



# 2020 PMAP- MNCare Dental Service Report

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## Rationale

Access to preventive dental care plays a critical role in the overall health of an individual. Poor oral health can create increased risk for long-term chronic health conditions, missed work and/or school days and reduced employability as well as preventable dental-related hospital visits for adults enrolled in Medicaid (Chazin & Glover, 2017). The signs and symptoms of many potentially life-threatening diseases appear in the mouth first. In fact, regular dental checkups may reveal early warning signs of as many as 120 diseases, such as heart disease, diabetes mellitus and stroke. (Delta Dental of New Jersey, 2010).

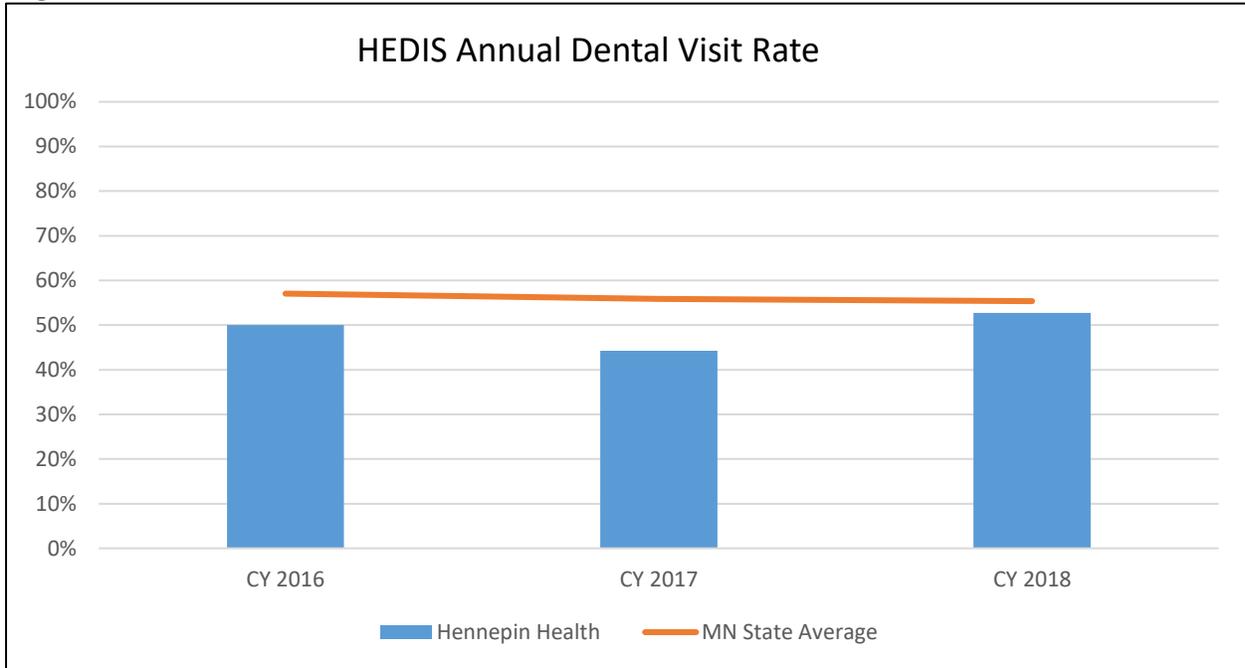
Prevalence of dental disease and tooth loss is disproportionately high among people with low income, reflecting lack of access to dental coverage and care. Racial and ethnic disparities in these measures are also pronounced with African Americans and Hispanics having a higher prevalence of dental disease (Hinton & Paradise, 2016). A Gallup poll, administered in 2013, found that the percentage of adults in the United States who went to the dentist in 2013 was 64.7 percent. However, “low-income adults are 40 percent less likely to have had a dental visit in the past 12 months and are two-and-a-half times more likely to have untreated tooth decay” (Chazin & Glover, 2017, p. 2). It is this lack of preventive dental care that has led 59.1 percent of African Americans to experience periodontal disease compared to 40.8 percent of Whites (Assari & Hani, 2018).

