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PAUL R. LEPAGE, Governor

Mary Mayhew, Commissioner

Annual Report¹ to the Joint Standing Committee on Health & Human Services regarding~

Improving Access to Dental Care for Children with MaineCare Coverage

February 15, 2011

¹ This report is required to be submitted annually by Maine Revised Statutes, Title 22, §3174-S. Access to dental services for children under Medicaid. The source statute can be accessed on the Maine legislature's website at: <http://www.mainelegislature.org/legis/statutes/22/title22sec3174-S.html>

Joint Standing Committee on Health and Human Services

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Senator Nichi S. Farnham (R-Penobscot)
Senator Margaret M. Craven, (D-Androscoggin)

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February 14, 2011

The Honorable Earle L. McCormick
The Honorable Meredith N. Strang Burgess
Members of the Joint Standing Committee
Health & Human Services
2 State House Station
209 Burton Cross Building
Augusta, ME 04333 -0002

Dear Senator McCormick, Representative Strang Burgess and Members of the Committee on Health and Human Services,

I am pleased to provide you with a copy of the Maine Department of Health and Human Services' MaineCare Dental Access report as required by MRSA 22 § 3174 –S (Improving Medicaid Dental Access to Maine Children).

As the enclosed report demonstrates, the Office of MaineCare Services, together with our partners, has continued in our commitment to improve access to dental services for children who have MaineCare coverage.

Respectfully submitted,

Brenda McCormick, Director of HealthCare Management
Office of MaineCare Services
Department of Health & Human Services

Caring..Responsive..Well-Managed..We are DHHS.

Background

The Department of Health and Human Services has been legislatively required to report to the Maine Legislature on MaineCare Services' efforts to improve dental care for children covered by Medicaid (hereafter referred to as MaineCare) annually on February 15th since 1997. The goal of the law is to increase access to comprehensive dental care for children under the Medicaid program so that services are received on a timely basis and in the regions of the state where they live. The Department was also directed to establish and maintain telephone referral services and increase the number of dental care providers as well as increasing those who accept MaineCare coverage.

Comprehensive Coverage for Children with MaineCare is good.

All children enrolled in MaineCare have access to comprehensive dental care at no cost to their parents. There is no co-pay or deductible owed for any of the services provided to children on MaineCare. Coverage available to children from birth to 21 years of age for dental care through MaineCare is better than most commercial coverage because it includes all medically necessary services as well as coverage for preventive dental care based on the recommendations and periodicity schedule of the American Academy of Pediatric Dentists. Since care is free, it is also much more affordable for families than commercial insurance which often pays only a portion of the cost of services. However, unlike commercial coverage, providers are prohibited from seeking payment beyond the amount covered by MaineCare. Most commercial insurance as well as MaineCare, only pay a percentage of the total amount that the dental provider may charge for a covered service. It remains challenging for MaineCare to enroll sufficient dental providers who will see children covered by MaineCare because dental providers may charge families with commercial insurance for the remainder of their fees on top of what their insurance will pay. This inability to pay what the market will bear is compounded by a lack of dental providers available in the state, as the simple economic principle of supply and demand is in play as when supply of a good or service is low, costs will generally be higher.

Maine has a Shortage of Dentists regardless of Dental Insurance Coverage-

Except for York and Cumberland County, most of Maine falls under the federally designated Health Professional Shortage Area (HPSA), which means there are not sufficient dentists in the state to adequately serve the overall population. The chart below shows the ratio of dentists to the population by county in Maine for counties designated as a Health Professional Shortage Areas.²

County	Population	# of Dentists	Pop to Dentist Ratio	HPSA
Bangor	102647	41	2504:1	x
Waterville	68332	21	3254:1	x
Sanford	50898	12	4242:1	x

² Information on the population to dentist ratios for Maine's 46 Dental Care Analysis Areas (DCAA) from Marc E. Coulombe, Office of Rural Health & Primary Care, Maine Center for Disease Control & Prevention, Department of Health & Human Services. Populations to dentist ratios shown do not take into account the equivalency weights or the number of auxiliaries which elevate the ratios. The socio-economic indicators for Maine's DCAAs are also considered a factor that is not shown in this table.

Augusta	44770	22	2035:1	x
Rockland	43716	23	1901:1	x
Presque Isle	38349	8	4794:1	x
Skowhegan	29734	7	4248:1	x
Gardiner	27209	5	5442:1	x
Dover-Foxcroft	24283	8	3035:1	x
Belfast	23100	7	3300:1	x
Norway	21499	6	3583:1	x
Old Town	19911	3	6637:1	x
Farmington	18811	9	2090:1	x
Bridgton	17379	3	5793:1	x
Millinocket	16496	5	3299:1	x
Rumford	16007	4	4002:1	x
Ft. Kent	15538	2	7769:1	x
Ellsworth	15498	7	2214:1	x
Pittsfield	15354	4	3839:1	x
Jay	14412	2	7206:1	x
Houlton	13290	5	2658:1	Pending
Blue Hill	12348	5	2470:1	x
Machias	10843	2	5422:1	x
Gouldsboro	9554	1	9554:1	x
Calais	7634	3	2545:1	x
Parsonsfield	7551	1	7551:1	x
Fryeburg	6714	1	6714:1	x
Eastport	6037	2	3019:1	x
Bethel	5307	1	5307:1	x
Kingfield	5158	1	5158:1	x
Island Falls	3851	1	3851:1	x
Danforth	2852	0	2852:0	x
Bingham	1776	0	1776:0	x
Allagash	1073	0	1073:0	x
Jackman	959	0	959:0	x

