

**Annual Report on the Virginia
Medicaid/FAMIS Dental Program**



Virginia Department of Medical Assistance Services

December, 2006

Virginia Medicaid/FAMIS Dental Program: *Smiles For Children*

I. Introduction

With the support of the Governor, General Assembly and Virginia's dental community, the Virginia Medicaid/SCHIP Dental Program experienced a major transformation over the last year. The new dental program, called ***Smiles for Children***, includes a substantial increase in fees, consolidated enrollment of all children into one dental benefit design, a single benefits administrator, and many service enhancements for providers.

Some of the most significant results of the new program include:

- As of September 30, 2006, 235 new dentists have joined the dental network, representing a 38% increase. There are eight localities that previously had no participating dentists that now have access to dental services.
- Utilization of dental services has increased significantly within the first year of program operations with over 40,000 additional children receiving dental services.
- Streamlined administration of the program has resulted in prompt prior authorization and reimbursement for services.
- Participating dentists report that the new program compares very favorably to commercial dental insurance plans.
- The program is becoming a nationally recognized model for State Medicaid dental programs.

After the first year of operation for the new dental program, the following sections will demonstrate how ***Smiles For Children*** is making a difference in improving dental care across Virginia.

II. History of Medicaid Dental Services

Prior to July 1, 2005, dental services were administered through the fee-for-service (FFS) and Managed Care Organization (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 and began to withdraw from the dental network. Access to dental care for low-income Virginians across the Commonwealth was on the decline.

The 2005 Appropriations Act authorized DMAS to revise 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. The Department also was authorized to amend the State Plan, provide dental services on a fee-for-service basis, and to outsource the administration of such dental services to an administrative services contractor. In addition, the 2005 Appropriations Act authorized a 28% increase in dental reimbursement rates effective July 1, 2005 and an additional rate increase of two percent effective May 1, 2006.

III. **SMILES FOR CHILDREN: The New Medicaid/FAMIS Dental Program**

Effective July 1, 2005, DMAS implemented the new Medicaid/FAMIS program, branding it **Smiles For Children**. The new program consolidates coverage for dental services for approximately 490,000 Medicaid and FAMIS children enrolled in both FFS and MCOs under a single vendor delivery model. **Smiles For Children** is structured so as to streamline administrative processes and remove impediments to the efficient delivery of and payment for dental services. Doral Dental, USA is contracted with DMAS as the single dental benefit administrator. DMAS retains policymaking authority and the Dental Unit, which operates within the DMAS Health Care Services Division, closely monitors contractor activities. DMAS works closely with its Dental Advisory Committee (comprised of dentists throughout Virginia) in monitoring and improving the program.

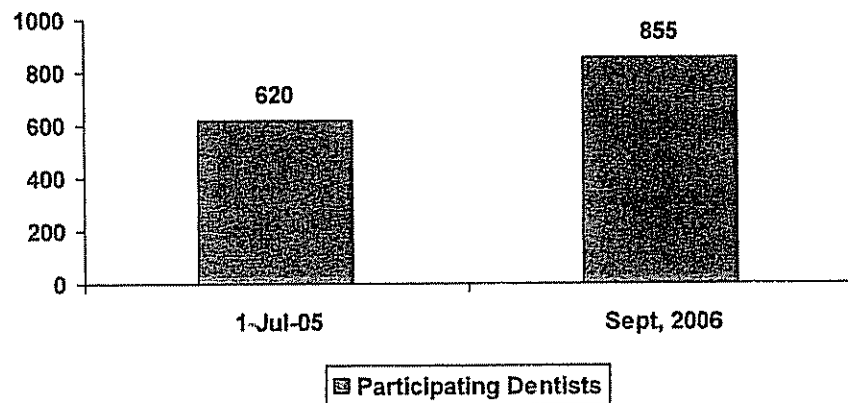
Keeping with the charge set forth by the General Assembly, the goal of **Smiles For Children** is to expand the availability and delivery of dental services to pediatric Medicaid and FAMIS recipients. The dental program operates as a fee-for-service, non-risk program. **Smiles for Children** also addresses the primary concerns that were previously expressed by the dental community regarding reimbursement and administrative processes. The most significant program enhancements include:

- A 30% overall increase in reimbursement fees for dentists;
- 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.

