

**New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Kids  
Intervention Change Package**

The overall goal of the *New Jersey Smiles Quality Improvement Collaborative* is to increase the number of children ages 0-5 who have received an annual dental visit by 4-6 % (depending on age cohort) above the plans’ baseline rate in 15 months. The matrix below provides an overview of the proposed framework for achieving that goal.

<b>Health Plans</b>	<b>Medicaid Pre-School Children with Evidence of No Prior Dental Care</b>	<b>High-Opportunity Providers Working with Five MCOs</b>	<b>Other Community Partners</b>
MCO – Identification and Stratification	<ul style="list-style-type: none"> <li>▪ Improve access to annual dental exam and preventive care:               <ul style="list-style-type: none"> <li>» All eligible children enrolled in the MCO ages 0-5 with no annual dental visit in 2007</li> <li>» Stratify by the following age groups, 0-24 months, 2-3 years, 4-5 years, and 0-5 years</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ High-volume general and pediatric dentists in six NJ cities</li> <li>▪ Newly recruited Medicaid general and pediatric dental providers to join the NJ Dental Corp and serve as “safety net” providers</li> <li>▪ High-volume PCPs (all primary care providers: pediatricians, family practice physicians, advanced practice nurses) in six NJ cities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify six promising communities in 3 NJ regions</li> <li>▪ Collaborate with Early Head Start and Head Start sites (EHS/HS) to identify high-opportunity sites</li> <li>▪ DHMAS will develop cross plan provider tables</li> </ul>
<b>Regional Intervention – Atlantic City, Camden, Lakewood, New Brunswick, Newark, and Paterson</b>			
MCO – Outreach and Intervention	<ul style="list-style-type: none"> <li>▪ Provide culturally appropriate outreach to high-risk families</li> <li>▪ Create dental provider directory of available network dentists to support referral process</li> <li>▪ Provide primary care provider detail lists that identify children lacking preventive dental care</li> <li>▪ Support and secure access to follow-up care through case management team</li> <li>▪ Support monthly meetings between EHS/HS personnel and MCO dental directors</li> </ul>	<ul style="list-style-type: none"> <li>▪ Train PCPs:               <ul style="list-style-type: none"> <li>» To conduct risk assessment/generate referrals and provide anticipatory guidance for oral health</li> </ul> </li> <li>▪ Recruit and train general and pediatric dental providers to care for young children</li> <li>▪ Create CEU credit opportunities for PCPs and general dentists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Review health plan rate structure for dental providers</li> <li>▪ UMDNJ to provide CEU opportunities</li> </ul>
<b>High Touch Intervention – Paterson and Newark</b>			
MCO – Outreach and Intervention	<ul style="list-style-type: none"> <li>▪ Perform dental screenings on site for EHS/HS children</li> <li>▪ Provide reimbursement for dental screenings and fluoride varnish at the EHS/HS site</li> <li>▪ Conduct family scan to assess EHS/HS “siblings” for dental care needs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Institute the NJ Dental Corps to serve as “safety net” providers and increase access to dental care for EHS/HS children</li> <li>▪ Provide an MCO dental home for EHS/HS children</li> <li>▪ Refer children in need of emergent care to “safety net” clinics</li> </ul>	<ul style="list-style-type: none"> <li>▪ UMDNJ dental students provide on site oral health educational support to EHS/HS sites</li> <li>▪ EHS/HS staff family visits to support and secure access to dental care</li> </ul>

## **New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Kids**

### **Intervention Measurement Plan**

The overall goal of the *New Jersey Smiles Quality Improvement Collaborative* is to increase the number of children ages 0-5 who have received an annual dental visit by **4-6%\*** above the plans' baseline rate in 12 and 24 months. The matrix below provides an overview of the proposed framework for measuring that goal.

<b>Health Plans</b>	<b>Medicaid Pre-School Children with Evidence of No Prior Dental Care</b>	<b>High-Opportunity Providers Working with Five MCOs</b>	<b>Other Community Partners</b>
<b>Regional Intervention – Atlantic City, Camden, Lakewood, New Brunswick, Newark, and Paterson</b>			
<b>Regional Intervention Outcome Measures</b>	<p>Compare dental services from CY 2007, CY 2008 and CY 2009 and report by municipality and age group (<i>*Improvement goals will be based on baseline data and will vary by age group</i>)</p> <ul style="list-style-type: none"> <li>▪ HEDIS Annual Dental Visit (ADV) for children living in the target communities with the following age cohorts:               <ul style="list-style-type: none"> <li>0 months – 23.9 months</li> <li>24 months – 35.99 months (age 2-3)</li> <li>36 months – 47.99 months (age 3-4)</li> <li>48 months – 71.99 months (age 4-5)</li> <li>0- 71.99 months (age 0-5)</li> </ul> </li> <li>▪ Rate of target children seen at the emergency department for dental visits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of dentists in target communities providing care to MMC enrollees, age 0-71.99 months, 12 to 35.99 months, and 36 to 71.99 months across all plans</li> <li>▪ Number of target dentists who complete CEU training</li> <li>▪ Number of dentists who join the NJ State Dental Corps</li> </ul>	
<b>High-Touch Intervention – Paterson and Newark</b>			
<b>High-Touch Intervention Outcome Measures</b>	<p>Track the level of dental services from CY 2008 and CY 2009 among Early Head Start and Head Start (EHS/HS) students in Paterson and Newark</p> <ul style="list-style-type: none"> <li>▪ Rate of EHS/HS children in “high-touch” communities with any preventive dental visit</li> <li>▪ Rate of EHS/HS children in “high-touch” communities seen for 2 or more dental visits in a 12-month period</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rate of dental screenings done at the EHS/HS site that identified urgent or emergent care needs</li> <li>▪ Rate of EHS/HS site children identified with urgent or emergent care needs who had a subsequent dental visit</li> </ul>	