U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region VI

FINAL REPORT

Louisiana EPSDT Review
Dental Services
April 8 – 10, 2008 Site Visit

Executive Summary

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program for individuals under the age of 21 enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help those enrolled to effectively use them.

On April 8, 2008, representatives from Regions IV and VI conducted an on-site review of Louisiana's EPSDT program with a focus on children's dental services. The purpose of the review was to determine what efforts Louisiana has made to address the rate of children's dental utilization in that State, and to make recommendations on additional actions the State can take to increase these utilization rates. Specifically, the review team interviewed state officials and staff representing the Louisiana Department of Health and Hospitals, the agency responsible for the administration of Louisiana's Medicaid program. In addition, the team interviewed 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. Eight providers from six communities were interviewed during the onsite review, representing both urban and rural providers, providers who submitted varying amounts of dental claims, providers who practice family or general dentistry, and specialists. Three additional providers were interviewed by telephone subsequent to the onsite review.

The Louisiana Department of Health and Hospitals (LDHH) is the state agency that administers the Medicaid program. Medicaid is delivered through Medicaid Managed Care based on a Primary Care Case Management Model (PCCM).

At the time of this review, Louisiana had 580 licensed dental providers. Louisiana experienced an increase in Medicaid dental utilization from 27.59 percent as indicated in the fiscal year 2006 CMS 416 report, to 29.22 percent, which was reported in the fiscal year 2007 CMS 416 report.

This report addresses EPSDT key areas of informing; periodicity and interperiodic services; access to services; diagnosis and treatment; support services; care coordination; data collection, analysis, and reporting.

- **Finding:** The State currently limits the number of lifetime root canals per patient in violation of Section 1905(r)(5) of the Social Security Act which requires that all medically necessary services be provided to EPSDT eligibles.

- **Recommendation:** The State must formalize a provision allowing prior authorization for any additional treatment that may be medically necessary in order to be in compliance with Federal law and because some eligible children may require more than the imposed limit for endodontic treatment. The State should also issue the revised policy to all providers.

Additional Recommendations:

- The State should establish regular and focused communication for dental providers;

- The State should perform a system audit of current provider information, and make corrections as needed;
- The State should formalize its periodicity schedule for dental services as required by section 1905(r)(3) of the Social Security Act;
- The State should perform a quality review of Support Services with a focus on transportation to ensure that beneficiaries are being transported in a timely manner.

The State's response to each finding or recommendation can be found in the relevant Key Area sections of the main report.

General Recommendation

- The State should 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.

- **STATE RESPONSE: The Louisiana Department of Health and Hospitals is working to add a dental insert into the annual EPSDT informing materials. This insert will include information about the dental program and covered services, contact numbers, as well as oral health information.**

I. Background

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. 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 this on-site review was to discuss and review, with the appropriate Louisiana State staff, the policies and procedures being followed in fulfilling the requirements of the State's EPSDT program, with the focus on providing complete and comprehensive dental care to children. CMS gathered information that demonstrates how the EPSDT requirements, particularly dental services, are being implemented.

III. Introduction to Louisiana Dental Services for Children

The Louisiana Department of Health and Hospitals (LDHH) is the State agency that administers the Medicaid program, and LaCHIP, its State Children's Health Insurance Program (SCHIP). . Medicaid is delivered through CommunityCARE, which is Louisiana's Medicaid Managed Care program based on a Primary Care Case Management Model (PCCM). CommunityCARE is a community-based health care delivery system founded on prevention and primary health care principles, which focus on the patient/provider relationship.

Under CommunityCARE, individuals under the age of 21 who qualify for Medicaid may receive EPSDT services through KIDMED – a preventive health care program that qualifies physicians to administer physical, vision, dental and health services, immunizations, blood and urine screenings, and health education – by calling a Baton Rouge local phone number, or by calling a KIDMED toll free number. Client Service Representatives can assist callers in locating providers, scheduling appointments, and arranging transportation.

