

**State of Maryland**

**Medicaid Dental Program Review**

**October 2010**

## EXECUTIVE SUMMARY

The Centers for Medicare & Medicaid Services (CMS) is committed to improving pediatric dental care in the Medicaid program, reflecting broad national interest, and ensuring the appropriate provision of medically necessary dental services to children covered by Medicaid. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children under the age of 21 enrolled in Medicaid is intended to assure the availability and accessibility of health care services for children and to help beneficiaries effectively use them. The EPSDT benefit includes coverage of dental care.

As part of an ongoing effort to identify best practices and opportunities for improvement in children's Medicaid dental programs, CMS conducted a review of the State of Maryland's dental program from March 17 - 26, 2010. The review focused on program innovations that have successfully increased dental utilization. The review team consisted of staff representing the CMS Philadelphia and New York Regional Offices and the Baltimore Central Office. The review team interviewed State officials representing the Department of Health and Mental Hygiene (DHMH), the agency responsible for the administration of the Maryland Medicaid program. In addition, the team interviewed a non-representative sample of four individuals from an interdisciplinary pool of dental providers in Maryland. The intent of this review was to examine the utilization of the State's policies and procedures in fulfilling the requirements of the State's EPSDT benefit, with the focus on which practices have led to higher utilization of dental services in Maryland.

The Maryland Healthy Smiles program is the dental program for both children covered by Medicaid and Children's Health Insurance Program (CHIP), as Maryland's CHIP program is a Medicaid expansion. Maryland Healthy Smiles covers over 471,000 children. Although some program changes, such as a dental payment rate increase, have been in effect for close to two years, some other significant changes were more recently implemented. These include the change to a single dental benefits manager. Positive results have not yet been fully documented for that initiative. However, there is clearly an increase in dental providers' participation, with 743 dentists enrolled in July 2008 and over 900 dentists now serving Medicaid and CHIP eligible children.

This report identifies and explains the following innovative practices identified during the CMS review:

- Increase in dental rate reimbursement
- Establishment of a single contractor to administer dental services for children
- Medicaid payment to EPSDT trained providers for application of fluoride varnish treatments to children aged 9-36 months
- Involvement of key stakeholders, with strong leadership and support from the Governor, Legislature, and Secretary of Health and Mental Hygiene
- Loan-Assistance Program to Increase the Number of Dentists Participating in Medicaid
- Public health initiatives

CMS looks forward to partnering with Maryland in improving oral health for children.

## INTRODUCTION

### Background

Following the death of 12-year old Deamonte Driver in February 2007 from a brain infection caused by untreated dental problems, the U.S. House of Representative's Oversight and Government Reform's Subcommittee on Domestic Policy held hearings on *Oversight Adequacy of the Pediatric Dental Program for Medicaid Eligible Children*. The Subcommittee criticized the adequacy of Maryland's managed care dental networks for children, citing inaccurate contact information for many providers, and few providers accepting new patients.

In June 2007, the Secretary of the Department of Health and Mental Hygiene (DHMH) convened a Dental Action Committee (DAC), comprised of DHMH officials, dental associations, the University of Maryland Dental School, the advocacy community, and other stakeholders. The Secretary charged the Committee with making recommendations on increasing access to dental care for underserved children in Maryland. The Committee focused on four topic areas:

- Medicaid reimbursement and alternative models
- Provider participation, capacity, and scope of practice
- Public health strategies
- Oral health education and outreach

In September 2007, the Committee submitted its Dental Action Plan to the Secretary. The Secretary then presented his proposal to the General Assembly in January 2008 to fund implementation of the plan beginning July 2008. The Dental Action Plan offered numerous recommendations, but primary focus rested with seven recommendations and related actions:

