COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

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December 15, 2014

MEMORANDUM

TO: The Honorable Walter A. Stosch
Co-Chairman, Senate Finance Committee

The Honorable Charles J. Colgan
Co-Chairman, Senate Finance Committee

The Honorable S. Chris Jones
Chairman, House Appropriations Committee

Daniel S. Timberlake
Director, Virginia Department of Planning and Budget

FROM: Cynthia B. Jones Cynthia B. Jones

SUBJECT: Report on Dental Program

Item 301(K) of the 2014 Appropriation Act that requires the Department of Medical Assistance Services (DMAS) to report annually to the Chairmen of the House Appropriations and Senate Finance Committees and the Department of Planning and Budget on its efforts to expand dental services by December 15 of each year. This report examines the progress that DMAS and its multiple partners have made towards this goal over the last nine years.

Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

CBJ/

Enclosure

pc: The Honorable William A. Hazel, Jr., MD, Secretary of Health and Human Resources

Department of Medical Assistance Services
Annual Report to the General Assembly

Smiles For Children - Improving Dental Care Across Virginia

December 2014

REPORT MANDATE

This document responds to Item 301 (K) of the 2014 Appropriation 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 301(K) is provided in Attachment A). This report examines the progress that DMAS and its partners have made towards this goal over the last nine years.

BACKGROUND

Implemented on July 1, 2005, *Smiles For Children* (SFC) is the Virginia Medicaid dental program that was designed to improve access to high quality dental services for children enrolled in Medicaid and CHIP 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 Medicaid funding for the reimbursement of dental services. The program celebrated its ninth year anniversary in 2014, and substantial evidence continues to demonstrate that SFC is achieving its goals and continues to serve 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, DentaQuest. DMAS retains policymaking authority and closely monitors contractor activities. The Dental Advisory Committee (see Attachment B for a list of current Committee members), continues to assist DMAS in professional dental discussions. More than 899,000 Medicaid and CHIP members (approximately 615,000 children) are now eligible for the program. Medicaid and FAMIS cover comprehensive dental benefits for children including: diagnostic, preventive, periodontal, restorative/surgical procedures, and orthodontics. Comprehensive dental benefits are not covered for adults under SFC. Emergency dental care and the associated diagnostics are the only covered services for adults under the Virginia Medicaid dental program. Dental emergencies that may qualify for reimbursement are issues compromising a patient's general health and such conditions must be documented by the dentist or medical provider.

PERFORMANCE HIGHLIGHTS IN 2014

Smiles For Children has been in existence since 2005 and DMAS capitalizes on every opportunity to continue to strengthen the program. Highlights of the 2014 SFC program include:

- Expanding the network from 620 general dentists and specialists in 2005 to approximately 2,000 in 2014. (Reference Table 1)
- Virginia is one of seven states chosen by the Center for Health Care Strategies and the Centers for Medicare and Medicaid Services (CMS) to participate in a national Oral Health Learning Collaborative. Expanded partnerships with the Department of Social Services, the Women, Infant and Children Program, the Virginia Oral Health Coalition and the Virginia Department of Health have been vital to the success of the Collaborative.
- A successful dental sealant program that identifies and treats children who are at risk for cavities. The *Preventistry Sealant* program is reducing the incidence of cavities for young members in the SFC program.
- A 48.9% increase in the number of non-dental providers applying fluoride varnish to enrollees under age 3 years (186 non-dental providers in SFY2013 compared to 277 non-dental providers in SFY2014). A 39.6% increase in enrollees under age 3 years (8,005 children under age 3 in SFY2013 compared to 11,179 children under age 3 in SFY2014) who received fluoride varnish treatment from non-dental providers. (Reference Table 3)
- Surpassing the national average (62.26% in Virginia versus 49.07% national average) for children participating in an annual dental visit (Reference Table 4).

