Testimony
Of
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Domestic Policy Subcommittee
Oversight and Government Reform Committee
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2154 Rayburn HOB – 2:00PM

Mr. Chairman and members of the Subcommittee,

Introduction

Thank you for the opportunity to speak on behalf of the Alabama Medicaid Agency and the population that we serve. My name is Dr. Mary McIntyre and I serve as Medical Director for the Alabama Medicaid Agency with lead responsibility for the Office of Clinical Standards and Quality. I am not a dentist but a physician, board certified in public health and general preventive medicine. I appreciate the opportunity to testify before you today on the progress that we have made to increase utilization of dental services for Medicaid eligible children. This has been a 10+ year journey for Alabama and it is not over yet. The vision statement for our state Oral Health Coalition and for our *Smile Alabama!* initiative is "To ensure every child in Alabama enjoys optimal health by providing equal and timely access to quality, comprehensive oral health care, where prevention is emphasized promoting the total well-being of the child." This vision has driven the changes I will talk about today.

In previous hearings, you have heard about the lack of access to oral health care services for Medicaid children. These discussions have focused on access and availability to dental services and the CMS 416 and its limitations. I have been asked to address the programmatic aspects of our *Smile Alabama!* initiative that have 1) improved access to and utilization of pediatric dental services for Medicaid-eligible children; and 2) increased provider enrollment and participation.

More than 10 years ago, the Alabama Medicaid Agency recognized that significant growth in the number of children eligible for Medicaid dental services and decreasing dental provider participation in the Medicaid Dental Program had combined to create a dental access crisis in Alabama. The dental utilization rate in 1998 was approximately 25 percent, due largely to the low number of Medicaid-enrolled providers, but also because of the widespread belief that preventive dental care for children, especially very young children, was unimportant. Providers complained of low reimbursement rates, uncooperative patients and families, and a cumbersome claims filing process.

A decade later, Alabama Medicaid's dental utilization is up by 62 percent, and there has been a 216% increase in the number of dentists who see more than 100 patients per year. There is greater public awareness that good oral health is essential to overall health.

What made this possible is the collective determination of many people in both the public and private sectors to find solutions, and the willingness of dental providers, state leaders and others to implement the steps necessary to bring about meaningful change to improve access to and utilization of pediatric dental services for Medicaid-eligible children.

While the initiative known as *Smile Alabama!* was the primary catalyst to this important public health achievement, there were several important milestones that laid the groundwork for its success.

These include the formation of a dental task force, increases in dental reimbursement rates, major claims processing changes, dental outreach efforts, formation of a public/private alliance, creation of an Oral Health Strategic Plan and Policy Leadership Team, convening of two state Dental Summits, and finally, the successful funding and implementation of a Robert Wood Johnson Foundation grant for the *Smile Alabama!* initiative.

Dental Task Force

The Alabama Medicaid Agency contacted the Alabama Dental Association in November of 1997 seeking input and assistance in identifying dentists across the state, both Medicaid and non-Medicaid providers, to be appointed to a dental task force. The task force determined the major issues surrounding the dental program and then worked to address these issues.

Medicaid made the following recommended changes within the first 12 months of forming the task force:

- Simplified the prior authorization process. The criteria are now included in the Dental Provider Billing Manual. Procedures requiring prior authorization are also indicated in the manual.
- Added a number of previously non-covered dental procedures in order to include codes more consistent with current dental practice.
- Added two more years of coverage for dental sealants. Dental sealants are now covered for children ages 5 through 13 for tooth numbers 02, 03, 14, 15, 18, 19, 30, and 31.
- Clarified program limits with a revision of the Dental Provider Billing Manual.
- Provided Targeted Case Management (TCM) to dental providers.
- Increased dental rates.
- Removed prior authorization requirements from crown codes.

Dental Outreach Efforts

In addition to the changes listed above, the Medicaid Agency sought the assistance of the Alabama Department of Public Health and the University of Alabama at Birmingham Dental School to identify and improve access to dental services. Efforts to increase the number of providers by supplying information about the Medicaid dental program include:

- Addressing the University of Alabama at Birmingham Dental School's junior and senior/ graduating dental students.
- Attending the Alabama Dental Association, Alabama Dental Society and Academy of General Dentist's annual meetings to provide information on the dental program, provider enrollment and electronic claims submission.
- Assisting providers with denied claim issues.
- Addressing dental provider issues in the EDS Bulletin.
- Increasing EDS dental provider assistance.
- Notifying all enrolled dentists about changes in the program.
- Providing a Dental Rate Fee Sheet showing old and new rates.
- Making personal calls to every active dental provider to identify any claims issues and assist in addressing the identified problems.
- Providing dental Targeted Case Management to address the no-show issue identified in a series of surveys conducted.

