



2024-2026 QDP Issuer Model Contract Refresh Workgroup Meeting

August 16, 2022

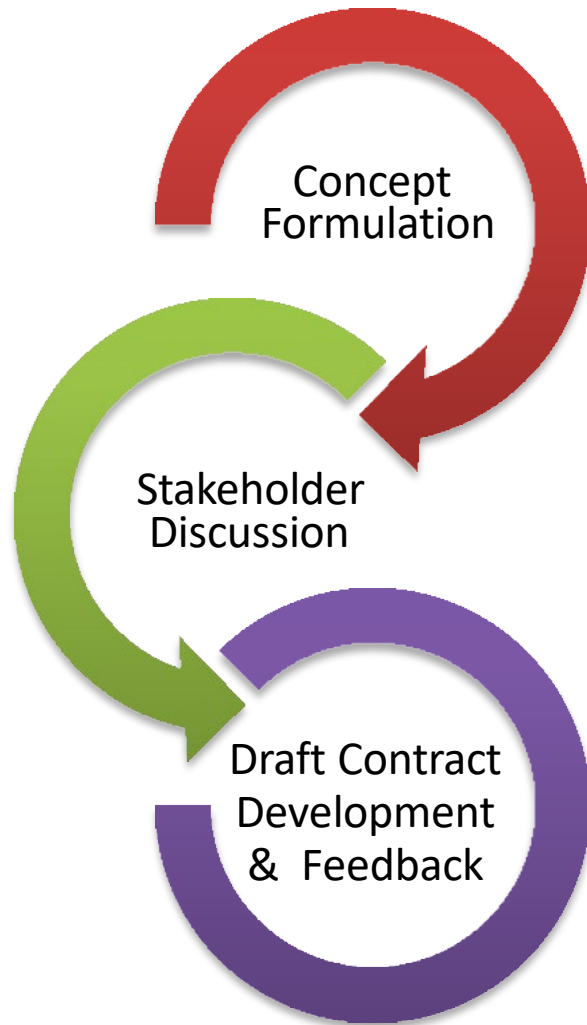
AGENDA

Time	Topic	Presenter
10am – 10:10	Welcome and Introductions	Covered CA
10:10 – 10:30	Clinical Integration Strategy	Anthem
10:30 – 11:25	Updates on Proposed Contract Requirements	Covered CA
11:25 – 11:40	Open Discussion and Feedback	Discussion
11:40 – 11:50am	Next Steps and Adjourn	Dianne Ehrke

Welcome & Timeline

Dianne Ehrke and Elena Wise

CONTRACT REFRESH WORKGROUP APPROACH



- Covered California leadership and staff engage in strategic planning sessions to develop concept proposal for the contract refresh framework, principles, and priority areas for focus – to facilitate contract development of a draft for public review in the Fall.
- Dental Refresh workgroup
 - Scheduled monthly meetings (anticipated for April to November)
 - Forum for large group discussion on proposed changes to Attachment 1, Attachment 2 & 3
 - Learning space to share ideas and best practices among stakeholders
 - Participants will review and give feedback on contract proposals and draft contract language
 - Additional focus group meetings on specific priority areas will be scheduled as necessary to help facilitate contract development

Covered California's Framework for Holding Dental Plans Accountable for Quality, Equity and Delivery System Transformation

Domains for Equitable, High-Quality Care	Care Delivery Strategies	Goals
<ul style="list-style-type: none"> • Health promotion and prevention • Acute care • Chronic care • Complex care 	<ul style="list-style-type: none"> • Effective primary care • Appropriate, accessible specialty care • Leveraging technology • Cultural and linguistic competence 	<ul style="list-style-type: none"> • Improvement in health status • Elimination of disparities • Evidence-based care • Patient-centered care • Affordability for consumers and society

Key Levers

Covered California recognizes that promoting change in the delivery system requires **aligning** with other purchasers and working with all relevant players in a way that improves value for consumers and society while minimizing administrative burden on plans and providers.

