Centers for Medicare & Medicaid Services
Region IV

Florida EPSDT Review Report
Dental Services

Site Visit
February 26-28, 2008

Executive Summary

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program serves individuals under the age of 21 who are enrolled in Medicaid. It is intended to assure the availability and accessibility of required health care resources and to help Medicaid children make effective use of them. The purpose of the review was to determine what efforts Florida has made to address the rate of children's dental utilization in the State, and to make recommendations on additional actions Florida can take to increase these utilization rates. Specifically, between February 26 and February 28, 2008 the Centers for Medicare & Medicaid Services (CMS) EPSDT Review Team interviewed State staff, a non-representative sample of providers, and a managed care organization. We conducted extensive document reviews in the areas of informing, periodicity, access, coordination of care, diagnosis, treatment, and support services.

While the State of Florida has been among the most successful in their region in providing EPSDT services generally to its eligible population, access to dental services remains a problem for the State. The rate for dental services provided has remained stagnant over the last five years, according to submitted CMS 416 reports. We recommend that the State take a more proactive role in recruiting and retaining dental providers, as well as finding a way to make sure their recipients are accessing these important services.

The CMS review team identified one notable practice during its onsite review. A notable practice has not been substantiated as a proven, effective intervention usually designated as a "promising practice." However, reviewers note that other States might find benefits in these noteworthy efforts to improve the State's oral health service delivery.

- **Notable Practice**: The county health departments are some of the largest Medicaid dental providers in the State. As noted above, several county health departments are proactive in increasing access to dental services for Medicaid beneficiaries. The State could encourage other health departments to replicate this type of program and provide appropriate support.

The CMS review team also identified one finding and has seven recommendations for the State to improve access to dental services for Medicaid eligible children.

- **Finding:** In rural areas, there are reports of rationing transportation services. Transportation is only available to certain towns on certain days, and trips for routine well care/screenings being supplanted for more urgent services, such as dialysis. This is not in compliance with the regulatory requirements of 42 CFR 431.53, 42 CFR 440.170 and 42 CFR 441.62 regarding the assurance of necessary transportation for EPSDT beneficiaries who need it in order to access medically necessary services.

- **Recommendation:** The State must ensure the availability of transportation for EPSDT beneficiaries for services, including dental, in all areas of the State regardless of the type or urgency of the service.

Additional Recommendations

- The State of Florida (or the applicable MCO) should issue an annual letter to all beneficiaries specifically about their dental benefits, including how to access care, the importance of preventative and routine care, and who to contact for help.

- The State of Florida (or the applicable MCO) should use the available system technology to send letters to parents of beneficiaries who have not received periodic dental services. These letters should encourage them to take their child in for a periodic exam and provide information on the importance of and how to access dental services.

- The State of Florida should actively recruit new Medicaid providers, including specialists. If a region does not have enough providers to meet the need, alternate measures – such as paying the usual, customary and reasonable fee to non-Medicaid providers, as is done in the Miami/Dade pilot program –should be considered.

- The State should set a reasonable standard for HMOs with regard to how long it takes to get an appointment with a provider and allow for services provided by an out-of-network provider in order to adhere to that standard. The State should consider working with local Health Departments in the model of Jackson and Baker Counties to find alternative methods of providing dental access in areas where there are insufficient providers for Medicaid beneficiaries.

- The State must ensure the availability of transportation for EPSDT beneficiaries for services, including dental, in all areas of the State regardless of the type or urgency of the service.

- The State should ensure that it is receiving all necessary data from managed care plans for reporting on the CMS 416 to improve the accuracy of the data reported to CMS.

Florida EPSDT Dental Review
February 26-28, 2008

I. Background

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children enrolled in Medicaid is intended to ensure 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.

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. The State of Florida reported 21 percent utilization of dental services for fiscal year 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:

- Ensuring 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 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. We gathered information to demonstrate how the EPSDT dental requirements were being implemented.

