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Department of Medical Assistance Services

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January 10, 2014

MEMORANDUM

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

The Honorable Lacey E. Putney
Chairman, House Appropriations Committee

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

FROM: Cynthia B. Jones *cbj*

SUBJECT: Report on Dental Program

Item 307(K) of the 2013 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 eight 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 2013

Report Mandate

This document responds to Item 307 (K) of the 2013 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 307(K) is provided in Attachment A). This report examines the progress that DMAS and its multiple partners have made towards this goal over the last eight years.

Background

Implemented on July 1, 2005, *Smiles For Children* (SFC) is the Virginia Medicaid dental program that was designed to improve access to 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 funding for the reimbursement of dental services. The program celebrated its eighth year anniversary in 2013, and substantial evidence continues to demonstrate that SFC is achieving its goals and is serving as a model Medicaid dental program.

Smiles For Children operates as a fee-for-service dental health benefit plan with a single benefits administrator, DentaQuest. More than 899,000 Medicaid and CHIP members (approximately 619,000 children) are currently eligible for the program. 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 an advisory capacity in professional dental discussions.

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

* DMAS refers adults whose dental treatment needs are not covered under SFC to charitable dental resources in Virginia. The Virginia Dental Association has been instrumental in assisting these adults through the Donated Dental Services and Mission of Mercy programs.

SMILES FOR CHILDREN STRATEGIC GOALS

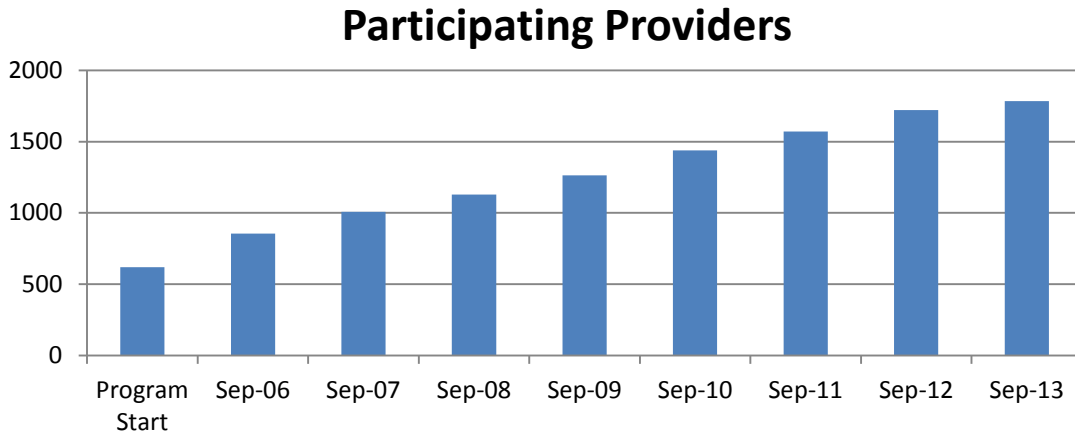
Two of DMAS’ strategic goals focus on the **SFC** program, specifically: (1) increasing provider participation, and (2) increasing pediatric dental utilization. A third goal was established in SFY 2014 to pursue new innovative strategies to improve utilization. In 2013, DMAS again exceeded all goals.

A. Goal #1: Increase Provider Participation

The number of providers enrolled in the SFC dental program continues to increase. Provider participation has nearly tripled since the program began in 2005. In 2005, there were 620 dental providers, representing only 11 percent of Virginia licensed dentists. As shown in Table 1, by the end of August 2013, there were 1,785 enrolled providers. This represents approximately 26 percent of the 6,878 Virginia licensed dentists. Additional providers continue to enroll in the program monthly, further strengthening the program’s provider network.

