

Annual Report on the Dental Program



Virginia Department of Medical Assistance Services

December 2007

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

I. INTRODUCTION

Smiles For Children, Virginia's dental program, was launched on July 1, 2005, to improve access to quality dental services for Medicaid and SCHIP children across Virginia. After two years of operation, substantial evidence indicates that *Smiles For Children* is achieving its goals and is significantly making a difference in improving dental care for children across Virginia.

This report responds to Item 302 H of the 2007 Appropriations Act that requires DMAS to report annually to the Chairmen of the House Appropriations and Senate Finance Committees on its efforts to expand dental services.

II. PROGRAM DESCRIPTION

Smiles For Children was made possible because of the Governor and the General Assembly's support; they invested an unprecedented 30 percent increase in funding for the program. The financial support allowed substantial increases in dental reimbursement rates in 2005 to attract more dentists and to ensure dental access for children. The program offers an excellent example of how several stakeholders such as providers, patient advocates, and the Commonwealth of Virginia joined forces to design a model program aimed at improving access to health care services. The program now serves more than 400,000 Medicaid and SCHIP children.

Smiles For Children operates as a fee-for-service dental health benefit plan with a single benefits administrator, Doral Dental, USA. All Medicaid and FAMIS enrollees receive dental benefits under *Smiles For Children* through Doral Dental. The Department of Medical Assistance Services (DMAS) retains policymaking authority and, in conjunction with the Dental Advisory Committee, closely monitors contractor activities. *Smiles For Children* offers (1) extensive member outreach and placement services; (2) consolidated enrollment of all children into one dental benefit program; and, (3) service enhancements for dental providers such as a dedicated call center, flexible claims filing options and streamlined authorization and credentialing requirements.

Medicaid and FAMIS dental benefits include diagnostic, preventive, restorative/surgical procedures, and orthodontics. Comprehensive dental benefits are not covered for adults, except for limited oral surgery (e.g., repair of traumatic wounds, extraction of teeth complicating a medical condition, etc.).

III. SMILES FOR CHILDREN STRATEGIC GOALS

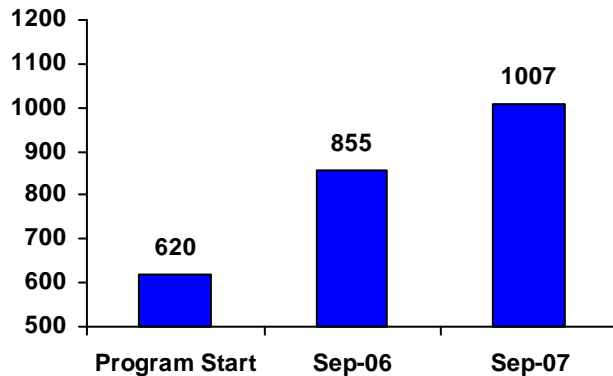
Two goals outlined in DMAS' strategic plan include increasing the number of dental providers in the network and increasing pediatric dental utilization. DMAS exceeded both of these goals.

A. Increased Provider Participation

There has been a dramatic increase in the number of providers enrolled in the dental program since the program began. At the start of the program, there were 620 dental providers, representing only 13% of Virginia licensed dentists. By the end of September 2006, there were 855 providers. By the end of September 2007, an additional 152 providers joined the network, bringing the network to 1007 providers, 23% of Virginia licensed dentists. (See Table 1)

This network total exceeded DMAS' goal for 2007 which was to have 1000 dental providers in the *Smiles For Children* network. This represents a 62% increase in the network since the program's inception. Additional providers continue to enroll in the program, further enhancing the provider network.

Table 1: Increase in Participating Dental Providers



Source: Doral Dental Provider Reports

In addition to an expanded dental network, more providers are actually treating patients as evidenced by the number of providers who are submitting claims. When *Smiles For Children* was first implemented, only 50% of the dental providers were submitting claims for services rendered to Medicaid/FAMIS children. As of 2006, 78% of the network was submitting claims and in 2007, this increased to 83%. This signifies more providers are actively participating in the network, increasing network capacity and improved availability of services.

