

Virginia Department of Medical Assistance Services
Report on Dental Access and Reimbursement



December 2005

I. INTRODUCTION

The 2005 Session of the General Assembly charged the Department of Medical Assistance Services (DMAS) and the Department of Health (VDH) to continue to work with representatives of the dental community on Medicaid access to dental services. The following directive was articulated in Item 326 H of the 2005 Appropriations Act.

“The Department of Medical Assistance Services and the Virginia Department of Health shall work with representatives of the dental community: to expand the availability and delivery of dental services to pediatric Medicaid recipients; to streamline the administrative processes; and to remove impediments to the efficient delivery of dental services and reimbursement thereof.”

The Appropriations Act requires the Department to report annually to the Chairmen of the House Appropriations and Senate Finance Committees on its efforts to expand dental services. This report responds to the Appropriations Act mandate.

II. DENTAL ACCESS IN THE COMMONWEALTH

The majority of the Commonwealth’s urban and suburban population centers have an adequate workforce of dentists to serve the general population. The national average for dentists per 100,000 population is 58.0 (American Dental Association, 2000). Statewide, Virginia has an average of 65.4 dentists per 100,000 population, or 1 dentist per every 2002 Virginians (VA Board of Dentistry, 2003). According to the Virginia Board of Dentistry, there are 4,981 dentists licensed to practice in Virginia (VA Board of Health Professions, August 2005).

While the majority of Virginians have adequate access to dental services, some portions of the state have been designated as Dental-Health Professional Shortage Areas (D-HPSAs). D-HPSAs are determined by the Virginia Department of Health and may include the entire municipality, a portion of a geographical area, or a specific population in the locality (e.g., low income residents). A number of D-HPSA designated areas are situated in close proximity to areas of the Commonwealth in which the ratio of dentists to population is adequate, and thus individuals residing in these areas should have reasonable access to dental care. Based upon data extracted from the U.S Department of Health and Human Services (HRSA) web-site, as of November 2005, the following localities are designated as “single county” (i.e., whole county) D-HPSA areas: Appomattox, Caroline, Craig, Cumberland, Dickenson, Green, Halifax/South Boston, Lee, Louisa, Lunenburg, Nottoway, Page, Scott, Sussex, Wise/Norton, and Wythe. Partial localities with D-HPSA designations include certain areas of Dinwiddie Mecklenburg, Portsmouth, Richmond (city), and Suffolk. Additionally, the following

localities have been designated with D-HPSA designations for low income individuals: Augusta, Buckingham, King & Queen, Newport News, Pittsylvania, Prince Edward, East End Richmond, Staunton, Tazewell, Waynesboro, and Westmoreland County.

For Virginia Medicaid and State Child Health Insurance Program (known as FAMIS) clients, access to dental services is significantly less than the general population in many areas of the state. Similarly, access to care for Medicaid clients is also an issue in many other states, as reported in the American Dental Association (ADA) State and Community Models for Improving Access to Dental Care for the Underserved, October 2004.

In the past year, as part of Governor Warner's Healthy Virginian's Initiatives, DMAS has worked with the Virginia Department of Health (VDH), the Virginia Dental Association (VDA), the Old Dominion Dental Society (ODDS), the Dental Advisory Committee (DAC), and the dental community to design, develop and implement a new dental program initiative that focuses primarily on increasing provider participation, access, and pediatric dental utilization. The new dental program known as **Smiles For Children** began on July 1, 2005 and is discussed in Section XI of this report.

III. MEDICAID DENTAL SERVICES

Dental services are a mandatory Medicaid benefit for children under age 21. Section 1902(a) (43) of the Social Security Act specifically requires that State Medicaid plans provide or arrange for such services. Covered services are defined as any medically necessary diagnostic, preventive, restorative, and surgical procedures, as well as orthodontic procedures, administered by, or under the direct supervision of, a dentist. Dental services are currently covered for approximately 358,000 Medicaid/FAMIS Plus children. In addition, dental services also are provided to approximately 68,000 children enrolled in the Family Access to Medical Insurance Security (FAMIS) program.

IV. Dental Benefits Delivery System

Prior to July 1, 2005 dental services were administered through the fee-for-service (FFS) and MCO programs. The MCOs were responsible for providing dental coverage to the Medicaid/FAMIS children who were enrolled in their health plan. At that time, a total of seven MCOs contracted with DMAS and served clients in 103 localities. Approximately 70% of all Medicaid/FAMIS children are enrolled in MCOs. The remaining 30% of the children are served under the fee-for-service (FFS) program.

Dentists participating in the Medicaid/FAMIS program complained that this system of delivery was administratively cumbersome for them. Contracting with several MCOs required dentists to become familiar with multiple billing/payment arrangements and administrative requirements. Moreover, dentists expressed concern that children were allowed to transition between MCOs, or between MCOs and FFS, which in turn increased their administrative burdens. To reduce administrative burden, dentists requested that the Medicaid/ FAMIS dental services be carved out of the MCO programs, consolidated with FFS dental services, and administered as a single statewide program.

Effective July 1, 2005 DMAS implemented the **Smiles For Children** program, thereby consolidating coverage for dental services for approximately 420,000 Medicaid/FAMIS children enrolled in both FFS and MCOs under a single vendor delivery model. **Smiles For Children** is discussed in detail in Section XI of this report.

V. Medicaid Dental Utilization

Table 1 captures Virginia Medicaid dental utilization data from the Centers for Medicare and Medicaid Services (CMS) “416 Report” and categorizes by age Virginia Medicaid enrollees who are eligible for the EPSDT dental program and their approximate utilization of dental services. (The CMS 416 report provides basic information on participation in the Medicaid child health program, including receipt of dental services.) The report reveals that for federal fiscal year (FFY) 2004 (October 1, 2003 – September 30, 2004) approximately 357,220 Medicaid enrollees over the age of three and under the age of 21 years were eligible for dental services. Of the eligible population, approximately 29% received dental care. This utilization percentage is slightly higher than the utilization experienced in FFY 2003.