U.S. Centers for Disease Control and Prevention statistics for 2009 indicate that there were 833 licensed dentists in Maine and 671 of them were practicing dentistry. MaineCare claims data from 2009 indicates that 350 dentists served children with MaineCare coverage which means approximately 52% of practicing dentists in the State of Maine provided care for children with MaineCare coverage. Despite the lower than market rates of MaineCare reimbursement to dental providers, Maine has a better than average rate of children who are seen by a dentist.

Maine's Performance Compared to other States-

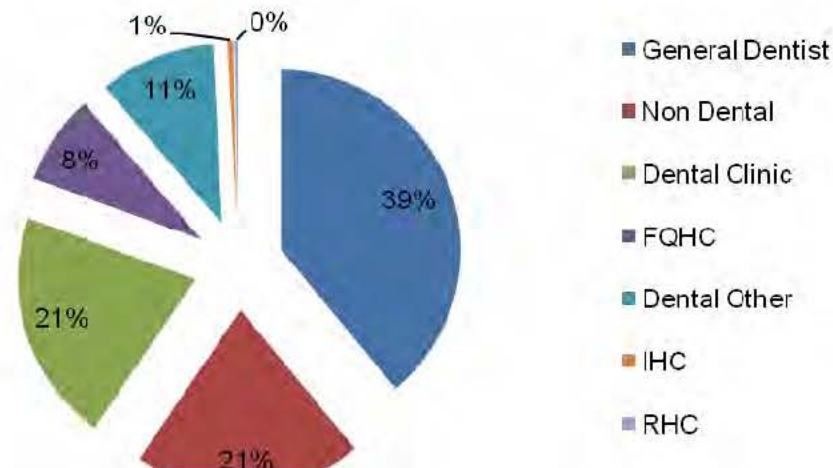
In a November 2010 oral health report from the Government Accountability Office (GAO), it was reported by many states that most dentists in their states treat few or no Medicaid or (Children's Health Insurance Program) CHIP patients. According to this report, in 2008 less than 37% of children covered through Medicaid received any dental services under the Medicaid program and several

states reported rates of 30% or less. In comparison to the states profiled in the GAO report, during State fiscal year 2010, 62,552 children, (53.91% of MaineCare members under the age of 21) who had at least 11 months of MaineCare eligibility, received dental services.³ The following chart shows the distribution of members served, total paid units of services and total amount paid for those services by provider category for members who had at least 11 months of eligibility during State fiscal year 2010.

PROVIDER CATEGORY ⁴	DISTINCT MEMBER COUNT	TOTAL PAID AMOUNT
General Dentist	29,416	\$9,338,547
Non Dental	15,476	\$8,312,086
Dental Clinic	15,834	\$4,172,379
FQHC	6,162	\$2,012,359
Dental Other	7,920	\$871,885
IHC	381	\$223,016
RHC	229	\$28,966

Another view of the distribution is displayed in the following graph, which shows the percentage of members served based on provider category:

Percentage of Members Served by Provider Type



³ https://gateway.maine.gov/dhhs-apps/dashboard/phqi/children_dental_mainecare.aspx#additional Data from the DHHS Dashboard, Children Receiving Dental Services with MaineCare Coverage.

⁴ General Dentists are general practice dentists, Non-Dental providers are those who billed dental codes but were not identified as dental providers (for example, pediatricians billing for fluoride varnish), FQHCs are Federally Qualified Health Centers, Dental Other represents dental providers not captured in the other categories (for example, public health supervision hygienists), IHC are Indian Health Centers and RHCs are Rural Health Centers. Totals of members in the chart are distinct member count within each category.

The rate of children who had dental care and were eligible at least 11 months of the state fiscal year 2010 was 53.91%. The rate of children who had dental care when measuring all children who were eligible at any point during state fiscal year 2010 was 45%.

Children	Total Number of children eligible for at least 11 months of SFY10	Number of Members with Dental Services	Percent of Members with Dental Services
20 and Under	116,031	62,552	53.91%
Children	Total Number of Members eligible at any point during SFY10	Number of Members with Dental Services	Percent of Members with Dental Services
20 and Under	152,951	68,813	45%

This data shows that when coupled with our dental clinics, public health supervision hygienists and dental services provided by Federally Qualified Health Centers, MaineCare has fairly good penetration of services provided in relation to available resources. We attribute Maine’s better than average rate of success to many partners around the state who have worked tirelessly around member education and awareness, monitoring services provided to MaineCare members, follow up with members who have missed dental appointments and other outreach activities, partnering with major stakeholders like the Maine Center for Disease Control’s Oral Health Program, Maine Dental Association, the Maine Dental Access Coalition, dental clinics, dentists, dental hygienists, school based health centers and Federally Qualified Health Centers. This partnership gives us better access to providers and the opportunity to consult with a panel of experts to advise MaineCare on ways to improve dental care for MaineCare children.