We interviewed five providers on-site representing urban, rural and suburban environments. The two providers in Jackson County served a very rural population; the two providers in Duval County served urban Jacksonville; the provider in Baker County, just outside Jacksonville, served a suburban and rural population. Three of the providers were in private practices and two were administrating County Health Department Dental Clinics – one in Jackson County and one in Baker County. These Health Department Clinics were the largest providers of dental services in their area, and both operated mobile dental units through the local schools. In addition, we interviewed two dental providers by telephone for a total of seven provider interviews.

The HMOs providing dental services to the most patients were HealthEase and Staywell. Both of these are products of Wellcare, which was the HMO chosen for an interview by the review team. Their largest population is in Broward County, followed by Duval, with almost no providers in the other HMO counties.

III. Introduction to Florida Dental Services for Children

In Florida, the Agency for Health Care Administration (AHCA) is responsible for the administration of the Medicaid program. Medicaid services are provided through managed care and traditional fee for service. Dental services, however, are provided on a fee for service basis in most of the State. The exceptions being a pilot project in Miami/Dade county, and the HMO offered dental services in five counties: Broward, Duval, Nassau, Baker and Clay. Broward County is in Southeastern Florida and encompasses Fort Lauderdale. The other four counties are in Northeastern Florida, with Duval County encompassing Jacksonville.

Instead of having one central location for provider and recipient related services, Florida uses 11 Area Offices throughout the State. Beneficiary services, provider services, enrollment and a limited form of medical case management services are provided through these offices.

Although Florida has consistently ranked among the Region's leaders in providing EPSDT services, their rates for providing EPSDT dental services continue to be among the poorest in the country. According to the CMS 416 reports submitted to CMS over the last 5 years, Florida's rates have remained stagnant, and they remain below the national average in providing both preventative and treatment services.

Although 88 percent of children in the Medicaid program in Florida receive their medical care through managed care, in all but six counties, dental care is provided on a fee for service basis. Miami/Dade County has a dental pilot program with some promising practices. Of the other five counties providing managed dental care, only two – Broward and Duval – have a significant HMO presence. The other three counties – Nassau, Baker and Clay – have few if any HMO providers. Nassau, Baker and Clay counties were only added as HMO counties in 2007. At that time Baker County had two listed HMO providers who saw a combined nine Medicaid recipients; Clay County had six HMO providers with a combined 10 recipients; and Nassau County had no HMO providers.

IV. Review Description, Findings and Recommendations

Key Area I – Informing Families of EPSDT Dental 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 Florida, information about available dental services is included in the member handbook, for both HMO and fee for service enrollees. Additionally, an annual EPSDT informing letter is sent to both groups advising of available benefits and reminding parents to get their children's periodic EPSDT screening services. Dental services are mentioned as part of this general informing letter. The review team felt that dental information provided as part of a long, general letter on benefits might be overlooked. Also, general benefit information may be insufficient to raise parents' awareness that their child is entitled to and needs to be seen by a dentist, as well as when and how to access those services.

In addition, the State has a system that is able to generate individualized letters to beneficiaries who have not received a medical or dental service in a year. The system could also be used bi-annually. However, the State has not used the system to generate letters since 2000.

In the Miami/Dade pilot program, the recipient is called within 60 days of enrolling, and calls are made to recipients who have not had a claim for the suggested periodic screenings.

- **Recommendation #1:** The State of Florida (or the applicable MCO) should issue an annual letter to all beneficiaries specifically about their dental benefits, including how to access care, the importance of preventative and routine care, and who to contact for help.

  State Response: *The state continues to work on improving beneficiary communication. The new fiscal agent website at http://mymedicaid-florida.com will soon have information targeted to Medicaid beneficiaries. The website will include public and secure information for beneficiaries, such as a provider directory search and recipient notices. When the website is made available to beneficiaries, Medicaid plans to provide the dental information for children noted in the recommendation above. Additionally, Medicaid will routinely insert that information in the quarterly Medicaid Bulletin.*

  For managed care plans in the non-pilot areas, dental services remain an optional component of the managed care contract. Currently, only two managed care plans in two counties elect to provide the optional dental services. These plans include information on accessing dental services in the member handbooks that are sent to members upon enrollment.

