry Sealant Program from DentaQuest aims to ensure that all children enrolled in Medicaid programs administered by DentaQuest will receive needed sealants. Working together, we can meet the U.S. Department of Health and Human Services’ goal of sealing 26.1% of first molars and 21.9% of second molars of our nation’s children, and improving the oral health of the children in your practice.

If you have questions about your Preventistry Member Roster, please contact your DentaQuest Professional Relations representative at 800-516-0124.

* Patients with at least one dental sealant placed on their first molars (ages 6-7) or second molars (ages 12-13) are not included.
Preventistry℠ Sealant Program Report

5/18/2011

DentaQuest

Age measurement Ages 6,7
Sealant measurement Tooth ID 3, 14, 19, 30

Summary

<table>
<thead>
<tr>
<th></th>
<th>Jan 2010-Jun 2010</th>
<th>Jul 2010-Dec 2010</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinct members</td>
<td>35</td>
<td>11</td>
<td>46</td>
</tr>
<tr>
<td>Members w/ sealants applied</td>
<td>7</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Number of sealants applied</td>
<td>17</td>
<td>14</td>
<td>31</td>
</tr>
<tr>
<td>% of members w/ sealants</td>
<td>20.0 %</td>
<td>38.4 %</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

Patients w/ paid claims (7/1/2010 - 12/31/2010)*

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Name</th>
<th>DOB</th>
<th>Sealant performed</th>
<th>Number of Teeth Sealed</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/11/2000</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/22/2000</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/20/2000</td>
<td>8/19/2010</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/23/2000</td>
<td>7/15/2010</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4/18/2000</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/30/2000</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/4/2000</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7/17/2000</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/21/2000</td>
<td>No</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Preventistry Sealant Program from DentaQuest helps ensure that all children enrolled in Medicaid programs administered by DentaQuest will receive needed sealants. Working together, we can meet the U.S Department of Health and Human Services' goal of sealing 28.1% of first molars and 21.9% of second molars of our nation's children, and improving the oral health of the children in your practice.

If you have questions about your Preventistry Sealant Program Report, please contact your DentaQuest Professional Relations representative at 800-516-0124.
Impact of Preventistry Sealant Program on Sealant Placement Rates

Overall Increase of 17.7%
Clinical Recommendations for Use of Professionally-Applied or Prescription-Strength, Home-Use Topical Fluoride Agents for Caries Prevention in Patients at Elevated Risk of Developing Caries

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

- **Strong**: Evidence strongly supports providing this intervention.
- **In favor**: Evidence favors providing this intervention.
- **Weak**: Evidence suggests implementing this intervention only after alternatives have been considered.
- **Expert Opinion For**: Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation.
- **Expert Opinion Against**: Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention.
- **Against**: Evidence suggests not implementing this intervention or discontinuing ineffective procedures.

<table>
<thead>
<tr>
<th>Age Group or Dentition Affected</th>
<th>Professionally-Applied Topical Fluoride Agent</th>
<th>Prescription-Strength, Home-Use Topical Fluoride Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 5 years</td>
<td>2.26% fluoride varnish at least every 3 to 6 months • In Favor</td>
<td>0.09% fluoride mouthrinse at least weekly • In Favor</td>
</tr>
<tr>
<td></td>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months • In Favor</td>
<td>OR 0.5% fluoride gel or paste twice daily • Expert Opinion For</td>
</tr>
<tr>
<td>6-18 years</td>
<td>2.26% fluoride varnish at least every 3 to 6 months • In Favor</td>
<td>0.09% fluoride mouthrinse at least weekly • In Favor</td>
</tr>
<tr>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months • In Favor</td>
<td>OR 0.5% fluoride gel or paste twice daily • Expert Opinion For</td>
<td></td>
</tr>
<tr>
<td>Older than 18 years</td>
<td>2.26% fluoride varnish at least every 3 to 6 months • Expert Opinion For</td>
<td>0.09% fluoride mouthrinse at least weekly • Expert Opinion For</td>
</tr>
<tr>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months • Expert Opinion For</td>
<td>OR 0.5% fluoride gel or paste twice daily • Expert Opinion For</td>
<td></td>
</tr>
<tr>
<td>Adult Root Caries</td>
<td>2.26% fluoride varnish at least every 3 to 6 months • Expert Opinion For</td>
<td>0.09% fluoride mouthrinse daily • Expert Opinion For</td>
</tr>
<tr>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months • Expert Opinion For</td>
<td>OR 0.5% fluoride gel or paste twice daily • Expert Opinion For</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information:
- 0.1% fluoride varnish, 1.23% fluoride (APF*) foam, or prophylaxis pastes are not recommended for preventing coronal caries in all age groups (• Expert Opinion Against or • Against). See JADA publication for recommendation strength by age group. The full report, which includes more details, is available at ebd.ada.org.
- No prescription-strength or professionally-applied topical fluoride agents except 2.26% fluoride varnish are recommended for children younger than 6 years (• Expert Opinion Against or • Against), but practitioners may consider the use of these other agents on the basis of their assessment of individual patient factors that alter the benefit-to-harm relationship.
- No recommendation can be made for prophylaxis prior to application of other topical fluoride agents. The full report, which includes more details, is available at ebd.ada.org.