Data from the most recent CMS 416 submission indicates that Louisiana experienced an increase in dental utilization from 27.59 percent from fiscal year 2006 to 29.22 percent in fiscal year 2007.

At the time of this review, Louisiana had 580 licensed dental providers. Louisiana State University Health Sciences Center (LSUHSC) School of Dentistry is also enrolled with the State as a Medicaid dental provider group, and provides services to the EPSDT dental population. The State increased reimbursement dental rates in November of 2007, resulting in a marked increase in the state provider roles; current legislation is pending in the State congress for an additional increase in rates. Outreach efforts have also contributed to an increase in the number of eligible and active providers.

LDHH works directly with the Louisiana Dental Association (LDA), who has assigned an individual to work directly with the State agency on Medicaid dental matters such as policy revisions, access and reimbursement. Current covered services and limitations were established under consultation with LDA and the department's Medicaid dental consultants; these program stipulations include recommendations of the American Dental Association (ADA), and the American Academy of Pediatric Dentists (AAPD).

IV. Review Descriptions, Concerns, and Recommendations

Key Area I - Informing Families and Providers 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.

Informing Enrollees

Enrollees are informed of EPSDT services at the point of Medicaid eligibility determination with an understandable notice of eligibility. Louisiana's Medicaid Eligibility Manual is written in clear and detailed language and adequately informs enrollees of available dental services.

Louisiana has also authored a comprehensive and informative Medicaid beneficiary handbook which explains in detail the programs of CommunityCare and KIDMED. The handbook is written in large font and in simple understandable language, and can be obtained in Spanish and Vietnamese. In addition, the handbook also refers readers to CommunityCARE and KIDMED

websites, both of which were accessible and functioning at the time of this report. This handbook is mailed to the enrollee upon CommunityCARE enrollment, and annually during open enrollment. ESPDT enrollees exempt from the CommunityCARE program – such as foster children, residents of long term care or ICF/MR facilities, Native American children – are not given this handbook, but are informed of services in person by the state employee, or by telephone upon initial enrollment in Medicaid.

Louisiana has designed several smaller brochures explaining KIDMED and its services, as well as a separate detailed brochure explaining non-emergency transportation. Additionally, the State sends Medicaid enrollees an annual letter explaining benefits.

CommunityCARE and KIDMED are both accessible through a toll-free hotline, and services are available for callers with hearing impairments, or limited English proficiency. All of this information, along with hotline hours of operation, is stated clearly in the opening page of the handbook. Included in the back pocket of the handbook is a wallet-sized tear-out CommunityCARE information card used to enter the name and phone number of the enrollees PCP and/or KIDMED provider, as well as cards informing parents of well baby and immunization schedules. The handbook was last revised in July of 2007.

- ***There are no concerns in the area of Informing Enrollees.***

Informing Providers

Louisiana employs several methods for informing and updating providers. Providers are given a Medicaid manual containing program details, and are informed of anticipated program changes and trainings, by periodic newsletters or informational mailings. Providers may also download Medicaid manuals, access current information at the Louisiana Medicaid website (www.lamedicaid.com), which was accessible and functioning at the time of this report.

Louisiana has toll-free numbers which providers can call to address provider relations, eligibility, authorization, pharmacy, Medicaid questions, and direct deposit problems; all lines operate from 8am to 5pm Monday through Friday, excluding holidays. The State runs a line dedicated to dental issues. Providers may also call Unisys – the State's fiscal intermediary – for technical help, or for any problems related to the LA Medicaid website.

Providers interviewed were largely satisfied with the communication from LDHH and its contractors. One individual commented that she felt the website was out of date, and needed more oversight so that information remained current. Several providers expressed concerns that while the information from the State was helpful to general Medicaid matters, the postal mailings from State were mainly medical in nature, and seldom, if ever, addressed issues of concerns for dental providers.

