U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region VIII

FINAL REPORT

Montana EPSDT Review Report
Dental Services
April 1 – 3, 2008

Executive Summary

The Early and Periodic Screening, Diagnosis 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 use them effectively. In April 2008, representatives from the Centers for Medicare & Medicaid Services' (CMS) Denver Regional Office conducted an on-site review of Montana's EPSDT program with a focus on dental services. The purpose of the review was to determine what efforts Montana has made to address the rate of children's dental utilization in the State, and to make recommendations on additional actions Montana can take to increase these utilization rates. Specifically, we interviewed State policy staff, the contracted dental specialist as well as a non-representative sample of four providers, and conducted extensive document review in the areas of informing, periodicity, access, diagnosis and treatment services, support services and coordination of care.

The Montana Department of Public Health and Human Services is the single state agency that administers the Medicaid program. County offices determine Medicaid eligibility and inform Medicaid applicants and recipients about EPSDT benefits. In Montana, EPSDT is a preventive health program that is free for children age 0 to 20 that are eligible for Medicaid.

As reported to CMS on the 416 report, there were 61,369 children under the age of 21 eligible for Medicaid during 2006. All of these children were eligible to receive dental benefits. Approximately 19 percent of all Medicaid eligible children received any dental service in 2006 as reported to CMS by the State, and approximately 16 percent of all Medicaid eligible children received preventative dental services in 2006. Currently, Montana has approximately 600 dentists in the State with 258 enrolled dental providers actively billing Medicaid.

Once approved for Medicaid, each client is given a "Client Handbook" which describes how to use the Medicaid program. Included in the handbook are details on the EPSDT program and requirements as well as instructions on how to secure non-emergency transportation. The county worker directs the client to the State's web portal to locate a dentist in their respective county. The client is responsible for contacting the listed dentists and asking if they are accepting Medicaid clients. Dental services that require prior authorization are specified in the provider handbook.

Montana contracts with Affiliated Computer Systems (ACS) to process all of their claims for their dental fee-for-service program. The Department contracts with an orthodontist to review and authorize all orthodontia requests. State staff prior authorizes crowns with written justification from the dentist. If there is a need to consult with the orthodontist on contract, he is available for other necessary reviews.

Recommendations:

- The State should implement direct contact outreach programs to Medicaid families regarding their access to dental services and ensure that those individuals without access to the State website are offered an up to date list of Medicaid participating providers in their area.

- The State should ensure that EPSDT transportation benefits are clearly defined for Medicaid beneficiaries and providers. The State should utilize a variety of media such as the client handbook, State website, provider manual, outreach brochures and posters to highlight the availability of transportation services for clients.

- The State should ensure that there are adequate personnel dedicated to the coordination of EPSDT services as the EPSDT Coordinator position is currently vacant. There appears to be a lack of coordination for EPSDT services between the client and the State once eligibility has been determined; improving coordination of EPSDT services should be a task of an EPSDT coordinator.

- The State should provide information about the EPSDT program to dental providers to share with their patients.

- The State should implement internal controls to track enrollee dental service utilization at the recommended age.

- The State should monitor the number of dentists accepting new patients by geographic area and actively recruit new providers when possible in order to better ensure that dental benefits are provided to eligible EPSDT beneficiaries who request them.

- The State should become an active participant in the Dental Taskforce to jointly work to increase dental utilization for Montana's children.

- The State should utilize the information on the CMS 416 to connect the children who do receive medical services to dental services by building on their contact with the medical provider.

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.

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 services and to help children to use them effectively. Dental services are included in the EPSDT program coverage and there is an increasing 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. 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 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 purpose of the review was to examine what efforts Montana has taken to address the utilization rate of dental services in the State and to make recommendations on additional actions that Montana can take to ensure compliance with the regulations and increase the rate of dental services.

Montana's review was performed by CMS representatives from Region VIII on April 1 - 3, 2008. During this on-site review CMS representatives met with the appropriate State staff from the Department of Public Health and Human Services (DPHHS) dental program, to gain a better understanding of how State staff ensure children receive the dental benefits to which they are entitled. We were unable to meet with the State agency EPSDT coordinator as that position was vacant at the time of the review and has had significant staff turnover in recent years.

