# U.S. Department of Health and Human Services

## Centers for Medicare & Medicaid Services
## Region III

FINAL REPORT
**December 31, 2008**

# Pennsylvania EPSDT Review Report
# Dental Services
## April 2008 Site Visit

# Executive Summary

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit 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 Central Office, Regions I, II, and III of the Centers for Medicare & Medicaid Services (CMS), conducted an on-site review of Pennsylvania's EPSDT benefit with a focus on dental services in April 2008. The purpose of the review was to determine what efforts Pennsylvania has made to address the rate of children's dental utilization in the State, and to make recommendations on additional actions Pennsylvania can take to increase these utilization rates. Specifically, the review team interviewed the State, the contractor, a managed care organization, 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.

According to the 2006 CMS-416 report, there were over one million children eligible for the EPSDT dental services in Pennsylvania. The provision of dental services is required under EPSDT. The delivery systems of care are primary care case management (PCCM) via the fee-for-service (FFS) network and managed care. In Pennsylvania the managed care organizations (MCOs) are required to provide dental services to children enrolled in Medicaid. The majority of the children are enrolled in an MCO. Children who reside in areas of the State where managed care is not available will receive their services through the FFS network.

Though the State has increased dental provider rates over the last nine years, and streamlined administrative processes as part of their "Action Plan for Improving Oral Health," challenges remain in enhancing access and utilization to dental services. According to the interviewed providers and the State, there is difficulty finding generalists and dental specialists to serve the Medicaid population in rural areas. Interviewed providers also stated that dental providers are reluctant to participate in Medicaid because there is no reimbursement for broken appointments.

Although the State has implemented various strategies to enhance access and utilization to dental services, according to data submitted by the State to CMS for FY 2006 the dental utilization rate is low at 27 percent. The EPSDT Review team recognizes the State's challenges in ensuring utilization of dental services for children enrolled in Medicaid. We commend the State's outreach efforts of identifying and outreaching to families whose children are due or overdue for dental screenings. However, the State needs to increase access to dental services for the Medicaid population and to continue to inform applicants, beneficiaries and families about EPSDT services.

The CMS review team identified two notable practices during the review. Notable practices do not rise to the empirical requirements to substantiate a proven, effective intervention usually designated as a "promising practice." However, reviewers note that other States might find benefit in these efforts to improve the State's oral health service delivery.

**Notable Practices**

- ***Notable Practice #1***: One dental provider office has initiated a practice called "Shared Medicaid Appointment" with a pediatric practice in the same building. When children ages 12 to 24 months visit for the medical appointment arrangements are made for a group of children and their parents to also view an educational program on dental care provided by the dentist in the pediatrician's office.

- ***Notable Practice #2***: Another provider has instituted a program called Dental Detectives which allows children to get a diploma and qualifies them to "co-teach" their peers. The office is doing a quality measure on this program to determine if it impacts the oral health of the children. This same practice has a "No Cavities Club" which entails putting a child's picture on the wall with a star and the giving them a small dollar toy. All children get some small item such as stickers. The provider has a grant that pay for the extras.

The CMS review team identified two findings and has four recommendations for the State to improve access to dental services for Medicaid eligible children.

- ***Finding:*** The State is not in compliance with section 1905(r)(3) of the Social Security Act which requires that the State develop a separate and distinct periodicity schedule for the delivery of dental services to EPSDT eligibles.

- ***Recommendation*:** The State must develop a separate dental periodicity schedule for dental services in accordance with the requirements of section 1905(r)(3) and ensure that the information is available to providers and beneficiaries.

- ***State Response:*** The Department had previously complied with CMS's directive of June 13, 2008, regarding development of a Pediatric Dental Periodicity Schedule separate and distinct from Pennsylvania's EPSDT Periodicity Schedule. In an August 12, 2008 letter to Mr. Ted Gallagher, the Department provided CMS with our proposed Pediatric Dental Periodicity Schedule and advised of our plan to implement the schedule, effective on January 1, 2009.