Table 1: Virginia Medicaid Dental Utilization*

Age Categories	Total Individuals Eligible		Total Eligibles Receiving Any Dental Services		% Utilization	
	FFY 2003	FFY 2004	FFY 003	FFY 2004	FFY 2003	FFY 2004
3 to 5	74,014	80,467	22,280	24,817	30.10%	30.84%
6 to 9	87,816	91,991	28,412	30,132	32.35%	32.76%
10 to 14	104,683	111,767	31,123	33,686	29.73%	30.14%
15 to 18	62,862	68,515	14,593	15,868	23.21%	23.16%
19 to 20	7,420	4,480	1,035	579	13.95%	12.92%
Total	336,795	357,220	97,443	105,082	28.93%	29.42%

FFY 2003 = 10/01/2002 – 09/30/2003 FFY 2004 = 10/01/2003 – 09/30/2004

*Does not include FAMIS population

The utilization data above provides useful base line comparison data for dates prior to the start of **Smiles For Children**. Detail regarding pediatric dental utilization in the **Smiles For Children** program (after July 1, 2005) is described below.

Smiles For Children Pediatric Dental Utilization

Preliminary **Smiles For Children** first quarter data, as reflected in the table below, indicates that a total of 368,569 unduplicated Medicaid, FAMIS Plus, and FAMIS children between the ages of 3-20 were Medicaid/FAMIS eligible in the program. Of those eligible, 58,564 (15.89%) have already accessed dental services in the first quarter of operation. If this data is correct, then over half the total population that received services in FY 2004 have already received dental services within the first quarter of operation under the **Smiles For Children** program. Therefore, pending further analysis of the data, we are off to a good start and it appears that we may realize a significant increase in our FFY 2005 annual pediatric utilization totals.

Age and Type of Service (corresponds with CMS 416 report 12a, 12b, and 12c)	Smiles For Children 1 st Quarter
Total Eligible 3 yrs – 20yr	368,569
Total Eligible receiving Any Dental Service	58,564

SFC figures include FAMIS and Medicaid populations

VI. Provider Participation

Prior to July 1, 2005

The Department has continued to work closely this past year with the Virginia Dental Association (VDA) and the Old Dominion Dental Society (ODDS) to increase provider participation in the program. Prior to the implementation of **Smiles For Children**, about 620 of the approximately 4,800 licensed dental providers in Virginia (13%) were enrolled in the Medicaid and FAMIS programs. The number of actively participating dentists (based upon claim activity) was much lower. [While there were 620 individual dentists enrolled, there were around 800 enrolled dental offices. Of these 800 locations, approximately 53% (424) had submitted a claim within a 12-month period.] Provider participation in **Smiles For Children** is described below.

Smiles For Children Provider Network

During August 2005, Doral initiated a verification project to obtain/confirm existence of up-to-date demographic data on all providers merged from FFS and MCO dental networks to create the **Smiles For Children** network. Most importantly, the verification project provided a venue through which Doral provider relation’s staff were able to promote the program while gathering the needed information.

The good news is that there are currently 728 enrolled **Smiles For Children** dentists, providing dental care through 934 practice locations (Numbers are current as of November 2005). Claims have been received from approximately 69 % of the provider office locations. This equates to 108 new dentists, 134 new dental locations, and a 16% increase in the number of enrolled providers who are billing for services. In addition there are three counties that previously had no participating dental service providers that now have access to dental care. These are: Brunswick, Madison, and Prince George.

Survey of Licensed Dental Providers

Historically, reasons for non-participation most commonly cited by Virginia dental providers includes: low reimbursement rates for providers, administrative complexities associated with the Medicaid/FAMIS dental program, workforce issues, and client issues such as education, outreach and lack of case management for broken appointments. To obtain up-to-date information from the dental community at large, especially in relation to the changes DMAS planned to implement through **Smiles For Children**, DMAS conducted a survey of all licensed dental providers in January of 2005. DMAS received responses from 1,009 dentists (over a 20% rate of response). Survey responses provided feedback from both participating and non-participating providers and include representation from both general and specialty dental providers.

The survey results have served as a guide to help with planning and implementing the **Smiles For Children** program. Overall, survey results can be summarized as follows:

- 47% of responding providers, who participated in the past, but not currently, will consider participating again under a single dental administrator with increased fees.
- 30 % of responding providers who have never participated will consider participating in the future under a single dental administrator and with increased fees. The providers that make up this percentage include those that have been practicing for 1-3 years.
- 70% of responding providers with established practices (over 3 years) that have never participated will not participate in the future even with a dental administrator or increased fees.

Based upon survey results, increasing provider participation in **Smiles For Children** will likely be a gradual process for the first 6 or more months of operation. However positive feedback between dentists about the **Smiles For Children** will enhance momentum toward significant long-term improvement in provider participation. See Attachment B to this report for more detail in relation to the survey analysis.

VII. 2005 Appropriations Act

Program Administration

Item 322 H of the 2005 Appropriations Act authorized DMAS to amend the Medicaid (Medallion II) and FAMIS managed care organization (MCO) programs to allow the Department to carve-out dental services provided to managed care enrollees, consolidate the provision of dental services in one program, and revise the prior authorization requirements for dental services in accordance with industry standards. In addition, the Act provides that the Department shall have the authority to amend the State Plans for Titles XIX (Medical Assistance) and XXI (Family Access to Medical Insurance Security) of the Social Security Act, as required by applicable statute and regulations, to provide dental services to individuals enrolled in these programs on a fee-for-service basis, and further allows the Department to outsource the administration of such dental services to an administrative services contractor.