III. Introduction to Montana Services for Children

The Montana Department of Public Health and Human Services is the single state agency that administers the Medicaid program. County offices determine Medicaid eligibility and inform Medicaid applicants and recipients about EPSDT benefits. In Montana, EPSDT is a preventive health program that is free for children age 0 to 20 that are eligible for Medicaid. EPSDT provides screenings, diagnosis and treatment services to help prevent health problems and ameliorate chronic health conditions.

As reported to CMS on the 416 report, there were 61,369 children under the age of 21 eligible for Medicaid during 2006. All of these children were eligible to receive dental benefits. Approximately 19 percent of all Medicaid eligible children received any dental service in 2006 as reported to CMS by the State, and approximately 16 percent of all Medicaid eligible children received preventative dental services in 2006. Currently, Montana has 258 enrolled dental providers that are actively billing Medicaid.

Montana has a 1915(b) Managed Care Waiver referred to as "Passport to Health". Everyone eligible for "Passport" is Medicaid eligible, but not all clients eligible for Medicaid are able to join "Passport". The following individuals may *not* join "Passport to Health":

1. People who spend-down to become Medicaid eligible
2. People who are in subsidized adoption
3. People who live in a nursing home or a similar facility
4. People who have both Medicare and Medicaid
5. People who get Medicaid Home and Community Based Services
6. People who only get Medicaid for 3 months or less

Once approved for Medicaid, each client is given a "Client Handbook" which describes how to use the Medicaid program. Included in the handbook are details on the EPSDT program and requirements as well as instructions on how to secure non-emergency transportation. The county directs the client to the State's web portal to locate a dentist in their respective county. The client is responsible for contacting the listed dentists and asking if they are accepting Medicaid clients. Dental services that require prior authorization are specified in the provider handbook.

Montana contracts with Affiliated Computer Services (ACS) to processes all of their claims for their dental fee-for-service program. The Department contracts with an orthodontist to review and authorize all the orthodontia requests. State staff prior authorizes crowns with written justification from the dentist. If there is a need to consult with the dentist on contract, he is available for other necessary reviews.

IV. Review Descriptions, Findings and Recommendations

Key Area I - Informing Families and Providers on EPSDT Services

Section 5121 of the State Medicaid Manual provides the requirements for informing Medicaid beneficiaries of the EPSDT program, including dental services, in a timely manner. Based on section 1902(a)(43) of the Act, States are to assure there are effective methods to ensure that all eligible individuals and their families know what services are available under the EPSDT program; the benefits of preventive health care, where services are available, how to obtain them, and that necessary transportation and scheduling assistance is available. Regulations at 42 CFR 438.10 require the State, its contractor, or health plans to provide information to all enrollees about how and where to access Medicaid benefits that are not covered under the managed care contract. No methodology is mandated to states to determine the "effectiveness" of their methods, nor are States required to measure "effectiveness" of their informing strategies. Informing is particularly important with respect to dental services since many families do not see dental services as a priority and may need additional information on these important services.

When a client applies for Medicaid at their local County Office of Public Assistance, the client receives a handbook which includes Medicaid information. This handbook includes EPSDT information. The parent is then referred to the State's web portal to locate a dentist in their respective county. The client is responsible for calling each of the dentists listed on the website and inquiring as to whether or not they will accept a Medicaid patient. The handbook also includes the transportation 1-800 phone number in case non-emergency transportation is necessary.

The CMS review team is concerned that the low utilization rate for dental care may be attributed in part to the fact that the client is responsible for accessing the States web portal for dental providers. CMS encourages county staff to discuss the client's ability to access the website; if the client is unable then the State and/or county should offer a printed list of dental providers to that specific client.

