

State of Alabama

Medicaid Dental Review

October 2010

Executive Summary

The Centers for Medicare & Medicaid Services (CMS) is committed to improving pediatric dental care in the Medicaid program reflecting broad national interest and ensuring the appropriate provision of medically necessary dental services to children covered by Medicaid. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children under the age of 21 enrolled in Medicaid is intended to assure the availability and accessibility of health care services for children and to help beneficiaries effectively use them. The EPSDT benefit includes coverage of dental care.

As part of an ongoing effort to identify best practices and opportunities for improvement in children's Medicaid dental programs, CMS conducted a review the week of January 4 – 8, 2010, of the State of Alabama's Medicaid Dental program. The review focused on discovering practices and program innovations that have successfully increased dental utilization. The review team consisted of staff representing the CMS Atlanta and New York Regional Offices and the Baltimore Central Office. Specifically, the review team interviewed State officials and staff representing the Alabama Medicaid Agency, the agency responsible for the administration of the Alabama Medicaid program. In addition, the team interviewed a non-representative sample of six individuals from an interdisciplinary pool of dental providers and State dental stakeholders.

The intent of this review was to examine the utilization of the State's policies and procedures in fulfilling the requirements of the State's EPSDT benefit, with the focus on which practices have led to higher utilization of dental services in Alabama than the national average.

This report describes the following innovative practices identified during the CMS review:

- *Smile Alabama* Initiative
- 1st Look Program
- Student/Resident Experiences and Rotations in Community Health (SEARCH)
- Partnership with University of Alabama School of Dentistry
- Loan Repayment Program

CMS looks forward to working with Alabama regarding children's dental issues.

INTRODUCTION

Background

In 2008, at Congressional request, CMS conducted on-site reviews of children's dental services in 16 States with dental utilization rates for children of less than 30 percent based on data from the EPSDT CMS 416 annual report. These reviews were performed to determine what efforts States have made to improve children's dental utilization in their State, and to make recommendations on additional actions States can take to increase utilization rates and ensure compliance with Federal Medicaid regulations. Results of these 16 reviews were presented to Congress in 2009.

As a follow-up to that effort, CMS conducted reviews of States that reported higher dental utilization rates. The States were selected based on a CMS review of State data and external partners' identification of Medicaid dental programs with promising initiatives in oral health. All of the States selected had an average utilization rate for children of at least 37 percent, with the national average being 38 percent. Eight States were reviewed, and information from those reviews is available to States for the purpose of improving the overall delivery of dental services.

Medicaid's Coverage of Dental Services

Through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid eligible individuals under the age of 21 are provided coverage for preventive and comprehensive health services. The benefit entitles eligible individuals to regular check-ups and all medically necessary health services in order to ensure that their health and developmental needs are met. The EPSDT benefit includes screenings, dental services, vision services, hearing services, and other services necessary to correct or improve health conditions discovered through screenings. The benefit consists of two mutually supportive, operational components which States and the Federal government are responsible for ensuring: the availability and accessibility of medically necessary health care and assisting Medicaid enrollees and their parents or guardians to effectively use the services. CMS is committed to improving pediatric dental care in the Medicaid program and ensuring the appropriate provision of medically necessary dental services to children.

Overview – Alabama EPSDT Dental Program

The Alabama Medicaid Agency is the State agency that administers the Medicaid program. The Alabama Department of Public Health (ADPH) administers the CHIP program. Dental services for Medicaid are delivered through the Medicaid Agency's EPSDT program. EPSDT services are provided to children from birth through 20 years of age who are eligible for Medicaid.

Alabama has a fee-for-service dental service delivery system. According to the 2008 CMS 416 report, approximately 489,000 children age 20 years and younger, were eligible for Medicaid in Alabama. Dental preventive and treatment services were provided to 203,444 children with a utilization rate of 42 percent. Like many States, Alabama faces challenges of serving rural and urban areas, each with its own set of geographic challenges. The State is fortunate to work closely with the University of Alabama School of Dentistry to provide services to Medicaid eligible children. The relationship with the dental school has provided opportunities for provider outreach, education and awareness, and increased the overall visibility of the Alabama dental

program. A link to the list of dental providers participating in the Medicaid program is located on the Alabama Medicaid website as well as dental reimbursement rates by procedure code.