Increasing Access by Providing More Opportunities for Dental Prevention Services –

MaineCare also reimburses physicians to provide topical fluoride varnish, which broadens the type of providers and prevention services available to MaineCare children. MaineCare also has agreements with Federally Qualified Health Care Centers who provide comprehensive health services for MaineCare members including dental and are reimbursed through a federally required rate structure that is per visit, rather than per procedure.

Data Shows Progress Being made to Increase Access-

The number of children receiving dental services in the Medicaid program has gone from 46,405 in 2001 to 68,813 in 2010. The number of dentists participating in the program has gone from 288 to 350 in 2009; therefore between 2001 and 2009, 62 new dentists began accepting MaineCare coverage. Overall we have 833 dentists licensed to practice in the State of Maine, 671 of them are actually practicing in Maine and 350 of them accept MaineCare. Therefore, Maine is at an estimated 52% participation rate from all dentists practicing in Maine, which ranks Maine 15th among the States. In addition to the increased participation of dental providers, 71 Primary care practices were trained in the application of fluoride varnish and performing oral examination by dental professionals in Maine, thus providing a measure of preventive dental care at the doctor’s office.

The number of dental clinics that billed MaineCare for dental services went from 19 in 2009 to 35 in SFY2010. The number of hygienists went from 12 in 2008 to 37 in SFY2010.

MaineCare uses Targeted Mailings to make Families aware of Help Available to Access Services-

As part of the State plan for the Early & Periodic Screening, Diagnosis and Treatment Services (EPSDT) Program the Maine Department of Health and Human Services’ Office of MaineCare provides outreach to all eligible MaineCare members under the age of 21.

- *New and informing letters-* All eligible members receive an informing packet within 30 days of enrollment. Every “packet” is made up of a letter, brochure and a follow-up response card. The letter provides general information about available services through MaineCare and the toll-free number for MaineCare member services. The brochure provides information about when a child should have a well-child visit based on the Bright Futures schedule and what to expect at a well-child visit and a flyer about the importance of healthy dental visits.
- *Periodic notices-* Members also receive periodic notices the month before they are due for a well-child visit that include a letter and a brochure. Members receive a brochure with information about the importance of keeping dental appointments and what to do if an appointment has to be cancelled.

Both the new and informing packet and the periodic letters have the MaineCare member services toll-free number for members to call if they have questions or concerns and include a postage-paid follow-up response card offering assistance in finding a physician, a dentist or any other type of MaineCare provider. This information packet also advises members of the fact that MaineCare offers assistance with scheduling appointments and arranges for and reimburses for transportation both to and from medical and dental appointments.

The following table shows the number of “new and informing” packets and periodic notices that have been distributed to members since 2003:

	2010 ⁵	2009	2008	2007	2006	2005	2004	2003
Information Packets	64,290	56,538	54,487	74,743	69,455	80,840	60,585	52,412
Periodic Notifications	168,837	204,514	144,028	126,019	135,674	131,156	123,198	109,603

The informing and periodic notification letters include MaineCare Member Services toll-free number, a postage-paid follow-up response card offering resource and referral services, and assistance in finding a physician, a dentist, or any other type of MaineCare provider, if needed. MaineCare also offers assistance with scheduling appointments and arranging transportation.

MaineCare Member Services Telephone Referral Service
Toll-Free 1-800-977-6740 and TTY 1-800-977-6741

⁵ Information provided is incomplete due to claims system change. With MaineCare’s transition to a new claims system, reporting and claims data for the last quarter of 2010 was impacted. Throughout this report, we have reported state fiscal year data from the previous MMIS system due to some system challenges encountered during this transition phase. For this chart, data reflecting the full year was estimated based on average monthly notices sent from January through August.

MaineCare Services maintains a telephone referral service to provide individuals with information on how to access any service covered by MaineCare, including dental services. Individuals who call about dental care can get assistance with finding a dentist who is accepting new patients.

MaineCare staff also provide assistance with specific service needs like: scheduling dental appointments, assistance with obtaining orthodontic care and additional support for those members who are not successful in scheduling appointments on their own. MaineCare Member Services staff offer education to members on the importance of regular preventive health care and the recommended frequency of preventive services. Averages of 314 requests per month were received in 2010 for assistance with finding a dentist for a total of 3,770 requests for the year. 357 members received assistance with accessing orthodontic care.

All calls received and all assistance provided is classified in a category based on specific criteria, then data is compiled to assess needs of the population as a whole. This data enables MaineCare to monitor success and challenges and strategize to further improve access to dental services for children enrolled in the Medicaid program. The criteria are in the table below:

No Access, General	Either the staff was not able to make a referral or the member did not accept the referral.
No Access, Orthodontic	Either the staff was not able to make an orthodontic referral or the member did not accept the referral.
Dental Emergency	The member indicates that s/he has an emergency and is not able to receive services within 7 business days.
Referral, Dental, General:	The staff gave dental provider name(s) and contact information to the member.
Referral, Dental, Orthodontics	The staff gave an orthodontic provider name(s) and contact information to the member.