STRATEGIC GOALS

Three of DMAS' overall strategic goals focus on the SFC program, specifically: (1) increasing provider participation, (2) increasing pediatric dental utilization, and (3) pursuing innovative strategies to improve utilization. In 2014, DMAS again met or exceeded these goals.

Goal #1: Increase Provider Participation

The number of providers enrolled in the SFC dental program continues to increase. Provider participation has almost tripled since the program began in 2005. By the end of August 2014, there were 1,893 providers. This represents approximately 27 percent of the 6,911 licensed dentists in Virginia.

In SFY 2013, there were 1,785 providers in the SFC network versus 1,893 providers in SFY 2014 representing a 6% increase from SFY 2013. Additional providers continue to enroll in the program monthly, further strengthening the program's provider network.

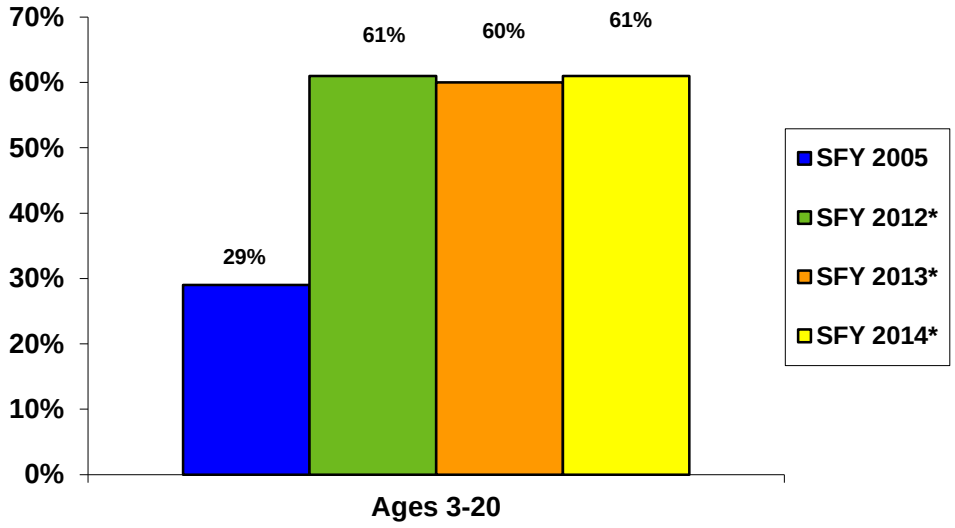
In addition to the expanding number of providers participating in the dental network, more of these providers are actually treating patients; this is evidenced by the number of providers submitting claims. As of SFY 2014, approximately 79 percent (or about 1,489

providers) of the participating network providers were submitting claims. The significant growth in the provider network, including the number of dental specialists, not only dramatically increases provider availability, but also expands network capacity and improves availability of services for SFC members.

Goal #2: Dental Utilization

Table 1 displays dental utilization in the first seven years of the SFC program. Increases in utilization slowed markedly after the first year. This rapid increase in utilization during the first year decelerated once the program secured the most accessible providers. Over the last three years of the SFC program, the strategy to achieve program goals has become increasingly more complex. DMAS compared utilization between a commercial insurer (the Commonwealth State Employee dental plan) and the Medicaid SFC program. The results showed that the percent of enrollees using services in each plan was similar. During SFY2013 and SFY2014, dental utilization for State employees, including their spouses and dependents, was approximately 70%, compared to 61% in the SFC program. To further increase utilization in the SFC program, in 2013, DMAS implemented a new strategy to increase utilization by participating in the Oral Health Learning Collaborative (OHLC) with CMS and the Center for Health Care Strategies. This had a positive impact in utilization as highlighted in C under Goal #3.

Table 1: Medicaid/FAMIS Children Receiving Dental Services



SFY 2012*, 2013* and 2014 * Represents new CMS guidelines – unduplicated individuals who have been continuously enrolled for 90 days versus previous enrollment of 1 day

Source: Centers for Medicare and Medicaid Services EPSDT 416 Report produced on SFY reporting timeframe. Figures are based on claims received through September 23, 2014
(3 months lag time).