INNOVATIVE PRACTICES

I. *Smile Alabama*

The *Smile Alabama* initiative was launched in 2000 through a three-year grant from the Robert Wood Johnson Foundation (RWJF). According to the Alabama Medicaid Agency, the primary goal of the initiative was to increase the number of Medicaid dental providers and increase the number of children receiving dental services. This initiative improved access to oral health care for Medicaid children. The State implemented the following major improvements:

- Simplifying the Medicaid claims processing system
- Increasing provider reimbursement rates to 100 percent of Blue Cross Blue Shield 2000 rates
- Providing outreach and educational materials to providers
- Increasing patient education and care coordination services

At the start of its initiative, the Alabama Medicaid program surveyed dentists to identify why they were leaving the Medicaid program in record numbers, to hear what issues and problems dentists faced with serving the Medicaid population, and to find ways to get more dentists enrolled. Most of the changes made to the program were a result of the survey responses. Simplification of the claims processing system was the first step the State took to improve the delivery of Medicaid dental services. The State adopted a universal dental claim form instead of using a State specific claim form that had been problematic for providers. The State also reviewed procedure codes and identified codes for rate increases. These were primarily preventive codes though some diagnostic and treatment codes also received rate increases. The State also updated its provider manuals to clarify and update the claims process.

The State adopted a dental outreach plan, which was developed using RWJ funding, to increase provider participation in the Medicaid program. To encourage provider participation in Medicaid, the State visited dentists who accepted private insurance but were not Medicaid participating providers. When the State staff visited the dental providers at their offices, they took applications with them and provided assistance with filling out the form on-site.

The RWJ staff also helped with the development of materials on the importance of preventive services. These materials included public service announcements (PSA), videos for physicians and the use of billboards. The State developed reminder cards for dental providers to use for their patients. The State selected areas of the State with the most need and contracted with the Alabama Broadcaster's Association for non-commercial sustaining announcements for 2 years of our grant. The association's membership pledged to provide a minimum of \$150,000 of airtime at a contract cost of \$50,000 – a 3:1 ratio. This resulted in the *Smile Alabama* announcements being aired at various times and throughout the entire state.

To increase patient education and care coordination services, the State utilized several strategies. The State developed brochures for patients and distributed them to dental providers. They also provided certificates and promotional items for dentists to give to patients. The State determined the need to work with other providers to better spread the message of *Smile Alabama*. Specific material was developed for obstetricians/gynecologists (OB/GYN) and sent to OB/GYNs for

distribution to pregnant woman in order to educate them about the importance of good dental care for pregnant women and infants.

The State also worked with its Head Start program to educate Head Start teachers. The importance of preventive dental care is incorporated into the educational program that the teachers use in the classroom. The State provides oral health brochures to parents or guardians of children enrolled in Head Start as well as timers for the children to use at home while brushing his/her teeth. The State mentioned that this effort will be replicated in its WIC programs.

As a mechanism to address missed appointments and provide dental education, a care coordinator works with parents or guardians. Because of the focus on addressing missed appointments, the care coordination service was an incentive for dentists to join the Medicaid program. The initial materials and planning for this service were developed with RWJF funding and continued efforts have been sustained by the Medicaid Agency.

The State noted that the one key element in its outreach and education program is the consistency of the message in all materials, regardless of the audience.

According to the Alabama Dental Summit Report, there were 100 more Medicaid dental providers in 2001 than in 2000, when the *Smile Alabama* initiative was started. In 2001, approximately 20,000 more Medicaid-eligible children received at least one Medicaid dental service than in the previous year.

Prior to the implementation of *Smile Alabama*, the State indicated that there were approximately 350 actively participating Medicaid dental providers. Currently there are approximately 600 actively participating dental providers.

II. 1st Look Program

The *1st Look Program*, which was launched in January 2009 and targets dental caries in young Medicaid-eligible children, is a collaborative effort of the Alabama Chapter of the American Academy of Pediatrics, the Alabama Academy of Pediatric Dentistry, the Alabama Dental Association and the Alabama Medicaid Agency. The program was designed to reduce early childhood caries by encouraging primary care providers (PCPs) to perform dental risk assessments, provide anticipatory guidance, apply fluoride varnish when indicated, and refer children to a dental home by age one. The PCP's may be pediatricians, family practice physicians or nurse practitioners. Participating PCPs must first obtain certification by completing a Medicaid-approved training course. Alabama is one of many States to offer this type of program. A *1st Look* provider must be certified to receive reimbursement for oral exams and fluoride varnish. There has been a good response particularly from pediatricians to this program. Currently there are approximately 140 providers enrolled in the program. However, because the program was only started a year ago, it is too soon to determine the impact on the oral health of these children.