The U.S. Medicaid program provides a comprehensive mandatory benefit package for children that includes oral health screening, diagnosis and treatment services. With the expansion of Medicaid and advances in healthcare, studies show that racial minorities and individuals with low socioeconomic status experience more severe oral health problems. In 2017, there were approximately 34 states that provided dental coverage beyond that of medical necessity for adults, and only 17 states offered a more comprehensive benefit package (Chazin & Glover, 2017). The minimal level of state-paid dental benefits in the United States creates barriers to oral health for low-income adults without children and low-income families. Consequently, access to dental care for low income individuals has been an ongoing challenge in the United States. These disparities are experienced at all ages with dental caries being considered the most prevalent chronic condition among minority children (Assari & Hani, 2018). “Healthy People 2020 outlines that 35.7 percent of African American children between six and nine years old suffer from untreated dental caries, which is 1.4 times greater than White children” (Assari & Hani, 2018, p. 2). Furthermore, African American children are less likely to have visited a dentist in the last year, received sealants, and are more likely to have unmet dental needs. In fact, “only 34 percent of African American children received dental care in a year in comparison to 52 percent of White children” (Assari & Hani, 2018, p. 2).

Adequate access to dental care in Minnesota continues to be a persistent health care issue for children and adults enrolled in all Minnesota Health Care Programs (MHCP). Compounding the dental access issue is the rate of no-shows for appointments. It is estimated, on average, that 20 percent of dental visits scheduled by MHCP members result in a no-show. (Tighe, 2016).

Following state and national trends, the rate of annual dental visits among Hennepin Health – Prepaid Medical Assistance Program (PMAP)/MinnesotaCare (MNCare) children has been low historically. Figure 1 shows Hennepin Health’s Healthcare Effectiveness Data Information Set (HEDIS) Annual Dental Visit (ADV) rate. The ADV measures looks at the percentage of members, 2–20 years of age, who had at least one dental visit during the measurement year. The below figure offers a comparison to the state (MN Average) for calendar years 2016 through 2018. Hennepin Health’s rate is below the MN average, demonstrating there is a need to improve utilization for this population.

**Figure 1. HEDIS Annual Dental Visit Rate 2016 - 2018**



Data Source: Hennepin Health HEDIS Data

In examining the ADV rate, there was a notable increase in the denominator. As shown in Table 1, in calendar year 2016, there were 102 members in the ADV denominator. The denominator grew to 2,859 members in calendar year 2018.

**Table 1. HEDIS Annual Dental Visit Rate Denominator**

Year	Denominator
2016	102
2017	226
2018	2859

Data Source: Hennepin Health HEDIS Data

There is a growing concern for low dental utilization rates at the health plan and state level. State reports also indicate disparities in oral health care. Increasing the rate of annual dental visits among children has been identified as a top priority by the Minnesota DHS and Hennepin Health. To respond to these trends, Hennepin Health conducted two focus studies - one in 2018 and one in 2019 - with many activities carried forward into 2020. These focus studies were centered on improving the dental utilization rate for children and adolescence; ages 1 – 20. The primary intervention for both focus studies was targeted outreach. The rationale for focusing on the children and adolescent population was due to the low dental utilization rate at the Hennepin Health.

## Purpose

This section will provide a timeline of activities that occurred from 2017 – 2020, in effort to improve dental access and utilization. Adjustments were made to activities, year by year, based on available resources and lessons learned from prior years. The COVID-19 pandemic, which will be discussed in later sections, played a significant role in the activities that were carried out in 2020.

## Calendar Year 2017 - 2018 Activities

In response to the children's/adolescent's low dental utilization identified in 2016, Hennepin Health implemented an annual dental visit gift card incentive of \$15 for completion of an annual dental visit for ages 2 – 64 in January 2017. Hennepin Health was the first health plan in Minnesota to implement a dental gift card incentive for the PMAP/MNCare program. In 2018, Hennepin Health expanded the age to include children, age 1, to mirror the DHS PMAP/MNCare dental utilization withhold age requirements. The annual dental visit gift card incentive increased to \$25 in calendar year 2020. Hennepin Health promoted the dental card gift card incentive program on the Hennepin Health member website, Walk-In Service Center, Wellness Wednesday events and Member Services call-waiting message. It was also promoted through internal and external parties who worked extensively with members

## Dental Coordinator Project Planning

In 2018, Hennepin Health hired a Dental Coordinator to lead the PMAP/MNCare Dental Project. The Dental Coordinator collaborated with the Project Management Office, developing and implementing a dental project plan. Short and long-term strategies and interventions were identified and implemented.