The following table is a summary of the total of calls by type from 2003 through 2010:

	2010 ⁶	2009	2008	2007	2006	2005	2004	2003
No Access, General Dental	82	116	84	55	23	46	78	224
No Access, Orthodontics	33	70	76	79	22	21	19	34
Dental Emergency	4	8	3	112	22	207	253	206
Referral, Dental, General (includes referrals from medical providers)	3,226	5,504	5,193	6,535	5,235	7,262	9,259	9,864
Referral, Dental, Orthodontics	357	548	647	620	620	651	590	659

⁶ Information provided is incomplete due to claims system change. With MaineCare's transition to a new claims system, reporting and claims data for the last quarter of 2010 was impacted. Throughout this report, we have reported state fiscal year data from the previous MMIS system due to some system challenges encountered during this transition phase. However, for this chart, data reflecting January through August 2010 data was reported, since comparison with state fiscal year data would have overlapped with 2009 numbers.

Member Services Responds to Dental Referrals and Missed Dental Appointments-

Referrals- when a child has a well-child visit with their primary care provider and the provider documents on the Bright Futures form⁷ that the child is in need of dental care, MaineCare member services staff will follow up with the family and help them to find a dental care provider. In 2010, MaineCare Services has also worked actively with members using the emergency room for dental pain and infection by contacting them and helping them locate a dental provider.

Follow up for missed appointments- As mentioned previously, members usually receive a brochure containing information about the importance of keeping dental appointments and what to do if an appointment must be cancelled with both the “new informing” packet and also the well-child visit reminder letter. The brochure is also mailed by Member Services when a member misses a dental appointment and does not call to reschedule in advance within the time period required by the dental provider.

MaineCare member services also contacts members by phone for missed appointments, to make referrals for orthodontic care, and makes home visits for members who do not have a phone or need one-on-one assistance. In 2010, 496 families, who had a missed dental appointment, were contacted to provide education on the protocol for appointment cancellations, information about transportation services available to MaineCare members and additional education relating to dental services. Member services staff reached out to members to find out why appointments were missed and offer solutions to the problem. MaineCare staff offered assistance with transportation and interpreter services for persons with limited English proficiency and also those who are deaf and hard of hearing.

Missed appointments are regarded by dentists as one of the main reasons that they are unwilling to see MaineCare members. In an effort to assist the dental community with this issue, MaineCare Member Services has requested that dentists providing care let us know when they have a member who has a history of missed appointments so that education can be provided to the parent. Currently, we have 11 providers using this resource and some of them report positive results from these outreach efforts.

Follow-up discussions with families include:

- The importance of keeping appointments,
- Office policy for the cancellation of appointments for the specific provider they see,
- Transportation assistance, or
- Other services needed that staff has identified from talking with the families.

MaineCare’s Efforts to Engage Members and Providers around Dental Services-

⁷ http://www.maine.gov/dhhs/oms/providerfiles/bright_future.html This Standard of Care is required by MaineCare policy and recommended by the American Academy of Pediatrics.

As previously mentioned, MaineCare keeps a Resource Guide of dental providers who are currently accepting new MaineCare patients, which is updated every 45 days and used by Member Services to help members find a dentist or dental care. The Resource Guide is a tool developed for Member Services to be able to assist MaineCare members in locating all types of MaineCare providers, social service resources, and State agencies that provide a variety of services. Dentists who are listed in the Resource Guide have agreed to see either any new MaineCare member who has requested assistance with finding a provider, or are willing to continue to see all of their MaineCare members who are established patients.

All information in the Resource Guide is updated regularly when new information is known. However, listings of available MaineCare dental providers are updated quarterly through a survey for a federally required database of all dentists that are currently accepting new Medicaid patients. This resource is updated by MaineCare staff and available to the general public via the Insure Kids Now website.⁸

When dentists are surveyed, the following questions are asked:

- Are you taking new MaineCare patients at this time?
- Are you only seeing established MaineCare patients?
- If you are taking new or established patients, are you taking more or fewer MaineCare patients than in the past?
- Are there age restrictions?
 - What is the youngest child you will see?
- Are there any geographic restrictions?
- Will you see adults for emergency care?
- What is the missed or broken appointment policy?
- Does your practice provide dentures?
- Is your practice handicapped accessible?
- What is the waiting time for cleaning appointments and urgent care appointments?
- Is there any other information you would like to include?

Some dentists will see a limited number of MaineCare members but do not wish to be included as a provider in the Resource Guide. During the survey, MaineCare offers assistance to dental providers by informing them that MaineCare will follow up with families who have a missed appointment. Assistance is available by either calling or faxing MaineCare Member Services, or they may use a form for this purpose, the **Member Education Request Form**. The Member Education Request Form is postage-paid, self-addressed, and contains fields for the information needed for Member Services to be effective with the follow-up process. MaineCare Member Services acts as a liaison between the provider and the member to ensure a healthy relationship and good care. MaineCare also provides support to providers around claims and billing.