III. Student/Resident Experiences and Rotations in Community Health

The Alabama Community Health Centers have taken advantage of the Student/Resident Experiences and Rotations in Community Health (SEARCH) which is a state-based program that enables students and residents to serve clinical rotations on multidisciplinary health care teams in underserved communities across the United States and its territories. The Health Resources and

Services Administration (HRSA) provides funding to State Primary Care Offices, Primary Care Associations, Offices of Rural Health, Area Health Education Centers and other organizations to operate SEARCH programs.

IV. University of Alabama, School of Dentistry

The UAB Dental School provides services to Alabama Medicaid-eligible patients as well as patients with no dental insurance. The dental school has three dental clinics located on the UAB campus, including one dental clinic that serves medically compromised patients (i.e., cancer, heart, genetic disorders, etc.). Through the dental school's Community Outreach Program, faculty members supervise senior dental students and pediatric dental residents as they provide services to underserved populations at numerous nonprofit dental clinics statewide. Some of these dental clinics are located within Community Health Centers, County Health Departments or public school settings. Students and residents also provide dental care to children and adults with special health care needs at the Talladega School for the Deaf and Blind, the Sparks Center and the United Cerebral Palsy dental clinic. A large percentage of patients treated at these locations are Medicaid or CHIP eligible or uninsured.

V. Loan Repayment Programs

Most of Alabama is designated as a health professional shortage area (HPSA) for dental care. The Office of Primary Care and Rural Health has received funding for the Alabama State Loan Repayment Program (ASLRP) to provide sub-grants to over twenty qualified health care professionals in exchange for two years of service in a HPSA.

According to the ADPH, qualified candidates compete for awards up to \$35,000 per year for two years with 50 percent of the award (\$17,500) paid by the ADPH, and 50 percent of the award being matched with payment from the employing public or nonprofit agency. Two-year contracts are required between the applicant and the employing agency, and the employment site must be designated as a HPSA by HRSA at the time of the award.

The Alabama Community Health Centers have had great success receiving the services of dental students who are in the Loan Repayment Program which is sponsored by HRSA. The National Health Service Corps Loan Repayment Program provides \$50,000 (or the outstanding balance of qualifying student loans if it is less than \$50,000) tax free, to primary care medical, dental and mental health clinicians in exchange for two years of service at an approved site in a HPSA.

CONTINUING CHALLENGES

A number of continuing issues and challenges were identified by both the State and others such as providers through the course of the review. These challenges include State budget constraints that have kept the Medicaid program from being able to raise reimbursement rates; slowed provider recruitment; continued issue of missed appointments; and recognition of the need to reach out to other providers to continue to spread the message of *Smile Alabama*.

PERSPECTIVES OF STAKEHOLDERS

During the course of the review, CMS staff spoke with providers who were active members of various associations such as the Alabama Dental Association, American Dental Association and

the Academy of General Dentistry. Most noted that the increased reimbursement rate for dental services was the most significant factor in increasing provider participation and increasing dental utilization throughout the State.

CMS also noted that some dentists interviewed indicated they had no knowledge of *Smile Alabama*. One provider interviewed indicated that the reason could be there was tremendous outreach when the program was initially launched, but there had not been much activity in recent years. The RWJ grant funding was used to launch an expansive public awareness campaign, with use of public service announcements, billboard advertisements, video, radio spots and television ads but there has been no additional funding available.

Most of the dental community interviewed identified missed appointments and non-emergency transportation as a problem. Some providers compensated for missed appointments by double booking. In the UAB dental clinic, there is a call center that contacts patients to remind them of their scheduled appointments. According to the Associate Dean of the UAB School of Dentistry, this process has worked well and the success rate for getting patients to their appointments on-time has increased to 90-95 percent. One provider interviewed indicated that the wait time for patients to access non-emergency transportation back to their home was excessive. We heard different perspectives on the use of mobile dental vans. One provider felt that school-based clinics and mobile dental vans were highly successful but other community dentists were concerned about the practice. Some local dentists were resistant to the mobile vans in their community due to appearance of the dentist not doing enough to serve the community and being nervous about losing patients.

CONCLUSION

Alabama has taken successful steps to increase dental utilization which resulted in a doubling of utilization of children's dental services between 2000 and 2008, from 21 percent to 42 percent. Every provider interviewed agreed that the single most important action the State has taken to improve dental utilization and increase the number of dental providers was the dramatic reimbursement rate increase in 2000. However, budget constraints have kept the Alabama Medicaid agency from raising dental rates further, and provider recruitment seems to be slowing though the State is attempting to focus on new dental graduates. Alabama attributes their success to being able to bring stakeholders and partners to the table and using other professional groups to get the word out about oral health. Overall, everyone interviewed felt as though Alabama has a very good dental program. CMS looks forward to working with Alabama regarding children's dental issues.