- Benefit design
- Measurement for improvement and accountability
- Data sharing and analytics
- Payment reform
- Consumer empowerment
- Quality improvement collaboratives
- Technical assistance
- Certification and accreditation

Community Drivers: Social influences on Health, Economic and Racial Justice

Principles and Dental Strategic Focus Areas

Quality is central

Equity is quality

Measures that matter

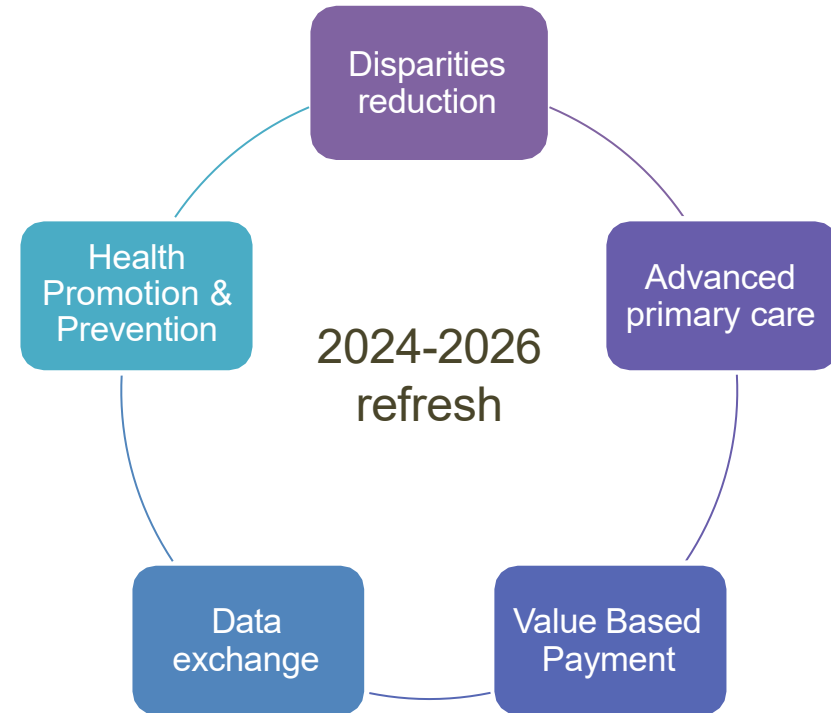
Make quality count

Amplify through alignment

Promote public good

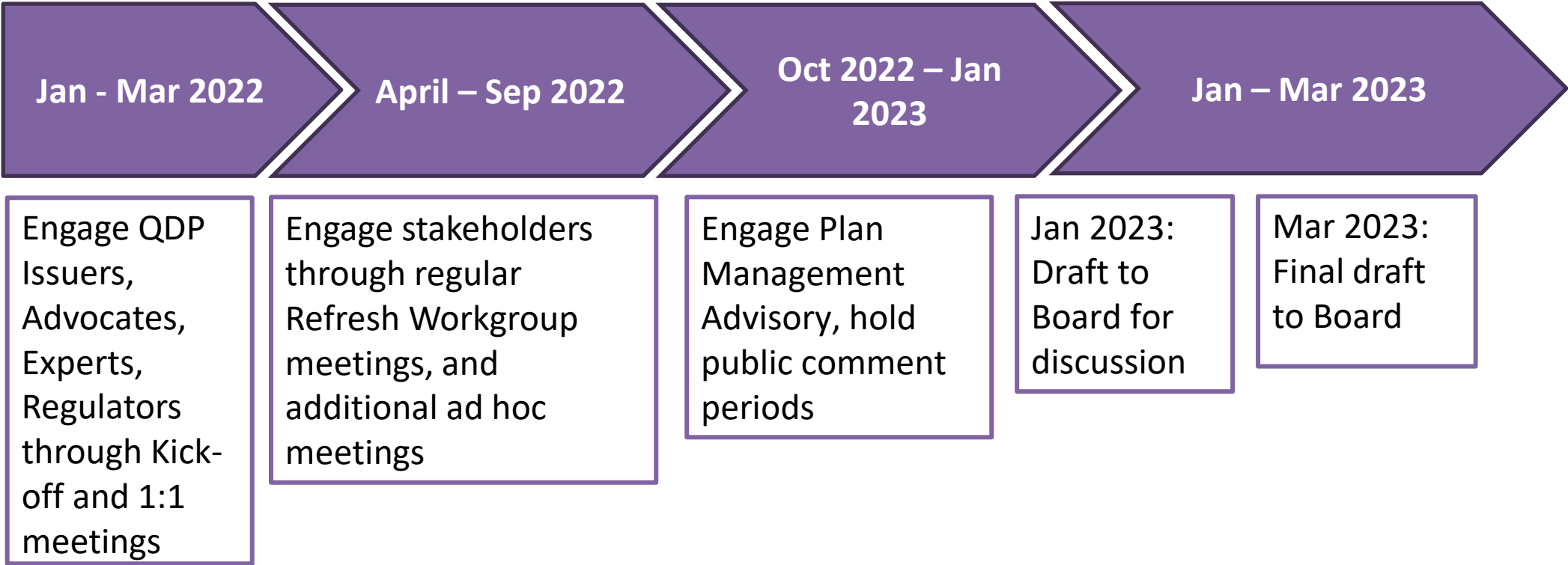
Care about cost

STRATEGIC FOCUS AREAS



Alignment with the Department of Healthcare Services (DHCS)
Data analytics / Healthcare Evidence Initiative

PROPOSED 2024 – 2026 QDP QUALITY INITIATIVE DEVELOPMENT TIMELINE



Clinical Integration Strategy

Stewart Balikov, DDS National Dental Director
Lola Knox R.N., Clinical Account Director

Clinical Integration Strategy



Stewart Balikov, DDS National Dental Director
Lola Knox R.N., Clinical Account Director

First Surgeon General's Report on Oral Health*

Major Message of 2000:

Oral health is more than healthy teeth and is integral to the general health and well-being of all Americans.

