



# COMMONWEALTH of VIRGINIA

## *Department of Medical Assistance Services*

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### MEMORANDUM

**TO:** The Honorable Thomas K. Norment, Jr.  
Co-Chairman, Senate Finance Committee

The Honorable Emmett W. Hanger, Jr.  
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:** Jennifer S. Lee, MD 

**SUBJECT:** 2018 Report on Dental Program

Item 303 (J) of the 2018 Appropriation Act states 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.

This report examines the progress that DMAS and its multiple partners have made towards this goal over the last thirteen years.

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

JSL/

Enclosure

pc: The Honorable Daniel Carey, MD, Secretary of Health and Human Resources

# Annual: Smiles for Children Improving Dental Care Across Virginia- FY 2018

## A Report to the Virginia General Assembly

### Report Mandate:

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Medicaid enrollees include children, pregnant women, parents and care takers, older adults and individuals with disabilities. Virginians must meet income thresholds and other eligibility criteria before qualifying to receive Medicaid benefits.

Medicaid covers primary and specialty health care, inpatient care, and behavioral health and addiction and recovery treatment services. Medicaid also covers long-term services and supports, making it possible for thousands of Virginians to remain in their homes or to access residential and nursing home care.

#### Quick Medicaid facts:

- Covers 1 in 8 Virginians
- Covers 1 in 3 births and 33% of children
- Supports 2 in 3 nursing facility residents

Virginia Medicaid and Children's Health Insurance Program (CHIP) are administered by the Department of Medical Assistance Services (DMAS) and are jointly funded by Virginia and the federal government under the Title XIX and Title XXI of the Social Security Act. Virginia generally receives \$1 of federal matching funds for every \$1 Virginia spends on Medicaid.

## Background

Implemented on July 1, 2005, *Smiles For Children* is the Virginia Medicaid dental program that was designed to improve access to high quality dental services for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP-Virginia's CHIP is called FAMIS). The program was made possible through the support of the Governor and the General Assembly, including the establishment of an overall 30 percent increase in Medicaid funding for the reimbursement of dental services. The program celebrated its thirteenth anniversary in 2018, and offers benefits to over 950,000 Virginians. Evidence continues to demonstrate that Virginia's *Smiles For Children* program is achieving its goals and continues to serve as a model dental program among Medicaid programs.

*Smiles For Children* SFY 2018 Highlights:

- The Department of Medical Assistance Services (DMAS) partnered with the American Dental Association's Health Policy Institute (HPI) to assess the geographic distribution of *Smiles For Children* dental providers in relation to dental care utilization among *Smiles For Children* enrollees. HPI found: 1) approximately 60 percent of *Smiles For Children* enrollees visited the dentist in a calendar year compared to the national average of 49.7 percent among children with public dental benefits; and 2) approximately 1,688 out of 2,292 dental offices or 74 percent of offices across Virginia met a previously agreed upon definition of meaningful participation (the office treated at least 100 unique *Smiles For Children* enrollees or were paid at least \$10,000 in claims for treating *Smiles For Children* enrollees).
- HPI developed a meaningful use methodology for ongoing tracking of access to *Smiles For Children* providers. HPI also analyzed *Smiles For Children* dental care utilization versus the supply of dental providers by census tract, providing DMAS with a breakdown of the number of *Smiles For Children* enrollees by meaningful dental providers within a 15-minute travel time. This collaboration will continue through SFY 2019 with additional access analysis provided by HPI regarding dental appointment availability for *Smiles For Children* enrollees.
- In an effort to reach children who had not had a dental visit in the past year, DentaQuest initiated a School Age Member Calling Campaign to *Smiles For Children* members. During the first month of SFY18, the robocall campaign successfully reached 123,477 school age members who had no dental service. Of those 123,477 members, 28,828 had a service within six months of the call, resulting in a 23.35 percent success rate. This calling campaign resulted in an additional 28,828 school age members in the Commonwealth obtaining desperately needed dental care.
- The Virginia *Smiles For Children* provider satisfaction survey continues to show very positive results. Of providers surveyed in SFY18, satisfaction was high, with 89 percent of providers satisfied, and 94 percent planning to continue their participation with the *Smiles For Children* program into next year.
- In 2018, DentaQuest, the Department's Dental Benefit Administrator, earned J.D. Power's top rank in customer service with dental plan insurance for the second year in a row.

## Strategic Goals

Three of DMAS' overall strategic goals focus on the *Smiles For Children* program, specifically: (1) increasing provider participation, (2) increasing pediatric dental utilization, and (3) pursuing innovative strategies to improve utilization. In 2018, DMAS again met or exceeded these goals:

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

- Approximately 1,996 dental providers now participate in the *Smiles For Children* network, representing approximately 27.5 percent of the 7,252 licensed dentists in Virginia. Of Virginia's practicing dentists, 36 percent participate in the *Smiles For Children* program. This percentage was maintained from SFY 2017.