Dental providers report being very satisfied with the *Smiles For Children* program. Results from provider satisfaction surveys conducted in December 2006 and June 2007 indicated high ratings for overall program performance and quality of program services.

Specifically, in both time periods, 90% of providers rated *Smiles For Children* as “Excellent” or “Very Good” on both overall performance and quality of service. Furthermore, since the program started no providers have terminated their network contracts because of dissatisfaction with the program.

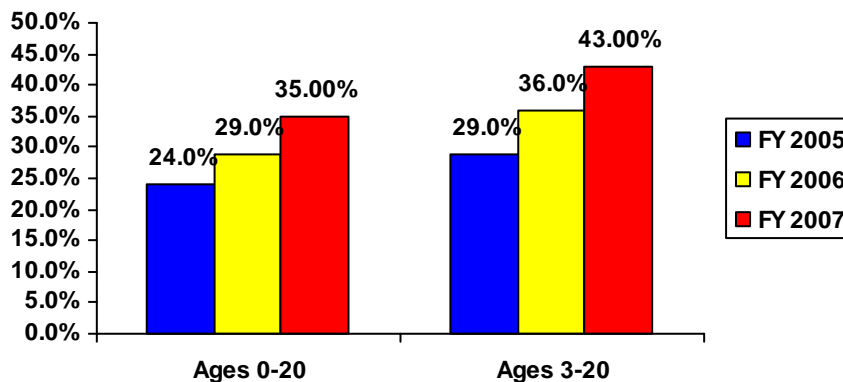
Provider satisfaction partially stems from the fact that *Smiles For Children* functions similarly to a commercial plan and is more responsive to providers’ routine business practices. The following examples of program performance in SFY 2007 reflect the efforts made to meet providers’ needs:

- In FY 07, over 550,000 claims were processed and 99% of them were processed within 30 days. In fact, the average processing time for claims was 20.2 days.
- The accuracy of claim payment averaged over 97%.
- In FY 07, the average turnaround time to process all prior authorizations was 1.8 days.
- DMAS received 10 provider complaints in FY 07. Each complaint was resolved favorably with the provider.
- Personalized assistance is available to assist providers with any credentialing or recredentialing requirements.

B. Increased Dental Utilization

As shown in Table 2, the percent of children ages 0-20 who received dental services increased from 29% in FY 2006 to 35% in FY 2007 (a 20% increase). Furthermore, for children ages 3-20, utilization of dental services increased from 36% in FY 2006 to 43% in FY 2007 (a 20% increase). The increases in utilization equate to over 80,000 additional low-income children receiving needed oral health care.

Table 2: Increases in Medicaid/FAMIS Dental Utilization



Source: Centers for Medicare and Medicaid Services EPSDT 416 Report produced on SFY reporting timeframe. Figures are based on claims received through September 30, 2007.

In addition to having more providers in the network, another factor leading to improved utilization is increased member outreach efforts. Prior to *Smiles For Children*, patients complained that they had difficulty locating dental providers. Therefore, *Smiles For Children* strives to improve enrollee outreach and education. Progress towards this goal has been achieved. More specifically,

- Since 2005, an increase in enrollee education led to over 80,000 more children receiving dental preventive care.
- In FY 2007, Member Placement Specialists helped over 26,000 callers locate participating dentists and make dental appointments.
- There has been extensive participation in health care events to market the *Smiles For Children* program and educate enrollees. Oral health materials and promotional items have been distributed throughout the year. For example, free dental screenings were provided in Lynchburg during a health fair in September 2007. Donated services were provided by a participating *Smiles For Children* dentist, Dr. Zach Hairston of Danville, Virginia.
- In the SFY 07 member satisfaction survey, members rated the dental care they received through *Smiles For Children* as 6.4 (on a scale from one to seven with seven representing excellent).
- The Call Center received over 52,000 calls from members last year with an average rate for abandoned calls of 2%.

III. QUALITY OF CARE INITIATIVES

Although DMAS intends to continue focusing on increased utilization and the provider network, more attention is now being given to assuring the quality of services delivered through the *Smiles For Children* program. Examples of quality initiatives are highlighted below.