In response to the Appropriations Act, DMAS researched the key issue of whether to administer the dental program completely “in-house” or to contract with a dental benefits administrator (DBA). DMAS reviewed the advantages/disadvantages of administering the program in-house and through a DBA through: (i) information obtained from DBAs specializing in serving Medicaid populations, (ii) internal analysis of the DMAS systems and staffing infrastructure, and (iii) discussions with dental community and advocacy groups. In addition, DMAS met and discussed the two delivery models under consideration with the Department’s Dental Advisory Committee (DAC) and the Virginia Dental Association (VDA) and the Old Dominion Dental Society (ODDS). As a result of these actions, DMAS concluded that contracting with a DBA for the administration of dental services represents the best chance for increased provider participation and pediatric dental utilization.

Provider Reimbursement

Recognizing that dental access has been a growing problem for Medicaid/FAMIS children despite the availability of state reimbursement, the Government and General Assembly authorized a 28% increase in dental funding for reimbursement fees effective July 1, 2005 and an additional funding increase of two percent is scheduled for May 1, 2006. This funding increase along with funding for other dental services initiatives (such as increases in the Virginia Department of Health’s Budget for dental services, including funding for loan repayment, scholarships, increased salaries for dentists and funding for dental trailers) is designed to expand access to dental care for low-income Virginians across the Commonwealth. (Item 326 QQQ of the 2005 Appropriations Act)

DMAS consulted with the DAC, the VDA, and the ODDS for their input on how to apply the increased funding to encourage optimal provider interest and participation. In

addition, DMAS conducted an analysis of the existing reimbursement rate for each dental service code in relation to (1) the amounts paid by the dental industry and (2) in relation to Medicaid dental reimbursement levels between various dental procedures. Research findings reflected that there were a number of dental services in need of reimbursement realignment, i.e., where there existed a greater margin of inadequacy in the fee by comparison with other procedures. Upon sharing this data with the DAC, the VDA, and the ODDS the overall recommendation was to apply a 23% increase across the board and apply a larger increase to the services identified as needing realignment. These rate increases were implemented on July 1, 2005.

VIII. IMPLEMENTATION COMMITTEES AND WORK GROUPS

Dental Advisory Committee

The Department of Medical Assistance Services (DMAS) formed a Dental Advisory Committee (DAC) in the spring of 1998 to assist the Department in finding ways to improve provider participation and access to care. The Committee has been meeting for seven years on a quarterly basis and has been extremely helpful in identifying ways to improve the Medicaid/FAMIS dental programs. The DAC's membership was expanded in the fall of 2004 to achieve better representation of minority and specialist providers and better geographic balance. During the last year, DMAS has consulted the DAC on every major policy or procedural decision related to **Smiles For Children**, including all of the following: the content of the dental RFP, the method for applying the reimbursement increase, and ways to streamline credentialing and prior authorization requirements. This approach provided the insight DMAS needed from the provider community. In addition, the DAC has evolved into a solid supporter and advocate for **Smiles For Children**. A listing of the DAC membership is included with this report as Attachment B.

VDA and the Old Dominion Dental Society

The DMAS Director, VDA Executive Director and or VDA representatives, and Doral Project Manager have met with all of the VDA Components (i.e., local dental societies) across the state to promote the **Smiles For Children** program and to encourage their support and participation. Meetings have also been held with the Old Dominion Dental Society. Doral initiates follow-up contacts to component members to encourage dentists to sign-up for **Smiles For Children** (or to increase their level of participation in the program for those members who currently participate). These presentations have been well received by members of the dental community in attendance. A copy of the presentation is included with this report as Attachment C.

Dental Action Review Team (DART)

DMAS carefully selected an internal work-group comprised of a licensed dentist as well as individuals skilled in policy review, contract monitoring, dental operations,

new program implementations, and advanced information technology standards. Under the leadership and vision of the DMAS Director, the DART coordinated an efficient and timely implementation of the new **Smiles For Children Program**; fully operational in less than 3 months from the contract award date.

Dental Implementation Advisory Group (DIAG)

DMAS established the Dental Implementation Advisory Group (DIAG) in December 2004 to provide input and support from community partners in relation to the implementation of the **Smiles For Children** Program. The DIAG includes representation from dental providers, MCO representatives, advocacy groups, health districts, departments of social services, DMAS staff, and other interested parties. The DIAG provides the opportunity to network with community agencies, to facilitate community level communication about the **Smiles For Children** initiative, and supported a smooth implementation of the new program. The DIAG met on three occasions prior to the implementation of **Smiles For Children**. A post-implementation meeting is being planned for January 2006. A listing of the DIAG membership is included with this report as Attachment D.

IX. REQUEST FOR PROPOSALS (RFP)

A Request for Proposals (RFP) to procure the services of a DBA to administer **Smiles For Children** was developed with input from the DAC and other interested parties. The RFP was published on December 10, 2004. DMAS received bids from five vendors in February of 2005. Two dentists from the DAC participated with DMAS in the review and evaluation of proposals and the selection of the DBA. DMAS awarded the **Smiles For Children** contract to Doral Dental, USA LLC on April 5, 2005.

X. Doral Dental USA, LLC

Doral was founded in 1993 and has successfully administered Medicaid dental programs in Illinois, Kansas, and Tennessee. Doral is the nation's largest administrator of government dental programs; operating in 16 states and serving nearly 7 million enrollees. Doral headquarters is located in Mequon, Wisconsin. The Mequon office handles the major operational subsystems, including the call center, prior authorization, claim review, payment processing, provider contracting, provider and member materials, and several other operational departments. Doral also maintains a local office in the Innsbrook area of Richmond, Virginia. The local office includes the following key personnel and functions: Project Director (responsible for full time administration of the program), Provider Relations Representative (responsible for the implementation of provider recruitment and retention activities), and the Outreach Coordinator (responsible for development and execution of member outreach activities).

