MaineCare Services

An Office of the Department of Health and Human Services

PAUL R. LEPAGE, Governor **Mary Mayhew, Commissioner**

11th Annual Report[1] to the Joint Standing Committee on Health & Human Services regarding~

Improving Access to Dental Care for Children with MaineCare Coverage

February 27, 2012

[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

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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 (as established by the American Academy of Pediatric Dentists), 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. Services include preventive and restorative dentistry, as well as orthodontia (when pre-authorized by the Department). 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.

All children enrolled in MaineCare have access to comprehensive dental care. Coverage available to children from birth to 21 years of age for dental care through MaineCare includes all medically necessary services. Preventive dental care based on the recommendations and periodicity schedule of the American Academy of Pediatric Dentists is also covered.

Most commercial insurance as well as MaineCare, only reimburses a percentage of the total amount that the dental provider may charge for a covered service. However, unlike commercial coverage, MaineCare providers are prohibited from seeking payment beyond the amount covered by MaineCare. 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.

Current Status

Dental Providers

Statewide, we saw a significant (24%) increase in the number of providers who serviced MaineCare members in Fiscal year 2011. In 2010, MaineCare received dental claims from 1,267 unique providers. In 2011, that number increased to 1,568. (These claims come nor only from dentists, but from all dental sources including hygienists, Federally Qualified Health Centers, etc.)

MRSA22 § 3174-S directs the Maine Department of Health and Human Services to increase access to comprehensive dental care for children under the Medicaid program so that services are received in a timely basis in the regions of the state in which the members live. This requirement presents significant challenges given the variations in population density throughout the state.

The following table from the Center for Health Workforce Studies (CHWS)[2] describes the supply of actively practicing dentists (both general and specialty dentistry) in Maine by county. Additionally, it lists the county's population per dentist and dentists per 10,000 county residents.

[2] The chart uses a percentage value for those dentists who provide services in more than one county.

County	Total Dentists	General	Specialty	Dentists/ 10,000	General Dentist/ 10,000	Population / Dentist
Androscoggin	45	34	11	4.18	3.16	2,393
Aroostook	24	19	5	3.34	2.64	2,995
Cumberland	207	148	59	7.35	5.25	1,361
Franklin	12	10	2	3.90	3.25	2,564
Hancock	25	22	3	4.59	4.04	2,177
Kennebec	79	64	15	6.47	5.24	1,546
Knox	25	22	3	6.29	5.54	1,589
Lincoln	12	10	2	3.48	2.90	2,871
Oxford	13	12	1	2.25	2.07	4,449
Penobscot	82	64	18	5.33	4.16	1,877
Piscataquis	6	5	1	3.42	2.85	2,923
Sagadahoc	24	19	5	6.80	5.38	1,471
Somerset	13	13	*	2.49	2.49	4,018
Waldo	10	9	1	2.58	2.32	3,879
Washington	13	13	*	3.96	3.96	2,527
York	84	66	18	3.96	3.35	2,347
State Totals	**674**	**530**	**144**	**5.07**	**3.99**	**1,971**

The number of dentists seeing patients in various regions of the state can be broken down further, into Dental Care Analysis Areas (DCAA). A DCAA is a central city or town and surrounding communities. For example the DCAA for Farmington includes the surrounding towns of New Sharon and Wilton. The chart on the next page shows the population, number of dentists, and ratio of dentists to residents by DCAA.