- ***Finding:*** The State is not fully compliant with the regulations at Part 42 CFR 438.206, which requires each State to ensure that all covered services under the State plan are available and accessible to enrollees of Managed Care Organizations (MCO).

- ***Recommendation***: The State must recruit additional participating providers to ensure that there are sufficient numbers in the Access Plus service area so that beneficiaries are not required to seek dental services outside the area.

- ***State Response***: The Department recognizes the need for an adequate network of dentists to supply oral health services to MA recipients. To that end, the Department has undertaken multiple initiatives directed at improving active participation in all delivery systems within the Medical Assistance (MA) Program, including ACCESS Plus. These initiatives have been focused particularly on those issues identified as traditional barriers

to participation by providers: burdensome administrative processes, payment rates, and patient population management. Recent activity in these areas is briefly outlined below:

**Program Administrative Modification/Quality Improvement/Streamlining**

- Commitment of additional staffing resources to augment State-administered Fee-for-Service (FFS), ACCESS Plus Prior Authorization and claims processing assistance capabilities to make it easier and quicker for dentists to receive prior authorizations and claims resolutions *(2006).*
- Elimination of Prior Authorization requirements for selected dental services that had previously required authorization *(2006, 2007).*
- Expedited enrollment of dentist applications.

**Payment Rates/Fee Increases/Program Service Enhancements**

- Targeted fee increases for select dental preventive and treatment services fees on the MA Program Outpatient Fee Schedule for four consecutive state fiscal years
    - *July 2005* – fee increases for sedation/anesthesia and behavior management services.
    - *January 2006* – fee increases for behavior management and orthodontic services.
    - *November 2007* – fee increases for select services: prophylaxis, fluoride treatments, endodontics, crowns, extractions.
    - *July 2008* – significant additional fee increases for select services: restorations, endodontics, crowns, dentures, extractions, and orthodontics.
- ACCESS Plus Dental Care/Disease Management Program Implementation *(July 2008)*
    - Holistic-oriented effort to provide both greater access to care and support establishment of "dental homes" for individuals under 21 years of age, through provider incentive (P4P) payments.
- Issued an MA Bulletin reinforcing EPSDT requirements for medical/dental referrals in order to establish dental homes for children.
- As noted under our response to recommendation #1 above, the Department is in the process of issuing a separate Pediatric Dental Periodicity Schedule, effective January 1, 2009.
- Collaborative efforts are underway with the state dental association and primary care physician associations to more effectively involve physicians in oral health preventive interventions and referrals in support of EPSDT *(2008-2009).*

**Outreach Activity**

- Implemented the ACCESS Plus Program, the MA Program's enhanced primary care case management program which included EPSDT assistance related to oral health:
    - Dental treatment reminders.
    - Help in locating a dentist.

        - Making appointments *(2005)*
    - Operation of Dedicated State-wide Telephone Call Center for FFS delivery system, including ACCESS Plus (2005)
        - MA recipient hotline information on finding a dentist.
        - Provider or Recipient follow-up and related recruitment efforts.
    - Contracted with a team of dental consultants to outreach to dentists in underserved areas for the FFS delivery system, including ACCESS PLUS.
    - Conducted a state-wide outreach to hundreds of dentists who do not participate in the MA Program but who are participating with the Pennsylvania Children's Health Insurance Program (CHIP) *(2006).*

    The Department acknowledges the challenges in recruiting more dentists to participate in the FFS delivery system, including ACCESS Plus. While not contained exclusively in counties within ACCESS Plus, the vast majority of currently designated Dental Health Professional Shortage Areas in Pennsylvania lie within the confines of the ACCESS Plus service area. Earlier statistical analysis revealed that while this zone comprises nearly two-thirds of the geographic area of the state, it is home to just over a quarter of the entire state population and nearly one-third of MA eligible recipients. However, approximately one fifth of all dentists actively practicing within Pennsylvania are located in the area. Populations within this geographic zone are often required to travel to obtain necessary services, regardless of healthcare coverage type (e.g., private pay, commercial insurance or government funded programs). The Department would welcome any assistance CMS may offer in augmenting our efforts in recruitment of more dentists as MA Program participants.

