Department of Health Care Policy & Financing
Benefits Collaborative Listening Log
Dental Network and Delivery System Options

#	Date Received	Person or Organization	Comment	Department's Response
1	09-Aug-13	Jose Torres-Vega CCDC	If the Department does not manage the benefit (contracts a vendor to administer the benefit) it may alleviate the Department's capacity issues, however, by allowing the vendor to hold the dental provider contracts, there is potential to see a phenomena currently observed in the administration of the Durable Medical Equipment Benefit. Specifically, there is a single provider of DME and, if the state doesn't exercise enough control over the quality measures that provider must follow, problems arise for constituents. The Department then becomes less able to address the issue.	The Department has decided to move forward with an Administrative Service Organization (ASO) model to manage the adult dental benefit. This model was chosen, in part, so that the Department may maintain flexibility in serving clients and setting policy. The state will continue to hold the dental provider contract. Specifically, the ASO model will allow the state to: - manage the benefit closely; - maintain the flexibility to serve clinets for whom there are, for example, extenuating circumstances that cause them to need services that push over the annual maximum benefit limit; - own the robust utilization data that the ASO is able to provide; and - maintain policy decision making authority, including rate setting.
2	09-Aug-13	Jennifer Goodrum, Colorado Dental Association	The governing legislation clearly states the Department retains policy making authority over both benefits and rate setting. Usually, when a contract is between the vendor and the dentist, the vendor sets policy and rates. I suggest, as a point of research, exploring whether a contract can be written differently and if vendors are willing to accept the Department setting those parameters.	The ASO model will allow the Department to maintain policy decision making authority, including rate setting. The provider contracts will be between the Department and the provider, the ASO will mangage the process at the Departments direction.

3	09-Aug-13	Jose Torres-Vega CCDC	An Administrative Service Organization (ASO) delivery system model looks a lot like what the Department currently uses to manage the Consumer Directed Attendant Support Services (CDASS) program. In CDASS the vendor is accountable to the Department and also a committee, made up of constituents. In order for the management of this benefit to work best, a consumer directed board should be established so that the vendor does not have all control. This board could address various challenges due to capacity and accountability. There must be a body that oversees the quality and outcomes of this benefit.	The Department is working to a tight schedule to design and implement the new limited adult dental benefit and is not presently discussing the creation of a consumer directed board. It is difficult to anticipate the challenges that will arise prior to roll-out of a new benefit. If capacity and accountability challenges arise that impact quality and outcomes the Department will explore all possible avenues to systematically address such issues.
4	09-Aug-13	David Beal, Delta Dental	Adopting a full risk model would be difficult, on the basis of risk, given the likely difficulty in determining what actuarially sound rates would be for the purposes of writing a contract with a vendor. There is a 27% figure in the fiscal note for the adult dental benefit and a one percent deviation from that figure is equal to $1.8 million. Delta Dental has looked at other states and has seen wide variation from that 27%. The Department may want to start with an ASO model and move towards full-risk model.	The Department agrees; building a full-risk model without a history of adult dental utilization would be difficult. In an ASO model, the Department (not the ASO) assumes the risk.
5	09-Aug-13	Jennifer Goodrum, Colorado Dental Association	Agree with comment immediately above. It could be exceedingly difficult to administer a full risk service delivery model out of the gate because we don't have adult dental utilization history. How can the state manage a full risk contract without severely overpaying or underpaying a vendor during the start-up process?	The Department agrees; see response above.
6	09-Aug-13	Quinn Dufurrena, Colorado Dental Association	What will the length of the initial service delivery model contract be?	The initial ASO contract will be one year, with four options to renew.

