

**State of Rhode Island**

**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 November 30 – December 4, 2009, of the State of Rhode Island's Medicaid Dental program. The review focused on programs that have successfully increased dental utilization. The review team consisted of staff representing the CMS Boston and New York Regional Offices and the Baltimore Central Office. Specifically, the review team interviewed State officials and staff representing the Rhode Island Department of Human Services (DHS), the Single State agency responsible for the administration of Rhode Island's Medicaid program and dental stakeholders including staff from the Rhode Island Department of Public Health (DOH). In addition, the team interviewed a non-representative sample of five dental providers composed of private practitioners, hospital based practitioners and a Federally Qualified Health Center (FQHC) dental practice. The team also interviewed individuals from an interdisciplinary pool of 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 Rhode Island than the national average.

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

- Medical Dental Advisory Committee (MDAC)
- The *RItE Smiles Dental Program*
- Affiliation with Head Start Program

## 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 – Rhode Island EPSDT Dental Program

The Department of Human Services (DHS) is the single State agency in Rhode Island that administers Medicaid and the Children's Health Insurance Program (CHIP) which operate under a section 1115 waiver as RItE Care. The RItE Care program provides Medicaid and CHIP benefits to eligible individuals through the use of three managed care organizations. The MCOs provide medical health services to beneficiaries and are responsible for emergency dental services. Dental benefits, with the exception of emergency services, are carved out of the MCO contracts.

The State utilizes two separate delivery systems to provide dental services to its Medicaid beneficiaries. The *RItE Smiles program* provides dental benefits to children 0-9 years of age and is administered by the State's Dental Benefit Administrator (DBA), United Healthcare of Rhode Island. Children ten years of age and older along with eligible adults receive dental benefits through the State's fee for service (FFS) program. Rhode Island has approximately 85,000

children receiving dental services through their two delivery systems. The *RItte Smiles* program serves an estimated 45,000 children. The remaining 40,000 children receive their dental services through the State's FFS network. All children in Rhode Island receive the same dental benefit package regardless of the delivery system setting.

The Rhode Island Dental program has evolved significantly over the past ten years. In 1998, the State formed the Medicaid Dental Advisory Committee (MDAC) to review the dental benefits provided within the Medicaid program. The MDAC's mission was to develop recommendations for improving the access to dental services for individuals covered by the Medicaid program and uninsured working families.

In 1999, the State began to implement the MDAC recommendations on improving the oral health access of Medicaid children. DHS, along with the MDAC and other vested stakeholders, began the process of developing a program that would address the identified issues on the low dental provider participation within the Medicaid program. This first step was to implement the recommendations to the State's FFS program along with the creation of the *RItte Smiles* program concept. The State also developed the Dental Benefit Management (DBM) program which includes the use of a third party administrator that would provide dental benefits to children enrolled within the RItte Care program.

The State intended to begin the *RItte Smiles* program in 2000; however, budget constraints significantly delayed the implementation. Therefore, the State, along with the MDAC and other stakeholders, had to address the dental program from a different approach. This included improving the FFS dental program by increasing provider participation while reducing concerns associated with timely payment of claims, prior approval requirements and other issues identified by the MDAC as administratively burdensome processes that reduced overall provider participation within the program. In 2002, the State received a grant from the Robert Wood Johnson Foundation that provided the resources for the State to develop the DBM objectives. In 2005, the State received CMS approval to operate their RItte Care waiver allowing DHS to carve out dental benefits for children ages zero through five. The State had selected a Dental Benefits Administrator, United Healthcare of Rhode Island, to administer the *RItte Smiles* program and the program officially began operations on September 1, 2006.

As noted above when the *RItte Smiles* program was implemented in 2006, the program only covered children zero through five years of age. Today, *RItte Smiles* delivers EPSDT dental services to Medicaid eligible children from birth through nine years of age. *RItte Smiles* annually increases the age of the population participating in the program. This annual increase of one year ensures that enrolled children do not age out of the program, and allows the State to control the cost of the program while incrementally expanding the program to all RItte Care eligible children. The program is currently in its fourth year of operation and provides regular preventative and restorative dental services including annual checkups and care management services to toddlers and children through nine years of age at no cost to eligible families.

The *RItte Smiles* program operates as a full risk prepaid ambulatory health plan (PAHP). The State has an arrangement with United Healthcare to share the risk of the program's operations. The State pays \$9 per member per month to United Healthcare as the cost of providing dental

services to the *RItE Smiles* program enrollees. The State's risk sharing arrangement has provided positive results and to date has not resulted in any additional cost since the inception of the program. The *RItE Smiles* program DBM also annually performs performance improvement plan (PIPs), reporting on both plan activities and monitoring for potential fraud. The *RItE Smiles* program has specific goals in regards to improving HEDIS measures. The *RItE Smiles* program performs both post card and telephone outreach to beneficiaries that have not had a dental visit within the last twelve months.