- ***Concern #1:*** Louisiana has a robust Medicaid dental program which is experiencing growth and change due to rate increases and post-Katrina recovery. State needs to provide assurance that providers remain informed of changes in a timely and focused manner.

- ***Recommendation #1:*** The State should establish a focused and periodic communication schedule, specific for dental providers, and revise the Medicaid website to include a page and links dedicated to dental providers and associated information.

- **STATE RESPONSE: The Louisiana Department of Health and Hospitals publishes a Provider Update Newsletter six times per calendar year. A "Dental Article" will be included offering new and revised Louisiana Medicaid dental policy and educational information from outside dental organizations such as the Louisiana Dental Association (LDA), American Dental Association (ADA), and the American Academy of Pediatric Dentistry (AAPD). The department is also initiating a design change to the www.LaMedicaid.com website, to allow dental providers access to a "Dental" link that will contain information relative to the Louisiana Medicaid dental program.**

Key Area II - Periodicity Schedules

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. Subpart C refers to sections 1905(a)(4)(B) and 1905(r) of the Act requirements that these periodicity schedules assure that at least a minimum number of examinations occur at critical points in a child's life.

The State explained that it has not developed a formal periodicity schedule for dental services, but does approve dental services that meet reasonable standards developed under advisement from LDA, ADA, and AAPD. The recommended periodicity schedule was changed from 12 months to 6 months in November of 2007. All providers interviewed for this review spoke favorably of the change in periodicity.

- ***Recommendation #2****:* The State should formalize its periodicity schedule for dental services as required by section 1905(r)(3) of the Social Security Act.

- **STATE RESPONSE: The Louisiana Department of Health and Hospitals Medicaid program is drafting an EPSDT Dental Periodicity Schedule. This information will be available to providers by December 1, 2008 via the www.LaMedicaid.com website, Provider Remittance Advices, and the Provider Update Newsletter.**

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. Section 5123.2.G of the State Medicaid Manual provides the requirements for dental service delivery and content in line with section 1905(r)(3)(A) of the Act. The State must provide, in accordance with reasonable standards of dental practice, dental services that meet 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. States may also utilize other oral health resources coverable under the Medicaid program.

Louisiana does not currently define interperiodic dental services, and does not differentiate between periodic and interperiodic. Medically necessary dental services are authorized and performed on an individual basis.

- ***There are no concerns in the area of Interperiodic Dental Services.***

Key Area III – Access to Dental Services

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. Section 5123.2.G of the State Medicaid Manual provides the requirements for dental service delivery and content in line with section 1905(r)(3)(A) of the Act. The State must provide, in accordance with reasonable standards of dental practice, dental services that meet 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. States may also utilize other oral health resources coverable under the Medicaid program.

State explained that provider outreach efforts have been productive as Louisiana continues to recover from the damage incurred by hurricane Katrina (2005) to its medical infrastructure. Provider relations staff has worked at the New Orleans Dental Conference in 2007 and 2008, where dental providers were encouraged to enroll as Medicaid providers. The November 1, 2007 dental rate increase has likewise increased the provider roles. Staff stated that per a report for the months of February 2007 through February 2008, the number of eligible providers has increased by 7.8 percent. Louisiana State University Health Sciences Center (LSUHSC) School of Dentistry is also enrolled with the State as a Medicaid dental providers group and provides services to the EPSDT dental population.

Current data suggests that many rural areas are underserved by approved dental providers. In addition, at the time of this review Louisiana was paying out-of-state claims to 19 providers, who were either displaced by the effects of Katrina, or who are treating Katrina evacuees in the home State of their established practice. Due to this discovery, and observations by this review team, the accuracy of the provider information made available – which includes number of participants and the dollar amount of claims paid to each provider – is questionable. For example, when attempting to locate a provider with the address listed on the State provider role, reviewers were directed to a vacant lot where a building had previously stood. When this provider was contacted, it was explained to the reviewers that the practice had been moved to another county after Katrina in 2005. Because reimbursement is sent electronically rather than by post mail, the provider had neglected to correct the change of address with the state. Additionally, several providers indicated that they had had recent changes of address, were in temporary locations, or were anticipating future moves. The State cannot be certain whether accessibility to dental

services, and thus utilization of services, is currently inadequate but improving, or whether it should be a current and critical concern, requiring increased attention and diligence.