DCAA	Population	# of Dentists	Pop to Dentist Ratio	HPSA
Waterville area	68332	21	3254:1	X
Sanford area	50898	11	4627:1	X
Augusta area	44770	22	2035:1	X
Rockland area	43716	23	1901:1	X
Presque Isle area	38349	9	4261:1	X
Skowhegan area	29734	7	4248:1	X
Dover-Foxcroft area	24283	8	3035:1	X
Belfast area	23100	7	3300:1	X
Norway area	21499	7	3071:1	X
Old Town area	19911	2	9956:1	X
Farmington area	18811	9	2090:1	X
Bridgton area	17379	3	5793:1	X
Millinocket area	16496	6	2749:1	X
Rumford area	16007	7	2287:1	X
Ft. Kent area	15538	2	7769:1	X
Ellsworth area	15498	7	2214:1	X
Pittsfield area	15354	4	3839:1	X
Jay area	14412	2	7206:1	X
Houlton area	13290	5	2658:1	X
Blue Hill area	12348	6	2058:1	X
Machias area	10843	2	5422:1	X
Gouldsboro area	9554	1	9554:1	X
Calais area	7634	2	3817:1	X
Parsonsfield area	7551	1	7551:1	X
Fryeburg area	6714	1	6714:1	X
Eastport area	6037	2	3019:1	X
Bethel area	5307	1	5307:1	X
Kingfield area	5158	1	5158:1	X
Island Falls area	3851	1	3851:1	X
Danforth area	2852	0	2852:0	X
Bingham area	1776	0	1776:0	X
Allagash area	1073	0	1073:0	X
Jackman area	959	0	959:0	X

Members Served

Fiscal Year 2011 saw continued improvement in the number of MaineCare members receiving dental services. An additional 3,916 children received dental services, (increasing to 72,625).

MaineCare has continued to work with partners to increase the use of preventive oral health services by members, as well as avoid painful and costly restorative services. The significance of early preventive care and education towards maintaining good oral health is also emphasized with members through these efforts. In the 2010-2011 school year, 1,153 second grade students were screened for dental caries (also known as cavities) in school settings. Of these, 869 students (75.3%) received dental sealants.

Dental caries are reported to be highly prevalent among children between the ages of two to five years. The following table shows the prevalence of dental caries (cavities) by race and income level.[3]

Race/Ethnicity	Primary Teeth	Permanent Teeth
White, non-Hispanic	37.92%	39.88%
Black, non-Hispanic	43.25%	38.78%
Mexican American	54.90	48.81%
Poverty Status	**Primary Teeth**	**Permanent Teeth**
<100% FPL	55.28%	48.29%
100-199% FPL	45.15%	46.70%
>200% FPL	30.60%	36.13%

[3] Surveillance for Dental caries, Dental Sealants, Tooth retention, Edentulism, and Enamel Fluoris - -- United States, 1988-1994 and 1999-2002. MMWR (Morbidity and Mortality Weekly Report)

Accessibility Initiatives

MaineCare is involved in a number of initiatives to improve access to and utilization of oral health services by children enrolled in MaineCare.

Since 2009, MaineCare has been required to participate in the Federal Insure Kids Now website. This requirement originates from the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) which requires that every State Medicaid program submit a current and accurate list of all dentists and oral health care providers who are currently accepting new patients with Medicaid coverage. These lists are posted to the website (http://www.insurekidsnow.gov/). There is also a hotline (1 -877-KIDS-NOW) for members who may not have access to the internet.

This website is designed to allow Medicaid enrollees (or their parents) to find dentists accepting new Medicaid patients, within 20 miles of their home. The federal government requires complete accuracy on all information submitted by the state, and conducts audits to assess accuracy of the provider information uploaded to the website.

Additionally, the Department is required to submit to the Center for Medicare and Medicaid Service (CMS) an oral health action plan in 2012. Much like this report, the action plan will address the current status of dental delivery, participation rates, and issues and barriers to members, as well as the methods used to improve use of preventive oral health services at rates set forth by CMS.

MaineCare continues to provide outreach directly to members as well. Every family that enrolls in MaineCare receives information about available services, including dental services for children. The new member and periodic well-child reminder letters include outreach materials detailing the importance of preventive

oral health care, and a card to send in if families would like help finding a dental care provider, or transportation to visits.

Since 1997, the Department has maintained a toll–free telephone referral service to provide individuals with information on dental services and dental providers within the state, and close to the state border. This resource guide is updated every 45 days for accuracy. In addition to assisting MaineCare members find dental care providers and transportation to dental appointments, MaineCare staff also contact members directly to follow up when providers report members did not adhere to the office cancellation policy and missed an appointment.