One of the State's dental stakeholders, St Joseph's Hospital for Pediatric Care, which operates a full service Dental Clinic, runs a series of mini residencies targeted to dental professionals that address a variety of dental related issues. St. Joseph's runs a series of two day pediatric mini-residency programs that provide lectures and instructional training on a variety of different dental issues. A recent program focused on the work involved in preparing a patient for surgery. Past mini-residencies have focused on the topics of providing care to special needs and the geriatric populations. The mini-residencies are coordinated with DHS and the State Department of Health (DOH) and are funded by the DOH by Health Resource Service Administration (HRSA) grant funding.

The State has also implemented a fluoride varnish program through the three RItE Care Health plans. The State incorporated this requirement in the recently negotiated MCO contracts. A small percentage of the monthly capitated rate was identified to fund the fluoride varnish program. The program works by reimbursing pediatricians through their capitated rate for applying fluoride varnish on the teeth of at-risk children. St Joseph's Hospital provides training to pediatricians that agree to participate in the fluoride varnish program. The program has a two-fold dividend by allowing children to receive the fluoride varnish as part of their regular doctor's visits while also making pediatricians aware of any dental condition that may be developing and requiring referral to a dentist.

## **INNOVATIVE PRACTICES**

### **I. Medical Dental Advisory Council (MDAC)**

In 1998, the Medicaid Dental Advisory Committee was established to make recommendations on how to improve the access to dental services for the beneficiaries enrolled in Rhode Islands' Medicaid program and uninsured working families. MDAC consisted of various stakeholders in dentistry, public health insurance, and services for underserved populations. Recognizing that there were various issues affecting the Medicaid dental program, MDAC provided many recommendations to help the State improve access to dental services. Though the State had financial constraints, the DHS implemented several recommendations made by MDAC. Based on MDAC's recommendations, DHS implemented the following changes to the Medicaid program:

- a. Revamping the State's prior approval procedures. This included reducing the number of procedures requiring prior approval and allowing dental to submit x-rays instead of molds.
- b. Paying dental provider claims within an average of 18 days,
- c. Establishing a Transportation Hotline for beneficiaries, and

- d. Developing a Request for Proposal for a Dental Benefit Manager (DBM) for the *RItE Smiles* program.

During the provider interviews, many of these changes were noted as positive changes to the Medicaid program administration provided improved relations with the State.

## **II. *RItE Smiles* Dental Program**

The *RItE Smiles* program has provided the impetus for change within the Rhode Island Medicaid dental program. This innovative practice utilized a grass roots effort to change the way parents and children view dental services. The program focuses on prevention and early detection as well as promoting the importance of oral health within the overall health of Rhode Island's children. The program aims to ensure that children receive their first dental screening by age one and every six months thereafter. The State issued revised dental and pediatric periodicity schedules that reinforce early prevention. Fluoride varnish services are an allowable medical service paid by the RItE Care (medical) plan that the child is enrolled with. Some of the dental providers that we interviewed commented on the increase in the number of referrals from pediatricians as a result of the fluoride varnish program.

The MDAC along with the State have been able to significantly increase the number of participating dental providers in not only the *RItE Smiles* program but also the Medicaid FFS program. In 2000, Rhode Island had 27 participating dental providers. In 2007, the program had increased participation to 182 providers with 140 active providers submitting regular claim activity for dental services.

The State, dental providers and dental stakeholders work collectively to ensure that parents are aware of the importance of early and preventative treatment. The program's message is reinforced through its connections with the Head Start Program and school systems. Although the *RItE Smiles* program initially targeted a small age range in children, ages zero through five, the paramount effect is evident. The *RItE Smiles* program has been able to change the way that children relate to oral health and their attitudes towards visiting their dentist and receiving regular preventative dental services by focusing on education, prevention and early detection. The *RItE Smiles* program has also stressed the importance of children receiving their first dental screening no later than age one. The program has raised awareness of pediatricians in performing a basic oral health screening as part of the child well visits. The program focuses on the use of a dental home concept. The dental providers interviewed reported that *RItE Smiles* children have much better overall oral health and are less fearful of the dentist because the visits do not have the negative connotations associated with cavities and pain.

Because *RItE Smiles* is marketed as a dental program and has high visibility, it has also raised awareness to the availability of dental benefits available through Medicaid. *RItE Smiles* enrollees have a separate *RItE Smiles* dental benefit card which also raises awareness that dental benefits are included within the Medicaid benefit package. Interviewed providers also commented that *RItE Smiles* reimbursement rates are comparable to commercial dental insurances. *RItE Smiles* also provides appointment and transportation assistance to beneficiaries that require help coordinating their care.

