Report on the District of Columbia's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program With a Focus on Dental Services for Children

February 12 – 14, 2008

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 to effectively use them. Representatives from Regions I and II, as well as the Central Office of the Centers for Medicare & Medicaid Services (CMS), conducted an on-site review of the District of Columbia's EPSDT program with a focus on dental services in February 2008. The purpose of the review was to determine what efforts the District of Columbia (The District) has made to address the rate of children's dental utilization, and to make recommendations on additional actions the District of Columbia can take to increase these utilization rates. Specifically, we interviewed the Department of Health Medical Assistance Administration (DOH/MAA) Office of Children and Families staff, representatives from a managed care organization (MCO), as well as a non-representative sample of five providers. We conducted extensive document review in the areas of informing, periodicity, access, diagnosis and treatment services, support services, and coordination of care.

The policies and procedures for the District's EPSDT program, HealthCheck, are significantly governed by the Salazar Settlement Order of January 25, 1999 and the Accompanying Dental Order of February 28, 2003. The Settlement Order was the result of Salazar v. District of Columbia challenging practices of the District's government in its handling of the Medicaid program. The plaintiffs and the District settled the lawsuit resulting in a decree overseen by a court appointed monitor. A further order was issued by the U.S. District Court on November 15, 2004 to enforce the Settlement Order. The requirements of the Decree and Order are more stringent than the District or federal policies and procedures on EPSDT. The settlement requires the District to submit to the court an annual corrective action plan (CAP), which outlines specific strategies and actions taken to ensure that all EPSDT children are receiving dental services. According to the Decree and Order, MCOs with EPSDT participation ratios of less than 80 percent must each submit a corrective action plan. Any MCO with an EPSDT participation ratio of less than 75 percent will also receive a monetary penalty.

The District has made progress with increasing access and utilization to dental services. To encourage participation in Medicaid, the District has increased its dental provider reimbursement rates. The rates are the same for all four MCOs and the fee-for-service (FFS) population. The District has also enhanced its outreach to EPSDT children, but more can be accomplished in the area of informing families and providers about EPSDT services, especially dental services, as noted by the recommendations in this report.

The CMS 416 report for fiscal year 2006 submitted to CMS by the District indicated a dental utilization rate of 26 percent based on a total population of 96,063 eligibles. According to the District, the utilization rate for dental services for this period was 44 percent based on a total eligible population of 76,378. The District's calculation excludes children under the age of three. The District also utilized other methodologies not used by CMS, such as using an average period of eligibility, in calculating the 44 percent. To sustain improvements in its program and increase utilization, the District requested information on promising practices and technical assistance in developing a dental coalition or taskforce.

The CMS review team has identified no areas that are out of compliance with Federal regulations; however the following four recommendations are made to increase access to necessary dental services.

Recommendations

- The District/MAA should work with all contracted MCOs to ensure that its EPSDT benefits, known as HealthCheck services, especially dental services, are marketed in a clear and concise manner across all MCOs. Each member booklet should have a HealthCheck section that relates back to the EPSDT dental services and outlines the services available to eligible Health Check beneficiaries as well as how to access those services.

  DC Response: The District has awarded new managed care contracts as of May 1, 2008. As part of the contract, MCOs are now required to use a member handbook developed by the George Washington University School of Public Policy for the District. The member handbook does include an EPSDT section with dental services available to children.

- The District/MAA should raise awareness of the HealthCheck system among the FFS provider community including dental providers. The District should also develop a second line of notification for FFS beneficiaries who are not utilizing EPSDT dental services.

  DC Response: The District has now contracted with 2 dental networks to provide both adult and pediatric dental services. The contract requires that the vendor educate the providers on all aspects of the DC Medicaid dental benefit, including the HealthCheck dental requirements. In addition, the District will send a transmittal to all FFS dental providers, reminding them of the HealthCheck program requirements – most specifically the dental requirements. MAA already provides annual notification of the oral health requirements for children in an annual bulletin to all providers.

  DC is working on the development of a better system for second line notification for our FFS EPSDT members who are not utilizing dental services. This notification is complicated by the transient nature of many of our members, many of whom don't have telephone access. We will attempt to develop an automatic process of notification through our MMIS.

- The District/MAA should better coordinate efforts to ensure that all providers receive information regarding EPSDT/HealthCheck services and specifically the requirements for dental services.

