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Centers for Medicare & Medicaid Services
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FINAL REPORT
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Delaware EPSDT Review Report
Dental Services
March 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 Regions I, II and III, of the Centers for Medicare & Medicaid Services (CMS), conducted an on-site review of Delaware's EPSDT benefit with a focus on dental services in March 2008. The purpose of the review was to determine what efforts Delaware has made to address the rate of children's dental utilization in the State, and to make recommendations on additional actions the State can take to increase these utilization rates. Specifically, the review team interviewed the State, 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 approximately 85,669 children eligible for EPSDT dental services in Delaware. The State's Medicaid program delivery systems of care are managed care and fee-for-service (FFS). Dental services are not included as a part of the benefit package offered through managed care organizations (MCO). Dental services are provided by eight State-operated Public Health Dental Clinics and FFS dental providers.

Delaware, like most states, struggles with provider participation. The State has a smaller dentist to patient ratio than most States at approximately 1:2600 compared to the commonly accepted 1: 2000 standard. The State requires all dentists, regardless of years of practice, to successfully complete the Delaware Practical Board Examination in dentistry and the Delaware Jurisprudence Written Exam.

The State implemented numerous mechanisms to address access and utilization to dental services. In 1996, the State had only one dental provider participating in Medicaid. Currently, there are 212 Medicaid enrolled dental providers in the State. The dental provider rates are currently 85 percent of the usual and customary charge. The State hired a staff person who provides assistance to private dental providers by helping them resolve Medicaid program issues and FFS billing issues. During the period of 1999 through 2002, the State partnered with the State Dental Society, and implemented a loan repayment program for providers who participate in Medicaid.

Although the State has implemented various strategies to enhance access and utilization to dental services, the utilization rate is low at 29 percent. The EPSDT Review team recognizes the State's challenges in ensuring access and utilization of dental services for children enrolled in Medicaid. We urge the State to inform Medicaid applicants and families about EPSDT services and to continue their recruiting efforts of dental providers.

This report addresses the EPSDT key areas, with the exception of screening services. The findings and recommendations of the review are listed below.

- **Finding:** The State is not compliant with the regulations at 42 CFR 438.10, which requires each State to ensure that all covered services under the State plan are available and accessible to enrollees.

- **Recommendation*:*** The State must resolve the issue of informing members of the availability of dental services, specifically EPSDT dental services. The State must review all FFS and Managed Care member handbooks to ensure that the content reflects available EPSDT services, specifically dental. The State should continue to assure that health plans adhere to the requirement of informing beneficiaries of the availability of dental services.

- **State Response:** We concur with the recommendation. We will collaborate with our Health Benefit Manager (HBM) and MCOs to develop more comprehensive EPSDT notices for inclusion in member handbooks and other information provided to members at the time of enrollment.

Additional Recommendations

- The State should revisit its pre-2002 EPSDT informing and monitoring processes and incorporate its past practices into the requirements for its managed care plans. This should include the development of mechanisms to ensure that beneficiaries are informed of the availability of EPSDT services, specifically dental services.

- **State Response:** We will review prior practices to determine if any could be reinstituted to enhance member awareness.

- The State should ensure that beneficiaries are informed about the availability of EPSDT dental services and identify the dental procedures covered under EPSDT and Medicaid.

- **State Response:** We concur and will undertake the actions identified under Recommendations #1 and #2. It should be noted that we also recently formalized a Periodicity Schedule for dental services which has been shared with the dental provider community and may be incorporated into future member enrollment materials.

- The State should continue to recruit and encourage participation with dental providers and the dental community, and continue the positive momentum that has been attained on increasing access.

- **State Response:** We are proud of our progress in recruiting dental providers and believe our dental administrator has added an important liaison function with the dental provider community. We are actively engaged in the Delaware Oral Health Coalition and look forward to increased collaboration in the future.

- The State should review the availability of transportation services throughout the State to ensure that all beneficiaries are aware of and have access to Medicaid transportation assistance.

- **State Response:** Logisticare, our transportation broker, is required to provide all necessary transportation, and transportation for children to and from dental offices is available as required under EPSDT.

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.

Delaware EPSDT Review Report
Focus on Dental Services
March 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. The EPSDT benefit offers physicals, immunizations, and vision, hearing, and dental screenings. 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 data. 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 on-site 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 Delaware has taken to address the utilization rate of children's dental services and to make recommendations on additional actions that Delaware can take to ensure compliance with the regulations and increase their rate of children's dental utilization.

Delaware's review was performed by CMS representatives from Region I, II, and III on March 25-27, 2008. The Delaware Department of Health and Social Services (DHSS) is the single State agency that administers the Medicaid program in Delaware. During this on-site review, CMS representatives met with the appropriate State staff from the DHHS' Division of Medical Assistance Program (DMAA) to gain a better understanding of how the State ensures children receive dental benefits.