**Additional Recommendations**

- The State should review the Medicaid Managed Care Organization's (MCO) Handbooks to ensure that information is presented in a clear and concise manner and in accordance with the terms of the State's managed care contract.

- ***State Response:*** The Department's Bureau of Managed Care Operations (BMCO) reviewed the HealthChoices mandatory and voluntary managed care plans' member handbooks and identified inconsistencies in the information provided. Therefore, BMCO will draft standard EPSDT language to include what is covered and how to access dental services, and will require the MCOs to include this language in their member handbooks. The Department will require the MCOs to make revisions to their member handbooks by the date of their annual review.

- The State should provide additional information on EPSDT services to beneficiaries accessing services through the FFS network.

- ***State Response:*** Currently, the Department issues initial and periodic notices to inform MA enrolled children under 21 years of age of their benefits under EPSDT. These notices include information on EPSDT services for newly enrolled children, as well as

providing reminders to current enrollees for upcoming EPSDT appointments and follow-up care. The Department is in the planning stages of redesigning the recipient information portion of its website to provide updated EPSDT information, including dental services. The Department will take CMS's recommendation under advisement for other methods of notifying beneficiaries of EPSDT services.

The Department would also like to point out that in Section IV of the report, Key Area I, CMS indicated that the Department contracts with Automated Health Services (AHS) to inform beneficiaries of the availability of EPSDT services, and monitor utilization of claims. Please note the Department directly contracts with McKesson Health Care, not AHS, to provide these services. AHS is a subcontractor to McKesson.

Additionally, based on the understanding reached with CMS representatives during the exit conference, CMS was to provide follow-up information, best practices and lessons learned from other states for Pennsylvania to use as a resource and to assist our efforts to improve access to preventive dental and EPSDT services. To date, we have not yet received this information from CMS and are eagerly anticipating that the information will be helpful and will assist in our continued efforts to provide increased access and preventive dental services to children.

**Pennsylvania EPSDT Review Report**
**Focus on Dental Services**
**April 2008 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 and families to effectively use them. Dental services are included in the EPSDT benefit 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, which is used to report EPSDT information. Primarily, the States reviewed had less than a 30 percent dental utilization rate for children. Approximately 27 percent of total Medicaid-eligible children in the Commonwealth of Pennsylvania received a dental service in 2006. 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, 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 intent of the review was to examine and discuss the efforts the State of Pennsylvania has taken to address the utilization rate of children's dental services and to make recommendations on additional actions that Pennsylvania can take to ensure compliance with the regulations and increase their rate of children's dental utilization.

Pennsylvania's review was performed by CMS representatives from Central Office, and Regions I, II, and III on April 8-10, 2008. Pennsylvania Department of Public Welfare is the single State agency that administers the Medicaid program in Pennsylvania. During this on-site review,

CMS representatives met with the appropriate State staff from the Pennsylvania Department of Public Welfare Office of Medical Assistance Programs (OMAP) to gain a better understanding of how the State ensures children receive dental benefits.

Additionally, we interviewed representatives from the contractor, Automated Health Services (AHS) and four dental providers and an MCO to gain their perspective about the Medicaid dental system in Pennsylvania. We also performed additional interviews by telephone for a total of 14 provider interviews. As part of this review, we also reviewed data provided by the State, reviewed the EPSDT provider manuals, dental provider manual, managed care handbooks, and dental informing materials.

## III. Introduction to Pennsylvania Dental Services for Children

The Department of Public Welfare (DPW) is the single State agency that administers the Medicaid program. The DPW's Office of Medical Assistance Programs (OMAP) is responsible for the daily operation of Pennsylvania's Medicaid program. The EPSDT benefit offers physicals, immunizations, vision, hearing, and dental screenings. DPW has contracted AHS to inform beneficiaries of EPSDT services.