IV. Provider Recruitment Success

- From July 1, 2005 through September, 2006, an additional 235 new dentists have been credentialed and enrolled in the new *Smiles for Children* program. At the start of the program, there were 620 Medicaid dental providers. There are now 855 individual providers in the network which represents a 38% increase in the network. (See Table 1.) Additional providers continue to enroll in the program further enhancing the availability of services.

Table 1: Increase in Participating Dental Providers



Source: Doral Dental Provider Reports

- The new program with its fee increases is attracting new business to Virginia; there have been several new Medicaid children's dental health centers opened in the Richmond, Roanoke and Tidewater areas and there are plans to expand to other underserved areas.
- There are eight localities that previously had no participating dentists that now have access to dental services. The localities include:
 - Amelia County
 - Brunswick County
 - Charles City
 - Highland County
 - Madison County
 - Poquoson City
 - Prince George County
 - Williamsburg City

- Retention efforts have been bolstered to increase the capacity of the existing network. Previously, many providers had been enrolled in the dental program but were not actively participating as evidenced through the submission of claims for services. The percentage of network providers actively participating in **Smiles For Children** has steadily increased from 50% to 78%.
- DMAS has partnered with the Virginia Dental Association (VDA) and the Old Dominion Dental Society (ODDS) to promote **Smiles For Children** and recruit new providers. This partnership continues to strengthen as joint efforts have been made to recruit new specialists. Activities include several joint mailings to all licensed dentists, oral surgeons and endodontists in Virginia and presentations to the local dental association components and specialty societies.
- DMAS has participated in multiple community initiatives over the last year to support recruitment efforts. Examples of community partnerships include:
 - ▶ **FAMIS Outreach Project led by the Partnership for Access to Health Care (PATH), Radford, VA:** Collaborated with PATH and provided recruitment materials. Group conducted a door-to-door campaign to recruit dentists in southwestern Virginia.
 - ▶ **Virginians for Improving Access to Dental Care (VIADC), Richmond, VA:** Participated through membership on VIADC and various sub-committees. Quarterly presentation on **SFC** program updates was added as a standing agenda item.
 - ▶ **Virginia Department of Health (VDH) Richmond, VA:** Provided reports to VDH to assist with monitoring Dentists participating in the Loan Repayment Program. VDH assisted Doral in securing locations for Non-Participating Provider Informational Seminars.
 - ▶ **Bright Smiles Dental Program:** Collaborated with the Virginia Department of Health (VDH) to provide fluoride varnish payments to medical practitioners.
 - ▶ **VCU Dental School:** Conducted brief presentation to 3rd year dental students. Participated in VCU Clinic Day.
 - ▶ **Virginia Primary Care Association, Richmond, VA:** Participated in annual conference. Primary goals were provider recruitment and increasing program awareness.
 - ▶ **Virginia Rural Health Association, Blacksburg, VA:** Participated in annual conference. Primary goals were provider recruitment and increasing program awareness.
 - ▶ **Mission of Mercy (MOM):** Participated in the MOM-Eastern Shore, MOM-Northern Virginia, and MOM-Wise events. Primary goals were provider recruitment and increasing program awareness.