  DC Response: The District has now contracted with 2 dental networks to provide both adult and pediatric dental services. The contract requires that the vendor educate the providers on all aspects of the DC Medicaid dental benefit, including the HealthCheck dental requirements. In addition, the District will send a transmittal to all FFS dental providers, reminding them of the HealthCheck program requirements – most specifically

the dental requirements. The District is also required by the Salazar Dental order of October 14, 2005 to notify all dental providers on an annual basis of Oral Health issues for children.

- The District/MAA should make efforts to increase the number of dental specialist providers**.**

  DC Response: The District has now contracted with 2 dental networks to provide both adult and pediatric dental services. The contract requires that the vendor recruit additional providers with a focus on underserved areas of the City. The Anacostia area has been identified as an area with a shortage of dentists by HRSA.

General Recommendation

The State should continue to ensure that beneficiaries receive reminders regarding the need for periodic dental services either from the State Medicaid Agency as part of the annual EPSDT informing requirement or directly from dental service providers.

District of Columbia EPSDT Report
Focus on Dental Services
February 12-14, 2008 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 to effectively use them. 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.

The Centers for Medicare & Medicaid Services (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 for the year 2006. This report is used to collect data and report EPSDT program information. Primarily, the States reviewed had less than a 30 percent dental utilization rate for children. The dental utilization rate for the District according to the FY 2006 CMS 416 was 26 percent. 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 onsite dental reviews in some States, CMS is also 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 intent of this on-site review was to discuss and review with the appropriate staff the policies and procedures being followed in fulfilling the requirements of the District of Columbia's (The District) EPSDT program, with the focus on providing complete and comprehensive dental care to children. We interviewed representatives of a managed care organization, and five dental providers who participated in managed care and fee-for-service (FFS), to gain a better understanding of their perspectives regarding access to dental services and to assure that EPSDT requirements are being followed. We also gathered information to demonstrate how the dental requirements under EPSDT were being implemented.

III. Introduction to the District of Columbia's Dental Services for Children

The Department of Health Medical Assistance Administration's (DOH/MAA) Office of Children and Families is the agency responsible for administration of the District's Medicaid program. The EPSDT benefit is called HealthCheck. The District requires participating dental providers to follow the DC HealthCheck Periodicity Schedule. The American Academy of Pediatrics' recommendation that a child should receive their first dental screening at six months is included as footnote on the District's periodicity schedule; however, it is not required.

The District's Medicaid program is administered through managed care plans and FFS. Dental services are available through FFS before enrollment into the managed care delivery system. Once enrolled, most children receive services through one of four managed care organizations (MCOs). The MCOs are required to provide all the EPSDT services, including dental, to beneficiaries.

The policies and procedures for the District's EPSDT benefit, HealthCheck, are primarily governed by the Salazar Consent Decree and the Accompanying Dental Orders of 2003 and 2004. The requirements of the Decree and Order are more stringent than the District or CMS policies and procedures on EPSDT. The settlement requires the District to submit to the court an annual corrective action plan to ensure that all EPSDT children are receiving their dental services. MCOs are penalized if they fail to comply with stipulated participation goals for EPSDT. MCOs with an EPSDT participation ratio of less than 80 percent must submit a corrective action plan. If the MCO has an EPSDT participation ratio of less than 75 percent, it is required to pay $45 for every member that is added to the numerator of the ratio to meet the required 80 percent.

IV. Review Descriptions, Observations and Recommendations

Key Area I - Informing Families and Providers of 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.

Informing Families

The District requires mandatory managed care participation for most beneficiaries with the exception of a small foster care population receiving services through FFS. In the District, an eligible child receives a Medicaid card with contact information prior to the selection of a MCO. Services are available through FFS before enrollment into the managed care delivery system. The District's enrollment broker, Houston Associates, sends eligible beneficiaries a managed care selection package that outlines the beneficiaries available managed care options. Most beneficiaries are required to choose an MCO within 30 days from the date of eligibility determination or they will be auto assigned to an MCO on the 31st day. The MCO sends each new enrollee a welcome letter, an MCO member card and the MCO member handbook (English and Spanish versions) listing all services covered, including dental services, how to obtain information on providers and information on the individual's right to change his/her MCO.

The District has four (as of February 2008) MCO options available to members. Three of the four MCOs, Chartered Health Plans, Health Rite and Health Services for Children with Special Needs (HSCSN) utilize the same third party (dental) administrator (TPA), Quality Plan Administrators. The fourth MCO, Amerigroup, contracts with Doral Dental as their Dental TPA. (Note: Amerigroup no longer contracts with the District as of June 30, 2008.)