Doral local operations also include the **Smiles For Children** Dental Director, who is licensed by the Virginia Board of Dentistry and is a **Smiles For Children** provider in the Tidewater region. The Dental Director is primarily responsible for the oversight of the **Smiles For Children** Peer Review Committee.

XI. **SMILES FOR CHILDREN: THE NEW MEDICAID/FAMIS DENTAL PROGRAM**

As part of Governor Warner's Healthy Virginian's Initiative, DMAS implemented **Smiles For Children** on July 1, 2005. **Smiles For Children** consolidates dental services for all Medicaid/FAMIS Plus and FAMIS enrollees under a unified dental administrative arrangement. The foundation of **Smiles For Children** is based upon nationally recognized best practices in oral health care, congruent with one of the model blueprints recommended in the October 2004 report from the American Dental Association entitled, "State and Community Models for Improving Access to Dental Care for the Underserved – A White Paper."

Basic Model of Dental Service Delivery

Keeping with the charge set forth by the General Assembly, as described in Section 1 of this report, the goal of **Smiles For Children** is to expand the availability and delivery of dental services to pediatric Medicaid recipients. Additionally, **Smiles For Children** is structured so as to streamline administrative processes and remove impediments to the efficient delivery of and payment for dental services.

As recommended by the DAC, **Smiles For Children** operates as a fee-for-service, non-risk, program. In addition, **Smiles For Children** includes value added services that address primary concerns that were previously expressed by the dental community regarding reimbursement and administrative processes. The most significant of these value added services include:

- A 30% overall increase in funding for dentist fees;
- Dental services for all children are coordinated by a single administrator (Doral);
- A dedicated call center for providers and patients; and
- Industry standard program administration including flexible billing methods, prompt payment, streamlined authorization requirements, and a simplified credentialing process.

DMAS Oversight

The Dental Unit operates within the DMAS Health Care Services Division and includes a Dental Program Manager, DMAS' Dental Consultant, and a Dental Contract Monitor. The Dental Unit provides oversight of the DBA and coordinates activities with the dental community.

Summary of Transition and Start-Up Activities

DMAS has worked closely with the DAC, VDA, the Old Dominion Dental Society and other interested parties to effect a smooth transition from the prior dental service delivery model to **Smiles For Children**. In addition, DMAS and Doral worked aggressively to accomplish the following important tasks, which proved to be key ingredients to the successful implementation of **Smiles For Children**

- Vendor Training and Operational Readiness
- Transition of Care Plan
- Merge Existing Medicaid Provider Networks
- Provider Materials, Communications, and Training
- Member Materials and Handbook
- Promotion of the Smiles For Children Program

Summary of First Quarter Activities For Smiles For Children (July 1 – October 31, 2005)

Dedicated Call Center

The first quarter **Smiles For Children** call center data reflects that calls were answered well within the established call center performance standards. Within the first quarter, Doral received an average of 14,306 calls each month. The majority of member calls were from clients seeking assistance in locating a dental provider. Similarly, the majority of calls from providers were for eligibility verification. The total call abandoned rate averaged around 3.7% during the first quarter and within call abandonment contract requirement of less than 10%.

Claim Processing

As shown in the following table, Doral processed 61,470 claims within the first quarter. Over 99% of all claims were processed within 30 days and 100% were processed within 60 days.

Smiles For Children – 1st Quarter Claims Processed		
Total Claims Processed	61,470	
Claims Processed within 30 days	61,404	99.3% average
Claims Processed within 60 days	61,470	100%

Provider Recruitment and Retention Activities

The **Smiles For Children** recruitment and retention strategy involves reaching out to providers through a variety of resources in an effort to retain and increase provider participation. Activities initiated this quarter, and that will continue on going, include promotional mailings; phone calls; face-to-face visits; community partnership

meetings and events; and follow-up contacts. In addition, as part of the **Smiles For Children** program launch, DMAS and Doral staff teamed -up with members of the Virginia Dental Association (VDA) and the Old Dominion Dental Society (ODDS) to introduce and promote the top selling points of **Smiles For Children** through a letter to all licensed dental providers (4,981 providers) and through presentations to the VDA and ODDS component members. Over 800 dental providers attended these meetings. (See Attachments C and E.)

Member Outreach and Education

Smiles For Children includes a member outreach and education component geared towards facilitating an increase in pediatric dental utilization. Doral has participated in 17 outreach events since July 1, 2005. Doral and DMAS plan to more fully launch the member outreach and education program in the first quarter of 2006.

Doral uses a variety of strategies to educate enrollees on the importance of good oral health; inform enrollees of covered services, and teach enrollees how to access **Smiles For Children** dental services. These strategies include:

- Direct outreach and education to enrollees,
- Collaboration with community based organizations, professional organizations, health departments, managed care organizations, and child care centers,
- Provider education and outreach,
- Prenatal education program for females under age 21,
- Teen focused program.

XII. Other Dental Related Activities

National Oral Health Grant

Virginia (DMAS) was one of 15 states selected to participate in the Center for Health Care Strategies Purchasing Institute: Best Practices for Oral Health Access program. The CHCS Purchasing Institute took place September 28, 2005 in Philadelphia, Pennsylvania and was funded in part by The Robert Wood Johnson Foundation. The institute provided DMAS and its community dental partners with tools to develop a strategic action plan to improve the quality of and access to oral health services for beneficiaries of Medicaid and FAMIS. The Institute convened teams from 13 states for the three-day interactive workshop filled with practical information and successful examples from the field.

State teams created an action plan to improve oral health access to vulnerable populations. Teams will receive six-months of technical assistance from oral health experts and CHCS staff to implement their action plans. Participating states included:

California, Georgia, Hawaii, Idaho, Illinois, Iowa, Minnesota, New Hampshire, New Mexico, Utah, Washington, Wisconsin, and Virginia.

