National Network for Oral Health Access

Contracting for Dental Services In Health Centers: A Checklist for Planning

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INTRODUCTION

HRSA's Health Center Program Requirements, describe Formal Written Contract/Agreement for health care services delivery as "*services provided on behalf of the health center by another entity via a formal written contract/agreement, where the health center is accountable for paying and/or billing for the direct care provided via the agreement (generally a contract).*" https://bphc.hrsa.gov/programrequirements/scope/form5acolumndescriptors.pdf.

Contracting is one of the service delivery methods that may be used to provide and/or increase access to dental care for health center service area populations.

The following is a checklist to assist health centers in determining if contracting is an appropriate strategy for providing dental services and for planning the implementation of contracting for dental services.

STRATEGY

1. Determine if contracting for dental services is the right strategy for the organization. Start by assessing the following factors to determine if contracting for dental services may be feasible to meet an organizational need and increase access to dental services for the health center service population.

Level of need for dental services in the health center service area population. HRSA health center grantees are required to provide preventative dental care. https://bphc.hrsa.gov/programrequirements/scope/form5aservicedescriptors.pdf For health centers without on-site dental programs contracting for preventive dental services is one strategy for complying with this requirement. The health center population may need access to other levels of dental care. Signs of need for other dental services include inappropriate emergency room utilization for non-traumatic dental needs by health center patients, demand for dental services by the health center primary care population and/or community demand.

STRATEGY

Health centers operating on-site dental services may have insufficient capacity to meet the dental needs of the service area population. Signs of insufficient program capacity include long wait times for dental appointments, inability to complete recommended treatment plans, high rates of drop-in emergency visits with multiple return visits for the same condition, low rates of appointment compliance, and decreased satisfaction by health center patients and staff with the dental program.

Health centers with existing dental programs that want to expand their scope of service by providing specialty care, for example, pediatric dentistry. If there is sufficient need for specialty services within the service area population, but external or internal factors preclude direct employment of a dental specialist, contracting for specialty care services may be an option.

There may be situations in which a health center has an on-site dental clinic but is not able to employ a dentist to staff the clinic, for example, in very geographically isolated areas. The health center may elect to contract with an outside dental provider to see patients in the health center dental clinic.

Access to community dental providers for the health center population. If the health center is located in a community with an adequate network of dental providers that accept Medicaid beneficiaries and offer payment options to low-income patients so that the health center service area population has adequate access to dental services, then contracting to increase access to dental services may not be needed.

Cost of providing dental services directly. Lack of financial resources may make it difficult for some organizations to start up a brick and mortar dental clinic or, if they operate an on-site dental program, to directly employ dental specialists. Contracting eliminates the need for large capital expenses and may be more cost-effective than hiring dental staff.

Organizational confidence level to provide dental services sustainably. Health centers that are unsure about their ability to operate and fiscally manage an on-site dental program sustainably may elect to contract for services in order to limit their financial risk.

POTENTIAL CONTRACTORS

2. Identify potential contractor dental offices. Investigate and determine if there are dental services providers in the community with excess capacity and if they are interested in entering into discussions to provide contracted dental services to health center clients. Providers with excess capacity usually have short wait times for appointments and may be interested in opportunities to increase their patient base.

CHANGE IN SCOPE

3. Determine if the addition of contracting for dental services is a change in scope of project and inform HRSA Project Officer. Once the organization determines that contracting can fulfill a need and has identified a potential contractor/s, the health center's HRSA project officer should be informed. The project officer will assist the health center in navigating the change in scope process. The health center should review HRSA scope of project resources in order to help determine whether a change in scope of project is needed. For information on changes in scope refer to the following: https://bphc.hrsa.gov/programrequirements/pdf/pin2008-01.pdf; https://bphc.hrsa.gov/programrequirements/scope.html

In certain situations, implementing contracting for dental services does *not* require prior approval of a change in scope of project. For example, if a health enter is already providing dental services directly, adding the same scope of services via contracting does not require submitting a formal change in scope. This scenario can be considered a "scope adjustment" rather than a formal change in scope.

The following table describes some scenarios under which a change in scope of project is and is not required when implementing contracting for dental services. For guidance in updating Form 5A, refer to the following: https://bphc.hrsa.gov/programrequirements/pdf/updatingform5a.pdf.