A. Quality Improvement Reviews

Over the last year, there has been increasing national media attention given to quality of care concerns for Medicaid dental services. In order to assure quality and appropriateness of care, *Smiles For Children* maintains a comprehensive Quality Improvement/ Utilization Management program as well as professional dental staff. Over 100 audits have been conducted on cases within the last year to examine clinical documentation, billing practices and medical necessity of rendered services. Provider education and training are offered to providers whose records are not in line with a practical and conservative oral health approach.

In addition, a Virginia Peer Review Committee, representative of general and specialty dentistry and chaired by the Doral Dental Director, exists to address provider quality issues and to determine corrective actions to remediate providers. The Committee met

twice in 2007, reviewed four identified providers and recommended remedial plans for continued provider participation. Through the use of over 135 system edits, retrospective review and chart audits, *Smiles For Children* has demonstrated consistent, high quality and cost effective delivery of dental care in order to promote provider education and high standards of care.

In late 2006, the Dental Advisory Committee and dental community raised concerns about the number of stainless steel crowns and pulpotomies performed on *Smiles For Children* enrollees during a single office visit. An excessive number of these procedures can lead to trauma and acute pain for patients, especially if performed without anesthesia. In response, DMAS initiated a utilization report on stainless steel crowns and pulpotomies to identify any excessive practice patterns or trends. National research was also conducted by DMAS' Dental Consultant to identify the prevailing trends on this clinical practice.

DMAS reviews quarterly utilization data pertaining to the number of stainless steel crown and pulpotomies performed on the same date of service. Based on these data:

- To date, there has not been any excessive over-utilization associated with stainless steel crowns or pulpotomies; utilization is within established standards of care.
- Between 2005 and 2006, the number of identified cases decreased. The majority of providers rendering these services were pediatric dentists.

DMAS will continue to monitor these dental services and conduct provider reviews to investigate potential over-utilization that may adversely impact patient safety and health.

B. Broken Appointments

Broken appointments are a major concern for *Smiles For Children* because they result in unnecessary expenses for providers and are often identified as a barrier to provider participation. Additionally, broken appointments are missed opportunities for patients to receive the care they need. Therefore, in 2006, a Broken Appointment initiative was implemented to address this concern.

Specifically, a Broken Appointment Log was developed to accurately identify, track, trend, and understand the barriers patients face in keeping their scheduled dental visits. Providers are requested to periodically complete and submit the log to identify enrollees who may need additional assistance. Furthermore, member outreach efforts are made to the enrollees identified through the Broken Appointment Log to educate them about the importance of keeping appointments and maintaining compliance with treatment plans.

Providers have reported over 10,000 missed appointments since the Broken Appointment Log was implemented. DMAS will take this data into consideration as it develops a pilot program to implement interventions to reduce the incidence of broken appointments.

Lessons learned from the pilot will be used to help improve patient compliance with dental visits.

IV. COLLABORATION AND PARTNERSHIP

Smiles For Children continues to work with the dental community to determine the best next steps for the program. The partnership with the dental provider community is invaluable and provides open communication to facilitate future growth and success of the program. DMAS partners with multiple agencies and participates in several projects to build awareness of the importance of oral health and access to dental care for all Virginians. Examples of partnership activities include:

The Dental Advisory Committee

The Dental Advisory Committee (DAC), representing a broad spectrum of the provider community, meets regularly and is consulted prior to the implementation of any policy or program administrative changes (see Attachment A for a list of DAC members and their specialties). In FY 2007, the DAC met in January, May and October. During these meetings, the DAC provided advice and direction in several policy areas, such as:

- Reimbursement for interpreter services provided to non-English speaking patients during a dental visit.
- Decision pertaining to a possible policy limitation on the number of stainless steel crowns and pulpotomies performed during one visit. It was agreed to monitor utilization of specific codes for appropriateness of services.
- Consideration of proposal from Columbia University to participate in a provider study examining dental network participation and dental utilization in Virginia.
- Feedback on the Broken Appointment Initiative on how to best engage providers in this activity
- Feedback on the classification of dental providers in the DMAS and Doral database