Additionally, we interviewed the State Dental Director of the Public Health Dental Clinics and four dental providers to gain their perspective about the Medicaid dental system in Delaware. 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 Delaware Dental Services for Children

The Delaware Department of Health and Social Services (DHSS) is the single State agency that administers the Medicaid program. The Division of Medical Assistance Program (DMAA) is responsible for the daily operation of Delaware's Medicaid program.

The managed care organizations (MCOs) are required to inform Medicaid applicants and beneficiaries about EPSDT. Though the MCOs do not provide dental services, they must inform beneficiaries and families that dental services are covered by Medicaid and can be provided by the 212 fee-for-service (FFS) dental providers or the eight Public Health Clinics. Prior to 1999, dental services were only available to beneficiaries through one of the State's eight public health dental clinics. In 1999, the State began a FFS component that encouraged dental practitioners to participate in the Medicaid program. As reported to CMS on the CMS 416 report, there were 85,669 children under the age of 21 eligible for Medicaid in Delaware during 2006. All of these children were eligible to receive dental benefits. Approximately, 29 percent of total Medicaid-eligible children received a dental service in 2006.

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 Delaware the DMMA is responsible for informing beneficiaries of the availability of EPSDT services, including the availability of dental services. DMMA has assigned this responsibility to their three managed care plans. DMMA requires mandatory enrollment within a managed care plan, either in one of the two managed care organizations currently under contract (Unison Health Plan and Delaware Physicians Care) or through the State's FFS program managed by and operated as Diamond State Partners.

Delaware provides dental services to all beneficiaries through the State's FFS network. While the MCOs do not provide dental services as part of the plans' benefit package, the MCOs are still contractually required to inform beneficiaries of the availability of EPSDT dental services. MCOs and the State's FFS vendor do not provide literature explaining the specific dental services available to children under age 21. The two MCOs member handbooks refer beneficiaries to the State's FFS program for specific information on dental services. The State's FFS member handbook does not contain information on EPSDT services. The handbook only lists "routine dental services." It does not provide detail on the specific dental services available to children under age 21.

Prior to implementation of the State's new MMIS system in 2002, the State maintained responsibility for the informing practices for EPSDT. The State had developed a series of customized beneficiary notices targeted to the availability of EPSDT services, specifically dental services. The practices employed by the MCOs are not as thorough as those formerly performed by the State. Because the MCOs do not provide dental services, they do not have the ability to monitor dental providers or to send specific notices based on service utilization. Reminder notices are important to remind parents that their children are due or overdue for specific screenings.

- ***Finding #1:*** The State is not compliant with the regulations at 42 CFR 438.10, which requires each State to ensure that all covered services under the State plan are available and accessible to enrollees.

- ***Recommendation #1:*** The State must resolve the issue of informing members of the availability of dental services, specifically EPSDT dental services. The State must review all FFS and Managed Care member handbooks to ensure that the content reflects available EPSDT services, specifically dental. The State should continue to assure that health plans adhere to the requirement of informing beneficiaries of the availability of dental services.

- **State Response:** We concur with the recommendation. We will collaborate with our Health Benefit Manager (HBM) and MCOs to develop more comprehensive EPSDT notices for inclusion in member handbooks and other information provided to members at the time of enrollment.

- ***Recommendation #2:*** The State should revisit its pre 2002 EPSDT informing and monitoring processes and incorporate its past practices into the requirements for its managed care plans. This should include the development of mechanisms to ensure that beneficiaries are informed of the availability of EPSDT services, and more specifically, dental services.

- **State Response:** We will review prior practices to determine if any could be reinstituted to enhance member awareness.

- ***Recommendation #3:*** The State should ensure that beneficiaries are informed about the availability of EPSDT dental services and understand what types of dental procedures are covered under EPSDT and the Medicaid program.

- **State Response:** We concur and will undertake the actions identified under Recommendations #1 and #2. It should be noted that we also recently formalized a Periodicity Schedule for dental services which has been shared with the dental provider community and may be incorporated into future member enrollment materials.

Key Area II - Periodicity Schedule and Interperiodic Services

Section 5140 of the State Medicaid Manual provides the requirements for periodic dental services and indicates that distinct periodicity schedules must be established for each of these services. Sections 1905(a)(4)(B) and 1905(r) of the Act require that these periodicity schedules assure that at least a minimum number of examinations occur at critical points in a child's life.

The State previously had followed the recommendations of the American Academy of Pediatrics (AAP). The State's dental periodicity schedule had required an initial referral to a dentist at the age of three, or younger if needed, with an annual screen thereafter. Most recently, Delaware revised its dental periodicity schedule in accordance with the recommendations of the American Academy of Pediatric Dentistry (AAPD). The AAPD-adapted schedule calls for a first examination at the eruption of the first tooth but no later than 12 months of age, with a follow-up oral examination every six months.