V. Other Initiatives and Program Enhancements

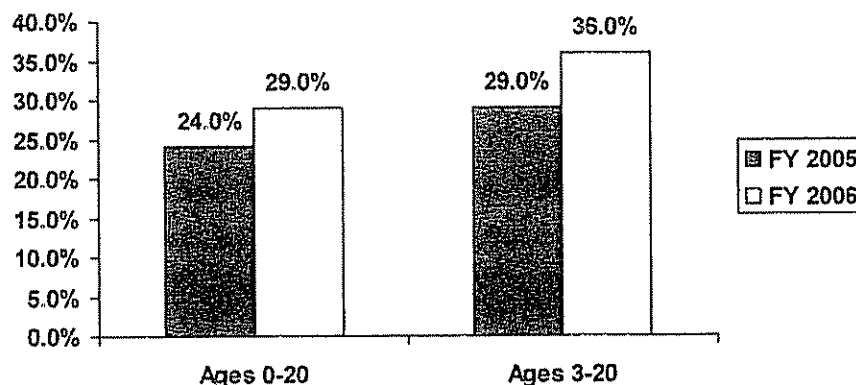
In addition to increasing the number of dentists to deliver needed dental care, there were a number of member outreach initiatives implemented to help promote enrollees going to the dentist. The key member outreach activities include:

- ▶ **Provider Directory/Provider Search:** A Provider Directory is mailed to all new recipients upon enrollment and a provider search feature is available on the DMAS and Doral websites where enrollees can locate a dentist within a certain mile radius from their home.
- ▶ **Broken Appointments:** A Broken Appointment Log was implemented for dentists to identify which patients are not keeping their appointments. Doral will follow up with the individual patients and educate families regarding the importance of keeping appointments and maintaining compliance with treatment plans.
- ▶ **Dental Check Up Reminder:** Postcard reminders have been mailed to over 34,000 enrollees who have not received dental services since July 1, 2005.
- ▶ **Prescription Pads:** Pediatricians can use the Smiles For Children Prescription Pad to remind Medicaid recipients about their dental appointments.

VI. Increased Pediatric Dental Utilization

As a result of the new program and the provider/member outreach efforts, there has been a significant increase in pediatric utilization of dental services. The percentage of children ages 0-20 receiving dental services has increased from 24% in Fiscal Year (FY) 2005 to 29% in FY 2006 (a 21% increase). Similarly, for children ages 3-20, utilization of dental services has increased from 29% in FY 2005 to 36% in FY 2006 (a 24% increase). Table 2 illustrates these increases.

Table 2: Increases in Medicaid/FAMIS Dental Utilization



Source: Centers for Medicare and Medicaid Services EPSDT 416 Report

These increases in utilization indicate that more low-income Virginia children are receiving the care they need, and are improving their oral health.

VII. *Smiles for Children* Gets Positive Responses from Members, Providers and the Dental Community

Member and Provider Survey Results

Member and provider surveys were completed by Doral over the last year. Both surveys indicate satisfaction with the new program. Doral conducted two provider surveys during the first year of the *Smiles for Children* program. A combined total of 238 dentists responded to the two surveys. Regarding "overall satisfaction" with the program administrator, Doral, the average rating was 5.6 on a 7 point scale that ranged from "1" (completely dissatisfied) to "7" (completely satisfied). An average score of 5.6 indicates respondents are generally satisfied. In addition, providers were asked to grade specific aspects of the program on a scale of "1" (poor) to "5" (excellent). Examples of these specific program issues are: (i) speed of payment; (ii) accuracy of payment; (iii) ability to obtain accurate and timely patient information; and (iv) office reference manual. Providers consistently graded *Smiles for Children* in the range of "3.3" to "3.7" rating these attributes as "good" or "very good"

A satisfaction survey was sent to a sample of members in June, 2006; 107 members responded. On a scale of "1" (completely dissatisfied) to "7" (completely satisfied), the average response regarding satisfaction with: (i) the member's dentist was 6.4; (ii) the dental care the member received was 6.2; and (iii) Doral was 5.7. Each measure indicates satisfaction with the program. For specific attributes such as friendliness/courtesy of the dentist, hygienist, and staff, and dental treatment, members consistently responded favorably. On a scale of "1" (poor) to "5" (excellent), the average rounded score for each attribute was "4" (very good).