Goal #3: Pursue an Innovative Strategy to Improve and Increase Utilization in the *Smiles For Children* Program

In 2013, Virginia became one of only seven states to be selected to participate in a Medicaid Oral Health Learning Collaborative with the Centers for Medicare and Medicaid Services and the Center for Health Care Strategies. Virginia is collaborating with six other successful State programs to develop additional strategies to increase utilization. The collaborative is an opportunity to develop innovative ideas in dental health care delivery. The goals of the collaboration are: (1) to increase by 10 percentage points the portion of children enrolled in Medicaid and CHIP who receive an annual preventive dental service; and (2) to increase by 10 percentage points the portion of Medicaid children ages 6 through 9 who receive a dental sealant on a permanent molar tooth. These goals are similar to the goals set by CMS for state Medicaid dental programs.

PARTNERSHIPS

Oral Health Learning Collaborative: As a result of participation in the Oral Health Learning Collaborative the SFC program has expanded its partnerships in Virginia. Participation in the Oral Health Learning Collaborative has facilitated the formation of partnerships with the Virginia Department of Health, Virginia Department of Social Services, the Virginia Oral Health Coalition, Virginia dental providers, and contracted Medicaid Managed Care Organizations.

SMILES FOR CHILDREN ACTIVITIES

A. Provider Recruitment

The *Smiles For Children* program maintains open communication with the provider community. The SFC benefits administrator, DentaQuest, recruits providers through a variety of outreach activities on an ongoing basis. For example, DentaQuest represents the SFC program at professional meetings which helps to identify and understand problems from providers' perspectives and develop satisfactory solutions. As a result, SFC implemented several initiatives to address provider-identified issues, such as developing a dental provider tool kit, a provider web portal and provider trainings.

B. Direct Deposit (Electronic Funds Transfer)

The DMAS implementation of Item #300H of the 2011 General Assembly Appropriations Act required all providers to develop the capacity to accept electronic funds transfer (EFT) for reimbursements no later than July 1, 2013. This capability provides a number of benefits to both DMAS and the provider community, such as the elimination of forged, counterfeit or altered checks; eliminating lost or stolen checks; faster provider reimbursement; and decreased administrative costs for providers and the Medicaid and CHIP programs. When implemented by DentaQuest in May 2009, approximately 5.9% of SFC dental providers were using Direct Deposit. In 2014, the

percentage of SFC dental providers using Direct Deposit increased to 83%. Reasons for lack of participation include issues such as the dentist does not have a computer or has a lack of trust in technology. An exception process is in development for providers who are unable to participate.

C. Member Outreach:

DMAS and DentaQuest are committed to expediting access to care for members and ensuring that members have access to dental services. The SFC program emphasizes member outreach and one-on-one personalized attention. Examples are listed below:

- An Early Dental Home pilot (children birth to 5 years) was implemented in Richmond City, and Chesterfield, Henrico and Hanover counties.
    - Members were assigned a dental home
    - Members were notified of dental home assignment
    - Dentists received a roster of patients
    - Members received an incentive for utilizing dental services after assignment of a dental home

  The first year assessment following the implementation of the Dental Home Pilot initiative showed that utilization rates for age 0-5 increased from 44.8% in SFY 2013 to 45.3% in SFY 2014. This small increase in utilization is not as large an increase as anticipated. This may be accounted for by a late start in the incentive portion of the program (started in May 2014) and resolving member assignment issues such as assuring member was assigned to the dentist of record. In SFY 2015, DentaQuest plans extensive outreach and training with the Early Dental Home pilot dentists and with programs in the pilot area serving the Medicaid population.

- Collaboration with the Managed Care Organizations across the state increased dramatically.
- DentaQuest increased pregnant member outreach. Three thousand oral health kits were distributed to pregnant women during SFY2014.
- DentaQuest staff members distributed oral health information at quarterly Head Start health advisory meetings and conferences.
- In SFY2014 DentaQuest initiated a high school oral health pilot program to address the historical pattern of dental service utilization decrease in the teenage population.
- DentaQuest staff has participated in 59 outreach events statewide to encourage members to visit the dentist.