7	09-Aug-13	Kate Paul, Delta Dental	I Endorse a full-risk model that phases in incentives. The CHP+ dental program has been administered as a risk-based structure for ten years. This structure has served the majority of recipients very well and has reimbursed dentists in a manner consistent and appropriate with commercial insurance. A risk agreement with incentives, that caps the money that a vendor can make and minimizes the amount of money that can be lost; which could be done creatively with risk corridor arrangements.	See the Department's ASO decision letter at the link provided below for an official response. http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251896290699&ssbinary=true
8	09-Aug-13	Pat Cook	Can information and comments the Department receives around the choice of service delivery option and/or network option be shared with other Benefits Collaborative members as quickly as possible? The choice ultimately made should ensure administrative costs are low, the majority of money is put into the people and that a great quality program is created.	Within a week of this request, the Department posted this Listening Log to the Benefits Collaborative website. By choosing an ASO model the Department is able to leverage existing ASO resources - including systems infrastructure and operations experience, which translates to lower costs and more funding to cover services.
9	09-Aug-13	Quinn Dufurrena, DDS, Colorado Dental Association	Can the Department provide an opportunity for other entities to post service delivery model suggestions for group consideration, so that everyone involved with the Benefits Collaborative can conduct apples-to-apples comparisons?	The Department posted the DentaQuest and Delta Dental model suggestions it received to the Benefits Collaborative website. See line items #11 and #29 below for links to those documents.
10	09-Aug-13	Katherine Carol, Colorado Developmental Disabilities Council	If cost is at issue, might the Department be able to create a hybrid service delivery model that allows clients to contribute to their dental care (much like a Medicaid Buy-In).	The Medicaid Buy-In Program for Working Adults with Disabilities was authorized through specific federal legislation (Ticket to Work Act of 1999). Similar federal legislation does not exist for a dental buy-in.

11	15-Aug-13	Kate Paul, Delta Dental	Delta Dental fulfilled its Aug. 9th promise to share material relevant to service delivery and network options by providing the following three documents: 1) A Proposed Medicaid Plan Design 2) An Adult Medicaid Risk Proposal and 3) An Adult Medicaid Plan Design. To view these documents click on 'Delta Dental Proposals 1, 2 and 3' on the Benefits Collaborative web page. http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1236690494893	The Department did not receive comment from stakeholders in response to the documents provided, once posted. See line item #7 for the Department's response.
12	16-Aug-13	Annette Kowal, CEO, Colorado Community Health Network (CCHN)	[Email] At Aug. 9th meeting, it sounded like the Department is leaning towards an ASO model for the Medicaid adult dental benefit. We think pursuing an ASO model is misaligned with the Department's larger vision for the integration of care. The creation of an ASO for Medicaid dental will create yet another silo of payment and delivery systems for Medicaid patients. With the recent SIM planning grant, we see the Department having an interest in moving toward the integration of behavioral health care into primary care, and the establishment of a new/additional carve-out via an ASO for Medicaid dental seems counterproductive to other integration efforts. We have experience in this state to know that once we carve out the financing and delivery systems for specific Medicaid services, it is nearly impossible to reintegrate these systems.	The Department disagrees with this characterization . The Dental benefit is not a carve-out benefit; it is available to anyone who receives state plan Medicaid. The State maintains control of the provider network and the Department will continue to be responsible for financial risk and maintain ultimate control of the benefit. The ASO will administer payment. Furthermore, the Department believes that an experienced ASO, managing billing and payment, will be able to bring to bear systems infrastructure and operations experience that will enhance the Department's ability to track utilization.
13	16-Aug-13	Annette Kowal, CEO, CCHN	[Email cont.] We also know that disintegrated systems leads to more dollars moving from direct patient care into numerous administrative functions, directly impacting patients' ability to access the care they need when they need it. We urge the Department to consider all possible options before moving forward with carving out Medicaid adult dental services.	Administrative costs would be higher were the Department to manage billing and payment of the dental benefit due to a number of factors, including the need to build a fee-for-service stand-alone option in our Medicaid Management Information System (MMIS). By choosing an ASO model the Department is able to leverage existing ASO resources - including systems infrastructure and operations experience, which translates to lower costs and more funding to cover services.