Virginians for Improved Access to Dental Care (VIADC)

The VIADC was formed in response to two Joint Commission on Health Care reports regarding dental access. DMAS continues to be an active partner in the VIADC, along with the VDA, the Virginia Health Care Foundation, the Virginia Primary Care Association, the Virginia Poverty Law Center, the Virginia Association of Free Clinics, the Virginia Dental Hygienist Association, the VCU/MCV Dental School, and many others. DMAS continues to work with VIADC on a variety of dental access issues, including the CHCS purchasing grant described above and in following up on the 2003 Statewide Dental Summit recommendations.

Assisting the VDA Mission of Mercy (MOM) Projects

The DMAS Director, dental consultant and staff participated in some of the VDA's MOM Projects during the past year. The MOM Project provides free dental care to persons in underserved areas. The VDA has sponsored MOM Projects on the Eastern Shore, in Northern Virginia, Martinsville, Petersburg, Grundy and Wise County.

XIII. Conclusion

In FY 2003, only 28.9% of all children eligible (between the ages of 3 and 21) for dental services actually received services. Dentists cited several issues as reasons for the low participation in the Medicaid and FAMIS programs. These reasons included: low reimbursement, administrative "hassles", MCO concerns (i.e. varying coverage policies/procedures among MCOs and FFS, administrative requirements, and Medicaid clients transitioning between MCOs and FFS) and patient no-shows. After a careful analysis of the issues, DMAS determined that consolidating dental services into a single program was needed to improve provider participation and increase utilization.

This past year, DMAS worked closely with the Dental Advisory Committee (DAC), Virginia Dental Association (VDA), the Old Dominion Dental Society (ODDS), and the Virginia dental community to develop a new Medicaid/FAMIS dental program. DMAS implemented the new program, called **Smiles For Children**, on July 1, 2005, which offers dental coverage for all children (Medicaid & FAMIS) and is administered through a single dental benefits administrator, Doral Dental USA. The program also provides coverage for limited medically necessary diagnostic/oral surgery services for adults.

Smiles For Children was designed to be more provider-friendly, deliver vastly improved customer service, and most importantly, improve access to care. **Smiles For Children** also includes an overall increase in dental fees of 30%, as approved by the

Governor and 2005 General Assembly (28% overall increase in July, 2005; and an additional 2% in May, 2006).

During the first quarter of the ***Smiles For Children*** program, DMAS in collaboration with Doral Dental USA, the DAC, VDA, and ODDS has developed and carried out a project plan and strategy that focused on implementing a new program, and that strives to increase provider participation in the program. DMAS believes that initially participation will increase gradually, and that positive feedback between dental providers about the program will boost the momentum, resulting in significant improvement by the end of the first year of operation. First quarter data indicates an increase in provider participation of 108 newly enrolled providers. Additionally, it appears that the number of enrolled providers billing for services has increased by around 16% as a result of ***Smiles For Children***.

Smiles For Children also includes a member outreach and education component geared specifically towards increasing pediatric dental utilization through education to members regarding the importance of oral health care and how to access these services. The plan is to more fully launch outreach and education efforts in the first quarter of 2006.

The ***Smiles For Children*** program is progressing towards the overall goal of increasing access to dental care and improving the oral health of Virginia's children. DMAS, along with the Office of the Secretary of Health and Human Resources, will continue to work with Doral, the dental community, the VDA, the ODDS, and the Dental Advisory Committee, to make ***Smiles For Children*** successful in enhancing oral health care for Medicaid/FAMIS children.

XIV. Acknowledgements

The Department wishes to acknowledge the contributions of many organizations throughout the past year in helping to address Medicaid dental access issues, including the Medicaid Dental Advisory Committee, the Virginia Dental Association, the Old Dominion Dental Society, the Virginia Association of Health Plans, Virginians for Improving Access to Dental Care Coalition, the VCU/MCV School of Dentistry, the Medicaid Managed Care Organizations, the Virginia Department of Health and the DMAS Dental Implementation Advisory Group.

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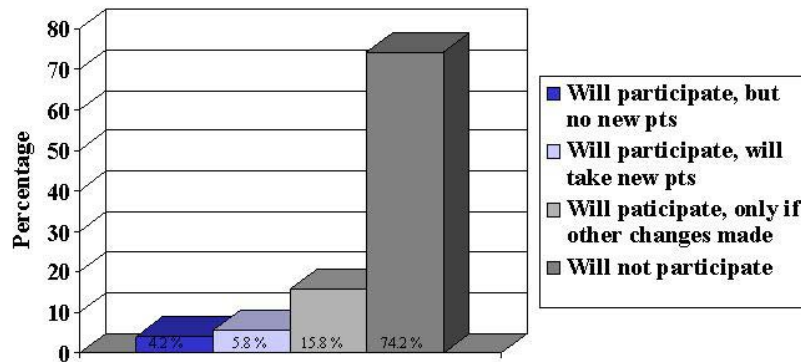
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**ATTACHMENT B
DENTAL PROVIDER SURVEY RESULTS**

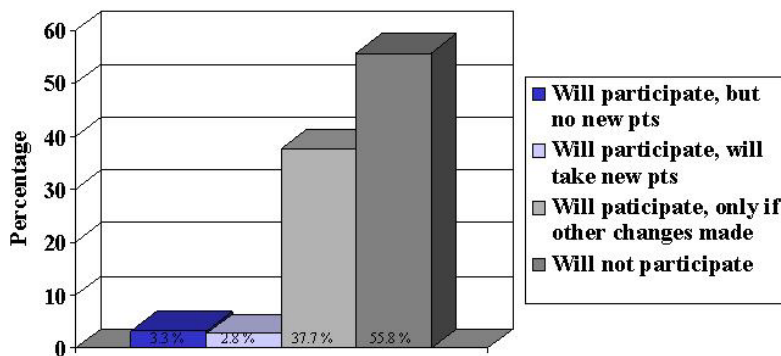
January 2005 Dental Survey Analysis

- Surveys were mailed 5,019 licensed dental providers
- Statistics include data from surveys received before March 25, 2005
- Statistics results include data from 1,009 different dental providers
- Most surveys were completed by a dentist versus office staff or other personnel