- Initiate a statewide single vendor dental Administrative Services Only (ASO) provider – *effective July 1, 2009*.
- Increase dental reimbursement rates to the 50th percentile of the American Dental Association's South Atlantic region charges, indexed to inflation, for all dental codes – *preventive and diagnostic codes were significantly raised July 1, 2008*. Certain oral surgery and endodontic codes were raised July 1, 2009. Additional rate increases were delayed due to budget constraints, but the intent is to increase the remaining dental codes when the economy improves.
- Maintain and enhance the dental public health infrastructure through the Office of Oral Health by ensuring that each local jurisdiction has a local health department dental clinic and a community oral health safety net clinic – *to be completed in 2010*.
- Establish a public health level dental hygienist to provide screenings, prophylaxis, fluoride varnish, sealants, and x-rays in public health settings – *initiated July 1, 2009*.
- Develop a unified and culturally and linguistically appropriate oral health message for use throughout the State to educate parents and caregivers of young children about oral health and prevention of oral disease – *currently in process with campaign targeted for 2011*.
- Incorporate dental screenings with vision and hearing screenings for public school children or require dental exams prior to school entry – *in planning process 2010*.
- Provide training to dental and medical providers to provide oral health risk assessments, educate parents/caregivers about oral health, and to assist families in establishing a dental

home for all children – *initiated and ongoing, including training for EPSDT medical and dental providers on application of fluoride varnish to children aged 9-36 months.*

The Governor and General Assembly fully supported the Dental Action Plan and established an Office of Oral Health within the Department's Family Health Administration. Further, certain changes to the Medicaid program's structure and operations would facilitate the notion of a dental home for each child enrolled in Medicaid; a single statewide dental vendor; and increasing dental reimbursement rates to the 50<sup>th</sup> percentile of the American Dental Association's South Atlantic region's charges for all dental codes. Effective July 1, 2009, dental services for children were carved out of the managed care model and provided through a single statewide vendor, an Administrative Services Only (ASO) provider, DentaQuest (formerly Doral Dental). The Governor's budget for July 2008 – June 2009 included \$14 million in State and Federal funds to increase targeted dental rates. Another \$14 million was planned for the following two years as well, but the downturn of the economy has delayed additional rate increases.

In October 2007, a CMS team reviewed Maryland's dental program for children relative to EPSDT requirements. We supported the immediate steps taken by the Maryland Medicaid program to improve access to dental services, as well as the recommendations of the Dental Action Committee. In addition, we recommended several changes in procedures related to EPSDT requirements of informing, outreach, and monitoring of children's utilization of dental services within the construct of a managed care delivery system.

In 2008, at Congressional request, CMS conducted on-site reviews of children's dental services in 16 States with dental utilization rates for children of less than 30 percent based on data from the EPSDT CMS 416 annual report. These reviews were performed to determine what efforts States have made to improve children's dental utilization in their State, and to make recommendations on additional actions States can take to increase utilization rates and ensure compliance with Federal Medicaid regulations. Results of these 16 reviews were presented to Congress in 2009.

As a follow-up to that effort, CMS conducted reviews of States that reported higher dental utilization rates. The States were selected based on a CMS review of State data and external partners' identification of Medicaid dental programs with promising initiatives in oral health. All of the States selected had an average utilization rate for children of at least 37 percent, with the national average being 38 percent. Eight States were reviewed, and information from those reviews is available to States for the purpose of improving the overall delivery of dental services.

#### Medicaid's Coverage of Dental Services

Through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid eligible individuals under the age of 21 are provided coverage for preventive and comprehensive health services. The benefit entitles eligible individuals to regular check-ups and all medically necessary health services in order to ensure that their health and developmental needs are met. The EPSDT benefit includes screenings, dental services, vision services, hearing services, and other services necessary to correct or improve health conditions discovered through screenings. The benefit consists of two mutually supportive, operational components which States and the Federal government are responsible for ensuring: the availability and accessibility of medically necessary health care and assisting Medicaid enrollees and their parents or guardians to effectively use the services. CMS is committed to improving pediatric dental care

in the Medicaid program and ensuring the appropriate provision of medically necessary dental services to children.

