



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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February 2, 2016

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### 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

A handwritten signature in black ink that reads "Cynthia B. Jones".

**SUBJECT:** Report on Dental Program

Item 301(K) of the 2015 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 ten 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

ADMINISTERING MEDICAID AND THE STATE CHILDREN'S HEALTH INSURANCE PROGRAM IN VIRGINIA



***DMAS' mission is to provide a system of high quality and cost effective health care services to qualifying Virginians and their families.***

The Medicaid program, signed into law by President Lyndon B. Johnson on July 30, 1965, celebrates its 50<sup>th</sup> year in 2015. Medicaid is a joint federal and state program authorized under Title XIX of the Social Security Act that provides health and long-term care coverage for specific groups of Virginians with low incomes. In Virginia, Medicaid is administered by the Department of Medical Assistance Services (DMAS) and is jointly funded by Virginia and the federal government. Virginia's federal matching rate, known as the Federal Medical Assistance Percentage (FMAP) is generally 50%, meaning Virginia receives \$1 of federal matching funds for every \$1 Virginia spends on Medicaid.

Medicaid coverage is primarily available to Virginians who are children in low-income families, pregnant women, elderly, individuals with disabilities and parents meeting specific income thresholds.

All states must follow general federal Medicaid guidelines regarding who is covered, but states set their own income and asset eligibility criteria. Virginia's eligibility criteria are among the strictest in the nation.



## **Report to the Governor and General Assembly from the Department of Medical Assistance Services SMILES FOR CHILDREN IMPROVING DENTAL CARE ACROSS VIRGINIA - 10 YEARS OF EXCELLENCE**

**December 2015**

### **REPORT MANDATE**

This document responds to Item 301 (K) of the 2015 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 in the tenth year of this successful program.

### **SMILES FOR CHILDREN 10<sup>TH</sup> YEAR ANNIVERSARY**

Implemented on July 1, 2005, *Smiles For Children* (SFC) is the 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. The program celebrated its tenth year anniversary in 2015, and substantial evidence continues to demonstrate that SFC is achieving its goals and continues to serve as a model dental program.

SFC 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. More than 908,000 Medicaid and CHIP members (approximately 616,000 children) are now eligible for the program. Medicaid and FAMIS cover comprehensive dental benefits for children under age 21 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, with the exception of pregnant women. 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. Effective March 1, as a component of

Governor McAuliffe's *A Healthy Virginia*, the *Smiles For Children* program began providing comprehensive dental care, excluding orthodontia, to pregnant women enrolled in Medicaid and FAMIS MOMS.

### **SMILES FOR CHILDREN (SFC) PERFORMANCE HIGHLIGHTS**

*"From the time my children's teeth developed, they have been going to the dentist. I have been so thankful for the help provided and service given by their dentist. Because of the Smiles For Children program, we have been able to give them the needed dental services from an early age."* From the mother of an SFC member.

### **A Summary of Smiles for Children (SFC) Program Growth in SFY 2015**

- Providing dental benefits for up to 45,000 pregnant women in Medicaid and FAMIS starting March 1, 2015.
- Expanding the network from 620 general dentists and specialists in 2005 to approximately 2,000 in 2015.
- Increasing by 31 percent the number of non-dental providers applying fluoride varnish to enrollees under age 3 years (277 non-dental providers in SFY2014 compared to 363 in SFY2015). There was a 37 percent increase in enrollees under age 3 years (11,179 children under age 3 in SFY2014 compared to 15,272 children under age 3 in SFY15) who received fluoride varnish treatment from non-dental providers. **(Table 1)**
- Surpassing the national average for children participating in an annual dental visit (63.68% in Virginia versus 48.67 percent nationally). **(See Table 3)**
- Reducing the incidence of cavities for children in the SFC program through the Preventistry Dental program. In SFY2015, there was an increase in sealant placement for children aged 7, 12 and 13.

### **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 2015, DMAS again met or exceeded these goals:

#### **Goal #1: Increase Provider Participation**

Approximately 2,000 dental providers now participate in the SFC network, representing approximately 32.5 percent of the 6,151 licensed dentists in Virginia.

