U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region IX

Nevada EPSDT Review Report
Dental Services
March 18-21, 2008 Site Visit

Executive Summary

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help children use them effectively. Representatives from Regions IX and X of the Centers for Medicare & Medicaid Services (CMS) conducted an on-site review of Nevada's EPSDT program with a focus on dental services in March 2008. The purpose of the review was to determine what efforts Nevada has made to address the rate of children's dental utilization in the State, and to make recommendations on additional actions Nevada can take to increase these utilization rates. The CMS review team interviewed State and health plan staff, as well as a non-representative sample of providers, and conducted extensive document review in the areas of informing, periodicity, access, diagnosis and treatment services, support services, and coordination of care. The CMS review team found that the State has taken steps to improve children's dental utilization. Listed below are some specific recommendations for the State to consider as it works to increase children's dental utilization for Medicaid beneficiaries, and some best practices that the CMS review team wanted to highlight.

The Nevada Division of Health Care Financing and Policy (DHCFP) is the single State agency that administers the Medicaid program in Nevada. Children residing in Nevada's two largest counties are mandatorily enrolled in one of two managed care plans, unless they meet certain exemption criteria. As reported to CMS on the 416 report, there were over 155,000 children under the age of 21 eligible for Medicaid in Nevada during 2006; all of these children were eligible to receive dental benefits. An overwhelming majority of children in Nevada (more than 80 percent) receive dental services in a managed care environment. Nevada has not elected continuous eligibility for children; any monthly changes in income or circumstances may render a child ineligible for Medicaid. Approximately 20 percent of total Medicaid-eligible children received a dental service in 2006, as reported to CMS by the State. As of January of 2008, Nevada had more than 600 enrolled dental providers that are actively billing.

The CMS review team identified two notable practices and has made four recommendations for the State to consider.

Notable practices

- The State allows dentists who are licensed and in good standing in other States, and who are certified by the National Board of Dental Examiners, to be issued a temporary license to practice in Nevada. If other requirements are met, they may then apply for permanent licensure. This practice has effectively increased the number of dentists who participate in Nevada's Medicaid program.

- The State offers financial bonuses and penalties to managed care organizations (MCOs) based in part on children's dental utilization, which has provided an incentive for plans to take actions to bring children in for dental services.

Recommendations

- The State should modify reminder letters to include dental information, or create a separate dental reminder to be generated in accordance with the dental periodicity schedule.

- The State should monitor dental utilization rates by plan on a quarterly basis to determine if the restriction of contracting providers impacts children's dental utilization rates and take action if these changes affect access under EPSDT.

- The State should better publicize the transportation benefit, both to providers or beneficiaries.

- The State should update "Welcome to Nevada Medicaid" to explain that Medicaid District Offices can help beneficiaries find a provider and link them to transportation to a medical or dental appointment.

Nevada EPSDT Review Report
Focus on Dental Services
March 18-21 On-Site Visit

I. Background

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help children use them effectively. Dental services are included in the EPSDT program coverage and there is a great deal of national interest in the provision of dental services to children covered by Medicaid.

CMS has conducted on-site reviews of children's dental services in 16 States. The States reviewed were selected based on the dental utilization rates reported by States to CMS on the CMS-416 annual report, which is used to report EPSDT program information. Primarily, the States reviewed had less than a 30 percent dental utilization rate for children. According to the CMS 416 data reported to CMS by the State for FY 2006, the State of Nevada had a 20 percent dental utilization rate. These reviews were performed to determine what efforts States have made to address the rate of children's dental utilization in their State, and to make recommendations on additional actions States can take to increase these utilization rates and ensure compliance with Federal Medicaid regulations.

In addition, Congress has requested that CMS collect information regarding dental service utilization and delivery systems from all States. While CMS has conducted a number of on-site dental reviews in some States, we are collecting more limited dental information by telephone from all States.

II. Scope of Review

The EPSDT program consists of two mutually supportive operational components:

- Assuring the availability and accessibility of required health care resources, and;
- Helping Medicaid beneficiaries and their parents or guardians effectively use them.