*APF: Acidulated phosphate fluoride

Patients at low risk of developing caries may not need additional topical fluoride other than over-the-counter fluoridated toothpaste and fluoridated water.

---

1. Weyant RJ, Tracy SL, Arselano T, Betran-Aguilar ED, et al. Topical Fluoride for Caries Prevention: Executive Summary of the Updated Clinical Recommendations and Supporting Systematic Review. JADA 2013;144(11):1279-1291. © 2013 American Dental Association. All rights reserved. Any other use, copying, or distribution, whether in printed or electronic format, is strictly prohibited without the prior written consent of the ADA.
Need Diagnostic Codes

Children with disease indicators and risk factors, including socio-economic factors.

Use for sealant program in Medicaid population.

- **All Children**
  - Children who have had a restoration placed in the past three years.
  - Use for fluoride measure in Commercially insured population.

- **Elevated Risk Children**

- **Carious Lesions**

- **Recently Filled Teeth**
Frequency for Periodontal Maintenance

- Many patients presenting with recurrent gingivitis without additional attachment loss after definitive periodontal therapy may be adequately maintained with PM performed semiannually.
- However, for most patients with a history of periodontitis, numerous clinical studies suggest that PM should be performed at intervals of less than 6 months.
- In general, data suggest that most patients with a previous history of periodontitis should obtain PM at least four times per year, since that interval will result in a decreased likelihood of progressive disease, compared to patients receiving PM on a less frequent basis.
Perio Patients Use of Perio Maintenance

- 75% 1+ Clean
- 43% 2+ Clean
- 18% 3+ Clean
- 6% 4+ Clean
- 25% 0 Clean
# Preventistry Incentive Results

For the Period January 1 Thru June 30, 2012

## Topical Fluoride for Higher Risk Children

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Higher Risk Children</td>
<td>152</td>
</tr>
<tr>
<td>Number Treated</td>
<td>105</td>
</tr>
<tr>
<td>Percentage Treated</td>
<td>69.1%</td>
</tr>
</tbody>
</table>

## Bonus Calculation

<table>
<thead>
<tr>
<th>Level</th>
<th>Goal</th>
<th>Potential</th>
<th>Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>45%</td>
<td>$684.00</td>
<td>$684.00</td>
</tr>
<tr>
<td>Level 2</td>
<td>65%</td>
<td>$684.00</td>
<td>$684.00</td>
</tr>
</tbody>
</table>

**Fluoride Bonus:** $1,368.00

## Perio Maintenance for Adults with Periodontal Disease

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Adults with Perio Disease</td>
<td>20</td>
</tr>
<tr>
<td>Number Treated</td>
<td>14</td>
</tr>
<tr>
<td>Percentage Treated</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

## Bonus Calculation

<table>
<thead>
<tr>
<th>Level</th>
<th>Goal</th>
<th>Potential</th>
<th>Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>50%</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Level 2</td>
<td>75%</td>
<td>$200.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Perio Bonus:** $400.00

**Total Bonus:** $1,768.00

**Percent of Potential:** 88.7%

The Preventistry Program rewards dentists with financial incentives for achieving or exceeding specific goals based on the percentage of higher risk children and/or adults with periodontal disease who received the recommended preventive treatment. The results for your practice are above. Please note that we respect the confidentiality of your office’s data and will not share this information.

We would like to thank you for your participation in and dedication to the Preventistry Program. Our goal is to ensure that our higher risk members receive the preventive care that will help to keep them healthy. With your continued support we can achieve that goal. We look forward to sharing your results for the next six month time frame with you.

A check is enclosed in the amount of **$1,568.00**
Commercial Plan P4P Program

- Fluoride
  - 1st 6 months: 39%
  - 2nd 6 months: 46%
  - 3rd 6 months: 60%
  - 4th 6 months: 61%

- Perio Maintenance
  - 1st 6 months: 43%
  - 2nd 6 months: 49%
  - 3rd 6 months: 62%
  - 4th 6 months: 64%
How to Get Paid for Doing EBD

Our mission is to improve the oral health of all.

Robert D. Compton, DDS
President