14	16-Aug-13	Annette Kowal, CEO, CCHN	[Email cont.] If the Department decides to move forward with an ASO for the Medicaid adult dental benefit, CCHN urges the Department to: • Require the ASO to contract with all safety-net dental clinics, including CHCs;	Only the Department, not the ASO, contracts with dental providers who wish to serve Colorado Medicaid clients. The Department will contract with all safety-net providers who wish to serve Medicaid clients.
15	16-Aug-13	Annette Kowal, CEO, CCHN	[Email cont.] • Ensure contracts are between the ASO and CHC, rather than individual CHC dentists;	The provider (including CHCs) contracts directly with Medicaid (not the ASO). The Department prefers that the CHC and their individual oral health providers contract with Colorado Medicaid if at all possible.
16	16-Aug-13	Annette Kowal, CEO, CCHN	[Email cont.] • Ensure benefits and rates continue to be set by the Department, not the ASO;	Legislation requires that the Department maintain decision making authority over policies, including rate setting.
17	16-Aug-13	Annette Kowal, CEO, CCHN	[Email cont.] • Avoid or minimize the need for CHCs to utilize a prior authorization request process; and	The Department would like to thank the many stakeholders who participated in Benefits Collaborative meetings and assisted us in establishing reasonable limits on services. We have worked with stakeholders to minimze the number of services that require prior authorization. Those adult services that do require prior authorization include: 1. Single crowns; core build-ups; post and cores 2. Partial Dentures 3. Scaling and Root Planing 4. Root Canals; pulpal debridement in instances of acute pain, does not require a PAR. 5. Non-emergency Surgical Extractions 6. Minor surgical procedures 7. General Anesthesia and Sedation; except in instances of acute pain.
18	16-Aug-13	Annette Kowal, CEO, CCHN	[Email cont.] • Consider the billing impact since CHCs might have to bill Medicaid dental and medical to different entities.	While billing dental and medical claims to seperate entities may represent additional administrative effort, the Department believes that providers will benefit from the efficiences (as listed in line item #1 of this response column) gained through adopting an ASO model. CHCs will also receive additional revenue now that adult dental services are reimbursable.

19	16-Aug-13	Annette Kowal, CEO, CCHN	[Email cont.] • In addition, CCHN recommends including information in the initial RFI/RFP soliciting input on how to move toward a full risk or incentive-based model in future years	Given the answers above, the Department has not included this request in the present Request for Proposals (RFP). To view the RFP, copy and paste the link below into your web browser: https://www.bidscolorado.com/co/portal.nsf/xpSolicitationView.xsp?action=openDocument&documentId=BFC5971D9564D78F87257C5F00760B80
20	16-Aug-13	Garry Millard, Mountain Family Health Centers	[Email] Thanks for your hard work in bringing Medicaid Dental benefits to qualified CO adults. Mountain Family Health Centers is struggling to stay financially solvent because we have a very high percentage of uninsured patients in our service area. We are not in a financial position to assume all the risk for the provision of dental care under an ASO model. We are much more interested in an incentive-based model, where we can have the opportunity to meet key benchmarks for our Adult Medicaid Dental patients.	Providers will not be assuming risk for their patients under this structure. See response in line item #7 for further detail.