Major takeaways from the 2020 report include:

Healthy behaviors can improve and maintain an individual's oral health, but these behaviors are also shaped by social and economic conditions.

Oral and medical conditions often share common risk factors, and just as medical conditions and their treatments can influence oral health, so can oral conditions and their treatments affect other health issues.

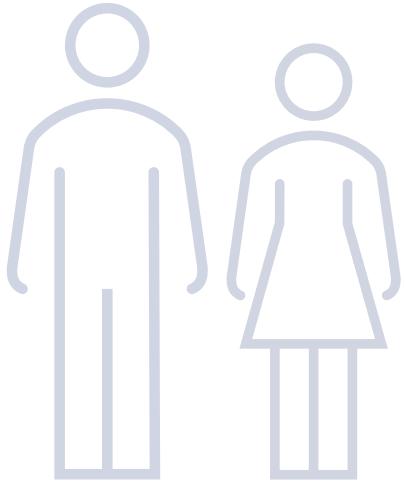
Substance misuse and mental health conditions negatively affect the oral health of many.

Group disparities around oral health, identified 20 years ago, have not been adequately addressed, and greater efforts are needed to tackle both the social and commercial determinants that create these inequities and the systemic biases that perpetuate them.

*2020 Surgeon General's Report Oral Health in America: Advances and Challenges, Judith Albino, PhD and Bruce A. Dye, DDS, MPH and Timothy Ricks, DMD, MPH, June 21, 2019, International Association for Dental Research 97th General Session.

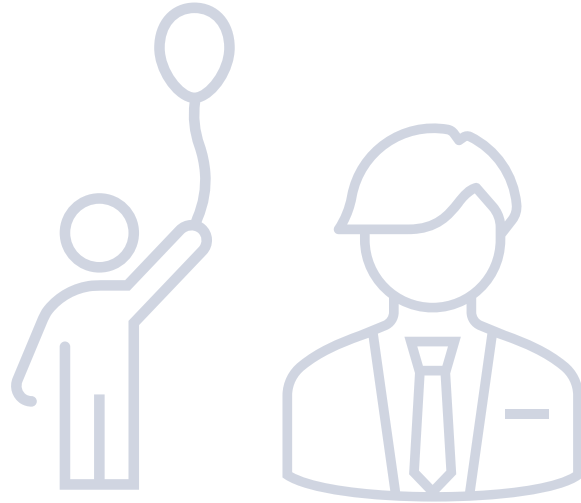
Aging of America is Critical for Oral Health

Sociodemographic factors are significant risk indicators for poor oral health.