Challenges

The department continues to face challenges in increasing utilization of oral health services by children with MaineCare coverage, which is mostly attributed to the following two reasons:

1) Provider Shortage

As mentioned previously, there is insufficiency in the number of dentists practicing in Maine for the state population. Compounding this problem is that some dental providers have expressed that they do not wish to participate in MaineCare.

2) MaineCare's payment rates are significantly lower than the private market.

While Medicaid reimbursement for any service is typically among the lowest a health care provider will receive, this creates specific problems with dental providers. The first issue is that, due to the dental shortage, there is little incentive amongst dentists from a business perspective to see MaineCare members. With the amount paid by MaineCare often being less than a third of what they would collect from private insurance; seeing MaineCare members is considered by many dental provides as a charitable act.

> MaineCare reimbursement rates for dental services are low compared to both regional and national reimbursement rates for Medicaid funded dental services. In 2008, Maine ranked 38th among states in dental reimbursement (ME DHHS, 2008). MaineCare reimbursement rates are about 25% of regional rates for dental services (Governor's TF, 2008), which may contribute to limited provider participation in the program.[4]

[4] Langelier, Margaret. Oral Health in Maine – A Background Report. Center for Health Workforce Studies, Health Research Inc. School of Public Health, University at Albany, State University of New York. January 2012. p. 11.

The below is a comparison of Median Reimbursement Rates for the top ten dental codes billed to MaineCare in 2011.

Procedure Code	Procedure	Median Reimbursement Rate in New England	MaineCare
D1120	Prophylaxis child (cleaning)	$90	$30
D1203	Topical app fluoride child	$36	$12
D0120	Periodic oral evaluation	$42	$30
D1206	Topical Fluoride varnish therapeutic application	$37	$12
D1351	Dental sealant per tooth	$50	$16
D0272	Bitewings –two films	$45	$15
D0150	Comprehensive oral exam	$80	$55
D0330	Panoramic film (x-ray)	$114	$43
D2392	Resin- based posterior 2 surfaces posterior (filling)	$210	$90

Many dentists have indicated they would see more MaineCare members, if reimbursement rates were increased.

a. Missed Appointments

The second issue that needs to be overcome is one of missed appointments by members. While MaineCare has not conducted an official study of the number of missed appointments (aka 'no shows'), other states have, and typically Medicaid recipients have no show rates two to three times that of patients with private insurance. This is of course frustrating for the dentists as it presents a lost opportunity to conduct business. Per the Maine Dental Association, a new

dentist generally has overhead of 70-73% of every dollar generated. For an established dentist, the amount may be in the 60% range because student loans may be paid off and some equipment as well, however, staffing costs remain.[5] Beyond the cost of the empty chair when members "no show," there can actually be further costs for the provider that are not reimbursed, such as for interpreter services that providers must pay regardless of whether the member appears for the appointment. With private insurance (and Medicare), dentists are allowed to charge a "no show" fee to the patient. Medicaid rules don't allow them to bill such a fee to MaineCare members.

b. Member Attitudes

The other issue we have which has kept utilization low is cultural norms of individuals in regards to dental services. Many people consider dentistry to be a problem oriented service; someplace to go, (or to take their child to), when there is pain or other issue.

There is a general lack of awareness of the importance of preventive care. Some members have difficulty understanding the connection between services such as sealants and fluoride varnish; and improved long term health, insofar as dental health impacts other health issues such as risk for stroke or diabetes.

As noted above, there is an economic disparity involved. The chart below shows that poor children who would qualify for MaineCare coverage also have (by far) the highest incidence of dental caries (cavities).

[5] Telephone call with John Bastey, Director of Governmental Affairs, Maine Dental Association, 2/14/2012.