#### Overview – Maryland EPSDT Dental Program

From 1997 until June 2009, dental services for children, pregnant women, and adults in the Rare and Expensive Case Management Program (REM) were provided through HealthChoice, a mandatory managed care Section 1115 demonstration waiver. Effective July 1, 2009, dental services for children, pregnant women, and adults in REM were carved out of the managed care model and provided under the name of Maryland Healthy Smiles through an Administrative Services Only (ASO) provider, DentaQuest (formerly Doral Dental).

The State has specific requirements for the ASO on provider network development and expansion, such as increasing provider to recipient ratios, established appointment time frames, and travel time and distance limitations. Recipient outreach requirements include welcome calls within 10 days of enrollment, assignment to a primary care dentist by the third year of the contract, pre-appointment reminder calls, and missed appointment follow-up calls.

According to the CMS-416 report for fiscal year 2008, over 523,000 children were eligible for Medicaid or CHIP in Maryland. Of this number, 186,188 children received a dental service during the Federal fiscal year, with a utilization rate of 36 percent, up from 33 percent in 2007 and 31 percent in 2006. (The 2009 Maryland Annual Oral Health Legislative Report states that the 2008 HEDIS data shows that 55.7 percent of children ages 4 through 20 years enrolled for at least 320 days had a dental visit in calendar year 2007.)

## **INNOVATIVE PRACTICES**

### **I. Increase in Dental Rates**

In February 2007, Maryland's reimbursement rate was at or below the American Dental Association's 25<sup>th</sup> percentile, with many dental procedures below the 10<sup>th</sup> percentile of the South Atlantic rates. The State increased dental rates up to the 50<sup>th</sup> percentile of the South Atlantic rates for preventive and diagnostic codes in July 2008, and for certain oral surgery and endodontics codes in 2009. Participation by these specialties increased following the rate increase. Finding oral surgeons and endodontists willing to treat their patients was identified as problematic for the dentists we interviewed, thus it was important to improve rates for these specialties.

The increase in reimbursement rates, although not completed, has had a significant impact on dental provider participation in Medicaid. After the rate increase, about 65 additional dentists enrolled in Maryland's Medicaid program. There were 743 dentists enrolled as providers in Maryland's HealthChoice (managed care) program, as of July 2008, when the first of the rate increases went into effect. As of February 2010, there were 902 dentists enrolled. All persons interviewed for this review stated that the initial increase in reimbursement rates was integral to the increase in provider participation in the State's EPSDT dental program, and that they are willing to wait for the next rate increase until the economy improves.

### **II. Establishment of a single contractor to administer dental services for children**

In order to simplify administration of the dental program, the DHMH issued an Administrative Services Only (ASO) contract with DentaQuest, for administration of the dental program under

EPSDT. The State's focus was not just an increase in provider reimbursement but to tackle every possible issue that providers see as an obstacle to treating children enrolled in Medicaid. The transition from a managed care delivery system to the single ASO was fairly seamless, partly because a number of the managed care plans subcontracted with this particular dental benefits manager, so there was familiarity with the organization.

The ASO has a good working relationship with the State, working in partnership in the administration of the dental benefits. The dentists interviewed all stated that the ASO has been excellent in communicating with providers, responding quickly to problems and paying attention to their concerns. The State and ASO have established credibility with the provider community. Now each dental provider has one individual dedicated to resolving problems and those we spoke with felt this approach has facilitated getting needed services approved quickly. The State's Chief Dental Officer reports that there are significantly fewer complaints since the ASO took over.

The ASO resolved the most critical administrative barriers to Medicaid participation by dentists. Payment is through state-of-the-art electronic funds transfer. There is a tracking system for delinquent patient appointments, for which the ASO conducts outreach. Very few procedures require prior authorization. If dentists have concerns, there is a dedicated helpline to cut through any red tape. The dentists we spoke to reported that the new procedures are comparable to commercial insurance and appreciate the prompt customer service. Medicaid recipients can go on-line to find a dentist or call the ASO for assistance, particularly for special needs children.