Responses from the Dental Community

- The Virginia Dental Association (VDA) has played a critical role in the success of the new program. The VDA continues to promote *Smiles for Children* as being one of the best Medicaid/SCHIP dental programs in the country. The VDA has been instrumental in DMAS obtaining access to the specialty societies (e.g. oral surgeons and endodontists) for the purpose of presenting program information and recruitment of new providers.
- A personalized letter from the President of the Virginia Society of Oral/Maxillofacial Surgeons was sent to encourage and motivate members to join. To the oral surgeons, the President wrote:

"The new program has actually become a nationally recognized model for dental Medicaid and I can tell you from experience that we appreciate the new program and can vouch for the many progressive changes put into place to make it more a look alike to traditional insurance type programs".

- The Virginia Dental Association (VDA) and the Old Dominion Dental Society (ODDS) have partnered with the Department in several communication initiatives to the dental community. The VDA has allowed the use of its letterhead for the mailings to dentists in Virginia. Several letters have been mailed highlighting the enhancements made to the program, the fee increases and added program benefits for providers.
- DMAS Dental Advisory Committee Members, most of whom are participating Medicaid dentists, continue to report their experience with the new program as being very good and they have recommended the ***Smiles for Children*** program to other dental colleagues who currently do not participate. The Committee continues to provide expert advice and support to the Department regarding the program.
- Providers continue to offer positive feedback about the new program and are recommending that other colleagues join the network. Several comments from individual participating dentists are listed below.

From Central Virginia - "Doral and DMAS are there for us and are doing everything that they can to make this a very positive and efficient procedure for all of us...Much of the interaction with Doral and the Medicaid program can be done on the internet at their website (eligibility verification, reimbursement rates for particular procedures, covered procedures, almost anything you need to know). In my opinion, there is no bureaucratic reason not to be a participant in this Medicaid program now."

From Shenandoah Valley - "I have had less trouble with the ***Smiles for Children*** Program than traditional insurance programs."

From Northern Virginia – "I am very excited and pleased at the changes that have occurred in Medicaid. There are now pediatric dentists in Warrenton, Gainesville, and several others in Northern Virginia now accepting Medicaid because of the changes."

From Southwest Virginia - "Remits are wonderful to interpret, easy to read, so easy to reconcile...We are very satisfied with the new program. The key is having the entire Medicaid program under one vendor."

National Attention

The program is becoming a nationally recognized model for State Medicaid dental programs.

- DMAS presented an update on the Center for Health Care Strategies Grant on Best Practices for Oral Health Access at the 2006 National Oral Health Conference. (DMAS also has been invited to speak at the 2007 National Oral Health Conference.)

- A DMAS representative was elected to the National Medicaid/SCHIP Dental Association and is serving on the 2007 National Oral Health Conference Planning Committee.
- DMAS representatives were invited to speak at the Medicaid Managed Care Congress in June 2006 on the effectiveness of carving out specialty benefits.
- The DMAS Agency Director presented the new program and participated on a discussion panel at the National Association of Dental Plans in September 2006.
- The DMAS Agency Director was invited by the American Dental Association (ADA) to speak about the new program at one of its annual meetings in December, 2006.

VIII. Conclusion

Smiles For Children, the new Medicaid/FAMIS dental program was developed through the support of the Governor, the General Assembly, the Virginia dental community and advocacy groups. The program is making excellent progress toward its goal of increasing the number of dentists in the network and increasing pediatric dental utilization. After the first year of the program, there already have been over 235 additional dentists in the network and utilization has increased significantly. The program is getting positive feedback from its members and providers and is receiving statewide and national attention as a model for Medicaid/SCHIP dental programs. In the coming years, DMAS will continue to work with its partners to further improve the program.

IX. 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 and the Virginia Department of Health. The Virginia Dental Association has been an exceptionally helpful partner. Most of all, the Department would like to thank the Virginia dentists who participate in the ***Smiles For Children*** program, care for the Medicaid/FAMIS children, and who continue to work with us in this vital mission.