MaineCare's Efforts to Enroll Providers and Support Payment of Claims-

The Provider Relations Unit in the Office of MaineCare Services consists of professional staff dedicated to providing education, policy interpretation, resolution of billing issues and general assistance to MaineCare providers. Provider Relations Specialists are assigned to and serve certain

⁸ http://www.insurekidsnow.gov/state/maine/maine_oral.html

geographical areas. The Department switched to a new claims system Maine Health Information Management Systems (MHIMS) on 9/1/2010. This meant significant amounts of training had to occur both for Department staff and providers and also MaineCare members and providers and stakeholders over this year. Provider Relations staff at the Customer Service Division held several trainings across the State to ensure that MaineCare providers were adequately prepared for re-enrollment and processing their claims in the new system.

During 2010, Provider Relations Specialists have been busy helping MaineCare providers, including dentists and other types of dental providers; enroll in the new claims system, called the Maine Integrated Health Management System (MIHMS). 51 statewide trainings were held across the State for provider re-enrollment. Approximately 1,759 MaineCare providers attended. To date, 101 dental providers have started or completed the re-enrollment process. A special training for Dental Hygienists on billing instructions was held in Bangor. On February 23, 2010, there was Unisys training Phase II across the state to orient dental providers to the new fiscal agent structure and ways of billing MaineCare.

Provider Relations Specialists were available for individual provider outreach sessions in the Department of Health and Human Services Regional Offices. As needed, Provider Relations staff has also worked directly with dental providers' billing staff in their offices to answer questions and provide education on claims billing and submission. The Provider Relations Specialists will continue to be available to provide individual trainings with dental providers, and to work with newly enrolled dental providers to offer assistance and training. Despite the efforts to engage providers in re-enrollment in the new claims system, there has been a decrease in the number of providers available. We attribute this to some providers who were not taking new members or had moved on to other practices or retired not being enrolled in the new system.

In 2011, Provider Relations staff will be conducting additional state-wide training on the claims adjustments functionality, which is expected to be available for providers in the spring.

MaineCare Health Care Management Initiatives to Address Access to Dental Care

Dental pain and infection is one of the top five avoidable Emergency Department visits. To address this, MaineCare is reaching out to Maine hospital emergency departments in several different ways to facilitate the development of a referral process and/or a treatment plan for MaineCare members who have dental pain and infection so that they are able to avoid future use of the emergency department. MaineCare also has several initiatives in process to provide assistance to MaineCare members and dental providers and to address general issues around access to dental care, which will assist in the avoidance of emergency department visits.

Emergency Room Interventions

In May of 2009, the Division of Health Care Management started an initiative that targeted "avoidable" emergency department visits, including dental pain and infection. MaineCare members who have two or more visits in a three month period receive letters explaining the appropriate use of the emergency room, and follow-up phone calls from MaineCare nurses explaining appropriate reasons to use an emergency department, provide alternative remedies for conditions that led to the ER visit, and offer assistance in finding a provider when necessary. Providers are also notified of their patients who

went to the emergency department two or more times in a quarter and are offered assistance with additional member education.

Dental Pain/Infection Treatment and Referral Plans

HCM is working closely with Maine's dental community to develop more effective ways to manage high rates of untreated dental pain and infection in MaineCare for members 21 and over. When a MaineCare member visits an emergency department with any kind of dental pain, the ER is not equipped to resolve the problem when it is related to dental problems. Ordinarily, the ER doctor can provide antibiotics and pain-killers but not treat the true reason for the dental pain and infection. MaineCare staff are working with individual hospitals and facilitating a treatment and referral plan for MaineCare members to nearby general dentists. To date, plans have been developed with Penobscot Bay Health Center (Rockland), Miles Memorial Hospital (Damariscotta), St. Andrews Hospital (Boothbay), and Sebec Valley Hospital (Pittsfield), with arrangements under way for a number of other hospitals. As a new initiative the scope of this project is developing and its impact still needs to be evaluated.

Maine General Pilot Project

DHHS and Maine General have developed and implemented a forum of case managers and caregivers to review the records of patients who are the top individual users of Maine General's emergency department, including those seeking treatment for dental pain. The group brings together every person in the member's medical life to review emergency department visits and to discuss with physicians who have treated them the core problem and what resources may be useful and effective. DHHS case management includes contacting family members, health providers, etc., to find the root cause behind the member's visits to the emergency department. The group reviews each case and utilizes as many community resources as possible to help the member access resources appropriately. If these members need assistance with substance abuse, housing, medications, transportation, etc., the group identifies the most appropriate person to intervene with the member, their case managers and families to deliver the needed services. Although the services provided to each individual are extensive, as a pilot project, the number of high emergency department users for dental pain is one of many diagnoses identified.

Partnering with Dentists, Associations, Advocates and other State Agencies to Increase Access-

The Department has worked for over 5 years and continues to work closely with the Maine Dental Association, the Maine Oral Health program, the MaineCare Dental Advisory Committee, advocacy groups, and many others to help achieve our goals.

The MaineCare Dental Advisory Committee – was created to increase access to dental services for children covered by MaineCare and across the state. The Dental Advisory Committee is made up of several dentists from across Maine with different specialties, a hygienist, two community dental clinic directors and several DHHS representatives. In addition, the Maine Dental Association,

The Maine Dental Access Coalition and others with an interest in oral health and MaineCare attend the meetings. The committee meets quarterly, and advises the Department on:

- Standards of Care,
- Issues needing resolution,
- Dental fees,
- Changes in dental policy,
- Coverage questions and concerns, and;
- many other dental issues over the course of the year.