For those providers that have *never accepted* Medicaid pts, % that **will or will not participate** when consolidation takes place



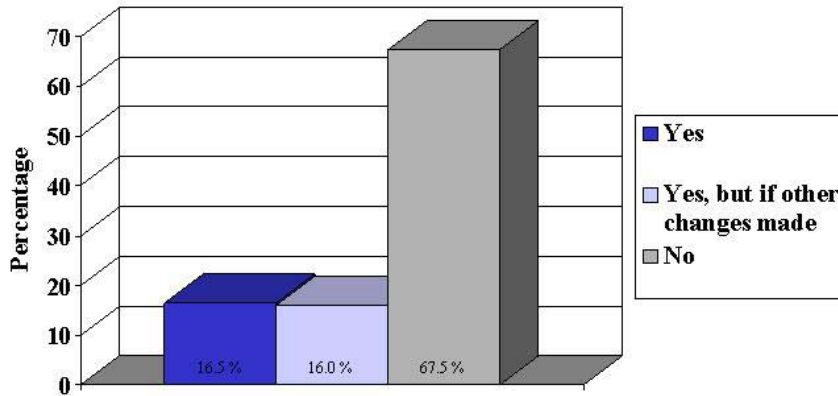
For those providers that *have accepted* Medicaid pts in the past (but not currently), % that **will or will not participate** when consolidation takes place



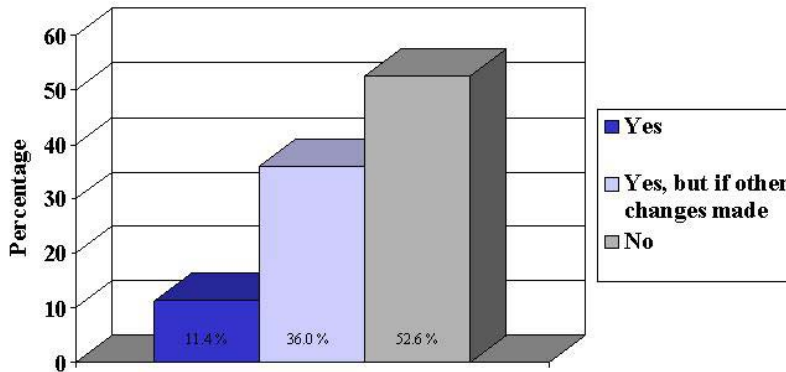
* Percentage out of 215 providers; 7 providers indicated they have participated in the past, however they did not answer the consolidation question (Question # 5).

**ATTACHMENT B
DENTAL PROVIDER SURVEY RESULTS**

For those providers that have *never accepted* Medicaid pts, % that **will** or **will not** participate when fees are increased



For those providers that *have accepted Medicaid pts in the past* (but not currently), % that **will** or **will not** participate when fees are increased



* Percentage out of 211 providers; 14 providers indicated they have participated in the past, however they did not answer the fee increase question (Question # 6).

**ATTACHMENT B
DENTAL PROVIDER SURVEY RESULTS**

Survey Results

Survey indicates:

- Those providers with established practices [over 3 years] that have never participated, will not participate in the future even with a dental administrator or increased fees.
- For those providers that have participated in the past, a good percentage will consider participating again under a Dental Administrator and increased fees.
- The survey also indicates a small percentage of providers who have never participated, but are willing to take new patients in the future. These providers that make up this percentage include those that have been practicing for 1-3 years.

What population should we target?

- Providers that have participated in the past, but not currently.
 - ~213
- Dentists that have been practicing for only 1-3 years
 - ~134

ATTACHMENT C
SMILES FOR CHILDREN PRESENTATION TO DENTAL SOCIETIES

A New Day in Medicaid/FAMIS Dental



Smiles For ChildrenSM
Improving Dental Care Across Virginia

***Presentation to:
Dental Society Components***

Patrick W. Finnerty
Director, Department of Medical Assistance Services

Richmond, Virginia
2005

Medicaid/FAMIS Dental Benefits

- **Dental benefits for children in Medicaid include:**
 - **Diagnostic, preventive, restorative/surgical procedures and orthodontics**

- **Dental benefits are not covered for Medicaid adults, except for limited oral surgery (e.g., repair of traumatic wounds, extraction of teeth complicating a medical condition, etc.)**

- **Dental services also are provided for children enrolled in FAMIS**
 - **FAMIS & Medicaid dental benefits are essentially the same**

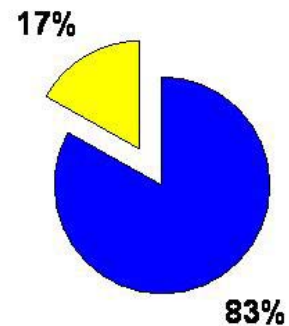
- **Prior to July 1, 2005, a large majority of children received dental benefits through a managed care organization (MCO)**

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Access to/Utilization of Dental Services Needs to Improve

- In FY 2003, only 23.4% of all children eligible for dental services actually received any services
- Dentists have cited several issues as reasons for low rate of participation in Medicaid/FAMIS
 - Low reimbursement
 - Administrative “hassles”
 - MCO concerns
 - Patient no-shows

Dentist Participation in Medicaid/FAMIS



■ Not Participating
■ Participating

3

A New Day for Medicaid/FAMIS Dental Program: *Smiles for Children*

- **Effective date: July 1, 2005**
- **All children (Medicaid & FAMIS) are enrolled in a single program administered by Doral Dental USA**
- **Limited medically necessary diagnostic/oral surgery services for adults**
- **DMAS retains policymaking authority and closely monitors contractor activities**
- **New program is fee-for-service and non-risk**



Smiles For Children
Improving Dental Care Across Virginia

Smiles for Children: A New Day!

