U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region V

Michigan's Early Periodic Screening Diagnosis and Treatment Program with a Focus on Dental Services Management Review Final Report

March 17-20, 2008 Site Visit

EXECUTIVE SUMMARY

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 effectively use them. During the week of March 17, 2008, representatives from the Centers for Medicare & Medicaid Services (CMS) Regions V and VII offices conducted an onsite review of the Michigan EPSDT program, with a focus on the dental requirements.

The purpose of the review was to determine the efforts Michigan is taking to address the low rate of children's dental utilization in the State, and to make recommendations on additional actions Michigan can take to increase utilization rates for Medicaid children. The States reviewed were selected based on the dental utilization rates reported by States to CMS on the CMS-416 annual report for the Federal fiscal year 2006. Data submitted to CMS by the State for fiscal year 2006 showed that just over 1 million children were eligible to receive dental services. According to the report, approximately 30 percent of those children received any dental service in that year. The CMS review team met with officials at the Department of Community Health (the State), the agency responsible for administration of Michigan's Medicaid program. Additionally, CMS interviewed a total of 15 dental providers. Three dental providers, the Michigan Dental Association, two Federally Qualified Health Centers (FQHCs), and the State's dental benefits administrator were interviewed during the onsite visit.

In 1999, the State convened a task force to address oral health issues in Michigan. One of the major outcomes from the task force was the initiation of the dental benefits administration contract, which is referred to as the Healthy Kids Dental (HKD) program through Delta Dental of Michigan. Since 2001, this program demonstrably increased access in 59 counties; however, there is still a major access disparity Statewide for the 77 percent of children living in the remaining 24 counties without the HKD program. In fiscal year 2007, there were 6472 licensed dentists in the State of Michigan and 1493 participated in the Medicaid fee for service program.

In August 2007, the State and several community organizations settled the class-action lawsuit *West Side Mothers v. Olszewski*. The chief issues were associated with access and notification requirements for EPSDT services, including dental services. The primary results of the settlement agreement related to reimbursement issues, information and reporting requirements, and consultation with the groups bringing suit.

Michigan continues to receive national attention for their deteriorating economic situation. Michigan's economy is largely based on the troubled automobile industry. At the time of this report, Michigan's unemployment rates were approximately 8.9 percent, compared to a national rate of 6.1 percent.[1] The economic situation will likely have a major impact on the State's ability to implement health initiatives and reforms.

[1] Statistics are from www.bls.gov [Bureau of Labor Statistics] for August 2008.

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

Notable practice

- The State has made numerous efforts to make the provider update process timely, accurate and easily accessible.

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

Regulatory Findings

- **Finding #1:** Section 1902(a)(43) and the *State Medicaid Manual* [Chapter 5, Section 5121] requires the State to be effective in informing families of the EPSDT services. CMS reviewers found that the State is not adequately informing all beneficiaries of EPSDT dental services in two categories: 1) beneficiaries do not get adequate information that dental services are a free, covered service for Medicaid children; and 2) children receiving dental services fee-for-service receive no specific information on how to access these services and providers. The only category where the outreach appears successful is with the HKD eligible population.
- **Recommendation:** The State should provide a separate dental handbook for beneficiaries not in HKD written in appropriate cultural and linguistic style. The State should include the importance of preventive and routine dental care, age-appropriate dental services and time-intervals (periodicity), how to access dental providers and transportation, and how to request assistance with any dental issues.
- **State corrective action #1:** The State acknowledged that it will take steps to improve the communications with dental benefit recipients through including dental EPSDT coverage information in program materials. The State noted that it is "generally averse to multiple, fragmented publications."
- **CMS response to State corrective action #1:** CMS notes in this final report that there was no recommendation for fragmented publications, but rather to make dental information easily accessible to recipients. The State will be in compliance with Federal requirements when reviewers see changes to the program materials that clearly indicate that 1) beneficiaries do not get adequate information that dental services are a free, covered service for Medicaid children; and 2) children receiving dental services fee-for-service receive clear, updated and reliable information on how to access these services and providers.