Incidence of Dental Caries[6]

Poverty Status	Primary Teeth	Permanent Teeth
<100% FPL	55.28%	48.29%
100-199% FPL	45.15%	46.70%
>200% FPL	30.60%	36.13%

Action Plan

To overcome the challenges listed in the preceding section, the department has begun a number of initiatives to address the core problems. A brief description of these initiatives is below:

Provider Shortage

The Finance Authority of Maine (FAME) and their Advisory Committee on Dental Education provides low interest loans to students studying dentistry and loan repayment for dentists or are willing to practice in the underserved areas of Maine. As of January 2011, the committee has awarded 35 low interest loans to dental students and 12 student loan repayments to recently graduated dental students. These students have agreed to serve, and in the case of repayment are currently serving in underrepresented counties.

MaineCare continues to work with the Maine Dental Association, Maine Dental Access Coalition, and the Maine Dental Advisory Committee. The purpose of this coordination is to allow the various stake holders to give voice to their concerns, and when possible to collaboratively determine solutions to the issues raised.

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[6] Surveillance for Dental Caries, Dental Sealants, Tooth Retention, Edentulism, and Enamel Fluorosis - -- United States, 1988-1994 and 1999-2002. MMWR (Morbidity and Mortality Weekly Report)

Member Missed Appointments

MaineCare Member Services follows up on missed appointments as reported by dental providers. Upon reaching the member (or parent), the Member Services staff will discuss the importance of dental care, and stress that attending their scheduled appointments is essential not only for their child's care, but for maintaining a dental network that they and other MaineCare members can access.

Additionally, for a provider who had reported to us a very high "no show" rate, we ran a small pilot. We contacted the members prior to the appointment to both remind them of the appointment, and stress the importance of going to the appointment or cancelling within the timeframes required by the dental provider. This was shown to have a positive impact and reduced "no shows" for this provider.

Finally, we've attempted to reduce the reliance on dentists by allowing some preventive services to be provided by non-dental professionals. For example, policy allows a dental hygienist to provide a basic assessment, and if needed conduct a fluoride varnish to a child with MaineCare coverage.

MaineCare is also on the Advisory Committee of the "From the First Tooth Initiative" (FTFT). FTFT is an initiative of the Sadie and Harry Davis Foundation in partnership with MaineHealth, Eastern Maine Health System (EMHS), MaineGeneral Health and Boston University Goldman School of Dental Medicine. FTFT teaches primary care providers, like pediatricians and medical office staff, how to perform an oral health screening and apply fluoride varnish to the teeth of children between the ages of 6 months through 31/2 years and how to provide oral health education to parents. 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, FTFT 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 fluoride varnish reimbursement to physicians a few years ago and worked closely with the program to provide data and information necessary to evaluate the success of the project.

Member Education on Importance of Oral Health

We continue to work to communicate with members on the importance of good oral health. We have provided articles on dental care and InsureKidsNow.gov in the MaineCare Member Newsletter. We provide direct outreach to members and their families. For example, whenever MaineCare is billed for a well child visit, a letter is generated to that child's caretaker. This letter explains the importance of dental care; and offers assistance in locating a dentist, and explains how MaineCare will provide transportation.

This year MaineCare Member Services staff also conducted a small pilot which consisted of a contact to the parents of child members who had reached their 5th birthday without having had a dental visit billed to MaineCare within the last 2 years. We explored this intervention to see if a direct contact to encourage setting up an appointment for the child to receive dental care or offer assistance in finding a dentist and offer transportation assistance would improve the rate of the children identifying in seeing a dentist. Many parents did not call back when messages were left or had phone numbers that had changed or reported having had a dental visit elsewhere that may not have been billed to MaineCare. Member Services' staff reported that while the members contacted seemed to

appreciate the outreach, most reported that they did not need the help or did not call back.

MaineCare has also continued to partner with the Maine Centers for Disease Control and Prevention, Oral Health Program who sponsor school based information and education, as well as providing some preventive treatments like brushing, dental screening, fluoride application and sealants. We have also been partnering with Head Start and dental providers to ensure all children in Head Start receive dental care.

Conclusion

Despite the challenges faced, MaineCare has achieved significant improvements since the legislation requiring this report was passed in 1997. The number of dental providers has continued to increase and the number of MaineCare and CHIP enrolled children receiving oral health services has also continued to increase. Children with MaineCare coverage have the comparable access to dental services as they would if they were covered by another carrier.