The State utilizes two delivery models to provide dental services. Dental services are delivered by managed care organizations (MCOs) to enrolled beneficiaries who reside within the MCOs' geographic service areas. Managed care is mandatory in the Southwest, Capital/Lehigh and Southeast areas of the State. Beneficiaries' enrolled in the State's Access Plus, enhanced primary care case management program, or beneficiaries who access benefits under fee for service (FFS) receive dental benefits via the State's contracted FFS provider network. Access Plus serves the majority of recipients who live in geographic areas where managed care is not available or in selected counties where participation is mandatory. In some counties beneficiaries have the option of receiving their care from either a voluntary managed care plan or through the State's Access Plus PCCM program. Dental services are a required benefit for an MCO and FFS. Seventy-three percent of the EPSDT beneficiaries receive their dental services via managed care while twenty-seven percent of EPSDT beneficiaries access dental services via the State's FFS network.

Pennsylvania, like many other States, offers dental services to Medicaid enrolled children under 21 years of age. As reported to CMS on the CMS 416 report, there were 1,142,922 children under the age of 21 eligible for Medicaid in Pennsylvania during 2006. All of these children were eligible to receive dental benefits. The State has increased its dental provider reimbursement rates over the past 9 years beginning in 1999. Provider reimbursement rates increased again in 2008 to certain general and pediatric dental practitioners further encouraging participation within the program.

In 1999, the State developed their "Action Plan for Improving Oral Access to Oral Health Services" initiative. The State kicked off this initiative by convening a Dental Summit. The summit resulted in the identification of areas defined as barriers to access. Recommendations and strategies were developed to address the following four key areas: 1) children, 2) managed care, 3) special needs populations and 4) provider inducements and quality. Though the summit

was over nine years ago, the State did reference that they are still implementing the recommendations. The dental summit laid the foundation for the subsequent dental rate increases.

## 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 Pennsylvania the Department of Public Welfare (DPW) has delegated the responsibility of informing beneficiaries of the availability of EPSDT services, specifically dental services to a contractor, Automated Health Services (AHS). AHS also oversees the State's Access Plus Primary Case Management Program. AHS, on behalf of the State, sends newly eligible beneficiaries an initial EPSDT notification introducing the EPSDT services, including dental, available to children under age 21. In addition to the notice, beneficiaries are also sent a copy of the periodicity schedule that identifies the intervals in which EPSDT services are available. AHS monitors beneficiaries' utilization of claims and sends out targeted reminder notices to parents/caregivers of children that will be due for an EPSDT service, including dental services. AHS also sends out letters to Medicaid beneficiaries who became eligible for benefits after a period of ineligibility. These notices are sent to encourage services that may have been missed during the period of ineligibility.

The team reviewed the managed care member handbook sections pertaining to the availability of dental services under EPSDT. The level of detail and information presented varied significantly among the MCOs' member handbooks. Some plans lack a detailed explanation of available dental services and the mandatory services available to EPSDT eligible children, while others noted the importance of the EPSDT program and outlined the dental services available to children eligible for EPSDT services. The State needs to monitor the content of the MCOs' member handbooks to ensure that the information is presented in a clear and concise manner. The State should also provide a member handbook that outlines services available to beneficiaries accessing benefits through the State's FFS network.

- ***Recommendation #1*** –The State should review the Medicaid Managed Care Organization's handbooks to ensure that information is presented in a clear and concise manner and in accordance with the terms of the State's managed care contract.

- ***State Response:*** The Department's Bureau of Managed Care Operations (BMCO) reviewed the HealthChoices mandatory and voluntary managed care plans' member handbooks and identified inconsistencies in the information provided. Therefore, BMCO will draft standard EPSDT language to include what is covered and how to access dental services, and will require the MCOs to include this language in their member handbooks. The Department will require the MCOs to make revisions to their member handbooks by the date of their annual review.

- ***Recommendation #2*** –The State should provide additional information on EPSDT services to beneficiaries accessing services through the FFS network.