The purpose of the review was to examine what efforts Nevada has taken to address the utilization rate of children's dental services and to make recommendations on additional actions that Nevada can take to ensure compliance with the regulations and increase its rate of children's dental utilization.

Nevada's review was performed by CMS representatives from Region IX and X on March 18-21, 2008. During this on-site review CMS representatives met with the appropriate staff of the Division of Health Care Financing and Policy (DHCFP), the agency that administers the Medicaid program, and others including managed care, dental, and EPSDT staff, to gain a better

understanding of how the State ensures that children receive the dental benefits to which they are entitled.

Staff at two Managed Care Organizations (MCOs) were interviewed to determine how State policies are implemented at the plan level. Additionally, we interviewed a non-representative sample of four dental providers to gain insight about how dental practitioners view the Medicaid dental system in Nevada. As part of this review, CMS also reviewed data provided by the State, reviewed the dental provider manual, the most recent External Quality Review report, managed care handbooks, and dental informing materials.

III. Introduction to Nevada Dental Services for Children

The Nevada Division of Health Care Financing and Policy (DHCFP) is the single State agency that administers the Medicaid program in Nevada. A sister State agency, the Nevada Welfare Division, determines Medicaid eligibility and informs Medicaid applicants and recipients about EPSDT benefits. Medicaid District Office staff assist the family with scheduling, transportation, and follow-up services when necessary.

As reported to CMS on the 416 report, there were over 155,000 children under the age of 21 eligible for Medicaid in Nevada during 2006; all of these children were eligible to receive dental benefits. Nevada has not elected continuous eligibility for children; any monthly changes in income or circumstances may render a child ineligible for Medicaid. Approximately 20 percent of total Medicaid-eligible children received a dental service in 2006, as reported to CMS by the State. As of January of 2008, Nevada had more than 600 enrolled dental providers that are actively billing.

Children residing in Nevada's two largest counties are mandatorily enrolled in one of two managed care plans, unless they meet certain exemption criteria. Over 80 percent of children Statewide receive physical and dental services through one of two contracted MCOs, while the remainder receive dental care on a fee-for-service basis. Children enrolled in MCOs may receive care from any dentist contracted with the MCO's network; they are not assigned to a dentist. Health plan members may change plans at any time. The State capitates the MCOs on a monthly basis and the MCOs in turn pay participating dentists a negotiated fee-for-service rate.

IV. Review Descriptions, Findings, and Recommendations

Key Area I- Informing Families on EPSDT Services

Section 5121 of the State Medicaid Manual provides the requirements for informing Medicaid beneficiaries of the EPSDT program, including dental services, in a timely manner. Based on section 1902(a)(43) of the Act, States are to assure there are effective methods to ensure that all eligible individuals and their families know what services are available under the EPSDT program; the benefits of preventive health care, where services are available, how to obtain them, and that necessary transportation and scheduling assistance is available. Regulations at 42 CFR 438.10 require the State, its contractor, or health plans to provide information to all

enrollees about how and where to access Medicaid benefits that are not covered under the managed care contract. No methodology is mandated to States to determine the "effectiveness" of their methods, nor are States required to measure "effectiveness" of their informing strategies. Informing is particularly important with respect to dental services since many families do not see dental services as a priority and may need additional information on these important services.

In Nevada, employees of the Nevada Welfare Division, who determine eligibility, also inform beneficiaries about EPSDT services. Any specific questions are referred to the Medicaid District Offices for further information and assistance. Upon enrollment, Medicaid beneficiaries receive a booklet entitled "Welcome to Nevada Medicaid and Nevada Check Up." This information is available in both English and Spanish. The booklet explains generally who is eligible for Medicaid, what benefits are covered, Medicaid managed care, and includes toll-free phone numbers for Nevada Medicaid, the Medicaid District Offices, and Welfare Division offices. It also accurately explains that EPSDT services correct or improve medical, dental, or mental health problems.