### **III. Medicaid payment to EPSDT trained providers for application of fluoride varnish treatments to children aged 9-36 months**

It has been demonstrated that fluoride varnish is a safe and effective way to protect and strengthen teeth in the prevention of cavities in very young at-risk children. Effective July 1, 2009, EPSDT certified medical providers who successfully complete a State-approved fluoride varnish training program by the University of Maryland Dental School, and participate in Maryland Medicaid, are eligible for reimbursement for fluoride varnish applications without preauthorization. Since that time, over 400 Medicaid providers have taken part in the training on assessment, screening, and application of the varnish, and over 5,000 claims have been submitted for the service as of March 2010.

### **IV. Involvement of key stakeholders, with strong leadership and support from the Governor, Legislature, and Secretary of Health and Mental Hygiene**

The individuals interviewed said the support of the Governor, Federal and State legislators, and DHMH Secretary was critical to increasing provider participation in the State's Medicaid program. In particular, the leadership of the DHMH Secretary was essential in gaining the acceptance of the dental provider community and new willingness to serve children enrolled in Medicaid. In addition, the State Dental Association and Pediatric Dental Association, and the University of Maryland have been important partners throughout this initiative. Maryland has demonstrated the positive impact of dental champions influencing change.

The successes that have been realized over the past two years, in terms of implementing the DAC's primary recommendations and recruiting new dentists, can be attributed to strong leadership, a clear vision, and the involvement of all stakeholders who are working together in a

public/private partnership to achieve their goals and objectives related to oral health care for Maryland's children and adults.

In addition to having stakeholder support for its goals, one important Medicaid Agency and Office of Oral Health success was the leveraging of dollars and other resources from public and private partners, primarily the Centers for Disease Control and Prevention (CDC)<sup>1</sup>, the University of Maryland, and the DentaQuest Foundation.<sup>2</sup> These funds support the DAC, Office of Oral Health, the oral health literacy campaign, as well as a number of other initiatives.

Although the DAC essentially completed its task as charged by the DHMH Secretary, a comparable group of stakeholders, with leadership from the private sector, continues as the statewide Dental Action Coalition, with support from grants from the CDC and the DentaQuest Foundation. There is no change in the DAC's charter, but the independent Coalition will have a greater ability to reach the larger goals of oral health access for all in Maryland, as well as other issues. The Coalition will be able to lobby legislators and raise funds. The dentists interviewed reported confidence that the Coalition would be effective in improving oral health access.

## **V. Public Health Initiatives**

Maryland has undertaken a number of public health initiatives, which include:

- The Maryland General Assembly passed legislation effective October 1, 2008, that allows dental hygienists working in public health programs to provide services within their scope of practice, without a dentist being present or having seen the child previously. These dental hygienists can perform dental screenings, prophylaxis, fluoride varnish, sealants, and x-rays in public health settings such as clinics, schools, and Head Start centers. This preventive aspect of oral health is the key to protecting children's teeth as part of the public health safety net.
- A program to incorporate dental screenings into routine vision and hearing screenings in public schools is planned for 2011.
- The Governor's fiscal year 2010 budget included \$1.5 million to expand dental public health services. The Office of Oral Health is working with the private sector, Federally Qualified Health Centers (FQHCs) and local health department clinics to strengthen the oral health

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<sup>1</sup> The Centers for Disease Control and Prevention awarded the Office of Oral Health a \$1.35 million grant over five years, comprising a number of recipient activities, including development of a state oral health plan in coordination with the Maryland Dental Action Coalition.

<sup>2</sup> The DentaQuest Foundation (<http://www.oralhealthfoundation.org/>) seeks to improve the oral health of those residing in areas served by DentaQuest and its subsidiaries. Prior to 2009, grants were only considered from Massachusetts-based applicants. In 2009, the Foundation invited applications from local and state groups to promote oral health prevention programs in Maryland, Florida, and Massachusetts. The Maryland Dental Action Coalition received a grant of \$202,886 to transition Maryland's committee-based Dental Action Committee to a sustainable statewide oral health coalition. The University of Maryland received a grant of \$331,343 for a statewide oral health literacy and educational campaign to raise oral health awareness on behalf of low income and underserved children in Maryland.

safety net in all jurisdictions in Maryland. In 2007, only 12 of 24 local health departments had clinical dental services; only 10 of 16 FQHCs (mostly in Baltimore) had dental services. The State's goal is to have a safety net provider of dental services in each jurisdiction by the end of 2010. This goal is on track to be met. Additionally, the Office of Oral Health publishes a Maryland Oral Health Resource Guide for families, which provides information on public dental resources, including health department clinics and FQHCs, for children, adults, and those with special health needs.