D. Oral Disease Prevention

Oral disease continues to be the most prevalent disease of childhood with the largest disease burden in the at-risk child population. The timely use of fluoride varnish and dental sealants effectively prevents oral disease and reduces the cost for treatment.

Preventistry Sealant Program: The Preventistry program was initiated by Virginia's SFC Medicaid program in 2012 as a dental disease prevention effort. The goals of Preventistry Sealant program are to increase sealant placement and decrease the incidence of caries in specific age groups of children. The Preventistry program has two focus areas regarding the application of dental sealants. The first is to stress the importance of sealant placement on susceptible teeth. The second is to encourage network providers to use sealants as a common first line of defense against cavities. To achieve these goals, DentaQuest partners with providers. A Preventistry brochure and additional educational information is included in a Dental Home Toolkit that is distributed to SFC network providers. In addition, providers are mailed a list of members in the specified age groups (ages 6, 7, 12 and 13) who have not received sealants.

Overview of Early Sealant Placement Status

- The Preventistry Sealant program continues to show an increase in sealant placement for children aged 6, 7 and 12.
- DentaQuest reports a slight increase in sealant placement rates for children aged 14 and 15 even though these children are not included in the Preventistry program. It is likely that these children were identified on a previous list received by the dental provider and/or that increased awareness of the benefits of sealant has 'spilled over' to the older cohort.
- Results show an increase in sealant placement for children aged 8 due to being on the list at age 7 at the beginning of the notification period.
- There is a decrease in sealant placement (often significant) in children in age groups that are not identified by the Preventistry program.
- Additional research will be conducted to determine outcomes for this population.

Fluoride Varnish: Fluoride varnish remains an important, safe and effective preventive measure against dental decay in infants and young children. National attention has focused on how states can increase the availability of fluoride varnish to at risk children. DMAS continues to increase access to fluoride varnish 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. As shown in Table 2, the number of trained providers, the volume of claims, and claim dollar amounts increased substantially from SFY 2010 to SFY 2014.

Table 2: Fluoride Varnish Medical Data

State Fiscal Year	Providers	Claims	Claims Dollars
*2010	117	2,567	$51,148.00
*2011	118	6,262	$127,805.44
*2012	149	8,065	$163,028.54
*2013	186	9,482	$185,995.59
*2014	277	14,196	$273,087.49

Source: DMAS Claims Data *As of 2010, MCO's now included in totals

DMAS encourages and covers six applications of fluoride varnish beginning at six months to three years of age by trained non-dental providers. DMAS pays for two fluoride varnish applications per year by a non-dentist for children under the age of three. Fluoride varnish application is covered by fee-for-service Medicaid and by Medicaid managed care organizations. Non-dental Medical providers offering this service must be a Medicaid provider and approved to bill for the dental code.

E. Dental Advisory Committee (DAC)

The DAC is a professional advisory committee (Appendix B) which meets twice a year to provide professional input and guidance to the SFC program. The DAC meetings cover topics ranging from program updates from the dental benefits administrator, DentaQuest to oral health initiatives and emerging developments in oral health and disease prevention.