- **Finding #2:** In the State's contract with Delta Dental for the HKD program, the State requires that Delta Dental reimburse enrollees $50 for emergency care provided out of the State. This leaves the remaining balance for the Medicaid recipient. Since dental services are a Medicaid covered service, beneficiaries should be informed that they may seek emergency services out of network at no cost. Per Federal regulations Medicaid beneficiaries cannot be charged for EPSDT services or emergency services [42 CFR §§§ 447.53(b), 447.53(b)(1), and 447.53(b)(4)].

- **Recommendation:** The State should make an amendment to the Delta Dental contract to reflect that emergency care provided out-of-State is a Medicaid covered service. Delta Dental in turn should correct the enrollee handbook to make this information known to beneficiaries.

- **State corrective action #2:** The State responded that it is in the process of working with Delta Dental to make the revisions to the program handbook.

- **CMS response to the State corrective action #2:** The State must send this revised handbook to CMS for compliance with this corrective action.

Additional Recommendations

- The State should improve the State contact information in the Medicaid fee-for-service program handbook for filing a State fair hearing and a grievance;
- The State should implement a combination of increased beneficiary information and oversight, monitoring, and technical assistance to providers regarding charging beneficiaries for EPSDT-related dental services and clarify that EPSDT eligible children may not be charged for dental services;
- The State should better inform dental providers of the State's dental periodicity schedule;
- The State should document the oral health needs of special needs children and the adequacy of dental specialists and accommodations available in both rural and urban areas;
- The State should consider reimbursing providers for fluoride varnish for certain at-risk children**;**
- The State should evaluate supportive services including scheduling assistance and transportation services as part of the overall access concerns;
- The State should utilize the MCOs for better care coordination and case management to integrate EPSDT services and receipt of dental care;
- The State should utilize and analyze data to inform policy decisions as part of ongoing planning and evaluation; and

- The State should consider requiring Delta Dental to track and report which children are not receiving dental services and escalate steps to reach these families and enroll children into care.

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 to Recommendations

The State responded that it will consider all recommendations.

CMS Response Relating to Outstanding Recommendations

While the State did not specifically address the other recommendations herein, CMS stresses the need for further State oversight. CMS will continue to work with the State to provide technical assistance and highlight promising practices to assist the State with implementation of these recommendations.

MICHIGAN EPSDT REVIEW WITH DENTAL FOCUS, MARCH 2008

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 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.

The Centers for Medicare & Medicaid Services (CMS) conducted onsite 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 for the Federal fiscal year 2006. This report is used to collect data and report EPSDT program information. Primarily, the States reviewed had less than a 30 percent dental utilization rate for children. The State of Michigan's dental utilization rate for fiscal year 2006 was 30 percent. These reviews examine States' efforts to address the rate of children's dental utilization. CMS performed the reviews to offer recommendations on additional actions States can take to increase these utilization rates and ensure compliance with Federal Medicaid regulations.

In addition, Congress requested that CMS collect information regarding dental service utilization and delivery systems from all States. While CMS conducted a number of onsite dental reviews in some States, CMS is also collecting more limited dental information by telephone from all States.

II. Scope of review

CMS staff interviewed the following individuals and organizations:

- Fifteen providers including urban and rural providers and Federally Qualified Health Centers (FQHCs); (on-site interviews as well as additional telephone interviews with providers)
- the Michigan Dental Association;
- the dental benefits administrator, Delta Dental of Michigan; and
- State staff responsible for: implementing the EPSDT program, fee-for-service provider oversight, oral health initiatives, and with oversight of the Delta Dental program.

CMS reviewers interviewed these individuals in Detroit, Lansing, Holland, and Jackson. CMS acknowledges that the number of interviews is not a representative sample of the provider population and considers the information anecdotal. All review findings were based on the data and materials submitted by the State.

CMS staff used a seven-part protocol to evaluate State compliance with the dental portion of the Federal EPSDT requirements. The seven areas reviewed include:

I – Informing beneficiaries and their families
II – Periodicity schedules and interperiodic services
III – Access to services
IV – Diagnosis and treatment
V – Support services
VI – Care coordination
VII – Data collection, analysis, and reporting

III. Introduction to Michigan provision of dental services for children

Michigan operates the majority of its Medicaid program through the Comprehensive Health Services (CompPlan) program. The Federal authority for this program is a section 1915(b) managed care waiver.