Although the composition of the committee has changed over time, the MaineCare Dental Advisory Committee has worked together for more than 8 years.

Other Partners who assist in our Efforts-

The Advisory Committee on Dental Education- finances loan repayment and low interest loans for dental students who agree to work in the federally designated dental professional shortage areas in Maine. The Department is also an active member on the Advisory Committee for Dental Education that helps with the recruitment and training of dentists in Maine.

From the First Tooth Project

Dental decay continues to be the single most common chronic disease of childhood, 5x more common than asthma, causing untold misery for children and their families. As a result, the Sadie and Harry Davis Foundation created *From The First Tooth*, a program that integrates evidence-based early childhood caries prevention procedures into routine medical care for children ages 6 months to 3 ½ years of age and their families. From The First Tooth is an Initiative of the Sadie and Harry Davis Foundation in Partnership with MaineHealth, EMHS, MaineGeneral Health and Boston University Goldman School of Dental Medicine. Healthcare providers are instructed how to perform an oral health screening and apply fluoride varnish to the teeth of children ages 6 months through 3 1/2 years at well-child visits and provide oral health education to their parents and caregivers. This training for healthcare providers in oral health assessment and fluoride varnish application is provided at no cost to the healthcare provider. In collaboration with the Kids Oral Health Partnership and the Maine Chapter of the American Academy of Pediatrics, From The First Tooth has provided training for the application of fluoride varnish to 73 practices throughout the State of Maine over the past few years. The distribution of the type of practices: 18 Pediatric, 34 Family Medicine, 14 Federally Qualified Health Centers and 7 Rural Health Centers. MaineCare was an early adopter of the program providing fluoride varnish reimbursement to physicians a few years ago and working closely with the program to provide data and information necessary for the program's evaluation. MaineCare saw early on the great opportunity this would be to grow the types of providers available to provide preventive dental services to MaineCare children as a long term investment in the overall health of children.

Statewide expansion will be accomplished through the One Maine Health Collaborative, a partnership of Maine's three largest healthcare systems: EMHS, MaineGeneral Health, and MaineHealth. The three health systems cover the entire state within their combined service areas, and respective

provider networks include the majority of primary care physicians currently practicing in Maine: approximately one-third to one-half of physicians in Maine have some type of relationship with the three systems.

Women, Infants and Children (WIC) Nutrition 2010 Oral Health Promotion Program

Women, infants and children (WIC) is a special supplemental nutrition program for women, infants and children with incomes at or below 185% of the federal poverty income guidelines funded by the United States Department of Agriculture. This program, housed within the Maine Department of Health and Human Services' Division of Family Health and the Maine Centers for Disease Control and Prevention is administered by eight local agencies with over 100 clinics in permanent as well as temporary sites like church basements, town halls or other venues and offers education, counseling, and medical and social service referrals to over 26,000 participants each month. The WIC program works in partnership with MaineCare by providing education and counseling on dental hygiene and refers MaineCare members to appropriate dental care providers within their region.

Down East Health Services (DEHS) (Hancock and Washington Counties)

- Portable dental services were provided in 2 outreach sites and 3 main sites this past year, as well as outreach to 3 offshore islands via Maine Seacost Mission's vessel *Sunbeam*. DEHS dental program relocated to a new main site last spring, making it easier to provide walk-in services.
- One outreach site included a 10 year old sibling who had lost her toothbrush 3 months ago, and had not brushed her teeth all that time. This is a perfect example of the importance of providing services to our families.
- During dental health month, a bulletin board is displayed in the waiting area.

Health Reach Network (Kennebec and Somerset Counties)

- Dental care for infants is included in the 6 month "Introduction to Solids" packets provided when infants begin receiving infant foods.
- Referrals to area dental clinics accepting MaineCare patients are given to MaineCare clients who do not have a dental home.

York County Community Action Corp. (York County)

- Toothbrushes are provided regularly to parents of infants and children to promote regular brushing.

MidCoast Maine Community Action Program (Sagadahoc, Lincoln, Knox, and Waldo Counties)

- Provides a list of area dentists who accept MaineCare coverage to participants when a referral is needed for regular dental care
- Bulletin board on the importance of good oral health is displayed in each site.

Aroostook County Action Program (Aroostook County)

- In 2009-10 the ACAP KIDS Program (Lucy Morin, RDH) provided 126 visits to WIC clinics; 1,656 screenings; 1,378 fluoride treatments; 1,475 oral hygiene education; 91

referrals for follow up treatment; and 1,114 cleanings. Twelve WIC outreach sites as well as the Presque Isle clinic were included in these preventive dental services for MaineCare eligible clients at their WIC appointments.