SMILES FOR CHILDREN QUALITY MANAGEMENT

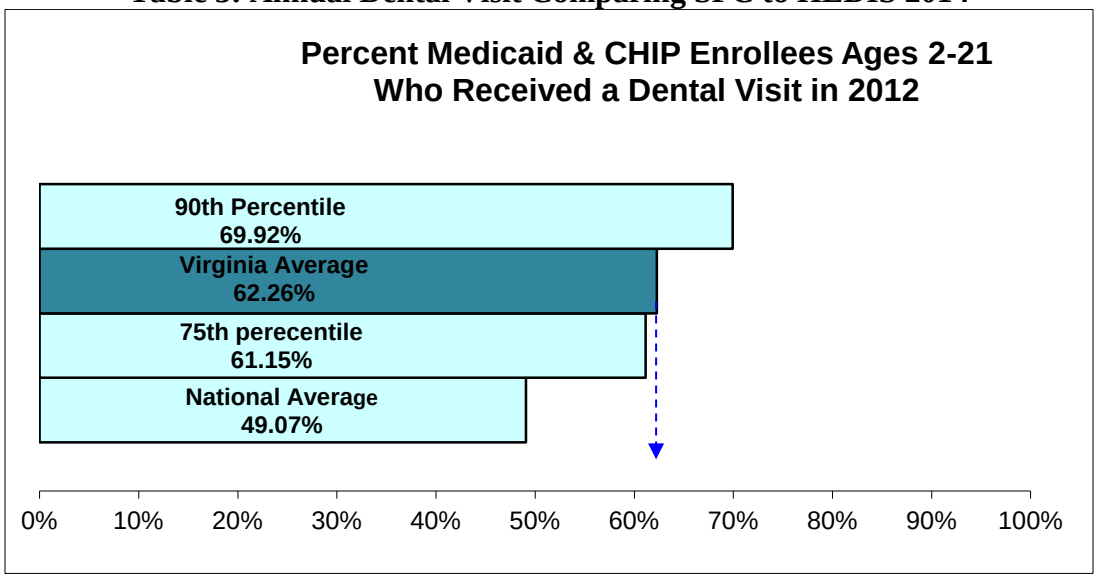
Smiles For Children continues to evaluate the quality of care provided to members. These efforts center on continuously monitoring the provider community's adherence to evidence-based guidelines and standards of care. There are multiple quality assessment activities, including the DMAS Dental Advisory Committee involvement, in the SFC program.

In conjunction with a DAC subcommittee, *Smiles For Children* designed a qualitative assessment initiative to evaluate the long term impact of consistent dental care. Concurrently, qualitative improvement assessments spearheaded by the American Dental Association are occurring nationwide. The quality improvement initiative proposed by the SFC program measured the use of preventive sealants placed on children's first permanent molars.

Smiles For Children requires DentaQuest to provide an annual report on preventive dental visits. The 2014 report replicated the Healthcare Effectiveness Data and Information (HEDIS) 2014 technical specifications and is based on services rendered in 2013. This report measures the percentage of members 2-21 years of age who had at least one (1) dental visit during the measurement year. The data showed that 63.64% of the members had at least one dental visit, which was well above the HEDIS National Medicaid average of 49.07%. The SFC data showed the percentage of members with at least one dental visit was above the 75th percentile of the national HEDIS data.

As shown in Table 3, Virginia continues to surpass the national average for children who receive a dental visit.

Table 3: Annual Dental Visit Comparing SFC to HEDIS 2014



Data Sources and Limitations: Virginia Medicaid and CHIP Average was provided by DentaQuest using 2014 HEDIS Technical Specifications. National Averages were collected from Quality Compass 2014.

Compliance with Dental Periodicity Schedule

In an effort to measure the effectiveness of the outreach program and compliance with the state and federal periodicity schedule, the Periodicity Compliance report was developed. The report gauges SFC member compliance with EPSDT (Early, Periodic Screening, Diagnosis and Treatment) guidelines related to utilization of dental care.

The report indicates an upward trend in member compliance with EPSDT guidelines each year of the SFC program since implementation in July 2005. For SFY 2014, the periodicity report reflects an increase in compliance with the guidelines. Overall, the increase in compliance with EPSDT guidelines can be attributed to the program's comprehensive outreach program. Key factors of the outreach program that have most likely contributed to this increase include successful provider recruitment initiatives that have resulted in increased access to care and collaboration with diverse community advocacy organizations.

Increasing pediatric dental utilization is one of the main goals of the outreach program. According to data for SFY 2014, utilization has increased significantly.