Within 60 days of enrollment in Medicaid, beneficiaries receive an outreach letter reminding them of the need for screenings and immunizations. This letter explains children's preventive health benefits and instructs the reader to contact the Medicaid District Office for assistance finding a provider or with transportation to appointments. These reminder letters are also generated when children are due for an EPSDT screen, and are sent to children in both fee-for-service and managed care delivery systems. However, this letter does not mention dental benefits and is generated on the physical health periodicity schedule, not the oral health schedule.

Depending on the county in which they live, new enrollees also receive information about selecting a managed care plan, primary care physician, and how managed care works. The review team looked at member handbooks for the two health plans enrolling children and confirmed that information was provided describing how to access dental services. Plan information sent to parents varies between the plans, but both send letters to members about the importance of good oral health and how to make an appointment with a dentist.

Changes in income and circumstances often result in changes in Medicaid eligibility. While not directly within the scope of this review, Medicaid eligibility can have an impact on preventive care for children. Feedback from dental providers interviewed indicated that month-to-month eligibility provides challenges to parents and providers, because between the time of making and keeping the appointment, the child may have lost eligibility. Plans indicated that the preventive care message may be obscured to parents, since children receive preventive care when they have coverage instead of on the periodicity schedule. It may also be confusing to parents, since each time children go into managed care they receive "welcome" materials.

- ***Recommendation #1:*** The State should modify reminder letters to include dental information, or create a separate dental reminder to be generated on the dental periodicity schedule.

- ***State's response:*** The State will put in a system change request so that the reminder letters that go to new enrollees will include information on dental services. Currently, the letter (EPO-25-1) states:

  "EPSDT can get your kids started on a healthier life, with FREE medical check-ups and immunizations. A EPSDT check-up will find out if your kids have any health problems that could lead to serious sickness. If your kid does have a problem, you can get help through EPSDT—and that help is FREE, too."

  It will be changed to read:

  "EPSDT can get your kids started on a healthier life, with FREE medical and dental check-ups and immunizations. A EPSDT check-up will find out if your kids have any health problems that could lead to serious sickness. If your kid does have a problem, you can get help through EPSDT—and that help is FREE, too."

  Current reminder letters (EPO-020) already state the following:

  "We are writing to remind you that _____ is due for a health check-up under the Early Periodic Screening Diagnosis and Treatment program. If he/she is three years of age or older a yearly dental check-up is also needed. Please call your Doctor and/or Dentist to make an appointment. If you need assistance making an appointment, please call_____."

  Also, Nevada Medicaid is currently involved with the University of Nevada, Reno in a grant for outreach and informing for EPSDT. The grant implements and evaluates a well-child care intervention of coordinated outreach for preventative health care, specialty referrals and tracking activities in order to reduce disparities in underserved, low literacy, rural, low-income, minority and geographically isolated children particularly at risk for hearing, visual impairment, physical or mental disabilities.

  CMS response: Thank you for implementing this change. Please notify us when your system begins generating the updated reminder letters to new enrollees. We recommend updating the EPO-020 language about a yearly dental check-up to correspond to the State's dental periodicity schedule, which is more frequent that an annual check-up. We look forward to learning more about the implementation and results of the outreach and informing grant described.

Key Area II- Periodicity Schedule and Interperiodic Services

Section 5140 of the State Medicaid Manual provides the requirements for periodic dental services and indicates that distinct periodicity schedules must be established for each of these services. Sections 1905(a)(4)(B) and 1905(r) of the Act require that these periodicity schedules assure that at least a minimum number of examinations occur at critical points in a child's life.

The State of Nevada generally follows the schedule of the American Academy of Pediatric Dentistry. The State's dental periodicity schedule recommends an oral exam and cleaning every six months beginning at birth or when teeth erupt.

There are no recommendations in this area.