There are 14 managed care organizations (MCOs) contracted to provide Medicaid State Plan services throughout the State. The primary EPSDT services are provided through the MCOs' capitation rates, however any follow-up care for dental services is provided fee-for-service, or through Healthy Kids Dental (HKD). In Michigan, the MCOs have no further responsibility to provide dental care beyond the initial EPSDT dental referral.

In 59 of Michigan's 83 counties, the State contracts with a dental benefits administrator, Delta Dental of Michigan. Delta Dental provides specific quantitative assurances of an increased provider network from the standards existing in the fee-for-service network. The contract standards for access state that Delta Dental must demonstrate an increase in provider participation by 20 percent in a service area. The additional contract requirements relate to recipient notifications and appeal and grievance requirements.

In 2007, approximately 932,000 children were eligible to receive EPSDT services in Michigan. This table shows the delineation of service areas and children:

Table 1

Michigan Dental Services for Children in 2007			
Program	**Service areas covered**	**Proportion of Medicaid children**	**Number eligible for services**
Healthy Kids Dental (Delta Dental)	59 counties (mostly rural)	22.8%	212,485
Fee-for-service dental arrangements	24 counties (mostly urban)	77.2%	719,530

The success of the HKD program is discussed in this report, however, it should be noted that this program potentially impacts less than one-quarter of the State's Medicaid eligible children. Furthermore, only about half of these children appear to be receiving services in HKD, based on the 2006 claims data. The program notably appears to be on a service growth trajectory, and there are other positive benefits.

Healthy Kids Dental program

For over a decade, the State has worked to increase access to oral health care. In 1997, the State developed a Medicaid dental task force to examine the State's program for children. In 1998, the task force produced a report highlighting recommendations for improvement. In response to the report, the State Legislature appropriated funds in 2000 to implement a pilot program to increase dental access in 37 rural counties. In 2001, after implementing the program through State Plan authority, the State contracted with Delta Dental of Michigan to administer these services.

Delta Dental increased the dental provider network Statewide and, at that time, offered reimbursement rates identical to their commercial dental plans. The HKD pilot program began in 2001 with the 37 rural county service areas. HKD participants are able to access services in any county, however only Medicaid children in certain counties are eligible for the HKD program.

Due to the success of the pilot, the State expanded to 59 counties in 2005, with an expected expansion to three additional counties by July 2008. The State pays Delta Dental a monthly capitation for all eligible beneficiaries in the 59-county service area. Delta Dental then pays providers fee-for-service. The reimbursement rates to providers from Delta Dental for the 59 HKD counties are notably higher than the 24 fee-for-service counties. Delta Dental's HKD success is based in large part on the decreased administrative burden, enhanced reimbursement rates, and provider-organization relationships.

Class action lawsuit – West Side Mothers v. Olszewski

In August 2007, the State and several community organizations settled a class-action lawsuit regarding access and notification requirements for EPSDT services, including dental services.[2] The primary results of the settlement agreement related to reimbursement issues, information and reporting requirements, and consultation with the organizations bringing suit. The settlement agreement made certain requirements for training, reporting, informing beneficiaries, and reimbursement efforts. Additionally, the State and MCOs must consult in certain ways with the community organizations.

The settlement agreement required the State to continue paying the same rate for the HKD program for at least three years. Finally, the settlement agreement acknowledged the appropriations issues with expanding HKD to the remaining 24 counties, but did not require that the State take action on this issue.

[2] West Side Mothers v. Olszewski, case number 99-73442 filed in the Eastern District of Michigan. Proceeded by West Side Mothers v. Haveman, case number 289 F.3d 852, argued in 2002 at the U.S. Sixth Circuit Court of Appeals, with a prior case history.

Provider reimbursement and State economic situation

During the provider interviews, the providers stated that the reimbursement rates are lower than their costs. The current rates cause many participating providers to operate below their costs for the Medicaid patients because the average Medicaid reimbursement is approximately one-third of the provider's costs. Several providers interviewed for this report expressed that their participation in the Medicaid program was charitable, but that their businesses operate at a loss to provide community care.