The Alabama Medicaid Agency also formed an Outreach Work Group of Medicaid and EDS staff members to address the dental access problem and the need for recruiting dental providers. Initial efforts focused on retention of current providers and addressing their greatest concerns -- resolving claims problems and understanding why claims were denied.

These concerns were identified through a survey of Medicaid providers completed in April of 2000. After identifying dental providers who had discontinued seeing Medicaid recipients, the agency focused efforts on informing them about changes in the program, explaining the electronic claims submission process and providing enrollment information. The Outreach Work Group determined that important components of the dental recruitment plan would include continued guidance from the Dental Task Force for direction and content of recruitment efforts along with continued provider support in claim resolution and patient compliance

Dental Rate Increase

Through the Dental Task Force and surveys conducted of our state's dentists, many indicated that they were actually paying to see Medicaid recipients, that is, it cost them money to provide care since they were not able to cover their office overhead costs.

Surveys were conducted by the Agency and the Alabama Department of Public Health with assistance from the Alabama Dental Association which provided information as to how much rates would need to be increased for a dentist to see Medicaid recipients and about office capacity to handle new Medicaid dental patients.

The governor committed $2 million in new state dollars to the Alabama Medicaid Dental Program in 2000 for a total of $6.5 million for the dental rate increases. This initial rate increase allowed the Medicaid Dental Rates to be taken to 100% of the Blue Cross and Blue Shield of Alabama fee schedule allowing us to meet the market rates. This was seen as an enabling factor in that it was important to allow for adequate reimbursement of the services provided by our dental providers.

While the rate increase was a necessary component it alone was not felt to be sufficient to allow for the achievement of the goals established. This was documented by the results of the surveys which also identified additional issues to the low dental reimbursement rates. There were also initial delays in obtaining a dental rate increase and thus simplification of the claims processing was undertaken as the first component of the initiative to implement.

National Governors Association - Policy Academy on Oral Health

In October 2000, the State of Alabama was selected to participate in the NGA Center for Best Practices Policy Academy on Oral Health for state officials. The Alabama Medicaid Agency, acting as lead agency for the state, submitted a proposal and was selected to attend the first NGA Policy Academy.

The Alabama team established three major priorities; addressing workforce scope and shortage issues, increasing education in communities regarding the importance of oral health, and developing and implementing surveillance and monitoring process to assess oral health status within the state. This meeting gave us the impetus to begin the development of an oral health strategic plan for the state and to expand membership in the Dental Partners Workgroup while changing its name to the Oral Health Coalition of Alabama which continues to meet today.

The Oral Health Coalition has completed numerous action steps. Expansion of Resident Placement, use of auxiliary assistance that links back to dentists, and the use of alternative providers for education and prevention are examples of strategies identified and implemented. Educational efforts have included a statewide *Smile Alabama!* campaign, use of case managers to deliver oral health care education during prenatal visits, coordinating with local policy councils to develop and distribute educational materials, and developing an oral health fact sheet for legislators.

Dental Partners Workgroup (Now Oral Health Coalition of Alabama)

Formation of a public/private alliance was necessary to address the dental care issues in Alabama. Partners included representatives of the Alabama Dental Association, Alabama Department of Public Health, and the University of Alabama at Birmingham Dental School, the Office of Children's Affairs and Medicaid.

Oral Health Coalition of Alabama

The OHCA was created in the summer of 2001, merging the Dental Partners Work Group with expanded members to continue the work of the Alabama NGA Policy Academy Team's Strategic Plan that was later expanded by the participants of the Alabama Dental Summit. In Feb. 19,

2002, OCHA established three sub-groups to work on the priorities developed during the NGA Academy. Medicaid meets with this group at least quarterly. This group:

- Assists the state in disseminating information and building public awareness.
- Advises in the development, implementation and completion of the strategic oral health plan.
- Creates and reinforces relationships between key stakeholders to ensure the success of state efforts in improving oral health care in Alabama.

The three groups, Alabama Medicaid Dental Task Force, the Oral Health Coalition of Alabama and Alabama Oral Health Strategic Team (previously the AL NGA Policy Academy Team) continue to meet independently while coordinating activities to allow for synergy and more rapid institution of identified strategies. These three groups are convened and coordinated by the Alabama Medicaid Agency.