Hennepin Health created quarterly and annual utilization goals and assessed them throughout the year. Interventions were changed with new strategies implemented based upon a review of the data. The status of the project was tracked through Delta Dental's monthly utilization reports.

Between May and September 2018, to increase access to dental services for members, the Dental Coordinator contacted several dental organizations and clinics to discuss the potential for collaboration. Discussions about promoting oral health and increasing access to dental services

were conducted by Hennepin Health with Hennepin Healthcare Pediatric Medical and Dental Clinic, Whittier Clinic, Ready Set Smile, Apple Tree Dental, Normandale Community College dental clinic and NorthPoint Health and Wellness Center dental clinic. Discussions with Hennepin Healthcare System dental clinic staff resulted in the placement of a dental therapist at Whittier Clinic three days per week to provide services to pediatric members, increasing dental access for pediatric members. Hennepin Health partnered with NorthPoint Health and Wellness Center dental clinic on two Back-to-School Events held in August 2018. Hennepin Health also encouraged primary care providers to stress the importance of dental care to their patients and parents of children.

### Back to School Events

In August 2018, the Quality Management (QM) team collaborated with the NorthPoint Health and Wellness Center dental clinic to host two Back-to-School clinic days. These clinic days offered the parents or guardians of Hennepin Health members between the ages of three and 17 years old the opportunity to obtain back-to-school well-child visits and an annual dental exam. A new incentive was implemented for this event. Members that completed both a well-child and an annual dental visit received a backpack filled with school supplies appropriate for their gender and grade level. The QM team completed 244 outbound calls to members residing within or near Zip Code 55411. The QM team was able to successfully schedule 40 appointments, arranging transportation and interpreter services, as needed, for the event. Of the 40 appointments that were scheduled, a completion rate of 70 percent was achieved. The success of the Back to School days resulted in continuous collaborative efforts between the QM team and NorthPoint Health and Wellness Center dental clinic to increase dental access to members between that ages of 1 -17 years old. NorthPoint Health and Wellness Center dental clinic blocked appointments for the first two Wednesday afternoons for Hennepin Health members during the academic year.

### Targeted Telephonic Outreach

During the fourth quarter of 2018, the QM team completed another outbound call initiative focused on scheduling children for their annual dental appointment before the end of the year. The team made more than 1,000 calls during this initiative and scheduled 123 dental appointments during the months of November and December.

To enhance outreach efforts beyond member communication initiatives and member focused events, the Dental Coordinator completed several outbound call initiatives. These calls were made to reach members directly to educate them on available dental benefits, inform them about the dental gift card reward program, and assist with finding a dental clinic and scheduling an appointment. The Dental Coordinator scheduled dental appointments at NorthPoint. The Dental Coordinator also received referrals from internal team members who worked directly with members and assisted them with coordinating dental services.

## Calendar Year 2019 Activities

### Dental Outreach

In 2019, Hennepin Health continued its dental outreach with a collaborative approach with well child visits. Phone calls were made to members to schedule both their dental and well child visits when contact with a member was made. Hennepin Health promoted the annual dental and well child gift card reward programs to member and parents. For members Hennepin Health staff was unable to reach, a voicemail was left, advising members to call the Hennepin Health back. The Dental Coordinator continued to schedule appointments at the NorthPoint Health and Wellness Center dental clinic. In 2019, Hennepin Healthcare dental clinic collaborated with Hennepin Health and set aside designated dates and times to see Hennepin Health members, ages 1 – 12.