Table 1: Increase in Participating Dental Providers

Source: DentaQuest Dental Provider Reports

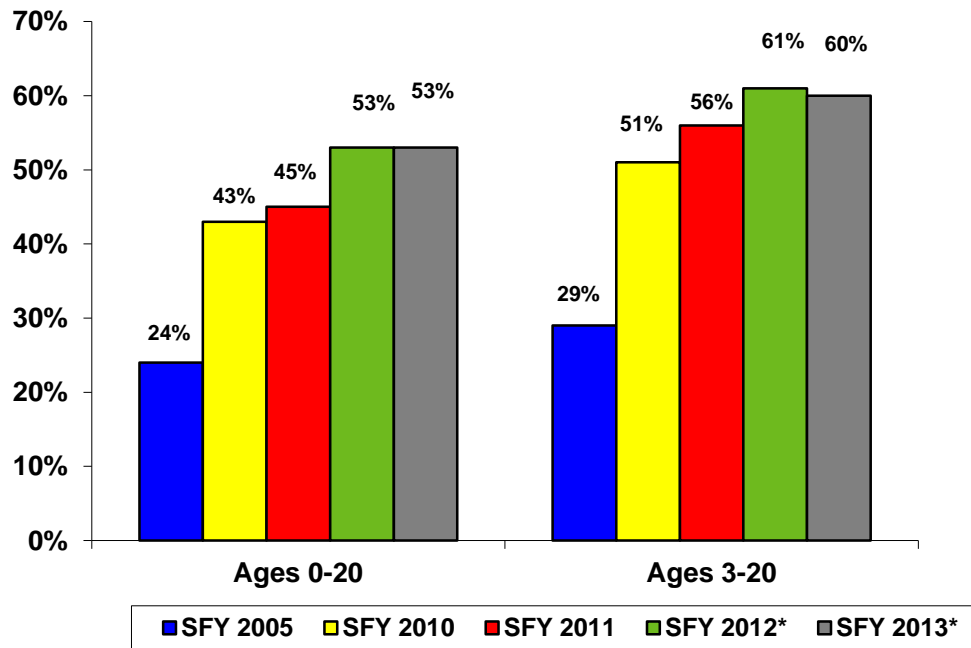


In addition to the expanding number of providers participating in the dental network, more of these providers are actually treating patients; this is evidenced by the number of providers submitting claims. In 2005, when **SFC** began, less than half of 620 participating dental providers submitted claims for services rendered to Medicaid/FAMIS children. As of SFY 2013, approximately 80 percent (or about 1,428 providers) of the participating network providers submitted claims. The significant growth in the provider network not only dramatically increased provider availability network capacity, it improved availability of services for **SFC** members.

B. Goal #2: Dental Utilization

Table 2 below displays the rapid increase in service utilization as the program matured during the first seven years. The data demonstrate that the goals of the **SFC** program were attainable in the developmental stages of the program. But in a predictable manner, this rapid increase in utilization decelerated once the program secured the most accessible providers and new provider enrollment reached a plateau.

Table 2: Children in Medicaid/FAMIS Receiving Dental Services by Age Category



* **SFY 2012 and 2013** represent a change in CMS guidelines for counting enrollees to the number of unduplicated individuals who have been continuously enrolled for 90 days versus enrollment of one day.

Source: Centers for Medicare and Medicaid Services EPSDT 41 Report produced on SFY reporting timeframe. Figures are based on claims received through September, 23, 2013 (3 months lag time).

Over the past two years, the need to develop new strategies to achieve the program’s goals has come into focus. Recent utilization has remained static, or as seen in 2013, slightly declined. In order to provide a context for the recent data, an analysis was performed to compare the Medicaid **SFC** program to the Commonwealth State Employee dental plan. The analysis of the two plans showed similar utilization patterns. During SFY12 and SFY13, approximately 70 percent of State employees (including their spouses and dependents) used dental services compared to the 60.5% of **SFC** enrollees. Due to the stabilizing utilization trend, **SFC** has sought a new strategy to increase utilization through participation in the Oral Health Learning Collaborative with CMS and the Center for Health Care Strategies described below.

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

In a competitive process, Virginia became one of only seven states to be selected to participate in a Medicaid Oral Health Learning Collaborative with CMS and the Center for Health Care Strategies. This is a rare opportunity to strategize and develop innovative ideas in dental health care delivery in collaboration with six other states. The goals of the Collaboration are: 1) to increase by 10 percentage points the proportion of enrolled children who receive a preventive dental service; and 2) to increase by 10 percentage points the proportion of enrolled children ages 6 through 9 who receive a dental sealant on a permanent molar tooth. These goals parallel national goals set by the American Dental Association and goals set by CMS for state Medicaid dental programs. **SFC** staff has developed a work plan with objectives and activities to achieve the stated goals. This initiative began in 2013 and will run for four years. CMS will disseminate the findings/lessons of the collaborative to Medicaid dental stakeholders across the country. CMS will preparing an interim report in 2013, and a subsequent (potentially final – depending on whether the project extends for a third year) report in November 2014. CMS plans to hold a public webinar November 2014 to present the findings.