Michigan continues to receive national attention for their deteriorating economic situation. Michigan's economy is largely based on the troubled automobile industry. At the time of this draft report, Michigan's unemployment rates were approximately 7.1 percent, compared to a national rate of 4.8 percent.[3] The economic situation will likely have a major impact on the State's ability to implement health initiatives and reforms.

IV. Review descriptions, findings, and recommendations

Key Area I – Informing families of EPSDT dental services

Section 5121 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. This 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.

CMS reviewers examined materials relating to EPSDT dental services and ancillary supportive services (e.g., transportation and scheduling) sent to Medicaid beneficiaries at the time of enrollment, and throughout service and found a general lack of continuity; it was not clear how a beneficiary would easily locate providers, schedule appointments, or contact the State regarding dental issues.

The following table explains which materials the State or MCO sends to the families in the various programs related to the receipt of EPSDT dental services. For example, most children are enrolled in managed care for primary health services, which includes the initial notification of the EPSDT well-child requirements; some children would then receive dental benefits through HKD, while others receive dental care through a fee-for-service arrangement.

[3] Statistics are from www.michigan.gov January 2008 and www.bls.gov [Bureau of Labor Statistics] for February 2008.

Table 2

Managed care enrollees (majority of Medicaid children)/ CompPlan	**Children who receive Medicaid fee-for-service**
The managed care handbook describes EPSDT services; the initial screening for dental services may be included in the well-child check-up, but the follow-up services would not be provided by the MCO. All materials state that dental is not covered by the MCO. Additionally, all Medicaid enrollees required to enroll in managed care receive a general pamphlet describing when they can be charged for services, how to appeal or grieve, and how to enroll in an MCO.	The *Medicaid Fee-for-Service Handbook* explains how to access the free EPSDT services. It states that a "dental check" is part of the well-child visit, but there is no connection to follow-up dental care is a covered service. Also, there is no section of the handbook that talks about how to access dental services.
HKD: *Children in CompPlan and in the fee-for-service Medicaid program may be enrolled in HKD. HKD enrollment is based on service area; children living in the 59 counties in the HKD program will receive the following materials*: A member card and a HKD handbook that explains how to access services in the Delta Dental HKD network. The handbook also explains the importance of maintaining appointments, covered benefits, appeal and grievance information, how to access transportation, and how to schedule appointments. Contact information is readily available.	
Dental fee-for-service: *Children in CompPlan and in the fee-for-service Medicaid program may receive dental services fee-for-service if they are not enrolled in HKD. This includes children in the 24 remaining counties Statewide, and the majority of the Medicaid children.* There is no information given regarding how to access dental providers fee-for-service. The State does not maintain a handbook or directory of providers. The recipient must contact providers and ask if they accept Medicaid.	
All beneficiaries: Upon enrollment, all Medicaid enrollees receive information about the EPSDT well-child check-up and the free services related to the EPSDT program. Much like the other materials, it is not clear that follow-up dental services are covered as a result.	

- **Finding #1:** Section 1902(a)(43) of the Act and the *State Medicaid Manual* [Chapter 5, Section 5121] requires the State to be effective in informing families of the EPSDT services. CMS reviewers found that the State is not adequately informing beneficiaries of EPSDT dental services in two categories: 1) beneficiaries do not get adequate information that dental services are a free, covered service for Medicaid children; and 2) children receiving dental services

fee-for-service receive no information on how to access these services and providers. The only category where the outreach appears successful is with the HKD eligible population.