All MCO enrollees receive a member handbook that outlines EPSDT screenings, covered services, including dental benefits, available under each plan. The District does not have a member booklet for the FFS population. All EPSDT eligible populations receive an annual Health Check brochure via mail, outlining the "Free Check-Ups for Newborns through 20 years of Age". In addition, MCO beneficiaries who have not received EPSDT services will receive a reminder notice informing the beneficiary that they are due for EPSDT screenings.

The EPSDT Review Team found that two of the four MCOs' member handbooks do not clearly identify the dental services available under HealthCheck in the same clear and concise manner. The presentation of the EPSDT dental information is inconsistent because it speaks to EPSDT dental services but does not link these services back to the District's HealthCheck program. The Chartered Health Plan and Amerigroup member booklets clearly identify the importance of HealthCheck and outline the dental services available to children eligible for EPSDT services. HealthCheck and EPSDT dental services should be synonymous with each other.

The MCOs utilize a variety of notification means to remind parents of the importance of accessing EPSDT services for their children, these practices include the following:

- Annual Health Check Mailing
- Targeted reminder notice based on utilization
- If annual mailing is returned undeliverable, the MCO will attempt to make a telephone contact using voice activated telephone messages
- Enrollment broker use of a on hold reminder message

The MCOs that are not successful with contacting beneficiaries by mail or telephone will have an outreach worker perform a home visit in an attempt to remind beneficiaries of overdue EPSDT screenings. Outreach workers will leave information at the home if they do not make

contact. This outreach function was required as part of the Salazar decree. The District has received anecdotal information that some parents feel harassed by home visits and this may have led to the withdrawal of children from the plan. According to DOH/MAA, there is fear of government agencies in the immigrant population.

The District's FFS population is small and is primarily comprised of newly eligible enrollees who are awaiting managed care enrollment and children in adoption and foster care settings who have social workers overseeing their physical health care needs. The FFS population does not receive EPSDT reminder notifications. The annual Health Check brochure serves as the primary reminder.

As required by the Salazar decree, the District has put in place a dental specific customer service health line allowing FFS members to easily access assistance in locating a dental provider, arranging transportation to an appointment and serving as a member dental resource. The four MCOs' customer service lines will assist beneficiaries with connecting to services, scheduling transportation and assisting members with scheduling appointments with a specific dental provider.

Missed appointments by Medicaid beneficiaries are a problem for most providers. As a result many providers double book in order to ensure that chair time is not wasted. The dental providers interviewed utilize different means to inform members that they are due for a periodic screening. Some of the common practices include reminder calls 24-48 hours before an appointment, recall cards/letters, and missed appointment notifications. Some of the providers interviewed schedule periodic follow-ups as the conclusion of the dental visit.

Recommendation #1: The District should work with all contracted MCOs to ensure that Health Check services, especially dental services, are marketed in a clear and concise manner across all MCOs. Each member booklet should have a HealthCheck section that relates back to the EPSDT dental services and outlines the services available to eligible HealthCheck beneficiaries as well as how to access those services.

DC Response: The District has awarded new managed care contracts as of May 1, 2008. As part of the contract, MCOs are now required to use a member handbook developed by the George Washington University School of Public Policy for the District. The member handbook does include and EPSDT section with dental services available to children.

Informing Providers

In the District of Columbia, dental services can be provided either under managed care or through the District's FFS network for beneficiaries not participating in a managed care plan. Because dental services are provided through different networks, the responsibilities of informing providers of their contractual obligations differ. Through the managed care contracts, there are two different Third Party Administrators (TPAs), Quality Plan Administrators and Doral Dental. Both of the TPAs are responsible for educating and informing their providers of their responsibilities for ensuring that beneficiaries are notified and receive EPSDT services. The District is responsible for informing and outreaching to the FFS providers and ensuring that they fulfill their contractual responsibilities. Both the Managed Care TPA contracts and FFS

contracts require compliance in this area. The review team noted that the District did not perform second notifications to parents/guardians of FFS children who have not utilized dental services.

The MCOs and the District both use various means to inform dental providers of their responsibilities. The MCOs' TPAs have specific contractual language within their respective contracts that outline the provider's responsibilities. The District's billing instructions and provider contracts also inform participating FFS providers of the EPSDT requirement of providing both preventative and restorative dental services. We found that though there are a wide range of mechanisms used to inform providers about EPSDT, the information does not seem to be reaching them. Most of FFS and managed care dental providers have heard of EPSDT but do not recognize HealthCheck as the EPSDT benefit.