Alabama Dental Summits

The first Dental Summit on Dec. 6-7, 2001, brought together a diverse group of state and community leaders to focus on the barriers preventing Alabama children from accessing needed care. More than 70 participants identified issues and developed ideas for a specific plan of action. In workgroups the participants focused on four key concerns -- funding, education/awareness, surveillance and monitoring, and legislative-regulatory changes.

Leaders from the state's political, physician-dental, educational, religious, consumer, non-profit and government structure were joined by national government dental policy analysts and advocates from New York, California, Washington, D.C., and Colorado.

The second Dental Summit on Jan. 24, 2003, drew 49 local and national health, business, community and legislative leaders together to focus on ways to improve access to dental care for Alabama's children. The summit included presentations, panel discussions and other materials where the participants shared information on oral health issues. Networking among the professionals and experts was a very beneficial aspect of the coalition process. This summit provided evidence of a common goal for improving dental care in Alabama. The evaluations revealed that the summit was very informative; the participants enjoyed it and would like to continue their efforts to achieve good oral health for Alabama's children.

Smile Alabama! and the Alabama Medicaid Dental Program

In February 2001, the Alabama Medicaid Agency received a grant of $250,000 to enhance dental outreach efforts through the *Smile Alabama!* dental initiative. Funding for the grant was provided through the Robert Wood Johnson 21st Century Challenge Fund component of the Southern Rural Access Program and was matched by federal, state, and private funds to total more than $1 million.

The *Smile Alabama!* grant provided for a multifaceted campaign to recruit and retain a solid dental provider base for Medicaid children designed to improve access for Medicaid children to routine and preventive dental care through education, provider support, and fair reimbursement.

Summary

In summary, the *Smile Alabama!* Initiative was composed of four components:

1. Dental Reimbursement Increase
2. Claims Processing Simplification
3. Patient Outreach & Education
4. Provider Outreach

The Objectives of the Dental Outreach Initiative

- Provide adequate provider training and support, face-to-face
- Provide patient education on importance of prevention
- Provide training on the use of Targeted Case Management to address the no-show problems with Medicaid recipients
- Conduct provider recruitment visits
- Provide provider assistance with regularly scheduled follow-up calls
- Provide recipient education resources to providers
- Provide continued patient education resources/tools
- Assessment of success/failure to achieve program goals.

Claims Processing Changes

- Increase the consistency of the Medicaid claim submission format with that of other payers
- Provide adequate training and continued technical support for claims submission
- Maintain an effective and efficient claims processing system
- Provide timely responses to provider inquiries and claims resolution

Dental Reimbursement

- Increase rates to 100% of BCBS 2000 rates *(Implemented in October 2000)*
- Implement an annual rate review and necessary adjustments *(This has not occurred)*

Provider Outreach

- Encourage and support appropriate utilization of dental services
- Increase the number of patients accessing appropriate dental services
- Increase the number of providers who accept Medicaid patients
- Increase the number of providers who participate in early education of Medicaid-eligible dental patients

Recipient Outreach

- Increase the number of Medicaid recipients who make and keep appointments
- Increase the number of Medicaid recipients who know what to expect when visiting a dental office and what is expected of them (Rights & Duties)
- Increase the number of Medicaid recipients who are compliant with the usual policies and procedures followed in a dental office
- Increase the number of Medicaid recipients who practice basic preventive at-home dental care, with emphasis on the very young child

The grant monies also enabled the agency to produce a patient education video for statewide distribution. A contract to air radio and television public service announcements about the importance of oral health care began in October 2001. Easy-to-read patient education materials were developed and continue to be distributed through an online catalog available to Medicaid enrolled providers. Many of these materials can also be printed by consumers.

Outreach efforts have paid off in many ways. A growing number of providers began to file claims electronically, reducing the time required to process claims, and increasing provider satisfaction.

External outreach activities during 2002 included visits to Head Start programs and to school nurses. Health messages were incorporated into the *Alabama Guide for Families*, a statewide initiative to provide helpful information to new parents as well as for "passports" given to new parents through delivering hospitals. Other outreach activities included participation in health fairs, association meetings and an early learning project to encourage positive oral health behaviors and habits among pre-schoolers resulted in the development of curriculum materials for K-5 and Head Start classrooms.

