Testimony
Of
Susan Tucker
Maryland Department of Health and Mental Hygiene on Necessary Reforms to Pediatric Dental Care under Medicaid
Domestic Policy Subcommittee
Oversight and Government Reform Committee

Tuesday, September 23, 2008
2154 Rayburn HOB
10:00 a.m.

Chairman Kucinich, Ranking Member Issa and members of the subcommittee, my name is Susan Tucker. I am the Executive Director of the Office of Health Services within Maryland's Medicaid program at the Department of Health and Mental Hygiene.

I previously testified before this subcommittee in May of 2007, and I appreciate the opportunity to testify before you today about Maryland's efforts to improve access to dental care for low income children. Maryland, like all states, has a problem with access to adequate dental services for low-income children. It is a problem that extends beyond Medicaid, and therefore requires broad efforts in public health and the dental provider community. We have been working on this complicated problem for many years. In February of 2007, this situation was brought into acute focus with the tragic death of Deamonte Driver.

Since that time, the Maryland Medicaid program has reenergized efforts to improve dental care utilization. First, the Department instructed each HealthChoice[1] managed

[1] HealthChoice is Maryland Medicaid's mandatory managed care program, operated under the authority of section 1115 of the Social Security Act. HealthChoice has been operating since June of 1997, and approximately 75% of Maryland's Medicaid population are enrolled in the program, including those in Medicaid and Maryland Children's Health Program (MCHP). Administering dental benefits for children in HealthChoice is the responsibility of the seven managed care organizations (MCOs).

care organization (MCO) to verify and correct their dental provider directories, assist enrollees in scheduling dental appointments, and submit weekly reports on enrollee requests for dental care. The Department also conducted outreach to dental and somatic care providers to remind them of the dental benefits package and encourage them to refer children to appropriate dental care. Additionally, the Maryland Dental Society is helping with dental provider recruitment for the MCOs. Finally, the Department required that MCOs begin a series of outreach efforts to bring children into dental care, including mailings, incentive plans, and dental education programs in schools. Utilization[2] of dental services increased from 46.2% in CY '06 to 51.5% in CY '07.

These approaches were an immediate way to address this very complex problem. In order to develop long-term strategies to improve oral health for children, Maryland recognized that we needed significant efforts on the part of dental providers, public health programs, parents, Medicaid agencies and federal policymakers. Governor O'Malley made this effort one of the first priorities of his administration by forming a Dental Action Committee which included all of these stakeholders. This Committee met throughout the summer of 2007 to discuss public health strategies; Medicaid rates and alternate delivery models; education and outreach for parents and caregivers; and provider participation, capacity, and scope of practice. The Committee made 60 recommendations, highlighting seven overarching recommendations for immediate action, with a goal of establishing Maryland as a national model for children's oral health care. Major recommendations that have been or are in the process of being implemented include:

[2] The percent of children ages 4-20 who were enrolled in the same MCO for at least 320 days who received at least one dental service.

1. Increased Rates: The Governor's FY '09 budget included $14 million as the first installment of a three-year effort to bring Maryland Medicaid dental rates up to the 50th percentile of the American Dental Association's South Atlantic region charges. This multi-year initiative is critical in attracting additional providers. The first year of the fee increase was approved by the Maryland General Assembly and was implemented on July 1, 2008. The first codes to be targeted for increases were diagnostic and preventive codes. These codes were very poorly paid in the past and now compare very favorably with other state rates (see attachment for examples).

2. Streamlined Administration: In order to ease the administrative burdens for dental providers, the Committee recommended that the Department carve dental services out of the seven HealthChoice Managed Care Organization (MCO) service packages and administer them through a single Administrative Services Organization (ASO). The long term goal will be to ensure that every child with Medicaid coverage has access to a dental home where comprehensive dental services are available on a regular basis. We believe we will be the first State in the country to implement such a project. In the beginning of July 2008, the Department issued a request for proposals (RFP) for a single statewide vendor to coordinate and administer dental benefits for Maryland Medicaid beneficiaries. Five entities recently submitted proposals through this process, and we expect to select a vendor and implement this change by July, 2009.