- ***State Response:*** Currently, the Department issues initial and periodic notices to inform MA enrolled children under 21 years of age of their benefits under EPSDT. These notices include information on EPSDT services for newly enrolled children, as well as providing reminders to current enrollees for upcoming EPSDT appointments and follow-up care. The Department is in the planning stages of redesigning the recipient information portion of its website to provide updated EPSDT information, including dental services. The Department will take CMS's recommendation under advisement for other methods of notifying beneficiaries of EPSDT services.

**Key Area II- Periodicity Schedule and Inter-periodic 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 follows the recommendations of the American Academy of Pediatrics (AAP). The State does not have a separate dental periodicity schedule. However, the State's general health periodicity schedule requires an initial referral to a dentist at the age of three, or younger if needed. After the first oral exam, a routine exam should occur every six months.

- ***Finding #1***: The State is not in compliance with section 1905(r)(3) of the Social Security Act which requires that the State develop a separate and distinct periodicity schedule for the delivery of dental services to EPSDT eligibles.

- ***Recommendation #3***: The State must develop a separate dental periodicity schedule for dental services in accordance with the requirements of section 1905(r)(3) and ensure that the information is available to providers and beneficiaries.

- ***State Response:*** The Department had previously complied with CMS's directive of June 13, 2008, regarding development of a Pediatric Dental Periodicity Schedule separate and

distinct from Pennsylvania's EPSDT Periodicity Schedule. In an August 12, 2008 letter to Mr. Ted Gallagher, the Department provided CMS with our proposed Pediatric Dental Periodicity Schedule and advised of our plan to implement the schedule, effective on January 1, 2009.

**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.*

Pennsylvania provides dental access to beneficiaries through different delivery models depending on the county that the beneficiary resides in. The State's delivery system models include a managed care program, Health Choices, which is primarily available to beneficiaries who reside within the Southwest, Lehigh/Capital and Southeast regions of the State. Beneficiaries enrolled in managed care receive dental services through their managed care plans network. Beneficiaries who reside in the Northwest, Northeast and most central counties where mandatory managed care is not available may receive their services through the State's Access Plus enhanced Primary Care Case Management Program (PCCM) via the State's fee for service network or through voluntary managed care.

Managed care plans are predominant in the more urban areas of the State where there is a larger concentration of participating Medicaid providers. This larger concentration of dental providers allows managed care plans to ensure appropriate access to dental providers.

The State's PCCM program, Access Plus, serves primarily the Northeast, Northwest and Central Regions, the areas that lack significant managed care participation. The Access Plus program is the State's managed fee for service delivery system. The program has three components: a disease management program, care coordination and medical case management. The programs works to ensure that beneficiaries receive high quality, managed care in the regions that lack significant managed care participation. Because the Access Plus program operates in the rural areas of the State, the program has to address access and provider participation issues that are less common in the more urban areas of the State.

According to data provided by the State, in SFY 2006, there were 2,336 "enrolled and performing dentists." Of the 2,336 FFS dental providers, 870 are participating in the FFS/Access Plus dental program Statewide. Of the 870 FFS providers, 381 FFS providers are located within

the 25 counties in which the Health Choices/Managed Care plans operate. The Access Plus/FFS network consists of the remaining 489 providers located within the 42 counties where mandatory managed care in not available. Most of these counties are within the State's rural areas stretching from the Northwest to the Northeast corners of the State and the Central region between the Southwest and Capital/Lehigh area that borders Maryland. The lack of dental providers in the rural Access Plus service area requires beneficiaries to seek dental services in areas that have a larger concentration of participating providers.

Dental providers interviewed as part of this review commented on the lack of participating providers within the State's rural areas. Interviewed providers spoke of beneficiaries that travel outside of their county of residence to receive dental services. The largest concentration of dental providers Statewide is within the three managed care service areas and the Erie, Scranton and Wilkes-Barre areas.

Most providers interviewed noted that missed appointments were a big problem for their practices. Some noted the rate was between 30 percent and 70 percent. Providers find various ways to deal with the problem from double booking appointments, requiring chronic "no-shows" to walk in or referring to another provider after three missed appointments.