### III. Affiliation with the Head Start Program

Rhode Island also recognizes the importance of affiliations with stakeholders who have a vested interest in serving the same or similar population. For this reason the State has been working collaboratively with Head Start since 2003. Due to the Head Start Program's mandatory requirements to have proof of medical and dental visits of their students at the time of registration, this affiliation has helped to reinforce the importance of early and preventative dental care with Rhode Island parents. This affiliation has allowed Head Start to work with DHS in reinforcing the importance of the EPSDT program and the significance of children's oral health. The State's collaboration with the Head Start schools ensures that parents are directed to *RItte Smiles*, if their child is in need of a dental visit or is overdue for preventative care. The Head Start program helps parents to understand the importance of early and preventative services, not just dental services, but all EPSDT services, early on in the lives of their children, often before dental carries and other problems develop. The Head Start program serves as the early messenger to parents of the importance of primary and preventative healthcare and the significant impact that such care will have on the quality of life of their children.

### PERSPECTIVES OF STAKEHOLDERS

By utilizing a multi-pronged approach to address the various issues affecting access to Medicaid dental services, Rhode Island has established several noteworthy practices. The State recognized the need to involve key stakeholders and use their recommendations. The strong and ongoing support of key government officials has also helped to support the State's efforts in addressing access to dental care for Medicaid beneficiaries. In particular, Rhode Island's Lieutenant Governor played a key role in promoting *RItte Smiles* and pediatric dental health. Dental providers and stakeholders all discussed how the Lieutenant Governor's involvement helped to keep the momentum of *RItte Smiles* and dental issues as a top priority for Rhode Island.

All of the interviewed providers mentioned that the State has good communication with the providers and beneficiaries. When the EPSDT guidelines were updated, all of the dental and medical providers received pamphlets detailing the changes. Also, the State educated beneficiaries and providers on the importance of children receiving dental services prior to the age of three.

Most of the interviewed dental providers stated that there was a significant difference in the oral health of children who were enrolled in *RItte Smiles* compared to the older children who were enrolled in FFS. They reported that by providing dental services and education to a younger child and his/her parent, the prevalence of future caries and other oral health problems were significantly decreased. Some of the dental providers that we interviewed told us that they tend to see better oral health in older FFS children that have at least one sibling enrolled within the *RItte Smiles* program.

Finally, some of Rhode Island's dental providers interviewed also commented on the State's use of electronic health records (E-Health), which allows providers to access a patient's medical history through the use of the State's information portal.

The State has been able to achieve an outcome that is difficult to put a value or price tag on. The uniqueness of *RItE Smiles* and the improvements in the State's FFS dental program are not something that was attainable by simply hiring a contractor and using financial resources to obtain a favorable outcome. The dental partner community has adopted the message of the importance of early and preventative care. This includes pediatricians who now stress the importance of early child dental visits beginning with toddlers under one year of age. This message continues to be emphasized to parents from the Head Start Program as well.

The providers have also taken ownership over helping their patients understand the connection between oral health and their overall physical health. Parents are better educated and understand the importance of early and preventive oral health care for their young children. Our observation is that providers place a strong emphasis on personal responsibility of both parents and their children focused on taking charge of one's oral health.

It also appears that the importance placed on early preventative oral health appears to have penetrated in the community far beyond the Medicaid program.

### **CONTINUING CHALLENGES**

Though the State has made significant strides in addressing access to dental services, it is still challenged by fiscal constraints and the lack of dental specialists such as oral surgeons. This issue was raised by the providers that were interviewed. The State has addressed many issues with the overall dental program through the implementation of *RItE Smiles* but still needs to address low reimbursement within the FFS program which was mentioned by all of the interviewed providers. The State needs to ensure that their dental rates are sufficient to enlist enough providers, including specialists, to ensure that the care available under the State plan can be obtained. The *RItE Smiles* program pays at rates comparable to the commercial insurers within the State yet the State's FFS program only reimburses providers at 41 percent of the usual and customary charges. The State's last dental rate increase in the FFS program was implemented in 1993.

### **CONCLUSION**

Several of the innovations implemented by the State of Rhode Island have contributed to improved access to dental services, but also improved oral health for Medicaid eligible children. The recommendations of the MDAC which included the implementation of the *RItE Smiles* program; administrative improvements such as reducing the prior authorization requirements; and making more timely payments to providers have improved the State's relationship with providers. In turn, this has increased the number of dental providers willing to actively serve Medicaid eligible children. Another important aspect in Rhode Island is having the Lieutenant Governor as its dental "champion," someone who continues to advocate strongly for pediatric oral health care. While all States are unique in the way they implement their Medicaid programs, other States may be able to adopt some of Rhode Island's practices to improve the overall oral health care of this vulnerable population.