- During February, National Children's Dental Health Month, the Oral Health Education Program (Renee Bragdon, Clinical Specialist) set up a display in the Presque Isle WIC clinic for the month with information and free items. Outreach site participants were provided with oral health education materials, toothbrushes, baby tenders, dental floss, toothbrush covers and other materials.
- During the Family Farm Festivals (to promote the WIC Farmers' Market Nutrition Program) held six times in Presque Isle and three times in Fort Kent, the OHEP set up a display outside the WIC clinic with oral health education materials and free items.
- Oral Health America provides resources to ACAP Health Services dental programs, such as toothpaste, sugar free gum, and other items that are shared with WIC clients on an ongoing basis.
- The Presque Isle WIC office has dental posters & education materials displayed in the waiting area throughout the year that are available to WIC clients.

Bangor (Penobscot and Piscataquis Counties)

- Provides toothbrushes, toothpaste and fluoride rinse to children
- Referrals to area dental hygiene clinics were provided for families without a dental home

All Maine WIC Local Agency counseling staff members provide age-specific oral health education and referrals during one-on-one visits with parents. They have discussions with WIC parents on topics such as: age-appropriate weaning with transition to a regular cup, regular tooth brushing (children and women), wiping gums (infants), and limiting decay by promoting healthy beverages and foods at both meals and snacks, and referrals to local dental offices for cleanings or when oral health problems are present. The Maine WIC Nutrition Program remains committed to providing health education which includes providing oral health education to parents of children enrolled in the program.

Maine Dental Access Coalition

The Maine Dental Access Coalition was first convened in June of 1997 by the Maine Children's Alliance with assistance from the Oral Health Program (OHP) under the Maine Center for Disease Control & Prevention (MCDC). The OHP has continued to provide support to the Coalition through its own resources and currently through various federal grants. The Coalition's mission is to improve access to quality oral health care services throughout Maine through the facilitation of system changes that emphasize the importance of preventive and restorative oral health care. The Coalition includes a broad range of individuals representing consumers, advocacy organizations, legal services, Community Action Programs, the Maine Dental and Dental Hygienists' Associations, health insurers, other health agencies, local community groups concerned with access to oral health care, state agencies, (including the MCDC and the MaineCare Services) as well as other programs within the Department of Health & Human Services, individual medical and dental health professionals, state legislators and other interested individuals.

The Coalition continues to be recognized as an avenue for maintaining the general momentum in the state for emphasizing the lack of and need for improved access to quality oral health care for all Maine citizens. The ongoing broad-based membership of this group, it's positioning as a neutral party, and the continuing interest in its work help assure involvement and response from both the

public and private sectors. The Coalition continues to serve as a sounding board for ideas and a strategy geared toward improving access, and provides the structure, through its committees, to propose options for improving access and to pursue strategies toward that goal.

The Coalition was an active partner in Maine's "Watch Your Mouth" Coalition (<http://www.watchyourmouth.org>), and members of the Maine Dental Access Coalition participated on the Maine Steering Committee. This initiative, which concluded in June 2007, was coordinated in Maine by Medical Care Development and supported by grants from several private funders. The Watch Your Mouth Coalition's objectives were to: educate the public that tooth decay is a disease, and is the most common childhood disease; educate the public about the connection between oral disease and diminished school performance; educate the public about the connection between oral health and overall health; advocate for wider access to preventive services, such as dental sealants and fluoride, and regular dental exams for all children; and to engage citizens to speak up for children's oral health. After Maine's active participation in the campaign concluded, the communications strategies developed through Watch Your Mouth were incorporated by the MDAC and many of its member organizations.

Targeted State Maternal and Child Health Oral Health Services Systems Grant

The Oral Health Program (OHP) received funding in September 2007 for four years through the Targeted State MCH Oral Health Services Systems Grant program of the federal Health Resources and Services Administration, Maternal and Child Health Bureau. Maine's grant supports the Kids Oral Health Partnership (KOHP). The goals of this four-year project are to: (a) educate, build awareness and integrate oral health into existing health delivery systems; (b) enable non-dental providers to better recognize and understand oral diseases and conditions; and (c) enable non-dental providers to better engage in anticipatory guidance, preventive interventions, and appropriate referral for improved oral health and oral health access. Through KOHP, the OHP works collaboratively with other programs within the Maine CDC and with other partners, including the Office of MaineCare Services, toward improving the oral health of very young children and integrating oral health initiatives into overall health care. The Project focuses its activities in two major areas: the promotion, implementation and evaluation of "Maine Smiles Matter," a curriculum developed for non-dental health professionals to enhance their skills in early oral health education and dental disease prevention; and efforts to increase and support collaborative networks throughout Maine to promote effective relationships between medical and dental providers concerning the oral health of young children. Expected outcomes are that (1) more children will receive earlier preventive care; (2) their parents/caregivers will have better access to appropriate education; and (3) dental and non-dental health providers will better coordinate their interactions so that children are referred appropriately. In the long-term (4) there will be a reduced demand for early restorative services as a result of early interventions and (5) a reduced incidence of dental disease in Maine's children.

Oral Health Stakeholders Planning Group

Starting in the spring of 2010, and concluding in December, a group of Maine-based foundations collectively known as the Oral Health Funders convened a stakeholders group for a series of facilitated "conversations" about the role of workforce in increasing access to quality oral health care in Maine. Participants included staff from the MCDC and the Office of MaineCare Services. Throughout the discussion, the needs of MaineCare members, adults as well as children, were considered. Although the group did not ultimately reach consensus to come forth with a specific

recommendation, the process helped everyone gain a better understanding of other stakeholders' interests in oral health, oral health care, and oral health workforce issues.