Key Area III- Access to Dental Services

The State must provide, in accordance with reasonable standards of dental practice, dental services to eligible EPSDT beneficiaries who request them. The services are to be made available under a variety of arrangements, in either the private or public sector. States are to assure maximum utilization of available resources to optimize access to EPSDT dental services, with the greatest possible range and freedom of choice for the beneficiaries and encouraging families to develop permanent provider relationships. When dental services are provided through a managed care arrangement, regulations require States to include contract language with plans to monitor over- and under-utilization, and to maintain and monitor a network of providers sufficient to provide adequate access. For all States, section 42 CFR 440.100 specifies that dental services are to be provided by, or under the supervision of, a dentist qualified under State law to furnish dental services. States may also utilize other oral health resources coverable under the Medicaid program.

Nevada has been one of the fastest growing States in the country for many years, and its provider population has not always grown in proportion to its population as a whole. In 2001, the Nevada legislature passed a law (SB133) that allowed dentists who are licensed and in good standing in other States, and who are certified by the National Board of Dental Examiners, to be issued a temporary license to practice in Nevada. If other requirements are met, they may then apply for permanent licensure. This State law helped alleviate a shortage of dentists in the State. State staff believe that this, along with an increase in dental payment rates, helped create the current environment in Nevada, in which dentists approach the State Medicaid Agency seeking to become providers. The number of Medicaid participating dentists has increased from 270 fee-for-service providers in 2001 to 363 in 2008. Including dental services within the scope of the managed care contract also allowed MCOs to leverage their commercial network of existing dental providers, further increasing contracting providers.

Nevada offers financial incentives to plans based on HEDIS scores. Healthcare Effectiveness Data Information Set (HEDIS) measures are commonly used performance measures across the managed care industry. These measures are not specific to Medicaid, but can be used to compare plans to each other and track performance from one year to the next. HEDIS measures for Medicaid MCOs are measured annually by an External Quality Review Organization (EQRO), which then generates scores on the data elements. One of the HEDIS measures selected by DHCFP for participating plans to be scored on is an annual dental visit for children.

Financial incentives are based on a subset of overall HEDIS measurements, and Nevada includes immunization and well-child screening rates, as well as annual dental visits and a few others. The arrangement includes a potential payment when plans meet certain goals or financial penalties if HEDIS measurements drop. By offering bonus payments and penalties based in part

on children's dental utilization rates, Nevada provides an incentive for participating MCOs to perform outreach and bring children in for dental visits.

MCOs offer their own reminders to patients about the importance of preventive dental care. Member handbooks address dental care, and postcards are mailed to encourage patients to get health and dental screenings. They may offer incentives to members to complete their annual dental visits. Incentives to patients are paid for out of the MCO's savings. Incentives outlined to the review team that have been offered in the past include movie tickets and retail gift cards. Both plans indicated that these small incentives contributed to utilization increases, although not to the degree they had hoped. State staff indicated that while these incentives are not available to people unless they are enrolled in a MCO, the State would like to be able to offer similar incentives to the fee-for-service population. Additionally, three of the four providers we interviewed sent postcards to children every six months to remind them to come in for cleanings. One provider not only sent postcards, but email and text message reminders to parents.

Managed care plans are not required to pay dentists the State's fee-for-service rate. At the time of this review, both MCOs paid the fee-for-service rate to dental providers for dental services. However, effective April 1, 2008, one plan implemented a lower fee schedule and terminated contracts with many providers from its network. These changes were not yet in place at the time of our review, and both are allowable under Medicaid managed care regulations. The plan in question indicated that its dental provider network was 26 times larger than required by its contract with the State. CMS will continue to monitor the State's oversight of its contract to insure that these changes are an elimination of excess capacity and do not negatively impact utilization.

Plans and the fee-for-service fiscal intermediary send monthly network adequacy reports to DHCFP to analyze trends and fluctuations. In addition, MCOs submit their CMS 416 data on a quarterly and annual basis to the State. This allows DHCFP staff to track utilization of EPDST dental services and compare plans and delivery systems. DHCFP staff meet monthly with the plans to discuss quality performance and other issues.