- **Recommendation #1:** The State should provide a separate dental handbook for beneficiaries not in HKD written in appropriate cultural and linguistic style. This should be in addition to materials they currently receive. The State should include the importance of preventive and routine dental care, age-appropriate dental services and time-intervals (periodicity), how to access dental providers and transportation, and how to request assistance with any dental issues.
- **State corrective action #1:** The State acknowledged that it will take steps to improve the communications with dental benefit recipients through including dental EPSDT coverage information in program materials. The State noted that it is "generally averse to multiple, fragmented publications."
- **CMS response to the State corrective action #1:** CMS notes in this final report that there was no recommendation for fragmented publications, but rather to make dental information easily accessible to recipients. The State will be in compliance with Federal requirements when reviewers see changes to the program materials that clearly indicate that 1) beneficiaries do not get adequate information that dental services are a free, covered service for Medicaid children; and 2) children receiving dental services fee-for-service receive clear, updated and reliable information on how to access these services and providers.

CMS also found that the beneficiary handbook does not inform fee-for-service program beneficiaries who they need to contact to file a State fair hearing or a grievance/complaint. Additionally, the State's oversight and technical assistance to providers regarding charging fees and co-payments to beneficiaries for EPSDT dental services is inadequate. The State's provider manual indicates that this is not allowed, but the State should exercise more oversight of this issue.

- **Finding #2:** Per Federal regulations Medicaid beneficiaries cannot be charged for EPSDT services or emergency services [42 CFR §§§ 447.53(b), 447.53(b)(1), and 447.53(b)(4)]. In the State's contract with Delta Dental for the HKD program, the State requires that Delta Dental reimburse enrollees $50 for emergency care provided out of the State. This leaves the remaining balance for the Medicaid recipient. Since dental services are a Medicaid covered service, beneficiaries should be informed that they may seek emergency services out of network at no cost.
- **Recommendation #2:** The State should make an amendment to the Delta Dental contract to reflect that emergency care provided out-of-State is a Medicaid covered service. Delta Dental in turn should correct the enrollee handbook to make this information known to beneficiaries.
- **State corrective action #2:** The State responded that it is in the process of working with Delta Dental to revise the program handbook.

- **CMS response to the State corrective action #2:** The State must send this revised handbook to CMS for compliance with this corrective action. The State did not specifically address the other recommendations herein, however, CMS stresses the need for further State oversight.
- **Recommendation #3:** The State should ensure the individuals receiving services fee-for-service are provided contact information for filing an appeal with the State whenever this right is explained.
- **Recommendation #4:** The State should implement a combination of increased recipient information and provider oversight and technical assistance to alleviate any confusion regarding the charging of fees or co-payments. Further, the State should be clear that providers may not charge beneficiaries for EPSDT dental services.

CMS identified a notable practice in the State's provider update process. The State posts their provider manual and all updates online. The providers interviewed indicated that accessing this information was easy and convenient. Additionally, the State mails a CD-ROM annually with the most recent version of the manual, and also mails quarterly updates, commonly known as *Bulletins*. The interviewees regarded these informing procedures as frequent, comprehensive, and each was aware of the State's process.

- **Notable Practice:** The State's provider update process is timely, accurate and easily accessible**.**

Key Area II – Periodicity schedule and interperiodic services

Section 5140 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's current periodicity schedule is partly based on the requirements of 42 CFR Part 441, Subpart B. Additionally, the State relies on older guidance from the American Academy of Pediatrics Recommendation for Preventive Pediatric Healthcare which recommends a dental referral at age three, or earlier, if necessary.

The State's periodicity schedule includes all EPSDT services, including a separate schedule for dental care. The primary care physician, through the required well-child visits, must provide a dental screening and is responsible for referring the child for a thorough dental examination and any care needed prior to the mandatory referral age of three. The 2008 *Michigan Department of Community Health Medicaid Provider Manual* provides detailed information to providers about covered dental benefits through the State's EPSDT program.

The CMS reviewers documented the State's effort to increase dental periodicity in alignment with recognized dental organizations. The State is working with the American Academy of Pediatric Dentistry (AAPD) and developing standardized developmental screenings at several pilot sites; however, the State has yet to codify this information for providers. The State is also working on an effective way to connect dentists with pediatricians to help facilitate referrals. Anecdotally, several providers were not aware that the State had an EPSDT dental periodicity schedule and were instead following current recommendations from organizations such as the AAPD.

- **Recommendation #5**: The State should better inform dental providers of the State's dental periodicity schedule.

Key Area I - Access to 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 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.