- The Office of Oral Health and University of Maryland Dental School are partners in offering both didactic and clinical training on pediatric dentistry, to help dentists comfortably and capably treat children, thus increasing children's access to dental care. The target population for this training is low income children, with special attention to those enrolled in Medicaid. The intent is to ensure that when a family with very young children (0-5) finds dentist who participates in the Medicaid program, the dentist is trained, prepared and willing to provide treatment. Over 250 general dentists have participated in this training.
- In January 2010, the University of Maryland's School of Public Health surveyed parents and health care providers to learn what is known about oral health with support from a DentaQuest Foundation grant. The results will help to inform the development of an oral health literacy campaign to educate at-risk families about the importance of oral health to their overall health and well-being. Funds from the CDC will support the development of public service announcements and TV spots developed by the School of Public Health to be aired in 2011.
- The Maryland State Dental Association partnered with DHMH in September 2009 to sponsor an "Access to Care Day" where dentists had an opportunity to openly discuss Maryland's Healthy Smiles dental program with DentaQuest, DHMH, and Dental Action Committee representatives. Free continuing education credits and training in pediatric dentistry were provided to those who attended the session.
- Public/private partnerships: The health department engages private dental offices to house public health dental personnel to provide services, engage private dental providers to provide services under the jurisdiction of local health departments, and to serve as the intermediary between Medicaid patients needing services and private dental providers.
- A pediatric dental fellowship program at the University of Maryland Dental School, in partnership with the Maryland State Board of Dental Examiners, serves Medicaid children exclusively. The Fellows are primarily foreign dental graduates who have received their pediatric dental residency certificates from U.S. or Canadian dental schools. They are eligible to receive a dental license in Maryland if they successfully complete the Fellowship program and pass the Dental Board examination. Thousands of children have been served by these pediatric dentists, who remain in Maryland and continue to serve Medicaid patients.
- The Maryland State Board of Dental Examiners has a registry of retired dentists willing to volunteer to provide care for low-income populations. The State is evaluating legislation to allow temporary "restricted" dental licensure in Maryland, whereby licensed dentists and dental hygienists from neighboring states can practice in Maryland for a limited time at charitable dental events and programs such as Mission of Mercy.



## **VI. Loan-Assistance Program to Increase the Number of Dentists Participating in Medicaid**

Maryland's Dent-Care Loan Assistance Repayment Program for Dentists (MDC-LARP) is a collaboration of the Maryland Higher Education Commission, the Office of Student Financial Assistance, and the DHMH Office of Oral Health. The purpose of this program is to increase the number of dentists participating in Maryland's Medicaid program. Initiated in 2000, up to five Maryland dentists per year are selected to participate and receive up to \$99,000 in non-taxable loan repayment assistance over a three-year period in exchange for carrying a Maryland Medicaid patient load of at least of 30 percent per year. In calendar year 2009, a total of 13 dentists participated in the program. In January 2010, five new MDC-LARP dentists started the program and will continue through December 2012. MDC-LARP dentists have provided services in all regions of the State. Since 2001, MDC-LARP dentists have seen 41,700 non-duplicated Medicaid enrollees through 104,250 patient visits. An evaluation of the MDC-LARP program is in process but early indications are that the majority of MDC-LARP recipients continue to provide dental services to Medicaid patients beyond their commitment.

### **CONTINUING CHALLENGES**

Maryland is working toward its goal of oral health care access for all by working to establish a safety net provider of dental services in all jurisdictions. In addition, Maryland is working on a public campaign to educate parents and caretakers of the importance of good oral health. While Maryland is on track with the implementation of these activities, the fiscal situation in Maryland has kept the State from being able to provide additional increases in reimbursement rates for providers.

