

National Medicaid Dental Town Hall Forum Discussion Points

The reasons for lack of access to dental services for Medicaid eligible children are numerous and well documented. The reasons range from low provider reimbursement and low provider participation in the program in some States, to lack of patient awareness or interest in the importance of obtaining dental services. *The impact: it is estimated that only one-third of Medicaid eligible children see a dentist over the course of one year.*

The intent of this Forum is to open a dialogue between all the interested stakeholders to discuss what steps can be taken to address these issues and improve the delivery of dental services to Medicaid eligible children. Some States have implemented initiatives toward improving access to dental services, and the Forum is an opportunity to present some of those examples. While these are issues that cannot be resolved by discussion in one day, this is an opportunity to exchange information that may continue to promote discussion after the meeting is completed. CMS and our partners look forward to public input and discussion regarding opportunities that States can consider toward “next steps” in improving access to dental services for Medicaid eligible children in the future.

CMS has discovered some promising or notable practices that States or localities have undertaken to address challenges in providing quality dental services within Medicaid. Several counties are successfully using mobile dental units aligned with county health departments to improve access to dental services and to link beneficiaries with a continuing source of dental care (e.g. the health department). Some individual providers have unique programs that improve the likelihood that a Medicaid patient would not miss their dental appointment without notice. Several States have decreased some of the administrative requirements (e.g., prior authorizations), which providers have noted as being one reason for continuing their participation in the program.

We would like to hear and discuss other examples that may be useful to States, providers, and the Federal government that may be replicated more broadly. We are suggesting discussion points based on three basic areas: (1) payment opportunities, (2) delivering dental services through managed care, and (3) education and communication of information to dental providers and Medicaid beneficiaries.

Payment

When CMS met with States in 2008, payment issues were raised as a barrier to the provision of services. While many providers indicated that State reimbursement rates do not cover their costs, the issue of payment was discussed in other aspects as well.

The issue of missed appointments relates partly to payment. Providers may not bill Medicaid beneficiaries for missed appointments as they can their private pay patients, nor is Medicaid

reimbursement available. This has been identified as another barrier to providers serving the Medicaid population.

Another aspect of payment is administrative requirements on providers. Some States have, according to providers, burdensome requirements such as lengthy enrollment documents and/or cumbersome prior authorization processes. Some providers expressed dissatisfaction with participating in Medicaid due to this “hassle factor”, particularly when combined with a low reimbursement rate. Some States have taken action to reduce the administrative burden which has increased providers willingness to participate.

Enhanced federal matching was seen as one element that would improve State reimbursement rates, and in turn increase provider’s willingness to participate. However, increasing the federal financial participation (FFP) would require legislative action. With States under tight budgetary constraints, increasing dental rates is not likely in most States. So the question that has been raised is: “what are some options or alternatives?” CMS is interested in discussing possible solutions to these issues. While any solution would potentially affect all Medicaid providers, the issue has been raised primarily only by dental providers.

What can be done to improve provider participation in the Medicaid program?

- ***What can the Federal government do?***
- ***What can States do?***
- ***What can provider groups do?***
- ***Involvement of multiple organizations to address issue***

What can be done to lessen the impact of patients missing appointments?

- ***Examples of successful ways providers have addressed the issue of missed appointments***

Delivery Systems

As noted in the 2008 CMS National Medicaid Dental Summary available on the CMS Dental website, delivery systems for dental services in the States can widely vary. Many States use more than one delivery system, sometimes depending on the geography of the State and provider distribution. We are aware that some States that provide medical services through managed care arrangements have been unable to successfully provide dental services using that model, and are using other arrangements such a dental program manager or administrative services organization. Still other States continue to reimburse dentists on a fee for service basis.

During the Forum, there will be a presentation from a State that provides dental services to its Medicaid population successfully through managed care arrangements. We are interested in hearing what issues other States have encountered using managed care arrangements or other initiatives that have also been successful.

CMS is neither encouraging nor discouraging the provision of Medicaid dental services under managed care arrangements. The appropriate dental delivery system is a State determination based on the needs of that State's population. However, since dental managed care services were raised during Congressional hearings on dental care, we believe a discussion on this topic is appropriate for this Forum.

- *How has managed care worked in your State?*
- *What lessons can be learned and shared with other States?*

Education for Providers and Beneficiaries

In order for appropriate services to be provided as required by Medicaid, providers and beneficiaries should be aware of the availability and scope of services, the importance of the services, the appropriate way to access the services, and the appropriate way to be reimbursed for the services delivered. Based on CMS interviews with States and providers and dental document reviews (such as provider manuals and beneficiary hand books), CMS recommended that States convey a more clear and concise message on the importance of oral health care and the appropriate way to receive these services. In addition, conversations with several providers noted some misperceptions about the Medicaid program and beneficiaries. Limited resources did not allow time for CMS to speak directly with beneficiaries or advocacy groups in the States to obtain their perspective on the access to dental services. CMS would like to discuss how States view educating providers and beneficiaries about access to dental services to determine if there are innovative ways States have reached out to providers and beneficiaries and achieved greater access to dental services for Medicaid eligible children.

Would better education of providers who are reluctant to serve the Medicaid population impact their willingness to provide services?

- *How are dental providers informed of any requirements specific to the Medicaid population? Is the information sufficient?*
- *Are providers educated on some of the special needs that Medicaid beneficiaries have?*
- *What are some misperceptions about serving the Medicaid population?*
- *Would providers be inclined to maintain or increase their Medicaid rosters if additional education was available to the providers and the Medicaid patients?*

Do beneficiaries receive sufficient information on the importance of their children's oral health in relation to their overall medical health?

- *How is information provided to beneficiaries about the availability and importance of dental services for children?*
- *How is information provided about accessing dental services for children?*
- *Do providers furnish any patient education?*
- *Are there difficulties encountered in obtaining dental services for Medicaid eligible children? If so, what problems were encountered?*

- *What suggestions would you have for the Federal and State Governments as well as dental providers that would improve access for dental services?*

CMS welcomes other areas of discussion that relate to these three issues. Given the time limitations we have during the Forum it may not be possible to raise other issues at this time. However, we hope to continue our discussion of oral health issues in the future.

Special Notes for Forum Participants:

1. The Forum has been extended to 5:00 pm for those who are able to extend their participation. Two hours has been allotted for 40 attendees to have a 3 minute comment period between 2:35 and 4:35. CMS is requesting pre-registration for those attendees to efficiently organize public comments by the three subject areas.
2. Additionally, CMS welcomes written comments and questions, related to the three discussion topic areas, prior to the Forum. If time permits, CMS may present some of those questions or comments at the end of the Forum for additional discussion.
3. Registration for in-person comments is on a first-come, first-serve basis. If you wish to register to comment in-person at the Forum, please email the following information to Cynthia Ruff, Health Insurance Specialist, at Cynthia.ruff@cms.hhs.gov.

Name
Organization
Topic

4. If you wish to submit a written question or comment for potential discussion (time allowing), please email the following information to Cynthia.ruff@cms.hhs.gov.

Name
Organization
Contact Information (address, email)
Topic

We look forward to a productive and informative exchange of ideas at the CMS Dental Town Hall Forum in April.