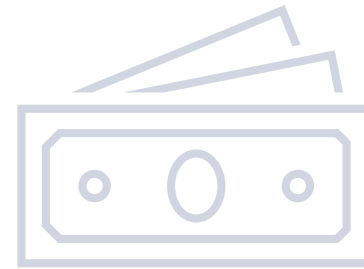
Gender:

Men have 3x more oropharyngeal cancer than women



Race & ethnicity:

Significant untreated dental health disparities exist by race and ethnicity among children and working-age adults



Poverty:

Being poor increases the likelihood of increased tooth loss.

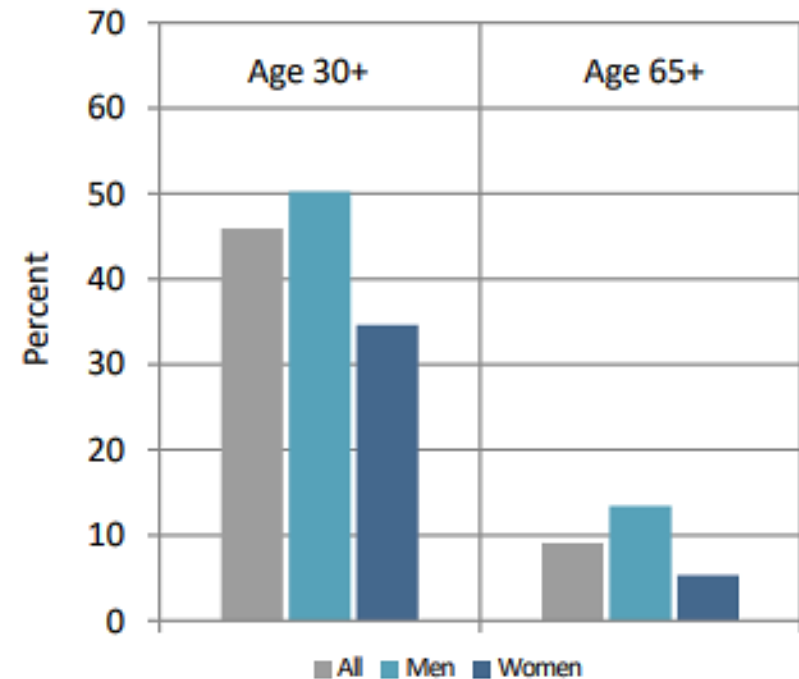


Age:

Periodontitis in older adults (65+ years) is twice that of younger adults (30–44 years).

Total and severe periodontitis in the U.S., by gender 2009–2014

- Total periodontitis (42%) for adults age 30 and older:
 - 50% (men)
 - 35% (women)
- Severe periodontitis (9%) for adults aged 65 years and older:
 - 13% (men)
 - 5% (women)
- The report makes several recommendations to improve oral health, which include the need for health care professionals to work together to provide integrated oral, medical, and behavioral health.



Source: Eke PI, Thornton-Evans GO, Wei L, Borgnakke WS, Dye BA, Genco RJ. Periodontitis in US Adults: National Health and Nutrition Examination Survey 2009–2014. J Am Dent Assoc 2018;149(7):576-588.



Anthem Whole Health Connection[®]

Medical conditions don't happen overnight - there are opportunities to intervene.

Whole person health

Connecting people, products and technology for an expansive view of health.

Personalized care

Catering to each member's unique needs.

Member engagement

Motivating members to take charge of their total wellbeing.