- ***Recommendation #3*** – The State should perform a system audit of provider information, correcting outdated provider data. Provide assurances that all resulting information is current and correct, and that additional audits will be performed on a regularly scheduled basis.

- **STATE RESPONSE: The Louisiana Department of Health and Hospitals has begun the process to produce an annual mass mail out to all Medicaid enrolled dental providers requesting updated information. For all mail returned as undeliverable, provider accounts will be frozen until requested information is received.**

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. Sections 5122(E) and (F), as well as section 5124 of the State Medicaid Manual stipulate that follow-up diagnostic and treatment services within the scope defined by sections 1905 (a) and (r) of the Act are to be provided when indicated. Diagnostic services must fully evaluate the dental condition that was identified, while treatment services must ensure health care is provided to treat or ameliorate the dental condition. These services are limited by what is coverable under section 1905(a) of the Act but may not be limited to services included in the State's Medicaid Plan.

According to the State, annual dental screening consists of an examination, x-rays, cleaning, topical fluoride application, and oral hygiene instruction. The EPSDT program also provides coverage of certain diagnostic services, such as preventive, restorative, or endodontic services. Some services must be pre-authorized, and these services are indicated in the fee schedule, which is accessible on the State's Medicaid website. The State adheres to a deadline of 25 days for the approval of services that require pre-authorization. The average turnaround time is 10 to 12 days. Providers were generally satisfied with the submission and approval process.

Several providers were concerned with the State's policy of imposing a lifetime limit to the number of root canals per arch per patient. When asked to clarify their understanding of the State's current policy, provider responses varied from a lifetime limit of one root canal per arch, per quadrant, or per mouth. The providers interviewed have been treating their patients accordingly by performing extractions instead of root canals when they believed the lifetime limit had been reached.

State subsequently clarified that a lifetime maximum of eight root canals is allowed in the entire mouth. A lifetime maximum of four posterior root canals is allowed per recipient with a limit of one posterior root canal per covered tooth. Posterior root canals are approved only when the tooth is in occlusion and will serve to stabilize the arch. Re-treatment of previous root canal therapy is not a covered benefit for posterior teeth. Additionally, a lifetime maximum of four anterior root canals is allowed per recipient. A lifetime maximum of four re-treatment of root canal, anterior are allowed per recipient with a limit of one re-treatment per covered tooth.

- ***Finding:*** The State **c**urrently limits the number of lifetime root canals per patient in violation of Section 1905(r)(5) of the Social Security Act which requires that all medically necessary services be provided to EPSDT eligibles.

- ***Recommendation #4****:* The State must formalize a provision allowing prior authorization for any additional treatment that may be medically necessary in order to be in compliance with Federal law and because some eligible children may require more than their imposed limit for endodontic treatment. The State should also issue the revised policy to all providers.

- **STATE RESPONSE: The Louisiana Department of Health and Hospitals has begun the system changes to remove the lifetime limit of all endodontic treatment. Providers will be informed of the revised policy be Provider Remittance Advices and referred to the www.LaMedicaid.com website.**

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 requirement of 42 CFR 431.53 mandating transportation assistance.

Louisiana contracts with transportation brokers throughout the State for the provision of non-emergency, non-ambulance transportation (NET) for Medicaid recipients.

Recipients are informed of NET services at the point of enrollment with a detailed and understandable pamphlet, which explains that NET is intended to provide transportation when all other reasonable means of free transportation have been explored and found to be unavailable. Every parish in the State is covered by seven brokers, each with a toll-free number published in the NET pamphlet. Enrollees are required to call a broker no later than 2 days prior to their appointment, and are encouraged to schedule family appointments in such a way that makes efficient use of gas and time for drivers. The State also reimburses recipients for transportation costs in urban areas where public transportation is available.