#### **Goal #2: Increase Member Utilization**

In SFY 2015, fifty-four percent (54%) of the eligible Medicaid members ages 0-19 years are accessing dental services through the SFC program.

#### **Goal #3: Utilize Innovative Strategy to Improve and Increase Utilization**

**Dental Coverage for Pregnant Women Enrolled in Medicaid and FAMIS MOMS**  
DMAS began covering dental services for pregnant women enrolled in Medicaid and FAMIS MOMS.

## **PROGRAM DEVELOPMENT**

### **Federal Initiatives: Virginia Smiles For Children Program Showcased Nationally**

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. As a result of participation in the Oral Health Learning Collaborative, trainings have been conducted for non-dental providers on the application of fluoride varnishes. As a result, there has been a 51.2 percent increase in the number of non-dental providers applying fluoride varnish from SFY13 to SFY15.

### **Statewide Innovations**

#### **1) Expanded Dental Coverage for Pregnant Women Enrolled in Medicaid and FAMIS MOMS**

Dental services provided through this initiative include: diagnostic (x-rays, exams); preventive (cleanings); restorative (fillings); endodontics (root canals); periodontics (gum related treatment); removable and fixed prosthodontics (crowns, bridges, partials and dentures); oral surgery (extractions and other oral surgeries), and adjunctive general services (all covered services that do not fall into specific dental categories). Orthodontia is not a covered service. DMAS staff and DentaQuest worked closely with the Dental Advisory Committee (DAC) and the Virginia Dental Association to determine the services to be covered and the training needs for providers. External stakeholder organizations publicized the new services with the target populations and assisted in answering the frequently asked questions about the new services.

#### **2) Fluoride Varnish Applications**

DMAS continues to increase access to fluoride varnish services outside of the dental provider network by working with the Virginia Department of Health's "Bright Smiles for Babies" program. As shown in Table 1, the number of trained providers, the volume of claims, and claim dollar amounts increased substantially over the years.

**Table 1. DMAS Medical Claims  
Fluoride Varnish Applications**

<b>SFY</b>	<b># of Medical Providers Submitting Claims</b>	<b># of Claims</b>	<b>Claims \$</b>
<b>2006</b>	24	516	\$10,727.64
<b>2013</b>	186	9482	\$185,559.95
<b>2014</b>	277	14,196	\$273,087.49
<b>2015</b>	363	18,102	\$353,270.63
<b>Total</b>		62,923	\$1,236,420.30

#### **3) Preventistry**

The Preventistry program was initiated by Virginia's SFC Medicaid program in 2012 as a dental disease prevention effort. The goals of the Preventistry Sealant program include

increasing sealant placement and decreasing the incidence of caries in specific age groups of children. In SFY2015, there was an increase in sealant placement for children aged 7, 12 and 13. Additionally, there was a slight increase in sealant placement rates for children aged 14 and 15.

#### **4) 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. The DAC was actively engaged in determining the services to be provided as a part of the dental coverage for pregnant women enrolled in Medicaid and FAMIS MOMS. Their input and guidance continues to contribute to Virginia's Medicaid dental program.

#### **5) Partnerships with State Agencies and Organizations**

Much of the success of the SFC program initiatives is due to the valued partnerships established with various state and local agencies. The work with the Virginia Oral Health Coalition allowed the SFC program to increase the number of medical and dental stakeholders who receive information on the SFC program. Partnerships with other state agencies such as the Departments of Social Services, Education and Health, and with the Virginia Dental Association, continue to expand the reach of the SFC program.

#### **SFC Member Outreach**

Outreach regarding the various services of the SFC program continued to be a strong component of the program's success. Collaboration with the Managed Care Organizations was essential for disseminating information on services for pregnant women. DentaQuest staff members participated in 72 statewide outreach events in SFY15 to increase knowledge of good oral health practices, encourage members to visit the dentist, and help them locate dentists that accept Medicaid.