The review team felt that a lack of continuity exists between the State and the client after eligibility is determined. This may be attributed to the vacancy or significant staff turnover of the EPSDT coordinator position in recent years. Therefore, there does not appear to be any additional outreach with the clients to assist them in gaining access to necessary EPSDT services. We encourage the State to fill this position and reach out to Medicaid clients regarding any EPSDT services and requirements.

During our visits to four dental providers, the CMS review team neither noticed any handouts, brochures, or posters available for clients in the dental offices nor did the providers recognize EPSDT as an aspect of Medicaid for children.

The review team observed that after the member applies and is found eligible for Medicaid, there is no further contact between the client and the State. The State does not appear to assist the client with scheduling any dental services, nor does the State assist the client is finding an appropriate dental provider.

Recommendation #1: The State should implement direct contact outreach programs to Medicaid families regarding their access to dental services and ensure that those individuals without access to the State website are offered an up to date list of Medicaid participating providers in their area.

Recommendation #2: The State staff should provide information about the EPSDT program to dental providers to share with their patients.

Recommendation #3: The State should ensure that there are adequate personnel dedicated to the coordination of EPSDT services as the EPSDT Coordinator position is currently vacant. There appears to be a lack of coordination for EPSDT services between the client and the State once eligibility has been determined; improving coordination of EPSDT services should be a task of an EPSDT coordinator.

Key Area II - Periodicity Schedules

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

The State follows the "Well Child Checkups and Immunizations Schedule" for EPSDT screening services. The State dental periodicity schedule recommends that children see a dental provider at first tooth eruption and every year after that. The State will pay for cleanings twice a year without prior authorization. When a family applies for Medicaid they are given a member handbook but beyond that there is no mechanism by which the State assures enrollees receive care in accordance with the State's dental periodicity schedule.

Recommendation #4*:* The State should implement internal controls to track enrollee dental service utilization at the recommended age. Further, the State should have a process in place by which clients are prompted to make their first dental appointment such as sending a letter or post card to the family.

Key Area III- Access to Dental Services and Interperiodic 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 oversees the Medicaid dental program as a traditional fee-for-service Medicaid program. Providers are enrolled upon request.

Currently there are approximately 600 practicing dentists in the State of Montana. Approximately 258 enrolled dental providers that are actively billing for services to Medicaid clients. There are 56 counties in Montana, 18 of which do not have a Medicaid dental provider and 18 counties with only one Medicaid dental provider.

While all four providers we interviewed see Medicaid patients, the common theme expressed by the providers was that the Medicaid population is difficult to manage. The providers expressed concern over the high "no show" rate of Medicaid clients. The providers had mechanisms in place to off set the no shows, including having the patient come into the office at the beginning of the day and wait until the dentist has time to see him/her. A provider in Helena indicated that while his practice is 80 percent Medicaid, if reimbursement did not increase he could only continue seeing Medicaid children for five more years. Discussions with State staff indicate that on average dental providers are reimbursed at 85% of billed charges.

All four providers interviewed expressed a willingness to serve clients in need and felt an obligation to give back to their communities. They also indicated that when providing services to Medicaid clients the paperwork was less burdensome and State staff was available to assist them with any billing issues. Additionally, providers indicated that at times services provided to a Medicaid covered child would be reimbursed easier than if the service was provided to a privately insured child.

While the State acknowledges the low dental utilization rates for children, we also heard that due to the rural nature of the State it is difficult to get providers to practice in some of the smaller counties. This is especially true with dental specialists. There is an active State level Dental Task Force composed of dental professionals, legislative staff, and public health officials who are developing a broad set of initiatives to increase the number of dental providers in the State. The State Medicaid agency attends the Taskforce meetings, but does not appear to be a vocal participant. CMS staff observed that while other State organizations and groups presented dental initiatives, Medicaid provided no input.

***Recommendation #5**:* The State should monitor the number of dentists accepting new patients by geographic area and actively recruit new providers when possible in order to better ensure that dental benefits are provided to eligible EPSDT beneficiaries who request them.

Recommendation #6: The State should become an active participant in the State's Dental Taskforce to jointly work to increase dental utilization for Montana's children.