Enrollees are informed of their rights to make complaints or report fraud against any transportation provider by calling the area scheduling office, or the local Medicaid representative.

During interviews, providers or staff indicated that patients were typically dropped off unreasonably ahead of the scheduled appointment, or were made to wait for hours for transportation to arrive. This assertion was borne out during one provider visit. The review team had the opportunity to talk with a woman in the waiting area of a provider office. The woman explained that she arrived at the office by transportation secured through the State Medicaid transportation service. She stated that she had been dropped off at the office at 10:00 a.m. that morning, hours before her scheduled appointment, and at 3:30 p.m. transportation services had not yet arrived to return her to her home. During the provider interview, the review team

observed a commercial van arrive and stop outside the office. The woman the team spoke to proceeded to board the van with five small children, including one in an infant seat. A step stool was clearly visible to the review team through the open door of the van, but the driver did not leave the driver's seat to assist the woman or her children in boarding the van. Several providers also stated that some services were transporting patients in groups, or routing on particular days, rather than transporting on an "as needed/as scheduled" basis. Additionally, two providers explained that they dispatched their own staff to transport patients who were in need of dire treatment when transportation failed to show up at the appointed time.

- ***Concern #2:*** Louisiana is experiencing lags in transportation services for its Medicaid beneficiaries.

- ***Recommendation #5:*** The State should perform a detailed quality review of State contracted Support Services, with a focus on transportation. The State should provide assurances that quality reviews will be conducted on a regularly scheduled basis and ensure that beneficiaries are transported in a timely manner.

- **STATE RESPONSE: The Louisiana Department of Health and Hospitals has a new dispatching contractor that will increase the level of monitoring and quality reviews of enrolled providers. The State and the contractor are also working to offer more provider education. In the Fall of 2007, Louisiana Medicaid held Transportation Stakeholder Meetings statewide to address these issues. Providers, recipients, and advocacy groups were invited to participate in discussions on how to improve non-emergency transportation. Louisiana Medicaid will consider penalizing providers who are consistently late or consistently leaving recipients at a provider's office for too long.**

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 since it is the usually the responsibility of the primary provider to make an initial dental referral information should be available as to how and when that referral is made. Coordination may be particularly important for special needs children who may be receiving medications and treatments that may affect their oral health.

Enrollees in CommunityCARE can locate a dental provider through their PCP, or by calling the KIDMED toll free number, a process which is explained in the beneficiary handbook.

Qualified KIDMED providers must perform a Comprehensive Physical Exam, as explained in the KIDMED Provider Manual, which also includes a complete oral exam. When a condition for special treatment is noted, the provider is required to make a referral for diagnosis. If no referral can be found, providers have access the ACS Specialty Care Hotline, which maintains a database of providers updated on a regular basis.

State explained that Medicaid works with the Office of Citizens with Developmental Disabilities identifying providers who are trained or practiced in providing care to patients with special needs. Providers who are willing to treat patients with special needs on a volunteer basis can be located through the Donated Dental Services Program. Additionally, LSU will also treat children with special needs.

Providers indicated that they typically did not receive referrals from family physicians or pediatricians, but did have resources for patients who required specialized treatment. No lag in care for patients with disabilities was noted during this review.

- ***There are no concerns in the area of Coordination of Care.***

Key Area VII - Utilization of Providers and Coordination with Related Programs

EPSDT services are to be performed by or under the supervision of a licensed Medicaid physician, dentist, or other provider qualified under State law to furnish primary medical and health services.

Dental providers are licensed by the State, and may also be qualified as KIDMED providers. Dental students render services to Medicaid patients within the confines of the School of Dentistry Clinics on the New Orleans campus and within the confines of the School of Dentistry LSU South Campus Clinics in Baton Rouge. At each of these locations the students are under the direct, on-premises oversight of the clinical faculty members of the school and each procedure on every patient is subject to numerous faculty checks during its delivery.

