Annual Report on the Dental Program

Virginia Department of Medical Assistance Services

December 2008

INTRODUCTION

This document responds to Item 306(H) of the 2008 Appropriations Act that requires the Department of Medical Assistance Services (DMAS) to report annually to the Chairmen of the House Appropriations and Senate Finance Committees on its efforts to expand dental services (a copy of Item 306(H) is provided in Attachment A). This report examines the progress that DMAS and its multiple partners have made towards this goal over the last three years.

BACKGROUND

Implemented on July 1, 2005, ***Smiles For Children*** is Virginia's dental program that was designed to improve access to quality dental services for Medicaid and SCHIP children across the Commonwealth. The program was made possible through the support of the Governor and the General Assembly, including the provision of an overall 30 percent increase in funding for the reimbursement of dental services. The program celebrated its third year anniversary in 2008 and substantial evidence continues to demonstrate that ***Smiles For Children*** is achieving its goals and is serving as a model dental program among Medicaid programs.

Smiles For Children operates as a fee-for-service dental health benefit plan with a single benefits administrator, Doral Dental, USA. DMAS retains policymaking authority and, in conjunction with the Dental Advisory Committee, closely monitors contractor activities (see Attachment B for a list of current Committee members). The program now serves more than 450,000 Medicaid and SCHIP children.

Medicaid and FAMIS dental benefits for children include: diagnostic, preventive, restorative/surgical procedures, and orthodontics. Comprehensive dental benefits are not covered for adults under ***Smiles For Children.*** Adult dental services are limited to medically necessary oral surgery and associated diagnostic services, such as X-rays and surgical extractions. To qualify for reimbursement, dental conditions must compromise an adult's general health and be documented by the dentist or medical provider.[1]

SMILES FOR CHILDREN STRATEGIC GOALS

Two of DMAS' strategic goals center around the ***Smiles for Children*** program: (1) increase provider participation; and (2) increase pediatric dental utilization. In 2008, DMAS exceeded both of these goals, as the Department did in the last couple of years.

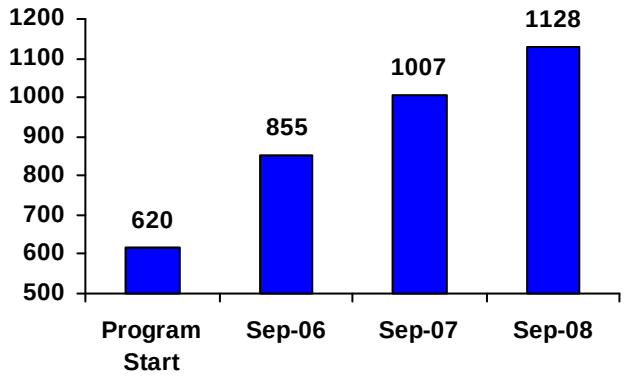
[1] DMAS refers adults whose dental treatment needs are not covered under ***Smiles For Children*** to charitable dental resources in Virginia. The Virginia Dental Health Foundation has been instrumental in assisting these adults through the Donated Dental Services and Mission of Mercy programs.

Goal #1: Increase Provider Participation

The number of providers enrolled in the dental program continues to increase. At the start of the program, there were 620 dental providers, representing only 13 percent of Virginia licensed dentists. As shown in Table 1, by the end of September 2008, there were 1,128 providers, representing 25 percent of Virginia licensed dentists.

For 2008, DMAS' goal was to reach a network total of 1,120 providers in the ***Smiles For Children*** network. Currently at 1,128 providers (September 2008), the network has experienced an 82 percent increase since the program started. Additional providers continue to enroll in the program, further strengthening 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, less than 50 percent of the dental providers submitted claims for services rendered to Medicaid/FAMIS children. As of 2008, over 80 percent of the network was submitting claims. This illustrates that more providers are actively participating in the network, which helps increase network capacity and improve availability of services.