- ***Notable Practice:*** Allowing dentists who have met licensing requirements in other States to apply for a license in Nevada has increased the number of dentists practicing in Nevada.

- ***Notable Practice:*** Offering financial incentives to plans to increase the number of children receiving an annual dental visit has focused attention on children's dental services.

- ***Recommendation #2:*** The State should monitor dental utilization rates by plan quarterly to determine if the restriction of contracting providers impacts children's dental utilization rates and take action if these changes affect access under EPSDT.

State's response*:* The State of Nevada monitors utilization and access and availability through a monthly dash board report. This report monitors dental utilization by plan by county for both Medicaid and SCHIP recipients, and the FFS dental program in rural

counties. It allows for a side by side comparison of total utilization trends since before implementation of managed care and as the dental program continues the report provides a snapshot of current utilization rates at a glance.

There are two MCOs in Nevada and only one of these has restricted its network. The State is monitoring this MCO closely through network adequacy reports and utilization data. The dental monitoring that the Division does includes a network adequacy report which requires the MCOs to maintain an adequate network that make sure the MCOs maintain an ample dentist-to-recipient ratio, and adheres to appointment standards. The health plans must have at least one (1) full-time equivalent (FTE) dentist per one thousand five hundred (1,500) recipients per geographic service area. The health plan's dental provider network must also include at a minimum one (1) pediatric dentist, one (1) dental hygienist, and one (1) oral surgeon per geographic service area.

If DHCFP notes that action is required to sanction or correct dental utilization or sees a decline in utilization the MCOs would be required to implement a Plan of Correction (POC). The plan of correction must include, but may not be limited to, the following:

1. specific problem(s) which require corrective action;
2. the type(s) of correction action to be taken for improvement;
3. the goals of the corrective action;
4. the time-table for action;
5. the identified changes in processes, structure, internal/external education;
6. the type of follow-up monitoring, evaluation, and improvement.

The POC should also identify improvements and enhancement of existing outreach, and case management activities, if applicable.

Unless otherwise specified by DHCFP, the MCO has thirty (30) days from the date of notification by DHCFP to submit a POC, as specified. The MCO's POC will be evaluated by DHCFP to determine whether it satisfactorily addresses the actions needed to correct the deficiencies. If the MCO's POC is unsatisfactory, DHCFP will indicate the section(s) requiring revision and/or necessary additions and request a satisfactory plan be submitted by the MCO, unless otherwise specified, within thirty (30) days of receipt of DHCFP's second directive. If the MCO's second plan is unsatisfactory, DHCFP may declare a material breach. Within ninety (90) calendar days after the MCO has submitted an acceptable POC or one has been imposed, DHCFP will initiate a follow-up review, which may include an on-site review.

If the MCO's non-compliance with the provision of covered medically necessary health benefits and services becomes an impediment to ensuring the health care needs of recipients and/or the availability of providers to adequately attend to those health care needs, the DHCFP shall take administrative sanction against the MCO. Such a sanction will disallow further enrollment and may also include adjusting auto-assignment formulas used for recipient enrollment purposes. Such sanctions will continue until MCO compliance with the provision of benefits/services is achieved. Liquidated damages, as outlined in the General Terms of the contract, may be assessed if other measures fail to produce adequate compliance results from the MCO.

Other actions the division has taken to improve dental utilization include designation of essential community providers that DHCFP requires the MCOs to utilize such as well run dental school based programs. The Division dental program specialist attends and participates when appropriate at dental coalition meetings in both the north and the south. The Division will also seek opportunities to share EPSDT benefits at its educational sessions with providers to share benefit and policy and attempt to enhance provider recruitment.

CMS response: The reduction in the number of contracting providers with one health plan could negatively impact utilization rates while continuing to be in compliance with both Federal regulations and the State's contract. Our recommendation is that the State' s monitoring include, in addition to the health plan's compliance, any consequences of the reduction in number of contracting providers on children's dental utilization rates.