21	16-Aug-13	Garry Millard, Mountain Family Health Centers	[Email cont.] We anticipate our clinic will be extremely busy with the new program, and are concerned about being able to afford to care for all these new patients without any type of up front investment to hire additional staff and expand our capabilities. Please reconsider the financial and administrative stress an ASO delivery system will impose on our already stretched resources.	Regardless of who administers the benefit, Medicaid enrolled health centers that provide dental care can expect to see more demand. The Department is working diligently to enroll additional dental providers around the state to meet this demand. For example, We have partnered with the Colorado Dental Association on a Take 5 Campaign (see line item #29 for further detail). The Department is also under contract negotiations to develop a new Medicaid provider enrollment system.The new provider enrollment process will be an online application that will allow for an electronic provider signature, automatically verify licensing information, and allow providers to upload supporting documentation to eliminate the need of providers to submit paper applications. We recognize that staffing and administrative challenges can arise with an influx of patients and the Department is dedicated to working with providers to make this transition as smooth as possible. An ASO model aids us in doing so, by bringing additional management resources to bear. See also line item #18.
22	19-Aug-13	Pamela McManus, Peak Vista Community Health Centers	[Email] We completely support integrated care. To that point, the payment model needs to support an integrated healthcare model. My understanding is the leadership of HCPF is supporting an ASO model for the new Medicaid dental benefit. Below is a list of my concerns around an ASO model for this coverage. • An ASO model will increase administrative overhead which will divert resources from direct patient care. Since this is a collaborative effort, please do not rush into the ASO option without time to hear and evaluate all options.	See line item #13 for response.

23	19-Aug-13	Pamela McManus, Peak Vista Community Health Centers	[Email cont.] • This model has an expanded scope of care, to include procedures that take longer than simple exams and simple extractions, which will make it hard for many practices to plan and implement this model without an interim stage.	See line item #21 for response.
24	19-Aug-13	Pamela McManus, Peak Vista Community Health Centers	[Email cont.] • I believe there is pent up demand for services, as many of these adults have not had dental care on a regular basis. Under an ASO model, amounts will be set based on partial data, and potentially jeopardize the successful start of this program.	Senate Bill 13-242 authorized the creation of a limited benefit. While we recognize that there is pent up demand for dental services within the community, we must manage to the pool of funds available. The Department, not the ASO, will continue to oversee rate setting.
25	19-Aug-13	Pamela McManus, Peak Vista Community Health Centers	[Email cont.] • Peak Vista has worked hard to meet the needs of the community, and have expanded our capacity for medical and dental care so that the newly covered individuals have a healthcare home available to them. Under the ASO model, that capacity may be wasted, unless FQHC's will be included in the model.	The Department, not the ASO, will own the provider network. All Medicaid enrolled dental providers may bill for services, including enrolled FQHCs.
26	19-Aug-13	Pamela McManus, Peak Vista Community Health Centers	[Email cont.] • ASO's do not always have the health of the community as their priority, and I believe HCPF has a longer term vision demonstrated by skills in rate setting.	The Department, not the ASO, will continue to oversee rate setting.
27	19-Aug-13	Pamela McManus, Peak Vista Community Health Centers	[Email cont.] • ASO's normally require pre-authorizations, which history has shown care is not enhanced, however, costs increase.	The Department, not the ASO, will determine which services require prior-authorization (PAR). We have conducted national research into clinical and evidence-based best practices and undertaken a robust stakeholder process to define which services should require a PAR. See also line item #17

28	20-Aug-13	Jose Torres-Vega CCDC	[Email] We should address the lack of service providers before we decide on a service delivery model, otherwise how do we know that the model will not force services to adapt to it, instead of the Delivery Model adapting to the needs -or lack of- of the community. It seems to me and my colleagues in the community that we must figure out this question before we can decide the best "Business Model" to utilize. Work force, or lack of it, is a major concern.	Adopting an ASO model will not limit the Department's ability to recruit dental providers, nor will it limit the types of services offered to clients. The Department defines services, sets rates and owns the provider network. Refer to line item #21 for further information on our provider recruitment efforts.
29	21-Aug-13	Katherine Carol, Colorado Developmental Disabilities Council	[Email - In response to comment #16] I am not sure one has to wait for the other, but I do agree with Jose that training providers to work with the unique care needs of people with disabilities is important. I do believe you can begin to track down potential providers, survey them as to their training needs and begin to develop several potential models... As I said at the last meeting (Aug. 9th), there are providers willing to work with people with disabilities but they don't always know how to engage the patients in helping them with their treatment.	The Department is actively partnering with the Colorado Dental Association (CDA) on their Take 5 campaign. The “Take 5 Pledge" encourages Colorado’s 3,000+ dentists to treat at least five Medicaid patients or families each year, especially in rural and other underserved areas. In addition, the Department has spoken with the CDA, Oral Health Colorado and Alliance about the possible creation of provider educational opportunities regarding service provision to individuals with unique care needs. The ASO RFP also states that the succesful bidder will conduct provider education and enrollment, including the education and enrollment of providers who treat individuals with disabilities.
30	22-Aug-13	Jason Hopfer, on behalf of DentaQuest	[Email] Pursuant to HCPF's request at the last Dental Benefits Collaborative meeting for comments regarding network and delivery system options please find the attached comments on behalf of my client, DentaQuest To view these comments, follow the link below http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1236690494893	The Department did not receive comment from stakeholders in response to the documents provided, once posted . See line item #7 for the Department's response.