  In the pilot areas, (Broward, Duval, Clay, Baker and Nassau), managed care plans are required to provide dental services, and information about access to dental services is included in the member handbook. Information about the dental services provided by

each plan is included in the Choice Counseling materials sent to beneficiaries when they are newly eligible, and then again at open enrolment. Information about dental services is also included in the materials sent by the State's enrollment broker.

Beneficiaries in managed care plans that do not cover dental services can access dental services through the fee-for-service program.

- **Recommendation #2:** The State of Florida (or the applicable MCO) should use the available system technology to send letters to parents of beneficiaries who have not received periodic dental services. These letters should encourage them to take their child in for a periodic exam and provide information on the importance of and how to access dental services.

  State Response: *Implementation of Medicaid's new fiscal agent began July 1, 2008. Medicaid intends to comply with the recommendation above pending resolution of system issues from the transition to a new fiscal agent contractor. In the very near future, Medicaid will work with the new fiscal agent to send letters to beneficiaries informing them of the last time they received a dental visit.*

  All managed care plans are required to provide EPSDT services and report CHCUP information. Plans are also responsible to ensure that providers make necessary referrals for follow up care, including dental. Plans are required to provide education about preventative services, and may provide incentive programs to encourage enrolled members to receive EPSDT services, including dental services.

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

The State's periodicity schedule is based on the AAPD schedule and calls for one visit every six months, with interperiodic dental services as medically indicated. According to the providers the review team spoke with, recipients have few if any problems getting authorization and approval for services.

- There are no recommendations for Periodicity Schedules and Interperiodic 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 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.

All recipients covered under the fee for service program were free to see any provider who accepted Florida Medicaid. Recipients in the HMO programs were required to see HMO providers.

In the Miami/Dade pilot project, where recipients were required to see plan providers, there is, reportedly, one dentist for every 1500 recipients. If a plan dentist is not available, the plan will pay the usual, customary and reasonable fee to a provider outside of the plan.

The State makes liberal use of dental clinics in County Health Departments. These clinics are in at least 40 Florida counties, and in most counties, the County Health Departments are the largest provider of Medicaid dental services. In nearly half of those counties, the Health Departments are the only Medicaid dental provider.

The review team visited two County Health Department clinics: one in Jackson County and one in Baker County, which both serve Head Start programs. Both of these clinics have mobile dental clinics that are handicap accessible, and go to schools in the surrounding rural counties. These mobile clinics are capable of providing examinations as well as basic treatment services (including x-rays and fillings). The provision of services is set up through a working relationship with the school boards and with parental permission. The patients are referred back to the Health Department Dental Clinic for any additional services that might be needed.

The Baker County Health Department employs one full-time dentist, and three part-time dentists. The part-time dentists have practices of their own, but none choose to see Medicaid recipients in those practices. According to the staff at the Health Department, part-time providers are willing to see patients at the Health Department because they are salaried employees, and as such do not have to worry about billing, no shows, reimbursement rates, overhead, or subjecting their own practices to the type of inappropriate or disruptive behavior that some providers associate with Medicaid recipients. The Baker County staff also indicated that they stress to all providers and staff that their clients be treated with the same respect as they would expect. In addition, the Baker County Health Department owns a bus that brings children from surrounding school systems to the clinic for treatment for their periodic dental examinations.