### **QUALITY REVIEW**

#### **Compliance with the 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.

For SFY15, the report continues to indicate an upward trend in member compliance with EPSDT guidelines. Overall, the increase in compliance with EPSDT guidelines can be attributed to the SFC program's comprehensive outreach program. A key factor of the outreach program that most likely contributed to the increase include successful provider recruitment initiatives that have resulted in increased access to care and collaboration with diverse community advocacy organizations.

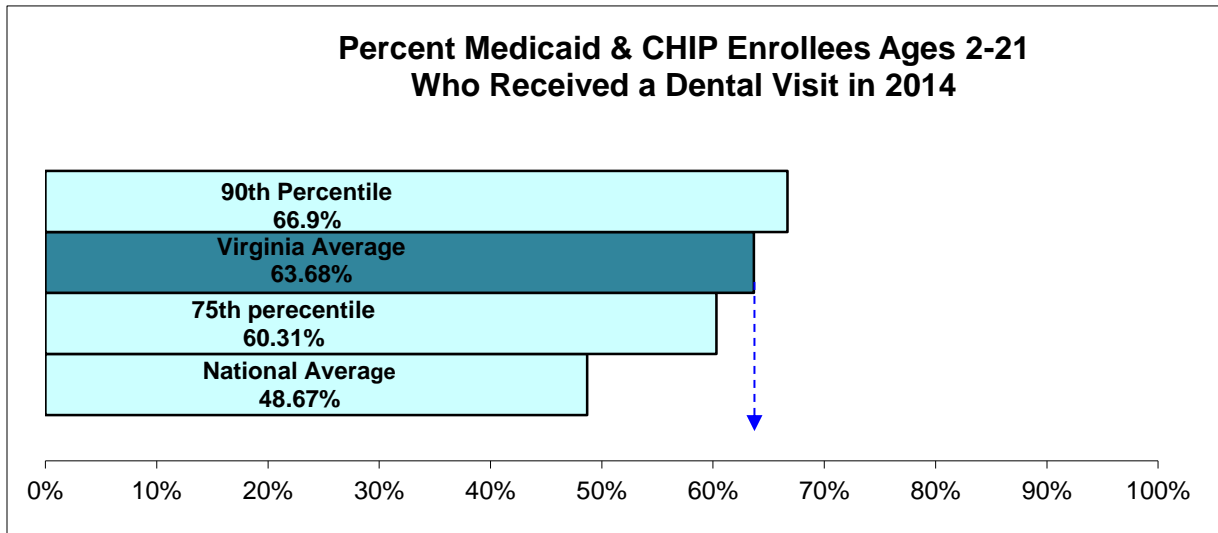
**Table 2. Percent of Members in Compliance with Periodicity Guidelines**

Age Group	SFY 2005	SFY 2015	Percent Increase
0-20	24%	54%	125%
3-20	29%	61%	110%

DentaQuest is required to provide an annual report on preventive dental visits. The 2015 report replicated the Healthcare Effectiveness Data and Information (HEDIS) 2015 technical specifications and is based on services rendered in 2014. This report measures the percentage of members 2-21 years of age who had at least one (1) dental visit during the measurement year.

Table 3 demonstrates that Virginia continues to surpass the national average for children who receive a dental visit.

**Table 3: Annual Dental Visit Comparing SFC to HEDIS 2015**



Data Sources and Limitations: Virginia Medicaid and CHIP Average was provided by DentaQuest using 2015 HEDIS Technical Specifications. National Averages were collected from Quality Compass 2015.

## **PROGRAM INTEGRITY**

### **Utilization Review**

In the SFC 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 for SFC members to an extensive system of edits and processing policies prior to payment. DentaQuest investigates all inquiries from member and/or provider complaints, the utilization management process, customer service leads and professional relations.

### **Audit Findings and Recommendations**

When services billed to DMAS are unsubstantiated, the provider is subject to but not limited to the following actions: 1) provider education, 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.

### **Summary of Audit Results for SFY 15**

Number of Audits – 1,483 members and 103 providers

Sanctions/Terminations - \$338,857.60 was recouped from 51 dental providers and there were no program integrity related provider terminations.

### **ACKNOWLEDGEMENTS**

The staff of the SFC 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**

#### **Appropriation Act - Item 301K (Regular Session, 2015)**

##### 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

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