### **PERSPECTIVE OF STAKEHOLDERS**

In addition to the specific information noted above, other comments and concerns were noted by individuals interviewed for this review. These include:

- The dental providers interviewed all expressed pleasure with the leadership of Secretary Colmers and the Dental Action committee in bringing significant changes to the structure of oral health care services in Maryland's Medicaid program.
- The current reimbursement system rewards dentists for filling cavities. A more effective system would pay dentists to prevent cavities, including risk assessment, protocols based on age and risk, and greater financial rewards for treating higher risk patients. It is expected that the American Academy of Pediatric Dentistry will adopt guidelines for risk assessment, and there is some interest by insurance companies in this approach. There are funds made available by the Affordable Care Act to support demonstrations looking at ways to prevent the oral disease process. This dentist said that the next step is to support studies of risk assessment, preventive protocols and restorative treatment.
- The State may want to consider reimbursement for dental services begun but not completed while the individual is pregnant.

- While pre-authorization is a friendlier process, there are continued concerns about delays in the pre-authorization process that can result in difficulty getting a child to return for treatment and seeming inconsistencies in what services require pre-authorization.
- Despite the State's successes in attracting more dentists to participate in Medicaid and serve children, there are specific areas of the State that continue to be problematic in terms of dental resources. There is an inadequate number of practicing and participating dentists on the Lower Eastern Shore and in Western Maryland; however there are two Federally Qualified Health Centers offering dental services on the Eastern Shore and several health department clinics in Western Maryland that offer dental services.
- Several of the dentists interviewed had innovative and effective methods of both getting families to keep appointments, in addition to reminders, and for helping young children cope with dental services:
  - Respect for individuals who lack education, money, and social supports; understanding that going to the dentist may be more difficult for them.
  - Alternate contacts, such as a grandparent.
  - One dentist suggested caseworkers go get children who do not show up for services.
  - Playing little games with children in the chair; using flavored gloves, to relax them before and during the exam and treatment.
- While some dentists interviewed described relationships with the patient's primary care physicians, especially for children with special needs, many others reported no contact with any medical providers for their patients. The dentists also feel that it is important for medical providers applying fluoride varnish to refer the child to a dentist for further screening and follow-up.
- Several dentists expressed interest in having their staff understand all aspects of Medicaid, including transportation and billing and appreciated periodic trainings.
- Several dentists expressed the desire for more of their colleagues to accept Medicaid clients. It was noted that education on this starts in dental school, where an emphasis on pediatric dentistry to help students develop a level of comfort in treating children would be helpful, as well as exposing dental students to the Medicaid families to help them develop empathy for others less fortunate with more life stresses. This is exactly what is happening at the University of Maryland Dental School, where the school is increasing service learning opportunities in poor communities, with dental and hygiene students completing six weeks of community service.
- One provider also provided recommendations for ways that CMS could help States improve access to dental services.
  - CMS could become the States' equal partner in non-financial issues, such as promoting oral health as a necessary part of health care delivery systems,

encouraging States to fund dental risk assessments, and development of protocols based on age and risk.

- CMS could fund pilots to study the effectiveness of payment for risk assessments to identify children at-risk, preventive protocols, and restorative treatment based on the risk assessments.

## **CONCLUSION**

Although stakeholders in Maryland have been trying to improve the oral health outlook for children for years, it took the death of Deamonte Driver to bring all parties together with a single focus and strong commitment to taking action that will result in the State's poorest children receiving appropriate oral health care. The State is fortunate to have had visionary individuals in key leadership positions that were clearly committed to bringing positive change as dental champions.

The next phase will be the public campaign to educate families about the importance of oral health in the hopes of changing behaviors in the care of teeth and seeking of dental services. These efforts will hopefully continue to increase the utilization of dental services by the State's children enrolled in Medicaid.

CMS looks forward to partnering with Maryland in improving oral health for children.