3. Enhanced Public Health Infrastructure: The Governor's FY '09 budget included $2 million to enhance the dental public health infrastructure. These funds will establish new dental public health clinics in regions of Maryland

where there are no existing dental public health facilities and will increase operational support for existing local health department dental clinics, thereby increasing access to oral health services for low-income children statewide. In addition, this enhanced funding will allow the Office of Oral Health to provide expertise to local health departments as they construct these clinics and implement oral health programs and to provide portable school-based dental health services. Maryland is pleased that two new dental clinics opened in shortage areas this summer and that more are planned within the upcoming year.

4. Increased Scope of Practice for Dental Hygienists: Legislation was passed during the last legislative session to allow for an increased scope of practice for dental hygienists working for public health agencies in Maryland, enabling them to more efficiently and expeditiously provide services within the scope of their practice in offsite settings (e.g., schools and Head Start centers). This will help provide preventive services, such as fluoride varnish, to more children with Medicaid coverage. This legislation will take effect on October 1, 2008.

The Dental Action Committee continues to meet regularly. This is a working, action-oriented committee. They have been asked not to write reports that will sit on a shelf, but instead to design practical, workable initiatives and to bring all parties to the table to solve difficult problems. They have the support of staff throughout the Department of Health and Mental Hygiene.

One subcommittee is concentrating on developing a unified oral health message to encourage oral health literacy among all Marylanders. The emphasis will be on primary prevention and attaining and maintaining good oral health. No child should wait until they are in pain to seek and receive dental care. Another subcommittee is

developing a pilot program for dental screenings in public schools. Still another subcommittee is concentrating on training general dentists on how to provide high quality dental services to young children.

Congressman Elijah Cummings has also worked tirelessly to ensure children have access to dental care. He included language in the State Children's Health Insurance Program (SCHIP) to guarantee dental benefits, and introduced Deamonte's Law, H.R. 2731, which would enhance the dental safety net and workforce by increasing dental services in community health centers and training more individuals in pediatric dentistry. Additionally, he continues to work with UnitedHealth, a Maryland Medicaid MCO, and dental schools in Maryland to increase the pediatric dental workforce. We value his leadership in this important public health area.

Maryland is committed to implementing the Dental Action Committee's recommendations to ensure access to oral health services for all of its Medicaid enrollees through increased availability and accessibility of dentists throughout the state and increased awareness of the benefits of basic oral care among enrollees. Although it is too early to tell the impact these initiatives will have, we will continue to evaluate their success as indicated by utilization of services, provider network adequacy, and health outcomes. We will remain flexible and will seek innovative ideas for adjusting our strategies as we move forward. Thank you for giving me an opportunity today to update you on this crucial matter.

ATTACHMENT

Dental Procedures Targeted for Fee Increase in FY 2009

Proc Code	Description	MD (FY08)	MD (FY09)	DC	PA	VA
D0120	Periodic Oral Examination	$15.00	**$29.08**	$35.00	$20.00	$20.15
D0140	Oral Evaluation-Limited-Problem Focused	$24.00	**$43.20**	$50.00	N/A	$24.83
D0145	Oral Evaluation, Patient < 3 Years Old	$20.00	**$40.00**	$0.00	N/A	$20.15
D0150	Comprehensive Oral Evaluation	$25.00	**$51.50**	$77.50	$20.00	$31.31
D1110	Prophylaxis Adult 14 years and Over	$36.00	**$58.15**	$77.50	$36.00	$47.19
D1120	Prophylaxis Child Up to Age 14	$24.00	**$42.37**	$47.00	$30.00	$33.52
D1203	Topical Application of Fluoride, child (Exclude Prophylaxis)	$14.00	**$21.60**	$29.00	$18.00	$20.79
D1204	Topical Application of Fluoride, adult (Exclude Prophylaxis)	$14.00	**$23.26**	$26.00	N/A	$20.79
D1206	Topical Fluoride Varnish	$20.00	**$24.92**	$0.00	$18.00	$20.79
D1351	Topical Application of Sealant per Tooth	$9.00	**$33.23**	$38.00	$25.00	$32.28
D7140	Extraction Erupted Tooth or Exposed Root	$42.00	**$103.01**	$110.00	$60.00	$69.00
D9248	Non-Intravenous Conscious Sedation	$0.00	**$186.91**	$0.00	$184.00	$110.00