Apart from the Miami/Dade pilot project, there was no proactive recruitment of dental providers. The State takes the position that if a provider wishes to take Medicaid recipients, they are

welcome to sign up. Of the eight initial providers contacted by the review team from a list of Medicaid dentists provided by the State, two were no longer taking Medicaid beneficiaries, and one was taking no new Medicaid patients. The application process is considered long and unnecessarily burdensome to providers who have gone through it. There is a lack of specialists who accept Medicaid patients in the State of Florida. This shortage of specialists appears to be even more severe within the HMO networks, where providers report that patients have to wait up to six months for an appointment. The staff at one health department indicated that their fee for service patients could be seen by specialists in Gainesville who were not in the HMO network within a couple weeks, but that their HMO patients were forced to wait up to six months for the same services with HMO participating providers. Providers claim that the reimbursement rate is so low that they can not afford to treat Medicaid patients, especially given their comparatively high no-show rate. The State reports that the reimbursement rates have not been increased since 1998. The State should consider alternate methods or measures to meet the provider need, such as paying the usual, customary and reasonable fee to non-Medicaid providers, as is done in the Miami/Dade pilot program.

- **Notable Practice**: The county health departments are some of the largest Medicaid dental providers in the State. As noted above, several county health departments are being proactive in increasing access to dental services for Medicaid beneficiaries. The State could encourage other health departments to replicate this type of program and provide appropriate support.

  State Response: *Due to the rural demographics of most of the state of Florida, the county health departments (CHDs) provide dental services to a large majority of Florida's underserved. In Florida, the county health departments are under the direction of the Department of Health (DOH). Medicaid supports the DOH in their efforts to increase access to dental care. To increase access to dental services in remote areas of Florida, Medicaid reimburses county health departments for preventive services performed by dental hygienists via teleconferencing with a supervising licensed dentist.*

- **Recommendation #3:** The State should find ways to actively recruit new Medicaid providers, including specialists. The State should match the number of recipients in each region, perhaps utilizing their area offices, with the number of Medicaid beneficiaries the providers in that region can and are willing to take to determine where access is the most problematic. The State should consider alternative measures, such as paying the usual, customary and reasonable fee to non-Medicaid providers as is done in the Miami/Dade pilot program.

  State Response: *Florida Medicaid and the Medicaid area offices actively seek opportunities to recruit dental providers for participation in the Medicaid program. Medicaid enrolled providers are paid according to the Medicaid fee-for-service dental fee schedule. Under fee-for-service Medicaid, only the Florida Legislature can authorize increases in dental rates or determine the method of reimbursing dental providers. Medicaid Services submits a Legislative Budget Request every year for an increase in dental reimbursements rates. Medicaid has not received an increase since 1998. The*

pre-paid dental contract and the HMOs who provide dental services have the flexibility to increase reimbursement to providers.

- **Recommendation #4:** The State should set a reasonable standard for HMOs with regard to how long it takes to get an appointment with a provider and allow for services provided by an out-of-network provider in order to adhere to that standard.

- **Recommendation #5:** The State should work with local health departments in the model of Jackson and Baker Counties to find alternative methods of meeting that demand, in areas of the State where there are insufficient providers to meet the Medicaid demand.

  State Response: *Reasonable standards set by the State with regard to wait times for routine, urgent, and emergent care are included in the managed care contracts at present. The HMO contract requires the following: urgent care must be available within one (1) day; routine sick patient dental care within one (1) week; routine dental care within one (1) month; and follow-up dental services within one (1) month after assessment. All PCP and hospital services must be available within an average of thirty (30) minutes travel time from an enrollee's residence. Provider networks are approved only if the number and types of providers are sufficient to meet the needs of beneficiaries.*

  In addition, HMOs are required to provide access to specialists. All participating specialists and ancillary providers must be within an average of sixty (60) minutes travel time from an enrollee's residence. The Prepaid Dental Health Plan contract includes a requirement that primary care dental services and referrals to specialists are provided on a timely basis. If a specialist is not available within the network, the plan must authorize an out-of-network provider to furnish the services.

  Medicaid participates in the DOH effort to bring awareness of the importance of oral and dental care and increased access throughout all counties of Florida through the State Oral Health Improvement Program (SOHIP). SOHIP workshops are held monthly and attended by members of the dental provider community as well as members of the private sector and state agencies.

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.

The State of Florida requires prior authorization for very few services – primarily only orthodontic services. Providers had no problems getting coverable services approved or being reimbursed for those services. In fact, providers were surprised when asked about the process because it is so rarely necessary and does not figure into their treatment decisions.