Two provider interviews did provide interesting anecdotal information on ways to encourage families to bring their children in for dental services. We are highlighting these actions as notable practices.

- ***Notable Practice #1***: One dental provider office has initiated a practice called "Shared Medicaid Appointment" with a pediatric practice in the same building. When children ages 12 to 24 months visit for the medical appointment arrangements are made for a group of children and their parents to also view an educational program on dental care provided by the dentist in the pediatrician's office.

- ***Notable Practice #2***: Another provider has instituted a program called Dental Detectives which allows children to get a diploma and qualifies them to "co-teach" their peers. The office is doing a quality measure on this program to determine if it impacts the oral health of the children. This same practice has a "No Cavities Club" which entails putting a child's picture on the wall with a star and the giving them a small dollar toy. All children get some small item such as stickers. The provider has a grant that pay for the extras.

- ***Finding #2*** –The State is not fully compliant with the regulations at Part 42 CFR 438.206, which requires each State to ensure that all covered services under the State plan are available and accessible to enrollees of MCOs.

- ***Recommendation #4*** **-** The State must recruit additional participating providers to ensure that there are sufficient numbers in the Access Plus service area so that beneficiaries are not required to seek dental services outside the area.

- ***State Response***: The Department recognizes the need for an adequate network of dentists to supply oral health services to MA recipients. To that end, the Department has undertaken multiple initiatives directed at improving active participation in all delivery systems within the Medical Assistance (MA) Program, including ACCESS Plus. These initiatives have been focused particularly on those issues identified as traditional barriers to participation by providers: burdensome administrative processes, payment rates, and patient population management. Recent activity in these areas is briefly outlined below:

**Program Administrative Modification/Quality Improvement/Streamlining**

- Commitment of additional staffing resources to augment State-administered Fee-for-Service (FFS), ACCESS Plus Prior Authorization and claims processing assistance capabilities to make it easier and quicker for dentists to receive prior authorizations and claims resolutions *(2006)*
- Elimination of Prior Authorization requirements for selected dental services that had previously required authorization *(2006, 2007)*
- Expedited enrollment of dentist applications

**Payment Rates/Fee Increases/Program Service Enhancements**

- Targeted fee increases for select dental preventive and treatment services fees on the MA Program Outpatient Fee Schedule for four consecutive state fiscal years
    - *July 2005* – fee increases for sedation/anesthesia and behavior management services.
    - *January 2006* – fee increases for behavior management and orthodontic services
    - *November 2007* – fee increases for select services: prophylaxis, fluoride treatments, endodontics, crowns, extractions.
    - *July 2008* – significant additional fee increases for select services: restorations, endodontics, crowns, dentures, extractions, and orthodontics
- ACCESS Plus Dental Care/Disease Management Program Implementation *(July 2008.)*
    - Holistic-oriented effort to provide both greater access to care and support establishment of "dental homes" for individuals under 21 years of age, through provider incentive (P4P) payments.
- Issued an MA Bulletin reinforcing EPSDT requirements for medical/dental referrals in order to establish dental homes for children.
- As noted under our response to recommendation #1 above, the Department is in the process of issuing a separate Pediatric Dental Periodicity Schedule, effective January 1, 2009.
- Collaborative efforts are underway with the state dental association and primary care physician associations to more effectively involve physicians in oral health preventive interventions and referrals in support of EPSDT *(2008-2009).*

**Outreach Activity**

- Implemented the ACCESS Plus Program, the MA Program's enhanced primary care case management program which included EPSDT assistance related to oral health:
    - Dental treatment reminders.
    - Help in locating a dentist.
    - Making appointments *(2005).*
- Operation of Dedicated State-wide Telephone Call Center for FFS delivery system, including ACCESS Plus (2005).
    - MA recipient hotline information on finding a dentist.
    - Provider or Recipient follow-up and related recruitment efforts.
- Contracted with a team of dental consultants to outreach to dentists in underserved areas for the FFS delivery system, including ACCESS PLUS.
- Conducted a state-wide outreach to hundreds of dentists who do not participate in the MA Program but who are participating with the Pennsylvania Children's Health Insurance Program (CHIP) *(2006).*

