

Medicaid Care Coordination Outcomes

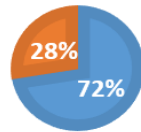
Sealant Outreach Calls Ages 6-14

Calls conducted from March to April 2018 to recipients who have been eligible for Medicaid for 9 months or longer with no prior dental claims.

CALL OUTCOMES

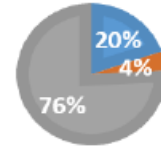
- 582 Calls Made to Children Age 6-14
 - o 204 Calls Completed (36.3%)
 - o 218 Messaged Left (38.8%)
 - o 140 Unable to Reach (24.9%)
- Outcome of Calls Completed
 - o 57.8% Will Make Appointment
 - o 33.3% Appointment Scheduled
 - o 8.3% Hang Up/Not Engaged

AWARE OF DENTAL BENEFITS



■ No ■ Yes

SEALANT INFORMATION GIVEN



■ Unable to provide information
 ■ Yes-Mailed Information
 ■ Yes-Verbal

CLAIM OUTCOMES 6 MONTHS AFTER CALL COMPLETION

Call Outcome	Total	Claim	% with Claim	Sealants	% with Sealants	No Claim	% with no Claim
Call Complete	204	76	37%	33	43%	128	63%
Left Message	218	40	18%	13	33%	178	82%
Unable to Reach	160	29	18%	12	41%	119	74%
Total	582	145	25%	58	40%	425	73%

Note: 52% of people with claims had a completed call.

Pennington County vs Minnehaha/Lincoln County Eligible for 9 months with no claims

Pennington County		Minnehaha/Lincoln	
Total Eligible	188	Total Eligible	582
With New Claims	36	With New Claims	145
% with New Claims	19%	% with New Claims	25%

NEXT STEPS:

Dentist by 1

- Outreach Calls in Minnehaha/Lincoln County in April/May 2018
- 6 Month Claims Outcomes anticipated in November 2018
- Continuous statewide outreach to children approaching their 1st Birthday

At Risk Patient Reporting

- Piloting with Dental Clinics in Sioux Falls, Aberdeen, Murdo, and Rapid City
- Anticipate Statewide Roll-Out in January 2019

Other Outreach

- Orthodontic Outreach: Outreach to families with a child approved for orthodontic treatment to explain treatment and encourage compliance.
- Outreach to Recipients who met the \$1,000 Maximum last SFY
- Continue to respond to referrals to Care Coordinators

South Dakota Medicaid At-Risk Referral Form

PROVIDER INFORMATION

Provider Name
Clinic Name
Tax ID Number

Phone Number
Submitted By
Email Address

MEDICAID PATIENT INFORMATION

Recipient ID#
Last Name, First Name
Phone Number

Parent/Guardian
Patient Type

Why is the patient at risk?

Other:

Date(s) of missed appointment(s):

Has a new appointment been scheduled?
No Yes - If yes, when?

What are the potential barrier(s) for this patient?

Transportation
Previous No Shows
Affordability
Completing Pre-Op Physical
Anxiety/Fear
Physical Needs
Family Dynamics
Other:

If unable to contact patient, indicate why:

Voicemail full
Number disconnected
Message left/no return call
No voicemail
Wrong number
Returned mail / Email undeliverable
Hung up
Other:

Steps your dental office has taken to reduce the risk of a missed appointment(s):

Text to patient
Call to patient
Email to patient
Sent mail to patient
Provided education to patient about office missed appointment policy
Provided information to patient on transportation/other community resources
Engaged other community providers (i.e. case manager)
Explained what was going to take place at appointment
Other:

Please tell us more about the situation. How do you think Care Coordination could benefit this patient?