The State explained that the current turnaround time for Medicaid dental provider approval is three weeks.

- ***There are no concerns in the area of Utilization of Providers or Coordination with Related Programs.***

Key Area VIII - Data Collection, Analysis and Reporting

Part 2 of the SMM, section 2700.4, delineates the EPSDT reporting requirements, including the annual CMS-416 report requiring the State to report the number of children receiving dental services. The CMS 416 includes three separate lines of data including: 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 services are defined using the CDT codes. 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 each State's progress in the provision of improving access to dental services.

Louisiana performs annual and on-time 416 reporting to CMS. Data within the 416 is complete and accurate.

FFY 2007 416	
Total individuals eligible for dental services	770,723
Total individuals receiving any dental services	225,185
Utilization	29.22%

The State produces periodic and regular internal reports which monitor claims, utilization, and aging of requests. Report results are used to reduce wait times for approvals and provider applications, or possible fraud or waste.

The State monitors dental providers annually with either onsite reviews, or with records requests. Every provider interviewed confirmed that annual reviews are conducted, with the most recent onsite review being four years previous.

- ***There are no concerns in the area of Data Collection, Analysis, and Reporting***

Conclusion

Louisiana is recovering from damage to its medical infrastructure due to Hurricane Katrina in 2005. Subsequent reports and data show improvement in the areas of utilization, access, and reporting. Louisiana has designed a notable communication program that benefits both recipients and providers. Beneficiaries are informed of services and benefits with a detailed and understandable Medicaid handbook, and with a clear and navigable website. The handbook is supplemented with items that keep beneficiaries informed and educated. Providers have access to Medicaid manuals, policy, and additional information through the dedicated provider website, which is also user friendly and comprehensive. The State has also made provisions for a variety of language barriers and communication impairments, ensuring that its services are accessible to all eligible residents.

This review uncovered a finding of noncompliance in the State's limitation of the number of root canals performed per patient, needing a corrective action whereby children may apply for approval treatments beyond the lifetime limits for endodontic therapy. Additional areas for potential improvement are support services, communication, diagnosis and treatment. Of vital concern is the quality and accessibility of transportation for eligible participants, and State is urged to conduct a thorough review of a solid sampling, if not all, of State approved transportation brokers.

Louisiana EPSDT Review Report
Focus on Dental Services
April 8th Site Visit
Appendix A

CMS Review Team
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LA Department of Health and Hospitals (LDHH) Participants
Jerry Phillips, Director, Bureau of Health Services Financing (entrance conference only)
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CMS Participants in Entrance/Exit Conferences
Bill Brooks, Associate Regional Administrator, Division of Medicaid and Children's Health (DMCH), CMS
Sandie Hall, Acting Chief, Program Branch, DMCH, CMS (exit conference only)
Cheryl Rupley, Louisiana State Lead, CMS (entrance conference only)

On April 8, 2008, representatives from Regions IV and VI conducted an on-site review of Louisiana's EPSDT program with a focus on children's dental services. The purpose of the review was to determine what efforts Louisiana has made to address the rate of children's dental utilization in that State, and to make recommendations on additional actions the State can take to increase these utilization rates. Specifically, the review team interviewed state officials and staff representing the Louisiana Department of Health and Hospitals (LDHH), the agency responsible for the administration of Louisiana's Medicaid program. In addition, the team interviewed 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. A total of 11 providers from six communities were interviewed, representing both urban and rural providers, providers who submitted varying amounts of dental claims, and providers who practiced either general and family dentistry, or specialized care.

On April 16, the review exit conference took place by phone, with LDHH staff and CMS staff in attendance. Several concerns and recommendations were shared with LDHH staff, and State was open to receiving recommendations for improvements that would serve the purpose of meeting the oral health needs of its enrolled children.