The HKD counties are primarily rural with approximately 212,000 Medicaid children enrolled in 2007. Currently, there are approximately 6,000 dentists enrolled in HKD Statewide. Nearly 91 percent of Medicaid dentists in the HKD counties participate in the program and approximately 92 percent of children enrolled have access to a dentist within twelve miles. CMS reviewers confirmed that the data shows HKD has increased access for this segment of the Medicaid eligible children in Michigan.

As demonstrated in Table 1, 22 percent of the State's Medicaid eligible children access dental services through HKD. CMS reviewers examined three years of claims data from HKD[4] and confirmed that approximately half the children in HKD counties were receiving services. The HKD claims data demonstrated a growth trajectory of services provided in rural areas. In 2004, the American Dental Association recognized the HKD program as an effective approach to delivering a fee-for-service Medicaid dental program for children through a commercial dental plan contracted with the State as a way to provide increased Medicaid access.

Although oral access increased in the rural areas through the HKD program, the majority of Medicaid children continue to have fundamental barriers obtaining medically necessary dental care. It is noteworthy that the HKD program is only in service areas

[4] The State and Delta Dental submitted claims data from 2004, 2005, and 2006.

where the State could afford implementation. The more populous areas are still without intervention and have insufficient access to services. In fact, the CMS-416 data submitted by the State is an aggregate of the 22 percent of the Medicaid children in the HKD program and the remaining 77 percent of children with poor access in fee-for-service counties. Without the HKD program, dental encounter scores for the remaining 77 percent of Medicaid children would certainly be lower than the aggregate totals reported on the CMS-416.

Delta Dental's only contract requirement relating to access is that they must demonstrate a 20 percent access increase from fee-for-service provider participation. While a 20 percent increase sounds significant, for rural areas with very few participating providers, this may not mean that Delta Dental would need to increase the access in a meaningful way. For example, if there are ten fee-for-service participating providers in a county, Delta Dental must show that they can have a network of twelve HKD providers. This is the only access requirement; there are no appointment mandates. The State does not contractually mandate timeframes for appointments for urgent care or preventative care. However, HKD enrollees should be able to access emergency care within 24 hours. Providers indicated that it was difficult to locate specialists agreeing to treat Medicaid special needs patients. Although there were providers who had limited facilities to accommodate some special needs patients, most providers need to refer their orthodontic, endodontic, and special needs patients.

There are two dental schools in Michigan. The State offers various debt forgiveness programs in exchange for specific service. However, the State is not producing enough dentists willing, or financially able, to serve the Medicaid population, creating a supply-side access issue. The dental schools provide some of the necessary dental services for Medicaid patients, but they cannot serve all patients. Additionally, the geographic location of the dental schools presents a barrier for the majority of the State's Medicaid enrollees.[5] If the dental schools are unable to provide a service, the providers reported having difficulty finding specialists for these procedures.

Determining network adequacy is a first step in developing an action plan to improve dental utilization for the special needs population. Particular attention must be given to meeting the oral health needs of special needs children, particularly since their comprehensive medical needs are often chronic and complex.

- **Recommendation #6:** The State should document the oral health needs of special needs children and the adequacy of dental specialists and accommodations available in both rural and urban areas.

In addition, CMS recognizes that this Key Area is impacted by the findings and recommendations made in other sections of the report, particularly Key Areas I, V, VI, and VII of the Report.

[5] The University of Detroit-Mercy is located in Detroit and the University of Michigan is located in Ann Arbor; both of these cities are in the southeast area of the State.

Key Area IV - Diagnosis and treatment

Sections 5122(E) and (F), as well as section 5124 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.

Through State staff interviews and review of the State Plan, CMS reviewers verified that all medically necessary services are covered under the State Plan. The State uses dental consultants in the State's Office of Medical Affairs to make the medical necessity determinations.

The State eliminated the majority of the prior authorization requirements to streamline the administrative burden for participating providers. For the services that still require prior authorization, the State made the authorization valid for a period of six months. This assists the providers with some flexibility for rescheduling, as well as for services that require multiple appointments.