Key Area IV- Diagnosis and Treatment Services

Children under the age of 21 may receive additional benefits under EPSDT when determined to be medically necessary by the State. EPSDT requires that services for children under age 21 not be limited to services included in the State's Medicaid Plan, but only by what is coverable under section 1905(a) of the Act. Diagnostic services must fully evaluate any dental condition identified, while treatment services must ensure that health care is provided to treat or ameliorate the dental condition. Section 1902(a)(10) of the Social Security Act and regulations found at 42 CFR 440.240 require that services provided be comparable in amount, duration, and scope for all recipients within an eligibility group. Dental benefits are an optional service that States are not required to cover for adults.

Few dental benefits require prior authorization, resulting in screening and treatment services being performed during the same visit. MCOs and providers confirmed the information the CMS review team was told by State staff: that orthodontia, oral surgery, and anesthesia were virtually the only services requiring prior authorization. Orthodontia is not included in the managed care contract, but is provided on a fee-for-service basis after prior approval is received from the State's dental consultant.

There are no recommendations in this area.

Key Area V- Support Services

Section 5150 of the State Medicaid Manual indicates that the State is required to ensure that beneficiaries have adequate assistance in obtaining needed Medicaid services by offering and providing, if requested and necessary, assistance with scheduling appointments and non-emergency transportation. This includes the regulatory requirement of 42 CFR 431.53 mandating an assurance of transportation.

Nevada assures transportation for Medicaid beneficiaries by contracting with a broker to provide non-emergency transportation to Medicaid services. The broker screens requests to ensure the least expensive method of transportation to meet the beneficiary's needs is provided, which includes wheelchair equipped vans, taxis, and buses, among other methods. The transportation benefit is mentioned in the "Welcome to Nevada Medicaid" brochure, and a telephone number is included. However, of the four providers we interviewed none were familiar with the transportation broker or knew that transportation assistance was available to their Medicaid patients. Dental providers should be aware of the transportation benefit so they can remind their patients about this service. Information provided to us by the State indicates that 179 trips were provided to dental services in calendar year 2007. Providing additional information to providers and beneficiaries regarding the transportation benefit may increase utilization and decrease missed appointments.

As Stated earlier, Medicaid beneficiaries receive a booklet entitled "Welcome to Nevada Medicaid and Nevada Check Up" upon enrollment. It explains generally who is eligible for Medicaid, what benefits are covered, Medicaid managed care, and provides important phone numbers. This booklet gives a toll-free number to call for the Nevada Medicaid and Nevada Check-Up Central Offices, local Medicaid District Offices, and the Division of Welfare and Supportive Services District Offices. While the contact information is provided, it does not describe services provided by the Medicaid District Offices.

Nevada Medicaid has four District Service Offices (DSOs) Statewide. A toll-free referral line is included in the "Welcome to Nevada Medicaid" brochure, and beneficiaries may be referred to the number by the welfare offices. As part of their responsibilities, DSO staff provides scheduling assistance, information about how to use the transportation benefit, and assemble resource lists of providers for beneficiaries who call. DSO staff generally work with the fee-for-service population, and refer MCO members to the member services staff of the MCO if they are contacted with questions. Of the four providers we interviewed, all of whom accept fee-for-service patients in addition to contracting with at least one MCO, none were familiar with the DSOs. While the toll free number is included in "Welcome to Nevada Medicaid," the review team felt the information in the brochure did not clearly explain what services the DSO can provide or when a beneficiary should contact them for assistance.