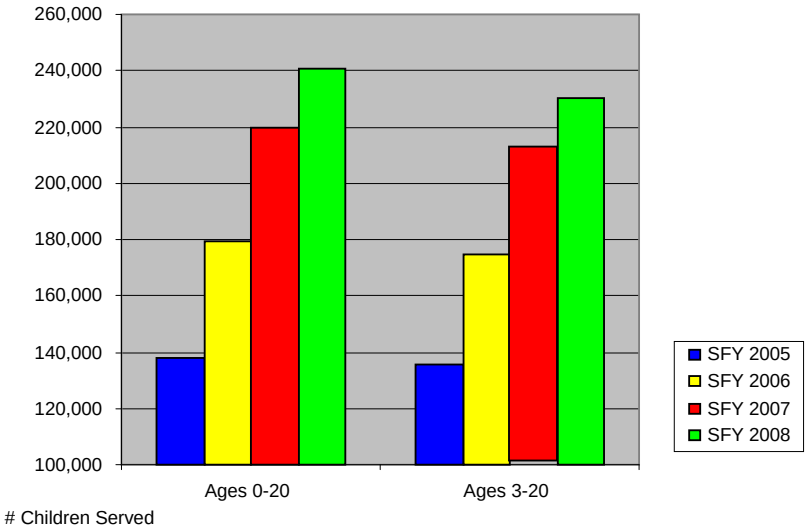
Satisfaction remains high among ***Smiles For Children*** providers. According to the most recent satisfaction survey conducted in 2008, overall satisfaction with the program ranged from 85 to 90 percent. Furthermore, 92 percent of those surveyed indicated a willingness to continue participating in the program.

Goal #2: Increased Dental Utilization

As shown in Table 2 (next page), the number of children ages 0-20 who received dental services increased from 219,968 in FY 2007 to 240,973 in FY 2008. This translates into 38 percent of children in this age group utilizing dental services (compared to 35 percent last year, and 24 percent when the program started). Furthermore, utilization of dental services among children ages 3-20 increased from 211,445 in FY 2007 to 230,250 in FY

2008, resulting in a utilization rate of 46 percent (compared to 43 percent last year, and 29 percent when the program started). The cumulative increases in utilization represent an approximate 74 percent increase in low-income children ages 0-20 and 70 percent more children ages 3-20 receiving needed oral health care since the start of the new program.

Table 2: Increases in Medicaid/FAMIS Children Receiving Dental Services



Source: Centers for Medicare and Medicaid Services EPSDT 416 Report produced on SFY reporting timeframe. Figures are based on claims received through September 30, 2008.

SMILES FOR CHILDREN ACTIVITIES

Provider Recruitment and Outreach

In recognition of ***Smiles For Children's*** third year anniversary, Governor Kaine sent a letter to all Virginia dentists and oral surgeons thanking them for their participation in the dental program and encouraging others to join the network. Since the letter was mailed, approximately 50 new dentists have submitted applications and are expected to become new network providers.

Other provider outreach efforts include:

- Partnerships with the Virginia Dental Association and multiple dental community service agencies continue;
- DMAS and Doral leadership continue to participate in the Mission of Mercy events offered through the Virginia Dental Association;

- DMAS and Doral have resumed attendance at local provider meetings to present ***Smiles For Children*** and promote dental program participation;
- Targeted network analyses were conducted to direct recruitment efforts in underserved areas of the state;
- DMAS continues to work with the Virginia Department of Health's Loan Repayment Program for dental students. In order to graduate from the program, dentists must provide care to Medicaid patients. Program compliance is monitored through cooperative efforts between DMAS and the Health Department; and,
- Personal assistance has been provided to dentists to answer questions about the program and to complete the network application. Potential providers were visited to solicit program participation.

Member Outreach

One of the cornerstones of the ***Smiles for Children*** program is member outreach and personalized attention to help members locate appropriate providers. Toward that end, DMAS and Doral have demonstrated commitment to expediting access to care for members and ensuring members have dental care resources. For example,

- members can easily locate participating dentists by calling the program's toll-free number 1-888-912-3456 to speak with a specialist or they can go to either DMAS' or Doral's website to enter their zip code and search for available providers;
- the ***Smiles For Children*** program has been represented at multiple outreach events throughout the Commonwealth over the last year. Promotional items, such as toothbrushes and educational materials, were provided to over 5,000 attendees at these events; and,
- reaching ***Smiles For Children*** enrollees throughout the Commonwealth is also made possible through extensive collaboration between DMAS and community-based organizations, community leaders, child advocacy groups and multiple key stakeholders. A few examples of valued partnerships and shared event opportunities over the last year include:

    ◊ Virginia Dental Association and Mission of Mercy Events
    ◊ Virginians for Improving Access to Dental Care
    ◊ Virginia Healthcare Foundation - Toothtalk
    ◊ Virginia Rural Health Association and the Annual Conference
    ◊ Head Start Association and the Health Advisory Committee

DENTAL DISEASE PREVENTION

Fluoride varnish has long been a proven treatment in the prevention of dental decay. National attention has focused on how states can increase ways to make fluoride

application more available to children. DMAS has responded by increasing access to fluoride services outside of the dental provider network.

DMAS works with the Virginia Department of Health's "Bright Smiles for Babies" program to expand access to this service. For children under the age of three, DMAS pays for two applications of fluoride varnish per year by a non-dentist. Fluoride varnish application has been covered by Fee-for-Service Medicaid. As of this year, the Managed Care Organizations are covering it as well. Medical providers rendering this service must be a Medicaid provider and approved to bill for the dental code.

Access to this particular service has steadily increased since coverage was initiated. As shown in Table 4, the number of trained providers, the volume of claims and the claim dollar amounts have all increased substantially from SFY 2006 to SFY 2008.

Table 4: Fluoride Varnish Medical Data

Year	Providers	Claims	Claims Dollars
SFY 2006	24	516	$10,727.64
SFY 2007	47	873	$18,149.67
SFY 2008	47	1146	22,468.64
Total	**118**	**2,535**	**$51,345.95**

DMAS also covers fluoride available through prescription toothpaste. Prescription strength fluoride toothpaste is a cost effective preventive product. In examining the volume of prescriptions paid under Medicaid Fee-For-Service, there has been an approximate 24 percent decline in the dollars paid for fluoride toothpaste (see Table 5). Therefore, communications to dentists will build awareness regarding the availability of this preventive product, especially in areas where water is not fluoridated.

Table 5: Fluoride Pharmacy Claims

SFY 2006	$15,357.34
SFY 2007	$10,111.71
SFY 2008	$11,645.27

QUALITY MANAGEMENT

DMAS consistently evaluates the quality of care members receive through the ***Smiles For Children*** program. DMAS promotes quality of care by working with providers to adhere to evidence-based guidelines. This is accomplished through multiple quality assessment activities, such as: site visits, dental record reviews, data mining and standard deviation reporting, dental surveys and interviews, provider communication and trainings and Virginia-based peer reviews. The DMAS Dental Advisory Committee is consulted and included in decisions regarding quality monitoring activities.

Subjects reviewed over the last year to determine the need for quality improvement have included:

- the volume of stainless steel crowns and pulpotomies performed in a single date of service;
- potential duplicative or excessive treatments due to reduced prior authorization requirements;
- the medical necessity of scaling and root planing procedures performed on children;
- efforts to enhance patient treatment compliance; and,
- complex procedures performed without anesthesia or nitrous.

Results of these quality assessment reviews have demonstrated overall compliance with accepted standards of care.

The practice of behavior management techniques during necessary dental treatment of children has also been a continual focus of the ***Smiles For Children*** program. Inquiries have been received by the media and parents of dental patients regarding behavior management techniques, specifically, protective stabilization through the use of papoose boards. Papoose boards are devices commonly used to immobilize children for dental work. If performed improperly, trauma to a child may result.

According to the American Academy of Pediatric Dentistry, protective stabilization is an approved method of behavior management, and pediatric dentists receive behavior management training during post graduate education. These techniques are allowed under the scope of practice, as defined by the Virginia Board of Dentistry, for licensed dentists in Virginia.

DMAS investigates the use of protective stabilization in the ***Smiles For Children*** network to determine if problems exist among participating providers, with the results reviewed with the Dental Advisory Committee. Reviews this year (based on claims data, benchmark reporting, site visit findings and recent network survey results) do not indicate any problems in the use of protective stabilization in the ***Smiles For Children*** network.