31	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email, In reference to comment # 12 above] We believe that adopting an Administrative Service Organization (ASO) model may be misaligned with the Department's priority to integrate care through initiatives such as the Accountable Care Collaborative and the SIM Grant. Using a third party administrator is likely to continue fragmentation in the system, and adds another layer of bureaucracy to already under-resourced safety net providers.	See line items # 12 and #20 for Department's response
32	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] If the state chooses to use an ASO, CRHC and ClinicNET recommend the following: • The RFI/RFP should solicit input from the applicants on how to move toward a full risk or incentive-based model in future years.	See line items #14-16 and #19 for response.
33	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] • The Department must ensure the benefits and rates continue to be set by the Department and not the ASO. It is imperative the state maintains this responsibility in order to keep the process open and public to stakeholder input and avoid the rationing of care.	The Department, not the ASO, will continue to oversee rate setting.
34	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] • The Department must ensure contracts are between the ASO and the dental entity, rather than individual dentists.	See line item #15 for response.
35	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] • It is imperative that the ASO contract with all safety net dental clinics. Safety net providers have experience and a commitment to serving vulnerable populations. Given the historically low reimbursement rates to providers serving Medicaid clients, it will be detrimental for the ASO to limit the network.	See line item #14 for response.
36	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] • The Department needs to be sure all unsupervised dental providers can participate in the program. In order to ensure access to this benefit for Medicaid clients, all safety net dental providers need to be able to participate in this program.	See line item #14 for response.

37	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] • The Department must be mindful of the ASO's credentialing process and intervene if it is too burdensome to providers. In order to ensure access, the Department should work with the ASO to reduce barriers to enrolling in the program.	The Department, not the ASO, will continue to contract with providers. The ASO will receive and pay provider claims. See also line item #21 for a description of how the Department plans to improve upon its provider enrollment processes in the near future.
38	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] • The ASO should avoid or minimize the need for providers (independent or within a facility) to utilize a prior authorization request process. This adds an administrative burden to already under-resourced providers.	See line item #17 for response.
39	30-Aug-13	Sharon Adams, on behalf of ClinicNET and Colorado Rural Health Center	[Email cont.] • The Department should consider the impact of billing as some providers might have to bill Medicaid dental and medical to different entities.	See line item #16 for response.
40	9/3/2013	Jason Hopfer	[Email] Please find attached a brief description of alternative Medicaid dentistry models and formulas on behalf of my client, DentaQuest. To access this information, copy and paste the link below into your browser. http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251882132048&ssbinary=true	See line item #7 for Department's response.
41	9/16/2013	Rebecca Alderfer, Colorado Health Institute	We have had several conversations lately about the ongoing availability of Medicaid dental data if management of Medicaid dental benefits shifts to an ASO. As a frequent user of HCPF's quarterly reporting of Medicaid dental claims, we hope that these data will remain publicly available and that data will be available stratified by age, should a new vendor or ASO assume responsibility for the benefit.	All data that is currently made available to the public will remain availabe. In addition, the Department will be able to leverage existing ASO resources - including systems infrastructure and operations experience - to gather greater utilization data.