SAMPLE CONTRACTING SCENARIOS

CURRENT SERVICE DELIVERY METHOD	Service provided directly by Health Center	Service provided by formal written agreement/ contract (Health Center pays for service)	**PROPOSED SERVICE DELIVERY METHOD**	Service provided directly by Health Center	Service provided by formal written agreement/ contract (Health Center pays for service)	**FORMAL FULL CHANGE IN SCOPE OF PROJECT**
Preventive Dental			Preventive Dental	✓		YES
Additional Dental Services			Additional Dental Services			

Preventive Dental			Preventive Dental		✓	YES
Additional Dental Services			Additional Dental Services			

Preventive Dental			Preventive Dental	✓		YES
Additional Dental Services			Additional Dental Services	✓		

Preventive Dental			Preventive Dental		✓	YES
Additional Dental Services			Additional Dental Services		✓	

Preventive Dental	✓		Preventive Dental	✓		YES
Additional Dental Services			Additional Dental Services	✓		

Preventive Dental	✓		Preventive Dental	✓		YES
Additional Dental Services			Additional Dental Services		✓	

Preventive Dental	✓		Preventive Dental	✓	✓	NO (Scope Adjustment)
Additional Dental Services			Additional Dental Services			

Preventive Dental	✓		Preventive Dental	✓	✓	NO (Scope Adjustment)
Additional Dental Services	✓		Additional Dental Services	✓	✓	

Preventive Dental		✓	Preventive Dental	✓	✓	NO (Scope of Adjustment if adding to in-scope site)
Additional Dental Services		✓	Additional Dental Services	✓	✓	

BOARD APPROVAL

4. Obtain and document health center Board approval for change in scope. Health centers with or without dental programs that are seeking to increase or create access to dental services by contracting must obtain approval from their board of directors for a formal change in scope. Some health centers may not require board approval for scope adjustments.

PROVIDER CONTRACT

5. Develop contract with provider. Negotiations with the contracting office may take several months to finalize. The agreed upon reimbursement levels and administrative procedures must be agreeable to both parties. For organizations that do not have on-site dental programs and this is the organization's first experience with dental contracting, it may be prudent to negotiate a shorter length for the initial contract to allow for adjustments by both sides after the initial experience with contracting. A sample contract can be found in the publication, *Increasing Access to Dental Care through Public Private Partnerships: Contracting Between Private Dentists and Federally Qualified Health Centers—An FQHC Handbook.* https://www.cdhp.org/resources/243-fqhc-handbook-increasing-access-to-dental-care-through-public-private-partnerships It may be advisable for organizations without dental programs to consult with nearby health centers with dental programs to better understand the different levels of dental services and the costs associated with each level of care. Health centers should consult with private legal counsel when entering formal written agreements with other entities.

SUBMIT CHANGE IN SCOPE

6. Submit Change in Scope of project request to HRSA (Form 5A). Requests for changes in scope of project should be submitted at least 60 days from the planned start date of services. For information on how to complete Form 5A https://bphc.hrsa.gov/programrequirements/pdf/updatingform5a.pdf.

NOTIFY MEDICAID

7. Notify State Medicaid Agency. If implementation of contracting requires a full change in scope of project, this may generate a FQHC Medicaid reimbursement adjustment. The health center grantee should notify the State Medicaid Agency of the change in scope of project within 90 days of HRSA approval.

INFRASTRUCTURE, POLICIES, PROTOCOLS

8. Develop health center systems infrastructure, policies and protocols to support, monitor and evaluate contracting. Health centers should develop and test the systems, policies and protocols needed to implement, support, monitor and evaluate contracting including, but not limited to, the systems for referring clients to contracted dental care, HIPAA compliant information transfer, contracted dental office billing, billing sliding fee scale clients, billing the state Medicaid agency, how services will be documented in the health center's patient record, quality assurance and credentialing of contracting dentists, and reporting on the HRSA UDS sealants measure and other requirements. Implementation strategies from health centers that are successfully and sustainably contracting for dental services can be found on NNOHA's Factsheet, *Contracting for Dental Services in Health Centers: Implementation Strategies.* http://www.nnoha.org/nnoha-content/uploads/2017/06/Contracting-Implementing-Strategies-FINAL-6-22-17.pdf

BEGIN CONTRACTING

9. Begin Contracting. Once the Change in Scope has been approved, a contract between the health center and the contracting office has been signed and supporting systems have been developed and tested, contracting can begin.

EVALUATION, REVIEW, REVISION

10. Periodic evaluation, review and revision of contract and systems. During the first months of contracting, health centers should be prepared to use quality improvements methods (i.e. model for improvement) to test changes that will result in improved systems to, for example, streamline client referral, increase information exchange and improve data collection. A shorter initial contract period is suggested in order for both parties to be able to bring forth adjustments to reimbursement levels and/or policies and procedures, based on the initial experience. Once both parties feel comfortable with established reimbursement levels and policies and procedures, longer contract periods may be negotiated and regular periodic review can occur at longer intervals.

UDS REPORTING REQUIREMENTS

11. UDS reporting requirements. The annual HRSA UDS Reporting Instructions publication describes how contracted dental visits should be reported in the annual UDS submission. Additionally, health centers providing dental services through paid referral under contract must report dental patients age 6 through 9 with elevated risk for caries in the universe count for the dental sealant measure. http://www.bphcdata.net/docs/uds_rep_instr.pdf

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