The District created a web based tool for the HealthCheck program. The purpose of the tool is to market the importance of EPDST services to beneficiaries and providers. This web based tool was developed as a database to record EPSDT utilization and as a resource to assist providers with the delivery of EPSDT services. To address requirements of the Salazar decree, a work group consisting of the MCOs, FFS providers, representatives from the District's Medicaid program, the plaintiff's council, and the court appointed monitor, worked collaboratively to develop seven universal encounter forms to record utilization of EPSDT services within the HealthCheck system. The HealthCheck system allows the District to record the delivery of EPSDT services provided under the MCO model. FFS claims data are automatically entered into the database as FFS claims are processed. MCO providers receive incentives for completing the universal encounter forms. Because the MCOs are required to complete the universal encounter forms in order to receive financial incentives there is a greater awareness of the HealthCheck program among MCO affiliated providers. The FFS dental providers were not always aware of the HealthCheck system or the formal EPSDT requirements; however, the providers that we interviewed followed the periodic and interperiodic guidelines that coincide with the EPSDT program.

Recommendation #2: The District/MAA should raise awareness of the HealthCheck system among the FFS provider community including dental providers. The District should also develop a second line of notification for FFS beneficiaries who are not utilizing EPSDT dental services.

DC Response: The District has now contracted with 2 dental networks to provide both adult and pediatric dental services. The contract requires that the vendor educate the providers on all aspects of the DC Medicaid dental benefit, including the HealthCheck dental requirements. In addition, the District will send a transmittal to all FFS dental providers, reminding them of the HealthCheck program requirements – most specifically the dental requirements. MAA already provides annual notification of the oral health requirements for children in an annual bulletin to all providers.

DC is working on the development of a better system for second line notification for our FFS EPSDT members who are not utilizing dental services. This notification is complicated by the transient nature of many of our members, many of whom don't have telephone access. We will attempt to develop an automatic process of notification through our MMIS.

Recommendation #3: The District/MAA should better coordinate efforts to ensure that all providers receive information regarding EPSDT/HealthCheck services and specifically the requirements for dental services**.**

DC Response: The District has now contracted with 2 dental networks to provide both adult and pediatric dental services. The contract requires that the vendor educate the providers on all aspects of the DC Medicaid dental benefit, including the HealthCheck dental requirements. In addition, the District will send a transmittal to all FFS dental providers, reminding them of the HealthCheck program requirements – most specifically the dental requirements. The District is also required by the Salazar Dental order of October 14, 2005 to notify all dental providers on an annual basis of Oral Health issues for children.

Key Area II - Periodicity Schedules 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 District requires participating dental providers to follow the DC HealthCheck Periodicity Schedule. The American Academy of Pediatric Dentistry's recommendations are provided as a footnote. All MCOs are required to offer dental services to their enrollees. The DC HealthCheck recommends a referral for the first dental appointment at three years of age or earlier if there is a need. Dental exams are recommended every six months after the age of three. There are no recommendations for Periodicity Schedules and Interperiodic Services.

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.

Access to Dental Services

The District has struggled with increasing the number of participating fee for service dental providers. The large majority of the District's beneficiaries receive dental care through their MCOs TPA. The managed care plans are assuring adequate access to dental services. The

District ensures that MCO's adhere to their contractual agreement of assuring services to all of its enrollees. MCOs that do not maintain a sufficient provider network are sanctioned by the District and required to submit a corrective action plan. MCO enrollees encounter fewer challenges accessing a dental specialist because the MCO is required to reimburse an out of network specialist in the absence of a contracted provider within the network. Three out of the five providers interviewed expressed difficulty in fulfilling referrals to specialists, especially to endodontists, periodontists and oral surgeons. Unlike the MCO's, the FFS network experiences difficulty increasing its provider network due to its inability to pay participation incentives to its providers.

Over the past two years the District has increased their dental provider reimbursement rate to 75th percentile of the District's market rate. The reimbursement rate remains equal across all four MCOs and the FFS program. The rationale behind the rate increase was to help enhance provider participation by making the Medicaid reimbursement rates comparable to private insurance. The District will use their funds for this year on more preventive dental measures. Any funds left remaining at the end of the year will be spent on increasing reimbursement to dental specialists. The District's goal is to increase utilization for preventive care thus decreasing the need for specialists.