Recent dental literature makes recommendations that young, at-risk children will benefit from more frequent applications of fluoride varnish and there is a Current Procedural Terminology (CPT) code for more frequent treatments. During interviews, several providers stated that this was an issue and they currently absorb the cost for at-risk children.

- **Recommendation #7**: The State should consider reimbursing providers for fluoride varnish for certain at-risk children**.**

Key Area V - Support services

Section 5150 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 at 42 CFR 431.53 of mandating transportation assistance.

The county health departments assist beneficiaries with appointments for Medicaid services and transportation. This service is indicated in the materials sent to beneficiaries. However, there seems to be a lack of information for Medicaid beneficiaries accessing transportation services. Most providers stated they were not aware if any transportation services were provided; if they were aware, they were unclear on the details. HKD and the State's informing materials both acknowledge that transportation services to and from Medicaid providers are assured. The State needs to ensure that information on

transportation services is being clearly and effectively communicated to providers and beneficiaries.

The providers interviewed for the review were unclear if the State offered any scheduling to Medicaid beneficiaries. These providers stated that they could not recall any process or recurrence for working with the State or counties for scheduling beneficiaries for appointments.

While the State has a process in place for transportation and scheduling services, CMS reviewers could not determine if these services are underutilized Statewide, or through the small sample of providers interviewed.

Statewide, providers have vastly different approaches to addressing patients who fail to attend appointments. Some of the providers interviewed for this review allowed patients to reschedule for missed appointments; usually there was a specific number of missed appointments allowed in the practice and the dentist would review each case. The providers interviewed reported minimal overbooking and would also accept emergency walk-in appointments, as well as scheduling emergency appointments within 24 hours.

- **Recommendation #8**: The State should evaluate supportive services including scheduling assistance and transportation services as part of the overall access concerns.

Key Area VI - Care coordination

Section 5240 provides the requirements for coordinating a child's screening, treatment and referral services. 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.

Michigan has a well-known, high-quality managed care program with numerous deliverables for the incentives program (pay-for-performance), including the EPSDT components related to the well-child visits. The managed care program is currently responsible for conducting the majority of the health education and outreach for the State's other initiatives. Michigan may wish to consider taking advantage of all care management options for EPSDT-related dental services in the managed care program.

Since dental services are not included in the capitation rate, the MCOs are not expected to coordinate these services, despite the fact that receipt of dental services is an EPSDT requirement and coordination of EPSDT is included in the capitation rate.

The staff at the FQHCs report the best coordination of care between the primary health provider and oral health provider. Both FQHCs interviewed pursue a model of health

coordination and report that the acute and physical health staff and oral health staff conduct trainings and as policy, collaborate with providers following a patient referral.

- **Recommendation #9**: The State should utilize the MCOs for better care coordination and case management to integrate EPSDT services and dental care.

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 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.

The State submitted the required data to CMS and is in compliance with the Federal requirements for the annual submission of the CMS-416. When CMS interviewed the State staff about the submission of data, there was an initial discussion about how the HKD data would impact overall access, but the State policy staff's knowledge of this information was limited.

- **Recommendation #10:** The State should consider requiring Delta Dental to track and report on which children are not receiving dental services in the HKD service areas. Delta Dental, and the State in non-HKD service areas, should escalate steps to reach these families and enroll children into care**.**

- **Recommendation #11:** The State should analyze the CMS 416 data as part of ongoing planning and evaluation as recommended in the *State Medicaid Manual* [Chapter 5, Section 5320.2] and utilize it to make informed decisions.

V. Conclusion

CMS looks forward to working in partnership with the State of Michigan to enhance and improve EPSDT dental services for children. In addition to the CMS report findings requiring corrective action, the CMS review team acknowledged the State's accomplishments and provided additional recommendations for the State to consider. CMS expects the State to establish specific goals to increase access to dental care for the Medicaid population. In the State's response to the CMS Draft Report, the State acknowledged that it would consider CMS' recommendations. CMS looks forward to working with Michigan to share notable practices with other States. Additionally, CMS anticipates a continued commitment with Michigan to address the issue of access to oral health and EPSDT dental services for Medicaid beneficiaries.