5X

more likely for people to receive an opioid RX for a dental problem when treated in the ER vs. a dental office²

50%

of American children do not receive regular dental care because of social, economic and geographic obstacles²

\$90B

a year in lost productivity as a result of diabetes¹



BETTER CARE



LOWER COSTS



BETTER EXPERIENCE

Focusing in on Diabetes

Importance of an integrated approach

Diabetes impacts a person's whole health

Integrated data enhances the ability to proactively identify at-risk members and offer timely outreach and support to address more than just their oral health



Education is power

Additional resources are readily available to help keep diabetes health in focus



Timing is everything

Through Anthem's digital platform, members can engage in their wellbeing to manage nutrition, weight management and stay current with recommended preventative care such as annual physicals, vision, and dental exams



Good oral care can help keep blood sugars under control

By offering enhanced preventative benefits and education, members with diabetes are more likely to understand the connection between managing their oral health and their diabetes.



Diabetes is often associated with other chronic conditions

Members have access to experienced nurses and health coaches supporting members in managing their diabetes, helping to reduce long term complications



Communication between a member's care team enhances coordination of diabetes management

Sharing patient specific health information across the member care team incorporates the oral health treatment plan into the overall diabetic care plan, influencing holistic health outcomes.

Anthem Whole Health Connection[®] Dental Value Study



Integrating Dental Insights into Care Management Programs

STUDY FINDINGS: Lower incidence of heart attacks, lower medical costs, and fewer inpatient admissions and ER visits for members with an integrated dental plan engaging in Anthem's Cardiovascular Care Program.

20%

lower incidence of heart attack

\$4,000

in medical and pharmacy
savings annually

13%

fewer inpatient admissions and **10%**
fewer emergency room visits



Enhanced Dental Benefits

STUDY FINDINGS: Lower medical costs, fewer inpatient admissions and ER visits for members with a targeted condition and integrated dental plan that utilized three cleanings annually.

4x

reduction in emergency
dental office visits

34%

(or \$8,280) lower total medical costs PMPY

44%

fewer inpatient admissions
and **36%** fewer ER visits



Using Dental Data to Identify Gaps in Care

STUDY FINDINGS: Lower medical costs, lower inpatient and ER costs, and fewer inpatient admissions and ER visits for compliant members (members who received dental care services to close their gap in care).

14.6%

(or \$2,045) lower medical costs PMPY

22%

(or \$1,039) lower inpatient
and ER costs

22%

fewer inpatient admissions and **16%**
fewer emergency room visits

Proposed Contract Requirements for Population Health Management

Elena Wise

DENTAL POPULATION HEALTH MANAGEMENT PLAN

Proposed requirements: QDP issuers must submit a Dental Population Health Management plan for its Covered California population that addresses each of the following components:

- Dental Population Health Management Strategy to meet its Enrollees' care needs
- Evidence of systematic collection, integration, and assessment of Enrollee data to assess the needs of the population and determine actionable categories for appropriate intervention
- A systemic process of measuring the effectiveness of its Population Health Management strategy to determine if Population Health Management goals are met and to gain insights into areas needing improvement

Performance Standard: not proposed at this time

Implementation and assessment: seeking feedback on meaningful PHM plan components and assessment methods

Rationale: Supports emphasis on early engagement of members in care and systematic approach to evaluating and addressing member health needs, including meeting other proposed contract requirements.

Proposed Contract Requirements for Health Promotion and Prevention

Elena Wise and Samar Muzaffar

HEALTH AND WELLNESS SERVICES

Proposed requirements: QDP Issuers must conduct outreach and education to all enrollees on

- Member benefits and cost-sharing
- Provider location and matching
- Health Assessments

QDP Issuers must conduct tailored outreach and education to enrollees based on identified needs or health status.

Performance Standard: not proposed at this time

Implementation and assessment: seeking feedback on assessment methods

Rationale: Supports emphasis on health promotion and prevention and engaging members in care.

SCREENING FOR TOBACCO

Proposed requirement: QDP Issuers must require contracted dentists to screen for tobacco use and provide a referral to smoking cessation programs if indicated.

Performance Standard: Not proposed at this time

Implementation and assessment: Seeking feedback on implementation and assessment methods

- Is tobacco screening and referral current practice in dental offices?
- Is it reasonable to have dentists and staff communicate with PCPs on screening results and program referral for shared patients?

Rationale: To increase the cessation rates, improve oral health, and decrease the risks to overall health from tobacco use and smoking.