Dental Policy Changes -

The Department adopted two new rulemakings during 2010, the first was effective January 1, 2010 and the second was effective August 9, 2010.

The January 1, 2010 rulemaking entailed changes to Chapters II & III of Section 25, clarifying that PA is not required for code D4341, if a member has a diagnosis code 101- acute necrotizing ulcerative gingivitis (ANUG). To the extent that payment for code D4341 has been denied and the member has a diagnosis of 101- acute necrotizing ulcerative gingivitis (ANUG), the Department may approve reimbursement retroactively which will allow for more access to children who otherwise would be deprived. This rulemaking also adopted amended language in Chapter II sub-section 25.03-2 (G) for Tobacco Cessation Counseling to be consistent with the language in Chapter III, Section 90, Physician's Services. Through this rulemaking, the Department has also removed Appendix III- Supplemental Payment to General Dentists. Instead, the Department increased the reimbursement for selected dental procedures in Chapter III of this Policy.

The August 9, 2010 rulemaking entailed changes to Chapter II of Section 25, Dental Services, to require providers to access industry-recognized prior authorization criteria in order to provide treatment for Temporomandibular Joint Disorder (TMJ), in addition to the prior authorization criteria set forth in the rule itself. This policy change directed providers to access these prior authorization criteria by accessing the OMS website at: http://www.maine.gov/dhhs/oms/provider_index.html which will have a link to the PA portal. In cases where the criteria are not met, the Provider/Member was informed that they may submit additional supporting evidence, such as medical documentation, to demonstrate that the requested service is medically necessary.

The Policy Division anticipates additional rulemaking(s) in 2011. Possible revision(s) include: the addition of clarifying language based on current clinical standards allowing panoramic X-rays to be used in preventive and routine screenings as opposed to the current policy which only allows these types of radiographs for pre-orthodontic visits. Other changes expected include: the addition of new codes established by Medicare in the 2011-2012 Current Procedural Terminology (CPT) Guide, revisions to the titles of codes per recommendations from the 2011-2012 CPT guide, changes to the OMS links provided in the policy, this change is necessary in order to direct providers to use the HealthPAS website for prior authorization and other criteria instead of the OMS website and revisions to limitations for bitewing X-rays to allow high risk children to have this service every 6 months, if needed, as opposed to every 12 months.

Change to a New Claims System-

This year MaineCare transitioned to a new claims system Maine Integrated Health Management System (MHIMS) September 9, 2010. This move was necessary for Maine to be in compliance with industry standard HIPAA requirements and to be certified by the Centers for Medicare and Medicaid Services (CMS) providing a higher match rate to fund the operations of the system. To date, most providers who enrolled are reporting positive outcomes like claims for dental services being paid in a timely manner. The enrollment process has also been streamlined so that providers can enroll directly online. As could be expected with any new system change, there are a

few challenges that still need to be overcome. System “bugs” are being tracked and addressed by Department staff and the fiscal agent contractor, Molina Health Systems.

Our work continues...

Still, dental access throughout the state remains a problem. In fact, it is prevalent throughout much of the country. It is being tackled on a number of fronts here in Maine but there are a number of challenges:

- The overall supply of dentists in Maine is inadequate to meet demands of the Maine population as a whole
- Inadequate MaineCare reimbursement rates compared to the rates that Maine dentists receive from other patients combined with their commercial dental insurance rates
- Although there has been a rise in this calendar year (based on state fiscal year 2010 claims data), MaineCare’s participation rate by general private practice dentists needs improvement.

Moving Forward -

MaineCare continues to work diligently in collaboration with our state and community partners on behalf of our members to provide the best possible access to dental services. In addition to continuing our current efforts, these are the initiatives we will be working on in calendar year 2011;

- Increased outreach efforts to dental providers based on improvements in billing from the new Maine Integrated Health Management System (MIHMS) with the goal of incenting a larger share of dentists to accept MaineCare children.
- Continue work with members to lessen the incidence of missed appointments
- Increase opportunities for the provision of preventive dental services in other settings
- Support and encourage prevention programs that focus on changing personal oral health behaviors

Conclusion –

Although not every child covered by MaineCare is accessing dental services, strides have been made to improve the oral health of all children in Maine, including those with MaineCare coverage. We expect that children will have better long term health and fewer dental caries as a result of the implementation of oral exams and fluoride varnish application in their doctor's offices.

The progress outlined in this report was made possible through the work of all the partners working to advance children's oral health including:

- The Maine Dental Association
- The Maine Oral Health Program
- The Women, Infants and Children (WIC) Nutrition and Oral Health Program
- The Maine Dental Access Coalition
- The Oral Health Stakeholders Planning Group
- The First Tooth Project
- MaineCare providers, including:
 - general practice dentists,
 - public supervision hygienists,
 - FQHCs,
 - RHCs,
 - IHCs and
 - Primary care physicians participating in the fluoride varnish program.

We thank our partners and providers for serving children covered by MaineCare.



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