### ***Goal #2: Increase or Maintain Pediatric Dental Utilization***

- Pediatric dental utilization was maintained in SFY18, with fifty-seven percent (57%) of the eligible Medicaid members, ages 0-20 years, are receiving dental services.
- Sixty-four percent of eligible Medicaid members, ages 3-20 years, are receiving dental services.
- These percentages were maintained

### Goal #3: Innovative Strategies to Improve Utilization

- DMAS dental staff and DentaQuest, the dental benefit administrator, have formed strong collaborative partnerships with 100+ key stakeholders in an effort to promote the *Smiles For Children* program. These partners include community based organizations, state agencies, managed care organizations, and medical and dental associations.
- The *Smiles For Children* program continues work on a collaborative project with DentaQuest, the Virginia Department of Health, and the Virginia Oral Health Coalition to improve oral health outcomes. The work targets:
  - (1) increasing utilization of preventive dental services, e.g. fluoride varnish applications for members of Virginia’s *Smiles For Children* program;
  - (2) increasing utilization of dental services targeting pregnant women enrolled in Medicaid, and
  - (3) increasing involvement of managed care organizations in promoting oral health with medical providers.
- *Smiles For Children* participates in various medical conferences to increase knowledge about the dental services provided and the importance of oral health as it relates to overall health.
- Collaboration with all managed care organizations continues, with the goal being increasing member awareness and utilization. Collaborative activities include direct member outreach, educational opportunities for managed care organization staff, and the provision of oral health literacy tools for the medical provider community.

### Program Initiatives

#### Fluoride Varnish Applications

State partnerships with Virginia dental providers, medical providers, professional medical organizations and the contracted Medicaid managed care organizations continue to increase the number of non-dental providers applying fluoride varnish to children under 3 years of age. DMAS also works with the Virginia Department of Health’s “Bright Smiles for Babies” fluoride varnish program. As a result of these efforts, from SFY16 to SFY18, there was a 82 percent increase (from 13,736 children in SFY16 to 16,759 in SFY18) in the number of children receiving fluoride varnish treatments. The number of dental and medical providers trained in applying fluoride varnishes, the volume of claims, and

claim dollar amounts continued to increase in SFY2018. (see Table 1.)

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

SFY	Number of Medical Providers Submitting Claims	#of Claims	Claims \$
2016	386	16,650	\$329,693
2017	504	22,916	\$440,957
2018	567	22,952	\$444,358

#### Dental Coverage for Pregnant Women Enrolled in Medicaid and FAMIS MOMS

As part of the *A Healthy Virginia* program, over 17,000 pregnant women have received a dental service.

- During SFY 2018, 7,300+ pregnant women enrolled in *Smiles For Children* visited the dentist. This represents a two percent increase in the utilization of dental services by pregnant women compared to SFY 2017.
- DentaQuest partnered with managed care organizations and provided oral health kits for distribution to approximately 3,000 pregnant women. Managed care organizations distributed the kits to members via mailings, community events and home visits.

#### Silver Diamine Fluoride (SDF) Varnish

Untreated dental cavities are associated with discomfort and toothaches. The *Smiles for Children* program added coverage for silver diamine fluoride (SDF) to provide an alternative to arresting cavities in a non-invasive manner. In SFY18, 2,163 children received one or more applications of SDF. This represents a 354 percent increase from SFY2017, when 476 children received SDF treatments.

#### Dental Advisory Committee (DAC)

The DAC is a professional advisory committee, which meets twice a year to provide input and guidance to the *Smiles For Children* 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. In SFY2018, speakers provided updates on the opioid crisis and dentistry, as well as access to dental care and dental utilization rates. Also in SFY2018, a dental anesthesiologist was added to the DAC membership. The Virginia Foundation for Healthy

Youth is an organization, which was also added to the DAC to increase awareness of oral health issues related to the consumption of sugar-sweetened beverages and childhood obesity. Mini-DAC conference calls were held twice a year, between the regular DAC meetings, with the focus in SFY2018 being updates to the Office Reference Manual and new Code on Dental Procedures and Nomenclature (CDT) codes added to the fee schedule.

### **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 *Smiles For Children* member compliance with EPSDT (Early, Periodic Screening, Diagnosis and Treatment) guidelines related to utilization of dental care. The report continues to indicate an upward trend in utilization of dental services for all age groups of *Smiles For Children* members. There has been a significant increase in the percentage of school-aged children receiving sealants and fluoride supplementation. These cost effective, preventive dentistry tools will help children remain cavity free.

Percentage of Increase from SFY17 to SFY18	Preschool 2 – 6 Years	School Aged 6 – 12 Years
Fluoride Supplementation	12.5%	1.6%
Sealants	17.3%	6.3%

### **Healthcare Effectiveness Data and Information (HEDIS)**

DMAS requires DentaQuest to provide an annual update on preventive dental visits. The Healthcare Effectiveness Data and Information (HEDIS) 2018 data showed that 66.9 percent of the members, ages 2 – 20 years, had at least one dental visit, which was well above the HEDIS National Medicaid average of 54.13 percent. The *Smiles For Children* data showed the percentage of members with at least one dental visit was above the 75th percentile of the national HEDIS data (64.16 percent).

### **DentaQuest Program Integrity**

DentaQuest, the dental benefit administrator for the *Smiles For Children* program, conducted audits of 52 providers and 2,052 member records in SFY2018. As a result, DMAS recouped \$197,932.24 from 50 dental providers. DMAS terminated one dental provider in SFY2018.

### **Summary**

Virginia's *Smiles For Children* program is a nationally recognized oral health program which offers benefits to over 950,000 Virginians. In the past state fiscal year, DMAS continued work to assure state-of-the-art services to Virginians through enhanced partnerships and enhanced access to care.