Projects for 2003 included a second radio and television campaign and an outdoor advertising project to increase public awareness along with an early learning initiative to provide Head Start and other pre-school teachers with the lesson plans and materials needed to teach on key oral health topics. Two provider-oriented efforts were designed to encourage primary and maternity care providers to increase their emphasis on oral health as they provide anticipatory guidance to their patients.

While funded by the Robert Wood Johnson Foundation as a three-year grant, the Smile Alabama! Initiative has been sustained by the ongoing efforts of the Alabama Medicaid Dental Task Force, the Oral Health Coalition of Alabama and Alabama Oral Health Strategic Team (previously the AL NGA Policy Academy Team)

Additional strategies continue to be implemented based on input from this public-private partnership. An example of these continued efforts is the recent revamp and re-implementation of the 1st Look program, developed by the Agency in partnership with the state's pediatric dentists and pediatricians. The program is designed to reduce early childhood caries by encouraging primary care physicians to perform dental risk assessments, provide anticipatory guidance, apply fluoride varnish when indicated, and refer children to a dental home by age one.

The Alabama Medicaid Agency continues to work with other organizations participating in summits and ongoing efforts to improve the oral health status of Alabama's children.

Statistical Review

The initiative's goal of increasing the number of participating providers by 15 percent at the end of the three-year grant period was exceeded by the end of the first grant year. A goal of 18.6 percent was achieved at the end of the first grant year and 38.7 percent by end of year two. In addition, the number of counties with one or no Medicaid dental provider dropped from 19 to 11 in the first year of the initiative. As of September 2009, this number was down to three. The ability to increase participation in several counties is limited by the lack of dental providers in some rural areas. In order to increase Medicaid participating dentists in these areas workforce issues will need to be addressed to bring additional dentists to these areas. The Agency continues to work with our partners in this effort.

The second initiative goal was to increase the number of children receiving dental services (the Annual Dental Visit Rate) by at least 5% by the end of the three-year grant period. From FY 2000 to FY 2002, there was a 57.1% total increase with 50,000 more children receiving dental services, which equated to a 4.8% increase in the Annual Dental Visit Rate.

Alabama Medicaid Dental Program 1998-2007. Over the past ten years, Medicaid dental utilization rates in Alabama have improved from 25.2% in 1998 to 41.5% in 2007, a 62% increase (Figure 1). The number of enrolled providers during this time period has increased significantly, 55.3% (from 430 dentists to 778), and the number of providers treating at least one Medicaid child (performing providers) increased 48.1% (from 350 providers to 748). Most significantly, from 1998 to 2007 there has been a 216% increase (from 151 to 477) in the number of providers seeing more than 100 patients per year (Figure 2).

Figure 1. Alabama Dental Medicaid Utilization, 1998-2007

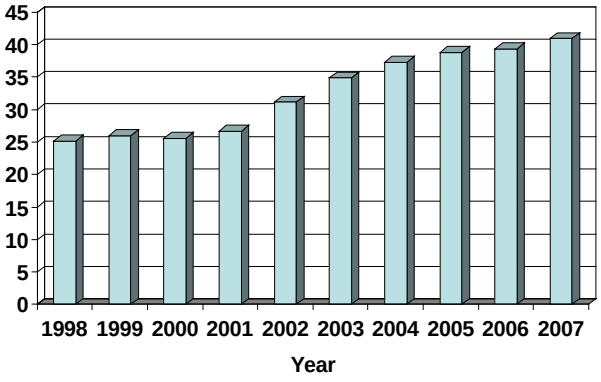
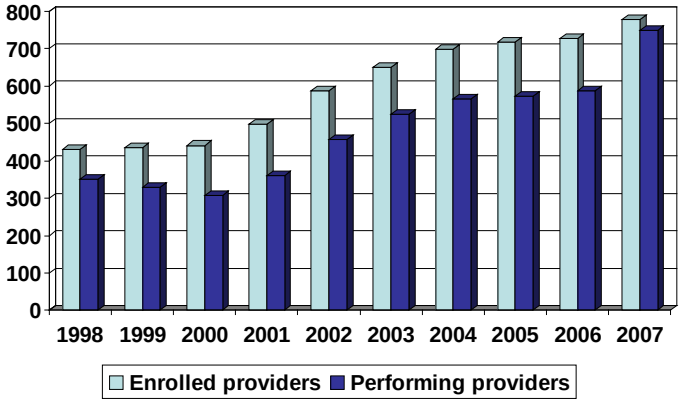


Figure 2. Enrolled and Performing Dentists, Alabama Dental Medicaid, 1998-2007



Impact of Smile Alabama!