Table 4: Percent of Members in Compliance with Periodicity Guidelines

Age Group	SFY 2005	SFY 2014	Percent Increase
3-20	29%	61%	110%

Through the use of innovative outreach and provider recruitment initiatives, compliance with EPSDT guidelines has increased over time and is expected to continue an upward trend.

PROGRAM INTEGRITY

Utilization Review

DMAS upholds firm standards when monitoring compliance with billing and reimbursements for dental services. The Department's Dental Benefit Administrator, DentaQuest, employs a multi-faceted approach to the identification and prevention of fraud, waste and abuse. DentaQuest provides comprehensive oversight of SFC utilization through continuous and ongoing data mining and in-depth data analysis. During the retrospective review of paid claims, DentaQuest utilizes a library of proprietary reports including, but not limited to, standard deviation and benchmark reporting to identify aberrant patterns of billing. This analysis is conducted on a network level, provider level, and service location level. Providers who are flagged as outliers are subject to different levels of action. Actions can include but are not limited to:

- Clinical audit of member records.
- Provider education and guidance in coding and expectations for code usage.
- Placement of a provider and/or location on an increased pre-payment review schedule.

In the *Smiles For Children* program, certain benefits are subject to a utilization management pre-payment review process to ensure that all services are medically necessary, meet the accepted standard of care and provide the most appropriate and cost effective treatment. Additionally, DentaQuest subjects all claims submitted for SFC members to an extensive system of edits and processing policies prior to payment. Adjunctive to the oversight of all utilization through system edits, data mining and data analysis, DentaQuest investigates all leads generated from member and/or provider complaints, the utilization management process, customer service leads and professional relations.

Audit Findings and Recommendations

When services that are billed to DMAS are unsubstantiated in the patient record, the provider is subject to but not limited to the following actions: (1) provider education/behavior modification, (2) referral to the DentaQuest Peer Review Committee, and (3) referral to the Virginia Peer Review Committee based on the recommendations of the DentaQuest Peer Review Committee. Funds are recouped from providers when overpayment occurs. Any potentially fraudulent activity is referred to the DMAS Program Integrity Division and the Virginia Board of Dentistry. DMAS cooperates fully with the Office of the Attorney General when assistance is requested with any inquiry or investigation.

Audit Results for SFY 14

Number of Audits – 1,186 members and 107 providers

Sanctions/Terminations - $118,014.17 was recouped from 34 dental providers and no terminations.

PROMOTING USE OF ELECTRONIC HEALTH RECORDS

Electronic Health Care Act

The Electronic Health Record Act (EHR) is a federally mandated program, originating at CMS. The EHR is an incentive program to encourage the use of EHRs for providers for whom at least 30% of the total claims from their practice are from patients that are Medicaid members. DentaQuest staff are acting in an interface capacity with CMS and DMAS and serving as a facilitator between SFC dental providers and CMS. When a dental provider qualifies and is approved by DMAS, the provider receives a series of incentive payments over five years totaling $67,750.

ACKNOWLEDGEMENTS

The staff of the *Smiles For Children* program wishes to thank the many partners who have contributed to the success of the program. These partners include: the Dental Advisory Committee (DAC), the Virginia Dental Association, the Old Dominion Dental Society, Virginia's Oral Health Coalition, DentaQuest, the Virginia Commonwealth University School of Dentistry, the Virginia Healthcare Foundation, Virginia Department of Health, and Virginia community programs and advocacy organizations. Program staff would like to acknowledge Governor McAuliffe and the Virginia General Assembly for their support of the SFC program and the DAC for its ongoing work to improve dental access.

We are especially grateful to dentists across the Commonwealth who participate in the program and provide quality dental care to enrolled children and adults. It is through the commitment and contributions of these partners that dental access has improved.

Attachment A

APPROPRIATION LANGUAGE

2014 Special Session I Acts of Assembly, Chapter 3

Item 301 (K)

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

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