There are no recommendations for Periodicity Schedule and Interperiodic Screens.

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.

The State has made progress over the past eight years by increasing access to dental services for its beneficiaries. Since 2002, the State has more than doubled the number of dental practitioners participating within the Medicaid program. In 2002 the State had 96 practitioners participating within the program. Over a six year period the State has increased the number of dental providers to 212. The State has a smaller dentist to patient ratio than most States at approximately 1:2600 compared to the commonly accepted 1: 2000 standard.

To encourage FFS dental providers to participate, the State significantly increased the provider reimbursement rates for dental services to 85 percent of the usual and customary charge. Several of the dental providers interviewed spoke of the increased reimbursements and its effect on encouraging provider participation.

The State created a new position by hiring a dental administrator, who works collaboratively with the State's Dental Director and the provider community. The dental administrator's responsibilities include encouraging the recruitment of new dental practitioners and addressing issues that current providers may experience. The dental practitioners that the review team interviewed all mentioned the importance of the dental administrator's role. The providers expressed the benefit of having a resource to address and resolve programmatic issues in an expedited manner. Three out of four providers did note that missed appointments are an issue in their practices but it did not appear to affect their willingness to continue seeing Medicaid patients. The providers used different methods to address the issue such as double booking appointments and sending reminder notices. One provider indicated that Medicaid beneficiaries did not value dental services.

- ***Recommendation #4:*** The State should continue to recruit and encourage participation with dental providers and the dental community, and continue the positive momentum that has been attained in increasing access to dental services. These continued efforts may assist the State with increasing beneficiary utilization.

- **State Response:** We are proud of our progress in recruiting dental providers and believe our dental administrator has added an important liaison function with the dental provider community. We are actively engaged in the Delaware Oral Health Coalition and look forward to increased collaboration in the future.

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.

A Medicaid patient is guaranteed freedom of choice in obtaining the dental care available under the Delaware Medicaid Program. Delaware's provider manual accurately describes EPSDT services. The Delaware Medicaid program fully relies on the dentist to determine the need for medically necessary dental services.

No prior authorization is required for routine dental services for children. Dental providers request prior authorization on non-routine services as outlined within the State's provider manual. Specialty services include orthodontia, complete and partial dentures, space maintainers, crowns, extraction of more than one tooth in preparation for the insertion of a prosthetic device, the extraction of six or more teeth during one visit or one period of hospitalization, and all surgical extractions and periodontal services. A complete treatment plan listing all necessary procedures must be listed and coded on the prior approval request form. Interviewed providers commented that they did not find the State's prior authorization process administratively burdensome.

There are no recommendations for Diagnosis and Treatment Services.

Key Area V - Support Services

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

Transportation for dental services in Delaware varies by county. While there are no restrictions on non-emergency transportation, the lack of comprehensive public transportation limits clients' opportunities to make and keep appointments. New Castle County has public bus transportation while Kent and Sussex Counties do not. The lack of public transportation in Kent and Sussex counties makes coordination more difficult with beneficiaries relying on a limited number of taxi/shuttle services. To supplement the lack of public transportation in the two counties, the State's public health dental clinics will coordinate with the schools to facilitate the transportation for children who receive dental services at the clinics. While this intervention will help fill the gap until access can be increased, it does raise the question of how the children receive dental services when schools are not in session.

Families who call the Medicaid Customer Service Unit are provided assistance with locating dentists who participate in the State's FFS program. Beneficiaries are provided with a list of participating dental providers within their geographic area. In addition to the FFS providers, beneficiaries are advised of the availability of services at one of the eight State Public Health Dental Clinics.

- **Recommendation #5**: The State should review the availability of transportation services throughout the State to ensure that all beneficiaries are aware of and have access to Medicaid transportation assistance.

- **State Response:** Logisticare, our transportation broker, is required to provide all necessary transportation, and transportation for children to and from dental offices is available as required under EPSDT.

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.

The State of Delaware does not provide case management for the Medicaid population. However, if the Medicaid population has difficulties in accessing dental services, they may call the State's dental administrator or the Medicaid Customer Service, who will provide assistance with locating a dentist.

For the special needs population, primary care providers and dental providers coordinate care. The dental office will contact a child's pediatrician if he/she requires sedation, immobilization due to behavioral problems, or the extraction of several teeth. These are limited instances of coordination of care between primary care providers and dental providers and this coordination is part of the treatment plan for the children.

There are no recommendations for Coordination of Care.

Key Area VII - Data Collection, Analysis and Reporting

During the review, the State did not indicate a problem with data collection, analysis and reporting. However, they asserted that the CMS 416 is not an accurate measurement for evaluating the dental utilization for children. However the State did not offer any additional data to support their assertion. The review team did not observe any concerns or irregularities with the State's data collection processes.

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

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, access and support services as to specific actions the State of Delaware 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.