Before July 1, 2005

- **Multiple Vendors**
- **Different credentialing processes**
- **Authorization requirements vary by plan**
- **Limited local representation on program decisions**
- **Enrollee transfer between plans can disrupt care**

After July 1, 2005

- **Single Vendor (Doral)**
- **Streamlined Credentialing**
- **One set of limited authorization requirements**
- **Va. Based Peer Review Committee/DMAS Advisory Committee**
- **All enrollees in *Smiles for Children* program**

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30% Increase In Fees!!!!

- **General Assembly/Governor approved a 30% increase in dental fees**
 - 28% on July 1, 2005; additional 2% in May, 2006

- **DMAS Dental Advisory Committee decided basis for allocating fee increases**
 - 23% across-the-board increase
 - Additional increases in selected fees (e.g., initial/periodic exams, x-rays, restorative services, general anesthesia/IV sedation) to address priority needs and improve access
 - 2% increase in 2006 will be allocated to address specific priorities/problem areas

Value-Added Benefits for Providers

- One Virginia-dedicated phone number for providers:
1-888-912-3456
- Call center specialists
 - Member Placement
 - Eligibility, benefits, authorizations
 - Claims issues
- Multiple Claim submission options, including free, electronic filing
- Timely and accurate payments
- Automated, web-integrated or live eligibility verification (24/7)



108 Additional Dentists Have Signed Up

- **Network has increased from 620 to 728 as of November 2005**
- **Three counties that previously had no participating dentists now have access to dental services:**
 - Brunswick
 - Madison
 - Prince George
- **DMAS/Doral, VDA and Old Dominion Dental Society are continuing aggressive network development activities**

But....We Need Your Help!!

- **To be successful....we need more dentists to participate**
 - **Non-participating providers: participate in new program (you control your panel size)**
 - **Current providers: continue to participate; consider increasing the number of Medicaid/FAMIS patients**

- **Partner with us to improve the oral health of Virginia's children!**

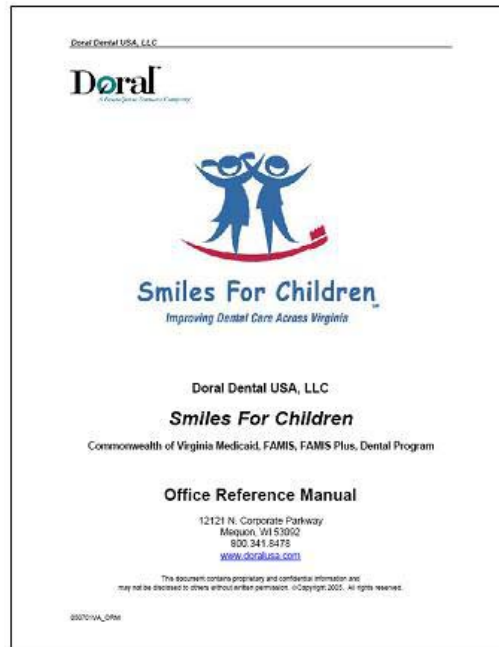
Provider Resources



Smiles For Children™
Improving Dental Care Across Virginia

ATTACHMENT C
SMILES FOR CHILDREN PRESENTATION TO DENTAL SOCIETIES

Office Reference Manual



- Policies and procedures
- Claims filing
- Benefits and limitations
- Prior authorizations
- Orthodontia criteria
- Outreach services
- American Academy of Pediatric Dentistry (AAPD) dental care guidelines
- Important phone numbers and addresses

ATTACHMENT C
SMILES FOR CHILDREN PRESENTATION TO DENTAL SOCIETIES



Smiles for Children Provider Website

- Website options available to providers:
 - **Verify eligibility of your patients**
 - **Enter and submit claims directly to Doral**
 - **View status of submitted claims**
 - **Run reports to verify claims submission**
- Website is available 24 hrs. a day, 7 days a week



To register contact Doral at:

www.doralusa.com or call 1-800-341-8478

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Minimal Authorization Requirements



Number of services requiring prior-authorization and pre-payment review significantly reduced:

Prior-Authorization

- **Authorization and documentation submitted before treatment begins**
- **Authorization decision provided within 2 business days from the date the required documentation is received**

Pre-payment Review

- **Requires proper documentation prior to consideration for payment**
- **Option of requesting prior authorization if desired prior to rendering services**

ATTACHMENT C
SMILES FOR CHILDREN PRESENTATION TO DENTAL SOCIETIES

Four Methods to Submit Claims



- **Electronic via Doral's Internet Website:**
 - Log on to www.doralusa.com
 - Click on "Doral Dental USA"
 - Click on "For Providers Only"
 - Log on using Password and Doral ID
 - Select "Enter a claim now"
 - Enter member applicable information in appropriate field
- **Electronic via Clearinghouse:**
 - **Affiliated Network Services (ANC)**
- **HIPAA compliant 837D File**
- **Paper claims:**
 - May use any ADA approved claim form (e.g. 1994, 2000, 2002-2004)

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ATTACHMENT C
SMILES FOR CHILDREN PRESENTATION TO DENTAL SOCIETIES

Provider Directory



- Contents:
- **Provider name**
- **Practice name**
- **Office address(es)**
- **Telephone number(s)**
- **Provider specialty**
- **Panel status**
- **Office hours**
- **Languages spoken**
- **Any other panel limitations**