The District has contracted with two dental TPAs to operate their "Contract for Human Care Agreement (CHCA)." The District has contracted with Quality Plan Administrators and Doral Dental, to undertake this initiative. The TPAs will be reimbursed $20.35 per claim for the services provided under the first year's terms of the contract.

The CHCA provides a dental carve-out for the District's FFS network by contracting to provide comprehensive oral health services including but not limited to a dental provider network, beneficiary services, related administrative and support services to the estimated 66,000 FFS beneficiaries, which are comprised of 6,000 managed care exempt children and 60,000 FFS elderly and disabled beneficiaries.

The CHCA aims to increase provider participation and access for the District's FFS beneficiary population. The District notes within the CHCA that there were only 20 dentists providing services to the District's FFS population. Under the CHCA, the District will allow FFS beneficiaries to access the TPA's provider network. The Quality Plan Administrators' network consists of 70 District-based general dentists and Doral's 63 District-based general dentists. The initiative began on March 1, 2008. The District defined the goals and objectives of the CHCA as,

> "It is the MAA's goals through this procurement, 75% of the beneficiaries are able to access dental services within 10 minutes as well as 75% of the beneficiaries enrolled for at least twelve consecutive months will receive at least 1 dental visit within a twelve month period." (District Contract for Human Care Agreement, item C.2.3)

In addition the other goals of the contract includes increasing the number of participating providers within the District by focusing on the improvements that have been made by the District, including a significant increase in provider reimbursement, administrative streamlining

within the claims processing area and prior approval areas. The contract also outlines appointment standards in effect to help facilitate access for beneficiaries.
Recommendation #4: The District/MAA should make efforts to increase the number of dental specialist providers.

DC Response: The District has now contracted with 2 dental networks to provide both adult and pediatric dental services. The contract requires that the vendor recruit additional providers with a focus on underserved areas of the City. The Anacostia area has been identified as an area with a shortage of dentists by HRSA.

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.

In the District, dental services are provided for children under the age of 21. Although an oral screening may be part of a physical examination, it does not substitute for examination through direct referral to a dentist. A direct dental referral is required for every patient in accordance with the District of Columbia's periodicity schedule, and at other intervals as medically necessary. Services such as orthodontic service and therapeutic services do require authorizations. Medical necessity is determined when an evaluation by an educationally qualified dental specialist utilizing a standardized and objective assessment tool, indicates that such services are medically necessary.

Providers did not have any complaints regarding the authorization process.

There are no recommendations for Diagnosis and Treatment Services.

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.

According to DOH/MAA staff and dental providers, transportation was not an issue for the children or families. MCOs will assist members with securing appointments and arranging transportation if necessary. The District has also set up a dental specific toll free 800 help line for beneficiaries requiring assistance on any dental related issue. The MCO and FFS providers

have contracts with transportation providers to assist beneficiaries with transportation for medical appointments.

There are no recommendations for Support Services.

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.

In the District, most care is coordinated by the child's care giver. Children with special needs will have a case worker who does the case management for care. There is some coordination between primary care physicians and dentists for children who do not have special needs, but not to a great extent. We saw more coordination between physicians and dental providers with the special needs population.

There are no recommendations for Coordination of Care.

Key Area VII - Data Collection, Analysis and Reporting

For dental services, the District of Columbia does not include children under the age of three on the CMS 416 report. According to the District, their utilization rate is 44 percent. However, 2006 CMS 416 report states that the rate is 26 percent. The national report of 2006 Dental Rates, which is based on the CMS 416 report, indicates 96,063 total eligibles for the District. However, the 2006 CMS 416 report that the District submitted to the review team indicates 76, 378 total eligibles. The discrepancy can be a result of the District excluding children under the age of three in the calculation of total eligibles for dental services.

There are no recommendations for Data Collection, Analysis and Reporting.

Conclusion

The District of Columbia is making progress in addressing access to dental care for children in Medicaid. We understand that the District is operating its Medicaid program under the settlement agreement mandated by the Salazar decree. They have increased the dental rates for providers and implemented a web-based tool for the EPSDT benefit, HealthCheck. Many of the improvements are a direct result of the collaboration between the District and the plantiffs overseeing the Salazar Settlement. We also believe the District Contract for Human Care is an important step to improving services to the fee for service population. We encourage the District to implement CMS' recommendations to continue progress in creating better access to dental services for Medicaid children.