> ***Recommendation #3:*** The State should better publicize the transportation benefit, both to providers and beneficiaries.
>
> ***State response***: DHCFP has several publications that it will enhance to emphasize that recipients may use non-emergency transportation via DHCFP's vendor LogistiCare. The documents that are provided will be revised to include mention of the transportation benefit to dental as well as medical appointments. Please see attachments included which do provide both EPSDT dental and non-emergency transportation information. These documents are available to recipients at the District Offices and via the following internet addresses below.
>
> Welcome book link http://dhcfp.state.nv.us/pdf%/20forms/Info/1111-E%20Medicaid%20NV%20check%20up%20guide%2010-08.pdf

DHCFP internet link:
http://dhcfp.state.nv.us/pdf%20forms/Transportation%20Web%20Page.pdf

Health Division EPSDT link:
http://health.nv.gov/index.php?option=com_content&task=view&id=469&Itemid=787

CMS response: Thank you for updating the transportation informing materials and for providing us a copy.

Recommendation #4: The State should update "Welcome to Nevada Medicaid" to explain that Medicaid District Offices can help beneficiaries find a provider and link them to transportation to a medical or dental appointment.

State response*:* The Medicaid District Offices currently provide LogistiCare contact information and if a recipient requests assistance in locating a medical or dental provider, the Health Care Coordinators will help the recipients in finding those providers. The Medicaid District Offices have current listings of Medicaid providers and actively seek dentists who have the ability to treat and schedule new patients and will provide this information to Medicaid recipients. The District Office provides this customer service for FFS recipients and the HMOs provide this customer service for enrolled managed care recipients. In some instances, the HMOs will schedule an appointment. DHCFP will enhance its message in the Welcome to Nevada Medicaid brochure to emphasize the continuity of care system already in place.

CMS response: The Medicaid District Offices fulfill an important role, and activities linking patients to providers and support services clearly can contribute to an increase in children's utilization rates. Please share the "Welcome to Nevada Medicaid" brochure with us again if you enhance the information about when to call the Medicaid District Offices and what help they can provide.

Key Area VI- Coordination of Care

Regulations found at 42 CFR 438.208 require the coordination of health care services for all managed care enrollees. Section 5240 of the State Medicaid Manual describes the use of continuing care providers which encourages coordination of care.

Coordination between a primary provider and a dental provider does not generally occur, however, coordination may be particularly important for special needs children who may be receiving medications and treatments that may affect their oral health. According to the State, they are working on outreach and educational materials directed to children with special health care needs, but these materials are not yet in production.

There are no recommendations for coordination of care.

Key Area VII - Data collection, analysis, and reporting

Section 2700 of the State Medicaid Manual delineates EPSDT reporting requirements, consisting of the annual CMS-416 report. This report requires States to report by age groupings the number of children receiving medical and dental services. The CMS 416 includes three separate lines of dental data as defined by CDT codes: the number of children receiving any dental service, the number of children receiving a preventive dental service, and the number of children receiving a dental treatment services. The CMS-416 report is to be submitted no later than April 1 after the end of the federal fiscal year. The Centers for Medicare and Medicaid Services uses this report to monitor children's utilization of medical and dental services on a State by State basis.

The 416 report requires the inclusion of children who have been eligible during any part of the reporting year. Nevada reported approximately 20 percent of Medicaid enrolled children receiving a dental service during 2006. As discussed in Key Area III, the managed care industry uses HEDIS measures to track MCO performance both by plan and from one year to the next. Many HEDIS measurements include a length of enrollment requirement in order to give MCOs a reasonable period to provide services to enrollees before being measured. HEDIS scores are thus likely to be higher than 416 data would indicate for States with a high percentage of children enrolled in managed care, such as Nevada. Nevada's most recent EQRO report showed an annual dental visit for the Medicaid children at approximately 30 percent.

There are no recommendations for this area.

V. Conclusion

CMS looks forward to working in partnership with the State to enhance and improve EPSDT dental services to children. The CMS review team made recommendations in the areas of informing, access to dental services, and support services as to specific actions the State of Nevada should take to increase the utilization of dental services by children. The CMS review team is pleased to note that the 2007 416 report reflects Nevada's utilization gains, reporting a 20% increase over 2006 in the number of children utilizing dental services. While Nevada is moving in the right direction, CMS expects the State to take actions to address the recommendations detailed in this report in an effort enhance utilization rates for children's dental services.