Per the Oral Health Foundation: Smoking can lead to tooth staining, gum disease, tooth loss, and in more severe cases mouth cancer.

Per the CDC: Smoking increases your risk of gum disease and can worsen your diabetes.

SCREENING FOR UNDIAGNOSED PRE-DIABETES AND DIABETES

Proposed requirement: QDP issuers must require contracted dentist assess for and refer a patient with suspected undiagnosed pre-diabetes or diabetes to PCP or appropriate clinical provider for additional screening.

Performance Standard: Not proposed at this time

Implementation and assessment: Seeking feedback on implementation and assessment methods

- What severity of periodontitis or gingivitis would be appropriate for screening?
- Is it reasonable to have dentists and staff communicate with PCPs for care coordination of shared patients?

Rationale: To increase the identification, prevention, and management of pre-diabetes and diabetes. Improve oral health and decrease the risks to overall health from diabetes and pre-diabetes.

Periodontitis causes local and systemic inflammatory responses that lead to:

- Development or worsening of increased blood glucose levels in healthy individuals leading to pre-diabetes, type 2 diabetes, and gestational diabetes.
- Decreased ability for glycemic control.
- Worsening of diabetic complications.

Elevated blood glucose levels negatively impact the inflammatory response to dental plaque, leading to more severe gingivitis and periodontitis.

SCREENING FOR PREGNANCY

Proposed requirement: QDP issuers must require contracted dentists to provide enhanced preventive care during pregnancy and provide treatment of identified oral health conditions.

Performance Standard: Not proposed at this time

Implementation and assessment: Seeking feedback on implementation and assessment methods

- What frequency and schedule of preventive visits is appropriate during pregnancy for this requirement?
- Is it reasonable to have dentists and staff communicate with obstetricians for care coordination of shared patients?

Rationale: To improve maternal and child outcomes by preventing and treating maternal oral health conditions that could contribute to low weight and pre-term births. Aligns with and supports Covered CA's focus on maternal health and pregnancy outcomes.

The CDC indicates pregnancy may make women more prone to periodontal (gum) disease and cavities.

- Oral health may be considered an important part of prenatal care, given that poor oral health during pregnancy can lead to poor health outcomes for the mother and baby.
- Periodontitis has also been associated with poor pregnancy outcomes, including preterm birth and low birth weight.

Recommendations for pregnancy-related dental benefits will be considered in adult dental benefit design discussions.

Proposed Contract Requirements for Delivery System and Payment Strategies to Drive Quality

Taylor Priestley

DENTAL HOME MODEL

Covered California has organized delivery system strategies to support contractual enrollee health goals within the dental home model.

Proposed adoption of the American Academy of Pediatric Dentistry (AAPD) dental home definition, developed by the Council on Clinical Affairs, adopted in 2006 and revised in 2015.

The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. The dental home should be established no later than 12 months of age to help children and their families institute a lifetime of good oral health. A dental home addresses anticipatory guidance and preventive, acute, and comprehensive oral health care and includes referral to dental specialists when appropriate.

Source: <https://www.aapd.org/research/oral-health-policies--recommendations/Dental-Home/>

PRIMARY DENTIST ASSIGNMENT

Proposed requirement:

Beginning 2024, require QDP issuers to ensure DHMO enrollees have selected or are assigned a primary dentist and communicate that assignment to enrollees.

Beginning 2025, require QDP issuers to support DPPO enrollee selection of primary dentist by communicating identification of a suggested provider for all enrollees.

Provider selections or auto-assignments must consider at minimum geographic location and enrollee language spoken and may consider additional cultural and linguistic concordance factors.