Key Area IV - Diagnosis and Treatment Services

Children under the age of 21 may receive additional benefits under EPSDT when determined to be medically necessary by the State. EPSDT requires that services for children under age 21 not be limited to services included in the State's Medicaid Plan, but only by what is coverable under section 1905(a) of the Act. Diagnostic services must fully evaluate any dental condition identified, while treatment services must ensure that health care is provided to treat or ameliorate the dental condition. Section 1902(a)(10) of the Social Security Act and regulations found at 42 CFR 440.240 require that services provided be comparable in amount, duration, and scope for all recipients within an eligibility group. Dental benefits are an optional service that states are not required to cover for adults.

The State's provider manual describes EPSDT services. The manual includes a list of the screening services which are available to enrollees and also includes the medical periodicity schedule.

There is also a separate manual for providers of dental services. This manual is comprehensive and includes instructions on such things as:

1. Third Party Liability
2. Orthodontic Procedures
3. General Tips for Billing
4. Procedure Codes
5. Fee Schedules

While some procedures do require a prior authorization (PA), providers indicated that they do not have any difficulty in obtaining approval from the State staff or the dental consultant.

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 regulatory requirement of 42 CFR 431.53 mandating an assurance of transportation.

In Montana, the county social services offices are responsible for coordinating non-emergent transportation for Medicaid clients. If a client needs out-of-state transportation the State staff will coordinate this for the client. However, during our provider interviews a common theme was that clients often cancel appointments citing "lack of transportation" as their reason. The providers were unaware of the non-emergent transportation resource available to their clients.

When clients are determined eligible by the county office, they are directed to the State's web portal to find dentists in their respective counties. The CMS review team is concerned that the low utilization rate for dental care may be attributed, in part, to the fact that the client is responsible for accessing the States web portal for dental providers. CMS encourages county staff to discuss the client's ability to access the website; if the client is unable then the State and/or county should offer a printed list of dental providers to that specific client. When this issue was discussed with State staff, they indicated that they do not like to stand in the way of the client and the provider relationship. Although, at times this may lend itself to the client having some flexibility in directing their care, the State's lack of participation in patient provider relationship may be inhibiting the client from accessing any care in this situation. The review team encourages the State to facilitate relationships with the client and provider instead of taking a "hands off" approach.

Recommendation #7: The State should ensure that EPSDT transportation benefits are clearly defined for Medicaid beneficiaries and providers. The State should utilize a variety of media such as the client handbook, State website, provider manual, and outreach brochures and posters to highlight the availability of transportation services for clients.

Key Area VI- Coordination of Care

Section 5240 of the State Medicaid Manual describes the use of continuing care providers which encourages coordination of care.

The State indicated that there is neither coordination nor referrals between the child's primary medical doctor and their dental provider. During our provider interviews, one provider noted that if they were going to treat the child where sedation was necessary, they would coordinate care with the primary medical doctor. This was especially important if the child was sedated and a medical procedure could also be scheduled at the same time.

The other three providers interviewed stated that they do not coordinate with the child's medical provider, nor do they routinely receive referrals from the medical provider. This appears to be a missed opportunity for educating clients as the child's first visits to their primary medical doctor is an opportunity to counsel the client's family on required screening which included dental appointments.

- ***Recommendation #8****:* The State should utilize the information on the CMS 416 to connect the children who do receive medical services to dental services by building on their contact with the medical provider.

Key Area VII - Data Collection, Analysis and Reporting

Part 2 of the State Medicaid Manual, 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 preventative dental services 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 of Montana has complied with the requirement to submit their CMS-416 report to CMS. When the State notices a change reported compared to the previous year, staff will look into why the change has occurred. CMS recommends that the State analyze the CMS-416 data annually to assess progress at increasing access to dental care for Medicaid children.

There are no recommendations in this area.

Conclusion:

CMS looks forward to working in partnership with the State to enhance and improve EPSDT dental services for children. The CMS review team made recommendations in the areas of informing and monitoring, periodicity schedules, access to dental services, and support services, noting specific actions Montana should take to increase utilization of dental services by children.