### Birthday Postcards

During the first quarter 2019, Quality Management (QM) team collaborated with the Marketing and Communications department to create two Child and Teen Check-up (C&TC) and dental visit reminder postcards: a postcard sent to the parents of children younger than 11 years old and a postcard directed at adolescents 11 to 21 years old. The C&TC and dental visit postcards described the importance of these preventive services. The postcards were designed to be sent in the mail to parents and adolescent members as a reminder to schedule timely visits with providers according to the C&TC periodicity schedule. The QM department subsequently partnered with Analytics department to develop a monthly report to identify members ages birth to 21 years, two months prior to the month recommended by the periodicity schedule for a needed dental examination and C&TC visit. A monthly report of members aged twelve months to 21 years old who are due for C&TC and/or dental visits was generated for QM staff based upon the C&TC periodicity schedule. The QM Department created and executed monthly C&TC and dental visit postcard reminder mailings for members identified in the monthly C&TC and dental visit report.

## Calendar Year 2020 Activities

### Dental Outreach

Hennepin Health continued telephonic dental outreach to members identified as not having a dental visit in the last 12 months in 2020. To address racial disparities in dental care, Hennepin Health chose to focus dental efforts on children and adolescence in the 55404, 55408, 55409, 55411, 55412, and 55413 zip codes. These zip codes have been identified as communities with a high concentration of ethnic/racial minorities. NorthPoint Health and Wellness Center and Hennepin Healthcare also provide services in this area. The Dental Coordinator continued to schedule appointments during the designated times at NorthPoint and Hennepin Healthcare.

Hennepin Health's Dental Outreach Program covers a large area of Hennepin County and while the program looks at all members who may benefit from dental services, the outreach is concentrated on getting appointments for the most vulnerable populations in the above noted zip codes. These areas represent some of the most economically depressed areas of the Hennepin County with members who have greater needs than other areas of the county. Another challenge

that the Hennepin Health dental outreach program has is a high percentage of members experience housing insecurity and contact information may change or be limited, impacting the ability to reach them.

### COVID-19 Pandemic

The COVID-19 pandemic has had a significant impact on the dental interventions. Many dental clinics closed in March 2020 except for emergency care. Due to the dental office closures, Hennepin Health's Dental Outreach Program was suspended because of the lack of available providers and care. Dental clinics did not reopen until the fall of 2020 for preventative care services with many dental clinics not being fully functional until late 2020. With the additional COVID-19 cleaning protocols, dental clinics were not able to see as many patients per day as in pre-COVID-19 times. When clinics did reopen, many providers had virtual visits only and would only see a member on an emergency basis (i.e., to relieve pain). Even with the dental clinics reopening, many members were reluctant to seek care because of the possibility of contacting COVID-19.

### Well Child and Dental Outreach Project

Due to COVID-19, well child visits and immunizations significantly decreased. This decrease in preventative care for children was also witnessed at the state and national levels. In response to the declining immunization and well child visit rates, Hennepin Health created a Well Child and Dental Outreach project to increase well child visits, immunizations and dental visits. The project entailed reaching out to members who did not have a well child visits in the last 12 months. The Outreach Coordinator educated the member and/or parent guardian on the importance of completing their well child visit and assisted them in scheduling an appointment. Other barriers of care were also addressed during these calls, such as arranging for transportation or interpreter services. Dental education was also completed during these calls. The Outreach Coordinator would ask the member and/or parent guardian if the child had completed their annual dental visit. If the member had not, the Outreach Coordinator would provide referrals, assist in scheduling a dental appointment and send a reminder letter of their dental visit. The dental voucher was also mailed to members to further incentivize them to complete their dental visit.

### Member Education

Hennepin Health also utilized an interactive member and provider facility tool, Healthwise Knowledgebase®, a licensed online resource that includes information on dental care. Members may be provided information through print materials or accessed directly through the Hennepin Health website where search options, interactive tools, quizzes, and videos are available.

### Delta Dental Activities 2017 - 2020

Additional dental care coordination (DCC) is provided by a dedicated team of in-house DCCs at Delta Dental of Minnesota, the dental vendor for Hennepin Health. Whether the member needs preventative care, emergency dental care, or other dental services, Delta Dental will assist in

finding nearby providers that can see the member in a timely manner. A member or authorized representative can call in to Delta Dental Customer Service to request access assistance. The dental network includes 1,400 dentists with over 2,000 access points of bi-lingual providers, ADA accessible office, exam rooms and equipment, and completion of Cultural Competency Training within the past 12 months to meet the wide variety of member needs. If the Customer Service Representative (CSR) is unable to assist the member in finding a dental provider to meet their needs, the CSR will conduct a warm transfer to the DCC Team, introducing the DCC, and ensuring a smooth hand-off. The DCC gathers specific information regarding the member's special needs, preferences, and dental concerns. After the appointment is scheduled, the DCC assumes the responsibility of setting up the member's transportation and interpreting services, as needed, on behalf of the member.