Program Costs

In 2005, the General Assembly appropriated funds to expand the availability and delivery of dental services to pediatric Medicaid recipients through the newly created **SFC** program with the directive to improve access to and availability of high quality dental services. DMAS met the directive by increasing provider participation and utilization resulting in commensurate increases in expenditures that reflect the attainment of the program's goals. To recapitulate, in 2005, there were 620 providers, and as of August 2013, there were 1,785 dental providers participating in the **SFC** program. Approximately 80% of participating providers are actively billing versus less than 50% when the program started. Utilization among enrolled children ages 0-20 years has increased from 24% in 2005 to 53% in 2013. Consequentially, **SFC** expenditures (including both administrative costs and dental claims) have risen from \$73,177,319 in 2006 to \$176,983,869 in 2013.

As a result of meeting the directives, **SFC** was recognized by CMS as one of seven “Best Practice” states and was selected to participate in the Oral Health Learning Collaborative. Keeping with the charge set forth by the General Assembly in 2005, **SFC** continues to seek innovative approaches to increase access and availability to high quality dental services for children enrolled in Medicaid across the Commonwealth.

SMILES FOR CHILDREN ACTIVITIES

A. Provider Recruitment

The *Smiles For Children* program has established and maintains open communication with the dental provider community and responds to all provider inquiries and provider community needs. The SFC benefits administrator, DentaQuest, continues to conduct outreach to the provider community and actively recruit providers. DentaQuest team members have represented the SFC program at over 180 outreach events since the implementation of the program in 2005. Part of the outreach effort seeks to identify program issues from the provider perspective and develop corresponding solutions. SFC has implemented several initiatives to address provider-identified issues.

Provider Network Gap Analysis Report for Charlottesville/Shenandoah Valley:

- Network analysis: Dentaquest completed analysis of several geographic areas in Virginia to analyze provider access by the Medicaid population and prioritize recruitment efforts based on findings. In 2013, an analysis of the Charlottesville/Shenandoah Valley was completed and shows that of available providers for the existing Medicaid population in this area, SFC has a sufficient provider network.
- DentaQuest continues to use network analysis to identify needs for the recruitment of dentists.

Adult Dental Claims Submission:

- DentaQuest maintains examples of approved and disapproved adult claim scenarios on the provider web portal to assist providers in accurate claims submissions.

Provider Training Sessions:

Originally, DentaQuest offered onsite dental provider training. However, providers requested webinar trainings due to scheduling convenience and ease of participation. DentaQuest now offers quarterly and annual webinar provider training sessions that specifically address administrative and clinical questions that providers ask. The quarterly webinars were initiated in SFY13 to facilitate new providers, their administrative staff and targeted dental offices needing assistance or who have specific program questions. These webinars have proven effective in assuring new dental offices and offices that need assistance are receiving training focused on their needs. The annual webinar training is offered to all providers. Some providers continue to participate while others participate as needed. Training topics have included credentialing and recredentialing, authorization submissions, common claim denial codes and how to avoid denials, Interactive Voice Response self service function (IVR), Sealant Program and claims/authorization using the web-portal.

Dental Home Training Session:

- DentaQuest offered a webinar about the Early Dental Home Pilot. Training topics included the purpose of the program, the member assignment process, Provider Web Portal tools, and member and provider roles in the program.

Age 1 Dental Visit Training:

- DentaQuest partnered with the Virginia Department of Health during a webinar training session. DentaQuest provided the standard training topics and the Virginia Department of Health conducted the Age 1 Dental Visit Training.

Direct Deposit (Electronic Funds Transfer) *Smiles For Children*:

- DMAS implementation of Item #300H of the 2011 General Assembly Appropriation Act, requires all providers to transition to electronic funds transfer (EFT) for reimbursements no later than July 1, 2013. EFT provides a number of benefits to DMAS and the provider community, such as the elimination of forged, counterfeit or altered checks, and lost or stolen checks; faster provider reimbursement; and decreased administrative costs for providers and the program. When implemented in May 2009 by DentaQuest, approximately 5.9% of **SFC** dental providers were using Direct Deposit. In 2013, the percentage of **SFC** dental providers using Direct Deposit increased to 81%. The Department and DentaQuest continue efforts to work towards full EFT compliance.