The Department acknowledges the challenges in recruiting more dentists to participate in the FFS delivery system, including ACCESS Plus. While not contained exclusively in counties within ACCESS Plus, the vast majority of currently designated Dental Health Professional Shortage Areas in Pennsylvania lie within the confines of the ACCESS Plus service area. Earlier statistical analysis revealed that while this zone comprises nearly two-thirds of the geographic area of the state, it is home to just over a quarter of the entire state population and nearly one-third of MA eligible recipients. However, approximately one fifth of all dentists actively practicing within Pennsylvania are located in the area. Populations within this geographic zone are often required to travel to obtain necessary services, regardless of healthcare coverage type (e.g., private pay, commercial insurance or government funded programs). The Department would welcome any assistance CMS may offer in augmenting our efforts in recruitment of more dentists as MA Program participants.

**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.*

The Department of Public Welfare, Office of Medical Assistance Program (OMAP) administers the Medicaid EPSDT Program either through contracts with MCOs or FFS program.

No prior authorization is required for routine dental services for children. Both the State and MCOs require prior authorization for orthodontia, complete and partial dentures, surgical extraction, and placement of a device to facilitate eruption of impacted tooth, dental crowns and selected periodontal services except full mouth debridement.

A complete treatment plan listing all necessary procedures must be listed and coded on the prior approval request form. Prior authorization requests must show that the services being requested meet the State's dentistry standards and are medically necessary.

There are no recommendations in this key 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.*

The Medical Assistance Transportation Program (MATP) provides non-emergency transportation in 66 of the 67 Counties in Pennsylvania. A Non-Emergency Medicaid Transportation (NEMT) Brokerage Program is responsible for arranging transportation for Medicaid recipients residing in Philadelphia County who do not otherwise have transportation services available. The NEMT broker is a non-governmental entity under contract with the State to provide transportation services under a capitated per-member-per-month fee arrangement.

The 66 Counties provide transportation services directly or hire a transportation provider depending on the transportation resources available in that county. The resources include tickets or tokens to ride public transportation, mileage reimbursement for use of a private car, or para-transit services.

Many providers interviewed were not aware that the State had a transportation program but most noted that transportation did not seem to be a problem for their patients.

There are no recommendations in this key area.

## 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 Pennsylvania EPSDT services are provided through the OMA and AHS. They will locate a dental provider in an emergency and resolve enrollment issues with the provider community. They are also responsible for the recruitment of dentists who specialize in all branches of dentistry. There are limited instances of coordination of care between primary care providers

and dental providers. Coordination generally occurs when a primary care provider refers a child to a dentist for evaluation of a specific concern.

There are no recommendations in this key area.

**Key Area VII-Data Collection, Analysis and Reporting**

During the review, the State did indicate some concerns with data collection, analysis and reporting. The State believes that the CMS-416 report is not accurately reflecting the services provided to beneficiaries and is not capturing the true count of all eligible children in Medicaid. The review team did not observe any concerns or irregularities with the State's data collection processes. The State provided the following concerns with the CMS 416 report:

- The CMS 416 instructions require States to count the population based on a point in time. The State asserts they are not capturing a true count of all eligible children because of changes with family circumstances; children will gain and lose Medicaid eligibility throughout the year.

- Children who have third party liability (TPL) may have their services billed to and paid in full by the TPL. However, the State does not receive this claim and will not count the services as part of the EPSDT screens.

- States view this report differently and capture data in various manners.

There are no recommendations for this key area.

## V. Conclusion

CMS looks forward to working in partnership with the State to improve EPSDT dental services to children. The CMS review team made recommendations in the areas of informing, periodicity schedule and access, as to specific actions the State of Pennsylvania should take to increase the utilization of dental services for children. While the State has made efforts to increase utilization, they are insufficient if less than 30 percent of children are accessing dental services as indicated on the CMS-416 form. The State should take action to address the finding and recommendations detailed in this report to enhance utilization rates for children's dental services.