There are no recommendations in this area.

Key Area V – Support Services

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

The State uses a network of brokers to provide non-emergency transportation. Area offices will provide transportation scheduling assistance upon request. The accessibility of transportation services varies based on whether a recipient is in an urban, suburban or rural area, with rural transportation being scarcer and more restrictive, especially with regards to transportation for routine services. In the Miami/Dade pilot program, case managers call recipients to help with scheduling of transportation.

- **Finding #1:** In rural areas, there are reports of rationing transportation services. Transportation is only available to certain towns on certain days, and trips for routine well care/screenings being supplanted for more urgent services, such as dialysis.

- **Recommendation #6**: The State must ensure the availability of transportation for EPSDT beneficiaries for services, including dental, in all areas of the State regardless of the type or urgency of the service.

  State Response: *Transportation is provided by the Commission for Transportation Disadvantaged (CTD) statewide. Managed care plans do not provide transportation services statewide with the exception of the pilot areas (Broward, Duval, Clay, Baker and Nassau), and three HMOs in Dade County. The managed care contracts in the pilot areas are in accordance with the Code of Federal Regulations, and the plans are required to provide transportation for medically necessary Medicaid covered services including dental and EPSDT. Quality improvement and minimal standards of performance measures are in place and have to be maintained.*

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 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.

Special needs children have case managers who coordinate their care. Beyond that, any coordination of care is left to the discretion of the individual provider. The State reports that 88% of Medicaid children are in managed care, but because most dental is covered separately from their HMOs, little coordination appears to be done.

In the Miami/Dade pilot program, each child has a case manager who more actively coordinates care, including dental services.

There are no recommendations in this area.

Key Area VII – 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 service. 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.

The State does not have any goals specific to dental, though they have tried to increase utilization each year. They claim to have increased their dental utilization rates every year, but – apart from a .006 increase between FFY 2005 and FFY 2006, and a .004 increase between FFY 2006 and FFY 2007 – the State's CMS 416 reports do not reflect an annual dental utilization increase.

Year	Total Eligibles	Total Receiving Dental Services	Rate
FFY 2002	1,475,561	328,492	.223
FFY 2003	1,570,711	361,338	.230
FFY 2004	1,626,835	373,184	.229
FFY 2005	1,680,049	342,063	.203
FFY 2006	1,691,146	352,741	.209
FFY 2007	1,611,397	343,529	.213

Each HMO is required to submit their own CMS 416 report, but because of the use of capitation, Florida feels that they may be under reporting services. WellCare indicated that they are only beginning to receive data, and they are hoping that it will provide adequate feedback to evaluate their efforts, and direct additional efforts going forward.

- **Recommendation #7:** The State should ensure that it is receiving all necessary data from managed care plans for reporting on the CMS 416 to improve the accuracy of the data reported to CMS.

  State Response: *The plans are required to submit all information on enrolled members necessary for the CMS 416 reports per the contract, state and federal regulations. We require HMOs to be audited annually. Unaudited data for the CMS 416 report is submitted by the HMOs by January 15th of every year. The following October, an audited report is done. Medicaid relies on the auditor's review for accuracy.*

V. Conclusion

While the State of Florida has been among the most successful in their Region in providing EPSDT services generally to its eligible population, access to dental services remains a problem for the State. The rate for dental services provided has remained stagnant over the last five years, according to submitted CMS 416 reports. The State needs to take a proactive role in recruiting and retaining dental providers, as well as finding a way to make sure beneficiaries are receiving these important services. Additionally, the State needs to review the adequacy of transportation services provided by brokers in the State to see that all beneficiaries can get to their dental appointments, whether preventative or treatment in nature. It is the State's responsibility to see that there are adequate providers available to examine and treat all Medicaid EPSDT dental beneficiaries, that beneficiaries are made aware of all services available to them, and that beneficiaries who have not received services are reminded and given adequate assistance in accessing those services.