Performance Standard: Not proposed at this time, potential future performance standard

Implementation and assessment: QDP issuers self-report:

- 1) submit factors used in selection or auto-assignment and algorithm, if used
- 2) outreach and enrollee communication provided related to selection or assignment activities
- 3) number and percentage of enrollees who have selected or been assigned to a general (or pediatric, if applicable) dentist

PRIMARY DENTIST ASSIGNMENT, CON'T

Rationale:

- General dentists provide an entry point to the system (access), coordination of care, and early identification of at-risk patients.
- The general dentist has primary responsibility for managing the Enrollee's overall dental care.
- This requirement is not intended to alter the care model or restrict provider choice in a DPPO plan.
- This requirement complements Article 3 Health Promotion and Prevention proposed requirements to encourage member engagement in dental care.
- The requirement supports the long-term adoption of alternative payment models in dentistry.
- The requirement supports the contractual goals for member oral health and achievement of the proposed measurement set.

PAYMENT TO SUPPORT DENTAL PRIMARY CARE

Proposed requirement: Encourage the adoption of dental primary care payment models to support advanced dental primary care.

Performance Standard: Not proposed at this time

Implementation and assessment: QDP issuers to self-report dental care payment by Health Care Payment Learning and Action Network (HCP LAN) Alternative Payment Model (APM) categories:

Category 1: fee for service with no link to quality and value

Category 2: fee for service with a link to quality and value

Category 3: alternative payment models built on a fee for service structure such as shared savings

Category 4: population-based payment

Rationale:

Covered California recognizes the importance of adopting and expanding dental primary care payment models that provide the necessary revenue to fund accessible, data-driven, team-based care with accountability for providing high-quality, equitable care, and managing the total cost of care. Analyzing the relationship between payment models and dental care delivery system performance is the first step to effectively pursuing payment reform.

Updates on Performance Measurement Approach

Taylor Priestley

MEASUREMENT DISCUSSION FEEDBACK THEMES

Need to recognize and consider

- State legislative efforts
- NCQA adoption of dental measures
- Industry process and technological infrastructure limitations
- Dental practices' reliance on financial sustainability model emphasizing dental treatment
- Dental plan premiums lower than health, expense of data collection and improvement efforts
- Limited clinical evidence and measures for adult dental quality

Suggestions to address challenges

- Increase encounter data collection, monitor data quality, focus on health promotion, prevention, and utilization as foundational efforts
- Select measures with strong evidence base, validity, administrative simplicity to collect, and amenable to current dental plan capacity of improvement efforts
- Nearly universal support for a focused, parsimonious set of performance measures
- DQA measures nationally recognized and widely used by dental plans and providers

MEASURE SELECTION RECOMMENDATIONS RECEIVED

Emphasize pursuit of outcomes or intermediate outcomes

Encouragement to consider quality of life measures

Pediatric Measure Set Recommendations

- Preventive services
 - Fluoride and sealants widely suggested due to strong evidence
- Caries treatment

Adult Measure Set Recommendations

- Preventive Services
- Caries Prevention
- Periodontal
- Association between oral health and diabetes

MEASURES UNDER CONSIDERATION FOR PERFORMANCE STANDARDS

Pediatric Measure Set

- Prevention of Dental Caries in Children Younger Than 5 Years: Screening & Interventions (US Preventive Services Task Force Grade B)
- Topical Fluoride for Children (DQA) (NQF #2528)
- Preventive Services for Children (DQA)
- Receipt of Sealants on 1st or 2nd Permanent Molar (DQA)

Adult Measure Set

- Topical Fluoride for Adults at Elevated Caries Risk (DQA)
- Treatment for Patients with Diabetes (DQA)
- Preventive Services utilization

QUESTIONS AND NEXT STEPS

- Is Covered California considering the right dental services and measures for dental plan accountability?
 - Pediatric: fluoride, sealants, caries treatment
 - Adult: annual dental visits, preventive services, care for patients with diabetes
- How should Covered California determine performance levels for performance standards?
 - Baseline
 - Relative or absolute performance
 - Benchmarks
- Are there quality of life measures for consideration?
- How to match evidence-based dental measures to broader oral health goals?

Open Discussion and Feedback

NEXT STEPS

- Submit questions and comments to Dianne Ehrke at PMDContractsUnit@covered.ca.gov
- The next 2024-2026 QDP Issuer Model Contract Refresh Workgroup is scheduled for September 1st from 10:00am-11:50am. Anticipated topics include continued discussion of proposed requirements. Materials forthcoming.

Thank you