Alabama Medicaid Dental Program FY 2001 to FY 2007. Since the implementation of the *Smile Alabama!* initiative in FY 2001, there has been an 84.3 percent increase in dental utilization, from 26.7 percent (103,630 children served in FY 2001) to 41.5% (190,968 served in FY 2007), while the number of Medicaid eligible children has risen sharply from 386,000 to 460,526 during this time period. Most importantly, county-specific data from FY 2001 to FY 2007 indicate that every county in Alabama has seen significant increases in utilization of dental Medicaid services, from a high of 177.7% increase in Baldwin county, to a low of 1.8% in Barbour county. Some nine counties recorded increases of over 100%, with Mobile and Montgomery counties included in this list. See **Attachment A** for current dental statistics.

Conclusion

In conclusion, in order to improve access to and the utilization of oral health care services a focus on prevention and early care is important. A multipronged approach much be taken for a complex, multi-faceted issue. Efforts must be ongoing and a variety of ways used to evaluate

program progress is critical to identifying progress (or the lack there of) and the reasons for this. The steps and strategies used have been numerous. None of us wants any child to suffer. I personally know what it is to be a child in severe pain from a dental abscess because my parents lacked the means to obtain care. States are struggling to maintain services in the light of severe budget shortfalls. States are using the resources they have (or can find) in order to increase the number of children receiving services.

We are currently experiencing increased enrollment due to the present state of the economy with shrinking budgets while trying to increase utilization. These factors will limit our ability to push utilization numbers up and must be considered in any discussions surrounding finding the solution to the dental access issue.

The importance of improving access to and the utilization of oral health care services have been communicated loud and clear to the Agency by CMS. It is important that everyone understand that improving the oral health status of this most vulnerable population will require an understanding of ALL of the factors that result in underutilization of dental services while also working to prevent this disease so that there is no need for a child to experience what Deamonte did.

Thank you for the opportunity to speak today on behalf of the Alabama Medicaid Agency and the recipients we serve.

ALABAMA MEDICAID DENTAL STATISTICS
FISCAL YEARS: 2003-2009

*FISCAL YEAR	ELIGIBLES UNDER 21	Recipients who had Dental Services Under 21	Recipients who had Diagnostic Services (D0100-D0999) under 21	Recipients who had Preventive Services (D1000-D1999) Under 21	Recipients who had Treatment Services (D2000-D9999) Under 21	Recipients Under 6 with Extractions	Utilization %	% OF Diagnostic	% OF Preventive	% OF Treatment	Undup Performing Providers	Significant Providers who had > or = 50 recipients	Significant providers who had > or =100 recipients	Significant Providers who had > or = $10,000 in paid claims	Enrolled Providers (General Dentists, Oral and Maxillo Facial Surgeons and Mobile Clinics)
2003	436,170	151,997	*N/A	131,660	85,144	4,446	34.85%	*N/A	86.62%	56.02%	524	358	287	369	649
2004	454,416	169,504	N/A	150,280	93,043	4,990	37.30%	N/A	88.66%	54.89%	566	417	328	414	697
2005	463,098	179,692	N/A	161,166	97,770	4,927	38.80%	N/A	89.69%	54.41%	572	412	347	422	718
2006	468,271	184,381	N/A	167,483	98,681	4,988	39.37%	N/A	90.84%	53.52%	587	429	375	375	727
2007	498,418	189,535	182,851	173,079	101,638	5,008	38.03%	96.47%	91.32%	53.62%	602	568	477	571	778
2008	501,058	203,595	197,409	188,016	106,447	5,183	40.63%	96.96%	92.35%	52.28%	595	486	406	487	*661
2009** partial data	501,058	231,294	224,794	215,969	117,699	5,224	46.16%	97.19%	93.37%	50.89%	597	460	382	464	696
* Date of Service Paid Claims	*Inclusion of eligibles under 1 beginning FY2007. **FY08 Eligibles utilized for FY09.		*Columns were revised in November 2008 to reflect the procedure ranges in the CDT. Revisions go back to 2007.					*Columns were revised in November 2008 to reflect the procedure ranges in the CDT. Revisions go back to 2007.							*The count was originally based on license number. NPIs were required beginning in 2008. Not all licensed providers obtained an NPI.