## Methods

### Study Type

Hennepin Health used a focus study approach to assess dental interventions in 2018 and 2019. The focus study methodology allowed Hennepin Health to measure its' progress throughout the study and revise interventions as needed. Revisions included, but were not limited to, resource changes and availability.

### Data Sources

Hennepin Health used several different data sources to capture dental utilization. The NCQA HEDIS Technical Specifications were used to capture the Annual Dental Visit measure outcomes. Hennepin Health used the DHS Withhold Technical Specifications for its internal PMAP/MNCare annual dental visit calculation of the utilization rate. The DHS methodology defines the numerator, denominator, 90-day continuous enrollment requirements and dental codes to be used in the rate calculation. Delta Dental of Minnesota dental utilization monthly reports were also used to measure outcomes for dental utilization.

The DHS enrollment data files were used to calculate the racial disparity rates. A significant number of members do not identify race and therefore, the enrollment data does not accurately depict the level of racial oral health disparities experienced by Hennepin Health members during the respective calendar year. The above data sources were deemed the most appropriate and accurate to use, to capture dental utilization for the PMAP/MNCare children and adolescent population (ages 1-20).

### Measures

Hennepin Health used the same two process measures for the 2018 and 2019 PMAP/MNCare dental focus studies. The process measures are as follows.

1. *Number of members scheduled for a dental appointment by Hennepin Health.* Hennepin Health used this process measure in 2018 - 2020, so there are three (3) years of data for this measurement.

2. *Number of dental reminder phone calls placed by Hennepin Health.* Hennepin Health used this process measure in 2018 - 2020, so there are three (3) years of data for this measurement.

Table 2 provides the outreach counts by year for each process measure. Telephonic outreach in 2018 began in July so there is only 6 months of data. In 2018, Hennepin Health was able to reach or leave a voicemail for 328 members during its targeted outreach. Of those 328 members, Hennepin Health was able to assist 308 in scheduling a dental visit. In 2019, the number of members reached increased to 820. Of those members, Hennepin Health assisted 400 in scheduling a dental visit. In 2020, the COVID-19 pandemic affected the targeted telephonic outreach. Only 208 members were reached during that year and Hennepin Health was able to assist 42 members in scheduling dental visits. Many members reached expressed concerns about being exposed to COVID-19 with returning to the clinic and declined scheduling assistance. The next section will discuss the annual dental visit rate and the impact the above measures may or may not have had on the rates.

**Table 2. Telephonic Outreach Count by year for Process Measures, from 2018-2020**

<b>Year</b>	<b>Total Members Reached or Left Voice Mail (Outreach)</b>	<b>Total Members Scheduled Dental Appointment</b>
2018	328	308
2019	820	400
2020	208	42

Data Source: CCMS (2018 – 2019); Essette® (2020)

Hennepin Health has increased the dental utilization rate for children, ages 1-20 in 2018 and 2019. The children’s dental utilization rate in 2018 increased by 6.66 percent from the 2016 baseline rate. Hennepin Health was the only health plan whose dental utilization rate increased by more than 5 percent in 2018. The 2019 dental utilization rate increased by 0.85 percent from the 2018 rate. DHS suspended the DHS withholds in 2020 due to the COVID-19 pandemic.

## Section B. Data Analysis

### Healthcare Disparity Analysis

Hennepin Health analyzed utilization rates by race, again using 2017 as the baseline year for the study, prior to the interventions. Table 3 shows the utilization rates by year for each ethnic/racial group.