Program Integrity

DMAS upholds firm standards when monitoring compliance with billing and allowable reimbursements for dental services. For example, in response to a highly publicized dental fraud case, DMAS conducted an extensive review of our business practices to ensure that proper fraud identification is occurring. Multiple measures are taken to identify fraudulent billing activities among ***Smiles For Children*** providers, such as:

- claims data are routinely monitored to identify providers with unusual patterns of claim submissions;
- data mining techniques and benchmark reporting are used; and,

- chart reviews are conducted to audit and reconcile services billed and rendered.

Over 450 patient records were reviewed during the last year. Findings indicate inadequate clinical documentation is an often identified problem for providers. Proper clinical documentation is critical for providers to substantiate services rendered. However, when services are not substantiated, cases are referred to the Virginia Peer Review Committee and funds may be recouped from providers when overpayment has occurred. Any potentially fraudulent activity is referred to the DMAS Program Integrity Division and the Virginia Board of Dentistry. DMAS seeks to cooperate fully with the Office of the Attorney General when assistance is requested with any inquiry or investigation.

DMAS supports providers being reimbursed accurately for dental services rendered to ***Smiles For Children*** patients. Resources are available to providers through the Doral electronic billing process and provider relations activities for clarification and understanding of proper billing procedures. Training opportunities and personalized attention are provided to bring providers into compliance with procedural standards.

PROGRAM ACHIEVEMENTS

In addition to improved dental utilization and increased provider participation, Virginia's reforms in the dental program have received national attention. Over the past few years, DMAS has been asked to present the ***Smiles For Children*** program at national meetings of the American Dental Association, the National Association of Dental Plans, the National Association of State Medicaid Directors, the Medicaid Managed Care Congress, the National Academy for State Health Policy, and the National Oral Health Conference. Most recently, DMAS provided testimony at a Congressional Hearing in Washington, D.C., to the House Committee on Oversight and Government Reform and Domestic Policy Subcommittee.

DMAS has continued to accept dental leadership opportunities on both local and national levels. The DMAS Director is Chairman of a national Technical Advisory Group sponsored by the Centers for Medicare and Medicaid Services and the National Association of State Medicaid Directors. DMAS participates in the Medicaid/SCHIP Dental Association and has a leadership role in the Virginians Improving Access to Dental Care Coalition. The Virginia Dental Association has also recognized DMAS for its commitment to the ***Smiles For Children*** program. DMAS frequently responds to requests for program information from other states, such as: California, Colorado, and Maryland, and participates in research activities with the Virginia Commonwealth University School of Dentistry and Columbia University.

Smiles For Children's success is a result of multiple stakeholders working together for the same cause….increasing access to dental care for low-income children. The dental community has been very supportive and helpful. They are a true partner in the mission to improve oral health in Virginia. The Governor and General Assembly have given

DMAS the tools and resources to make these improvements. Their continued support has been instrumental in the success of the program.

ACKNOWLEDGEMENTS

The staff of the ***Smiles For Children*** program wish to thank the many partners who have contributed to the success of the program. These partners include: Governor Kaine, the Virginia General Assembly, the Virginia Dental Association, the Old Dominion Dental Society, the Virginians for Improving Access to Dental Care Coalition, the Virginia Commonwealth University School of Dentistry, the Centers for Medicare and Medicaid Services, the Virginia Healthcare Foundation, the Medicaid Managed Care Organizations, First Health Services and Virginia community programs and advocacy organizations. We extend a special thank you to all of the Virginia licensed dentists who participate in the program and provide quality dental care to enrolled children and adults. It is through the commitment of and the contributions from all these partners that dental access has improved significantly over the last three years.

Attachment A

APPROPRIATIONS LANGUAGE INSERT

306. Medicaid Program Services (45600)

Authority: Title 32.1, Chapters 9 and 10, Code of Virginia; P.L. 89-87, as amended, Title XIX, Social Security Act, Federal Code.

H. 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 Department of Medical Assistance Services shall report its efforts to expand dental services to the Chairmen of the House Appropriations and Senate Finance Committees and the Department of Planning and Budget by December 15 each year.

Attachment B

Dental Advisory Committee Members and Specialty

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES DENTAL ADVISORY COMMITTEE PARTICIPANTS		
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
David Hamer, 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
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