Other Ongoing Efforts

DentaQuest partners with 30 organizations within the community. These organizations encompass SFC members, community leaders, and child advocacy groups. Other ongoing provider outreach efforts include:

- Collaborative partnerships with the Virginia Dental Association and multiple dental community service agencies, including Virginia Commonwealth University, Missions of Mercy, Mobile Dental Clinics and the Virginia Society of Oral and Maxiofacial Surgeons.
- DentaQuest continued to enhance the Provider Web portal and improve the Broken Appointment tracking feature. Providers are able to enter members with broken appointments into the Provider Web Portal and track members broken appointment history in their office.
- DentaQuest is working with providers to open an operatory room for oral surgery two days a week to improve adult access to care.
- DentaQuest attended multiple dental society functions.
- DentaQuest is working with the Eastern Shore Rural Health Systems, a Federally Qualified Health Center site to hire an oral surgeon for 17 locations statewide.

B. Member Outreach

One of the cornerstones of the **SFC** program is member outreach and personalized attention to help members locate appropriate providers. DMAS and DentaQuest have demonstrated commitment to expediting access to care for members and ensuring members have dental care resources. Examples are listed below.

- DentaQuest is working with community stakeholders, Medicaid recipients and DMAS on the Early Dental Home initiative in Virginia. A pilot Early Dental Home initiative was implemented in the City of Richmond, Henrico, Hanover and Chesterfield. Children, ages 0-5, have been assigned to a dental home. In addition, trainings on dental home have been conducted for dentists and some pediatricians in that same area. DentaQuest staff members have met with the Medicaid Managed Care Organizations that serve the Greater Richmond Area to discuss Early Dental Home, fluoride varnish and other topics regarding the oral health of members.
- DentaQuest staff participated in 30 outreach events and mass communication efforts to members to encourage a visit to the dentist.
- Other examples of valued partnerships and shared event opportunities include:
 - Virginia Dental Association and Mission of Mercy Events
 - Virginians Oral Health Coalition
 - Virginia Healthcare Foundation - Toothtalk
 - Virginia Rural Health Association and the Annual Conference
 - Virginia Association of School Nurses
 - Virginia Academy of General Dentistry
 - Virginia Association of Early Childhood Education
 - The Virginia Department of Education
 - American Academy of Pediatrics – Virginia Chapter
 - National Association of Social Workers-Virginia Chapter
 - Head Start Association and the Health Advisory Committee
 - Old Dominion Dental Society
 - Give Kids a Smile Day –Richmond local annual event
 - Newport News Children’s festival
 - Federally Qualified Health Centers
 - Richmond Virginia -Streets Alive

C. Dental Disease Prevention

The Preventistry Program – Dental Sealant Program

Dental disease continues to be the most prevalent disease of childhood with the largest disease burden in the child population at risk for dental caries. The *Preventistry* program was initiated by Virginia’s **SFC** program in 2012 to address dental disease prevention efforts. As a part of the Preventistry program, DentaQuest (the DMAS dental services administrator) partners with providers to prevent dental disease and reduce or eliminate

the incidence of caries for young members in the **SFC** program. The ADA recommends the use of sealants to reduce the development of cavities, and fluoride varnish and dental sealants are extremely effective in both eliminating dental disease and reducing dental costs. The Preventistry program has two focuses regarding the application of dental sealants; 1) stress the importance of sealants placement on susceptible teeth, and 2) encourage network providers to use sealants as a common first line of defense against caries.

Fluoride varnish application is covered by DMAS both in the fee-for-service and the managed care programs. DMAS encourages and covers six applications of fluoride varnish between ages of six months to three years 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. Medical providers (non-dentists) offering this service must be a Medicaid provider and approved to bill for the dental code. Access to the fluoride varnish service has steadily increased since coverage was initiated in SFY 2006.