**Table 3. Hennepin Health PMAP/MNCare (Ages 1 -20) - Dental Utilization Rates by Race, 2017 - 2020**

Year	African American	American Indian	Asian & Pacific Islander	Hispanic	Unable to Determine	White
2017	22.9%	22.5%	29.7%	41.1%	25.3%	31.4%
2018	28.6%	24.1%	39.8%	55.5%	32.2%	41.6%
2019	27.8%	33.5%	39.3%	56.0%	31.6%	35.3%
2020	26.0%	22.2%	19.2%	74.0%	34.4%	37.1%

Data Source: Hennepin Health Data Warehouse

To complement the population-level statistical analysis above, Hennepin Health performed the same statistical tests for each racial group, to see which groups were showing a statistically significant increase in utilization (Table 4). Hennepin Health saw a statistically significant increase in utilization rates in most groups in most years. The African American, Hispanic, and “Unable to Determine” groups showed increases in each of the three years of the study (compared with 2017). The American Indian, Asian and Pacific Islander, and White groups showed statistically significant increases in two out of three years.

**Table 4. Hennepin Health PMAP/MNCare (Ages 1 -20) - Statistically Significant Increase in Dental Utilization Rates, 2017 versus 2018, 2019, 2020**

Year	African American	American Indian	Asian & Pacific Islander	Hispanic	Unable to Determine	White
2018	yes	no	yes	yes	yes	yes
2019	yes	yes	yes	yes	yes	no
2020	yes	no	no	yes	yes	yes

Data Source: Hennepin Health Data Warehouse

Table 5 shows the difference in dental utilization rates between White and Non-White members. Hennepin Health also studied the difference in rates between White and Non-White racial groups within a given year and analyzed how that disparity changed over time, comparing 2018-2020 disparities against the baseline disparity from 2017. In 2017, Hennepin Health witnessed lower dental utilization rates for African American, American Indian, and Asian and Pacific Islander members, in comparison to White members. Hennepin Health was unable to determine the

member’s race for 38% of the members in this population. Lower utilization was witnessed for this “unable to determine race” group as well.

**Table 5. Hennepin Health PMAP/MNCare (Ages 0 -20) - Difference in Dental Utilization Rates between White and Non-White Members, by Race, 2017 - 2020**

Year	African American	American Indian	Asian & Pacific Islander	Hispanic	Unable to Determine	White
2017	-8.5%	-8.9%	-1.7%	9.7%	-6.1%	Comparison Group
2018	-13.0%	-17.5%	-1.8%	13.9%	-9.4%	Comparison Group
2019	-7.5%	-1.8%	4.0%	20.7%	-3.7%	Comparison Group
2020	-11.1%	-14.9%	-17.9%	36.9%	-2.7%	Comparison Group

Data Source: Hennepin Health Data Warehouse

As displayed in Table 6, by 2019, Hennepin Health saw a reduction in disparities for African Americans, American Indians, and “Unable to Determine” groups, and an elimination of the disparity in the Asian and Pacific Islander group. In 2020, there was an increase in racial disparities, possibly due to complications of the COVID-19 pandemic.

**Table 6. Hennepin Health PMAP/MNCare (Ages 0 -20) - Decrease in Racial Disparity in Dental Utilization Rates, 2017 versus 2018, 2019, 2020**

Year	African American	American Indian	Asian & Pacific Islander	Hispanic	Unable to Determine	White
2018	no	no	no	yes (non-disparity)*	no	comparison group
2019	yes	yes	yes (non-disparity)*	yes (non-disparity)*	yes	comparison group
2020	no	no	no	yes (non-disparity)*	yes	comparison group

Data Source: Hennepin Health Data Warehouse

\*“no” indicates there was not a decrease in the racial disparity. “yes” indicates there was a decrease in the racial disparity. “yes (non-disparity)” indicates there was a decrease in the disparity and that the rate is higher than the comparison group rate.

## Section C. Sustainability

### Changes Made

The short-term and long-term impact of the 2018 and 2019 Dental Improvement Focus Studies are many. The two focus studies provided the building blocks in establishing a sustainable dental program, focusing on improving access and utilization for children and adolescents. Opportunities were identified to improve the dental program for pediatric members. Hennepin Health was able to identify barriers members face when making dental appointments and receiving dental care. It also assisted in identifying ways to address racial disparities. Effective partnerships were established with NorthPoint in 2018 and with Hennepin Healthcare in 2019. Hennepin Health will continue to build on these relationships and will look to expand the collaboration with other dental clinics.

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