Smiles For Children **Provider Directory**
may be downloaded from the DMAS
website at:

<http://www.dmas.virginia.gov/dental-home.htm>

or

from the Doral website at:

<http://www.doralusa.com>

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ATTACHMENT C
SMILES FOR CHILDREN PRESENTATION TO DENTAL SOCIETIES

Contact Information



- Doral's *Smiles for Children* Staff:
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 - cpharris@doralusa.com
 - Anna Perez, Provider Relations Rep (804) 217-8392
 - amperez@doralusa.com
 - Kristen Fincher, Member Outreach (804) 935-8589
 - kmfincher@doralusa.com

- DMAS *Smiles for Children* Staff
 - Sandra Brown, Dental Manager (804) 786-1567
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 - Dr. Stephen Riggs, DDS, Dental Consultant (804) 786-6635
 - stephen.riggs@dmas.virginia.gov

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ATTACHMENT C
SMILES FOR CHILDREN PRESENTATION TO DENTAL SOCIETIES



Smiles For ChildrenSM
Improving Dental Care Across Virginia

1-888-912-3456

<http://www.dmas.virginia.gov/dental-home.htm>

<http://www.doralusa.com>

ATTACHMENT D
DENTAL IMPLEMENTATION ADVISORY GROUP MEMBERS

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Dr. Randy Adams or designee Michelle Britton	DAC – Richmond	Randy Adams, D.D.S. 300 W. Broad Street Richmond, VA 23220 Phone – 780-2888 Fax – 643-1916 Email: randyadampedo@hotmail.com
Dr. Kris Enright	DAC – Alleghany Health District	515 Eighth Street, SW Roanoke, VA 24016
Ms. Candice McAuliffe, Program Manager	MCO	Anthem Health Keepers <i>Plus</i> 2221 Edward Holland Drive - MD VA 044A Richmond, VA 23230
VA Premier India Thomas Gloria Reynolds	Manager of Operations	Virginia Premier Health Plan P.O. Box 1751 Roanoke, VA 24008-1751
Jill Hankin	VA Poverty Law Center	700 East Franklin Street, Suite 14T1 Richmond, Virginia 23219
Dr. Lynn Browder	Prince William Health District	9301 Lee Ave Manassas, Virginia 20110 lbrowder@vdh.state.va.us
Jeff Lake (will designate a VDH spokesperson for dental)	VDH	Virginia Department Of Health P.O. Box 2448 Richmond, Virginia 23218-2448 109 Governor Street Richmond, Virginia 23219
Judy Cash	CHIP of Virginia	701 East Franklin Street, Suite 502 Richmond, VA 23219
Amy Edwards	DOE	Virginia Department of Education James Monroe Building 101 N. 14th Street Richmond, VA 23219

ATTACHMENT D
DENTAL IMPLEMENTATION ADVISORY GROUP MEMBERS

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JoAnn Pearson Knox	Campbell Hoffman Foundation and Northern Virginia Smilefinders Assoc.	9893 Georgetown Pike Great Falls, VA 22066
Robin Haldiman	CHIP of Roanoke Valley	1201 3rd Street, SW Roanoke, VA 24016
Trudy Smith	Director, Fredericksburg Regional Head Start	200 Gunnery Road Fredericksburg, Virginia 22401 tsmith@cityschools.com phone 540-372-1065 fax 540-372-1156
Ms. Karen Packer	Virginia Department of Social Services	Division of Benefit Programs 7 N. 8 th Street Richmond, VA 23219
Tina Bailey	Boys and Girls Clubs	Director of Dental Services Smart Smiles 2601 Kensington Ave Richmond, VA 23220
Dr. Terry Dickinson	Executive Director Virginia Dental Association	7525 Staples Mill Road Richmond, Virginia 23228 Phone – 261-1610 Fax – 261-1660 Email: dickinson@vadental.org

ATTACHMENT E
DENTAL IMPLEMENTATION ADVISORY GROUP MEMBERS

May 16, 2005



Dear Virginia Dental Provider:

We are writing to let you know there is a brand new day in Virginia for dental services provided to Medicaid, FAMIS, and FAMIS-Plus children.


Over the past year, we have been working together to develop a new Medicaid/FAMIS dental program. Today, we are very excited to announce that the new program, called **Smiles For Children**, will be implemented on July 1, 2005. After listening to dentists' concerns about the current program, **Smiles For Children** has been designed to be more provider-friendly, deliver vastly improved customer service, and most importantly, improve access to care. And, there is an overall increase in fees of 30%! (28% overall increase in July, 2005; and an additional 2% in May, 2006).

Smiles For Children is an entirely new program with significant changes:

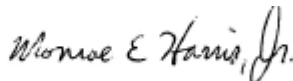
- ✓ 30% overall increase in fees!
- ✓ Dental services for all children are coordinated by a single administrator
- ✓ No more switching between Managed Care Organizations (MCOs) and fee-for-service
- ✓ Dedicated call center
- ✓ Flexible billing; prompt payment; industry-standard administration
- ✓ Flexible panel size (you determine the number of patients)
- ✓ Fee-for-service reimbursement
- ✓ Streamlined authorization requirements and simplified credentialing process

We have worked very hard to design a program that meets your needs. The Governor and General Assembly have been very supportive. Now, we need your help. To be successful, we need as many dentists as possible to participate in **Smiles For Children**. In the coming weeks, the new program administrator, Doral Dental USA, will be sending you information on how to become a participating provider. Please review the information carefully and sign up. With your help, together, we can improve the oral health of Virginia's children.

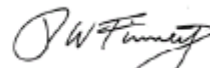
Sincerely,



Bruce R. Hutchison, D.D.S.
President
Virginia Dental Association



Monroe E. Harris, Jr., D.M.D.
President
Old Dominion Dental Society



Patrick W. Finnerty
Director
DMAS