In addition to the Preventistry program, DMAS works with the Virginia Department of Health “Bright Smiles for Babies” program to expand access to this service. As shown in Table 3, the number of trained providers, the volume of claims, and claim dollar amounts paid for fluoride varnish has increased substantially from SFY 2006 to SFY 2013.

Table 3: Fluoride Varnish Medical Data

State Fiscal Year	Providers	Claims	Claims Dollars
2006	24	516	\$10,727.64
2007	47	873	\$18,149.67
2008	47	1,146	\$22,468.64
2009	55	1,714	\$31,174.30
*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
Total	743	30,625	610,497.82

Source: DMAS Claims Data *As of 2010, children in MCO’s included in totals

D. 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.

QUALITY MANAGEMENT

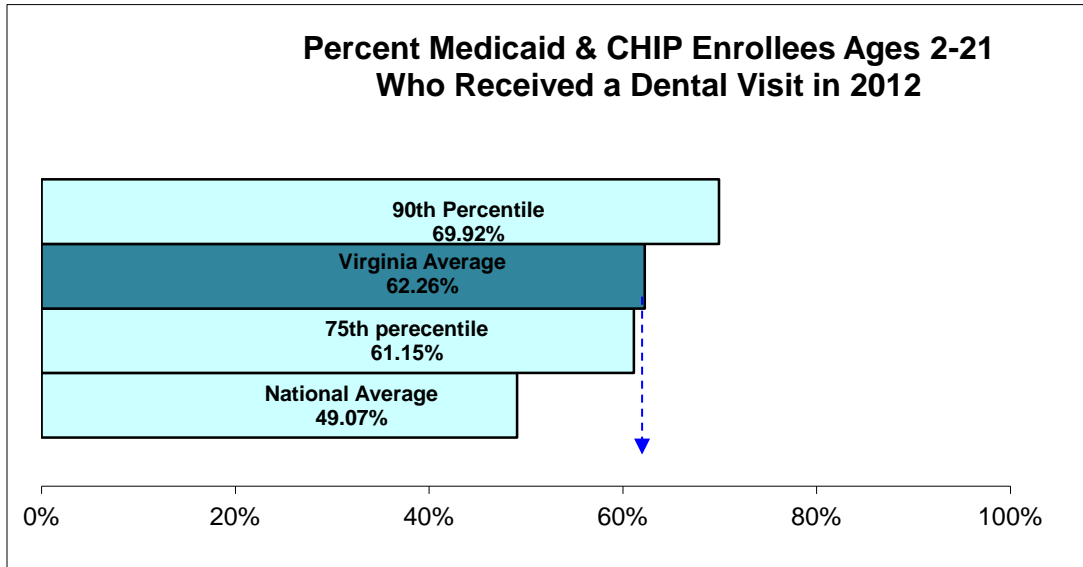
Smiles For Children continues to evaluate the quality of care provided to members. Efforts center on continuously monitoring the provider's adherence to evidence-based guidelines and standards of care. There are multiple ongoing quality assessment activities that are used to monitor and improve the **SFC** program, including:

Quality Assessment Initiatives - **SFC** staff, in conjunction with a DAC subcommittee, designed a qualitative assessment initiative to evaluate the long term impact of consistent dental care. One goal of the **SFC** program is to diminish caries in the first permanent molars by the use of preventive sealant. The Preventistry program was initiated in 2012 to specifically measure sealant application and success among **SFC** members. An initial assessment revealed that sealants were underutilized. In response, **SFC** ramped up efforts to increase the use of fluoride in all forms for the *at risk* member population. **SFC** providers were notified which patients were eligible and due for sealants. Families were sent notices encouraging them to visit the dentist, and providers received information about their sealant application activity. Since the beginning of the Preventistry Initiative, there has been a significant increase in sealant rates among children ages 6 and 12. Rates for children age 13 through 20 were down slightly. This observation is likely attributed to increased sealants applied to younger age groups and a corresponding and expected subsequent decrease in older age groups.

Annual Dental Report – The **SFC** program requires DentaQuest to provide an annual report on preventative dental visits. The 2013 report replicated the Healthcare Effectiveness Data and Information (HEDIS) 2013 technical specifications and is based on services rendered in 2012. The measure reports 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 62.26% of members had at least one dental visit, which was well above the HEDIS National Medicaid average of 49.07% and in the 75th percentile of national HEDIS results.