Minutes of the DAC meetings can be accessed on line at www.townhall.state.va.us

Other Partnership Activities

- DMAS staff routinely volunteers at the Mission of Mercy projects in Virginia, sponsored by the Virginia Dental Association which provides free dental care to the uninsured. Patrick Finnerty, Agency Director, participates annually during the July project in Wise County. Steve Pollack, President of Doral Dental, USA, from Mequon, Wisconsin also participated in the 2007 Wise County event. In November 2007, DMAS Dental Manager participated in the Petersburg event along with Dental Directors from Centers for Medicare and Medicaid Services and U.S. Department of Health and Human Services.
- Participation on the Virginia for Improved Access to Dental Care committee and Toothtalk Discussions through the Virginia Health Care Foundation.
- Participation in Virginia's Plan for Smart Beginnings project to improve comprehensive health care for children from birth to age five in Virginia.

- Team with Medicaid Managed Care Organizations to promote program awareness and oral health education.
- In coordination with the VCU/MCV Dental School faculty, participation annually in dental school student activities, including Clinic Day and conducting presentations to dental students, to acquaint students with the oral health needs in Virginia.

V. NATIONAL RECOGNITION

Smiles For Children is becoming a nationally recognized model for state Medicaid dental programs. DMAS has been invited to various speaking engagements to present the new program and its successes. For example, Patrick Finnerty, DMAS Director, made presentations at:

- the 2007 National Oral Health Conference;
- the American Dental Association national meeting in December 2006;
- during a webcast hosted by the National Association for State Health Policy in August 2007 with over 400 attendees; and
- In September 2007, a Washington, DC meeting hosted by the National Academy for State Health Policy, who is working with the Kaiser Commission on Medicaid and the uninsured to improve access to dental care.

Other DMAS staff made presentations on the *Smiles For Children* program at the 2007 National Medicaid Managed Care Congress and the 2007 National Association of State Medicaid Directors. The DMAS Dental Program Manager serves on the Board of the National Medicaid/SCHIP Dental Association and the Planning Committee annually for the National Oral Health Conference.

VI. CONCLUSION

Smiles For Children, the 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 two years of the program, there are over 1,000 providers and utilization is 43%. The program has received positive feedback from its members and providers. Furthermore, the program has received 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 access to high quality oral health services.

VII. 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.

Attachment A. – Dental Advisory Committee Members and Specialty

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES DENTAL ADVISORY COMMITTEE PARTICIPANTS		
Ann McDonald, D.D.S.	General Dentist	Alexandria, VA
Carl O. Atkins, Jr., D.D.S.	Pediatric Dentist	Richmond, VA
Chuck Duvall	Virginia Dental Association	Richmond, VA
Cynthia Southern, D.D.S.	General Dentist	Pulaski, VA
Frank Farrington, D.D.S.	Pediatric Dentist	Midlothian, VA
Fred C. Hamer, Jr., D.D.S.	Orthodontist	Charlottesville, VA
Girish Banaji, D.D.S.	Pediatric Dentist	Fairfax, VA
Ivan Schiff, D.D.S.	General Dentist	Virginia Beach, VA
Joe A. Paget, Jr., D.D.S.	Pediatric Dentist	Blacksburg, VA
John H. Unkel, D.D.S	Pediatric Dentist	Richmond, VA
Karen Day, D.D.S.	Virginia Department of Health	Richmond, VA
Linda S. Bohanon	MCV/VCU Education Centers	Richmond, VA
Lynn Browder, D.D.S.	Virginia Department of Health	Richmond, VA
Neal Graham	Virginia Primary Care Association	Richmond, VA
Neil Morrison, D.D.S.	Oral Surgeon	Virginia Beach, VA
Randy Adams, D.D.S.	Pediatric Dentist	Richmond, VA
Tegwyn H. Brickhouse, D.D.S	Pediatric Dentist	Richmond, VA
Terry D. Dickinson, D.D.S.	Virginia Dental Association	Richmond, VA
Zachary Hairston, D.D.S.	General Dentist	Danville, VA
John Ashby, D.D.S., MS	Orthodontist	Virginia Beach, VA
David M. Strange, DDS, MS	Pediatric Dentist	Atlanta, GA
Bhavna Shroff, DDS, MDentSc	Orthodontist	Richmond, VA