National HEDIS results are shown in Table 4 below; Virginia continues to surpass the national average for children who receive a dental visit.

Table 4: SFC and 2013 HEDIS Results: Annual Dental Visit



Data Sources and Limitations: Virginia Medicaid and CHIP Average was provided by DentaQuest using 2013 HEDIS Technical Specifications. National Averages were collected from Quality Compass 2013.

Periodicity Compliance - Since its inception, the **SFC** program has been tracking compliance with state and federal EPSDT (Early, Periodic Screening, Diagnosis and Treatment) guidelines for frequency of preventive dental visits via a periodicity report. Since the beginning of measurement, the report has demonstrated an upward trend in member compliance with EPSDT guidelines.

In SFY 2013, the periodicity report showed an increase in compliance congruent with the increase in pediatric utilization for SFY 2013; however, there was a decrease in Radiographic Assessment in the children above the age of five. This decrease reflects a change in benefit limitations for panoramic films and the intraoral complete series for children from once every 36 months to once every 60 months, as recommended by the American Dental Association.

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 participation and collaboration with diverse community advocacy organizations.

Overall Utilization - Increasing pediatric dental utilization is one of the main goals of the **SFC** program. 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. According to data for SFY 2013, utilization has increased significantly as indicated in Table 5 below:

Table 5: Percent Increase in Overall Dental Utilization

Age Group	SFY 2005	SFY 2013	Percent Increase
0-20	24%	53%	121%
3-20	29%	60%	107%

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, that include , but are not limited to, standard deviation and benchmark reporting in order to identify aberrant billing patterns. This analysis is conducted on a network level, provider level, and service location level. Providers who are flagged as outliers are subjected 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 assure 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 to extensive processing policies and system edits prior to adjudication. In addition, 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 the need for services is unsubstantiated in the patient record, the provider is subject 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 SFY 13 Results

- Audits - 733 members and 69 providers
- Sanctions/Terminations - \$64,612.43 was recouped from 13 dental providers. Two providers were terminated from the network

PROGRAM INNOVATIONS

A. Electronic Health Care Act

The Electronic Health Care Act (EHR) is a federally mandated program, originating at CMS. EHR is an incentivizing program for providers for whom at least 30% of total practice claims are from Medicaid members. DentaQuest staff interface 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 payments over five years totaling \$67,750.

B. Collaboration with Oral Health Partners and Stakeholders

The *Smiles For Children* program continues to collaborate with other stakeholder groups to promote oral health issues for children. Department of Medical Assistance Services (DMAS) Dental Program staff has been involved with a stakeholder group assisting the Virginia Department of Health transition its dental program to a preventive dentistry model. Additionally, staff has worked closely with the Virginia Oral Health Coalition (VaOHC) to promote the importance of establishing an early dental home. New partnerships have been developed with various coalitions to promote the important role dental health plays in the prevention of chronic diseases. Staff joined the Cancer Action Coalition of Virginia, the Virginia Diabetes Council and the Tobacco-Free Alliance of Virginia in an effort to increase awareness of the **SFC** program. Other collaborative initiatives include work with the Virginia Foundation for Healthy Youth and the Medicaid CHIP Dental Association.

PERFORMANCE HIGHLIGHTS IN 2013

In summary, *Smiles For Children* continues to be a model dental program as defined by the Centers for Medicare and Medicaid Services (CMS). While the program has been in existence since 2005, DMAS continues to look for opportunities to keep the program momentum robust (**Reference Table 2**). Highlights of the 2013 **SFC** program include:

- One of seven states chosen by the Center for Healthcare Strategies and CMS to participate in a national Oral Health Learning Collaborative.
- Implementation of the Preventistry sealant program to prevent dental disease and reduce or eliminate the incidence of caries.
- **SFC** surpassed the national average for children participating in an annual dental visit (Reference Table 4).
- Expanded the provider network to approximately 2,000 general dentists and specialists.
- Piloted a Dental Home initiative to establish early and ongoing relationships between a dentist and patient, inclusive of all aspects of oral health care.

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 McDonnell 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 in the Commonwealth.

Attachment A

APPROPRIATION LANGUAGE

2013 Acts of Assembly, Chapter 874

Item 307 (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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