



October 18, 2007

The Honorable Dennis J. Kucinich, Chairman
The Honorable Elijah E. Cummings, Member
Subcommittee on Domestic Policy
House Committee on Oversight and Government Reform
2157 Rayburn House Office Building
Washington, DC 20515-6143

Dear Chairman Kucinich and Representative Cummings:

In response to your letter of October 2, UnitedHealth Group is pleased to continue working with you to ensure that children with Medicaid have sufficient access to dental care, and to describe the steps we have taken, especially in Maryland, in recent months, toward that goal. We appreciate the work that the Subcommittee and its staff have done to champion children's dental health and bring national attention to this important issue.

The need for this effort is substantial, and by no means limited to Maryland. Indeed, the New York Times, citing data from the Centers for Disease Control and Prevention (CDC), reported last week that more than 100 million Americans across the country are without dental insurance and that "the level of untreated decay was the highest since the late 1980s, and significantly higher than that found in a survey from 1999 to 2002." According to the same CDC data cited by the Times, 27 percent of children had untreated cavities. Moreover, according to the paper, "since 1990, the number of dentists in the United States has been roughly flat...while the population has risen about 22 percent."

The legislation that Representative Cummings and others are supporting to address the issue of access to dental care for Medicaid beneficiaries, especially children, takes a thoughtful approach to meeting a critical need for this vulnerable population, and we hope it can serve as a model of coordinated care for throughout the country.

Since the May 2 Subcommittee hearing, we have been in frequent contact with you and the Subcommittee staff to address your specific concerns, and we have continued our efforts to increase dental utilization among children covered by Medicaid. We have reviewed the October 2 letter, and we concur with the Majority staff's findings.

We are pleased to honor the Subcommittee's request to inform you of the actions we have taken in response to the issues raised in your letter. UnitedHealth Group is committed to increasing dental utilization and access to care – issues that are faced by all Medicaid health plans.

Recent Maryland Initiatives

We are particularly excited about the new pediatric dentistry case management program UnitedHealth Group is funding at the University of Maryland Dental School. Our \$170,000 annual contribution, announced August 7, covers the salaries of two full-time employees – a case manager and a pediatric dentistry fellow – whose focus is on ensuring that children with Medicaid in Maryland receive the oral health care they need. The program also includes training in advanced pediatric dentistry for dental students and continuing medical education in oral health for primary care physicians. We have also worked with the dental school on a new infant oral health program. The program will provide a “dental safety net” for those Medicaid beneficiaries who have no where else to go. This new program was developed with the active involvement of Representative Cummings and his staff, and we commend him for his role in helping to make this a reality.

We were gratified by the statement of Representative Cummings in a recent letter to America’s Health Insurance Plans (AHIP), a national trade association representing 1,300 member health plans. Referring to the University of Maryland program, Representative Cummings said that UnitedHealth Group “has been a commendable partner in this campaign,” adding that our “efforts are laudable, and they should act as a model for other companies to follow.”

In addition to broader efforts, we have been working intensively to address the issues in Maryland and have plans in place to to expand the scope of our efforts. These initiatives, and others we are undertaking, address the points raised in your letter.

Members Who Have Not Seen a Dentist In Recent Years

- In partnership with the State, this summer UnitedHealthcare conducted an outreach campaign to the families of the 5,106 of its Medicaid members in Maryland aged 5-14 who had not been to the dentist in the past three years. We found – as we have found in the past – that the majority of them were difficult to reach, underscoring the challenges of providing dental care to children with Medicaid. Despite several attempts using the information in the state’s membership files, we were able to contact only 1,048 of them. We followed our phone campaign with two separate letters (mailed on August 7 and September 29, 2007) to all 5,106 members, asking them to call our Manager of Outreach to make a dental appointment.

As a result of the outreach, we made 395 appointments that were verified via a three-way telephone call that included the member and the dental office. Additionally, 342 members said they would make their own appointment. The total of 737 scheduled or planned appointments represents care for more than 50 percent of the people we were able to reach.

As follow-up, we are using an automated system to call members who scheduled appointments to remind them five business days before the appointment and to tell them if they cannot make the appointment to call our Outreach Manager and reschedule. For those parents who said they would make their own appointments, we are using the automated system to remind them to make the appointment and to offer them assistance if they need help making an appointment through our Outreach Manager.

This is an ongoing monthly effort and is expected to run well into 2009.

- To ensure that all of our members are aware of their dental benefits, callers to our customer service line are urged by both recorded messages and our customer service professionals to access their dental benefits and to call UHC Dental for assistance in scheduling appointments.

- We have established working relationships with a number of community health centers to promote dental care and are using a mobile van to do dental screening and referrals. Using the mobile van, we are planning 18 dental outreach and screening events in communities throughout Prince George's County over the next three months.
- UHC Dental has conducted dental screening and oral health education events at four different Head Start and county health department sites in Prince George's county, and in Baltimore city. Since 2005, more than 1,580 children received free dental screenings at these events. It is important to note that these events were not specifically for people with UnitedHealthcare coverage, or even Medicaid beneficiaries: all children were seen at the events, regardless of insurance coverage. Additionally, each Head Start teacher is provided with packets that include a toothbrush, toothpaste, coloring book, and a copy of the individual screening to give to the parents.
- UHC Dental conducted an oral health education event for local health departments and office managers from local dental offices from Kent and Queen Anne's counties on May, 23, 2007. UHC Dental gave a presentation that highlighted our benefits and initiatives and the importance of good oral health.
- Next Monday, October 22, UHC Dental staff will be performing dental screenings for children at St. Francis Xavier Head Start in Baltimore. Staff from the University of Maryland Dental School in Baltimore, the Baltimore City Health Department, and Baltimore City Health Access will be joined by Rep. Cummings at the event.
- We are also scheduled to provide dental screenings at the 3rd Annual Prince George's County Holiday Food and Fitness Expo on November 2nd. As our community partners develop their event calendars for 2008, they can expect our continued participation in these outreach activities.
- During the first quarter of 2008, we will finalize plans for a series of similar events where children can receive dental screenings and oral health education materials.

Large Number of Members Seen by Small Number of Dentists:

- We are continually working to expand our provider network. Since the May 2nd hearing, we have added 15 newly contracted dentists to our statewide network, and another 20 dentists are currently going through the credentialing process, with the expectation that they will join the network soon. In Prince George's County, our ratio of dentists to members is one for every 300 members, far exceeding the state requirement of one to 2,000.
- While we will continue to encourage more dentists to join our network, it is important to recognize that licensed dental hygienists perform cleanings, take x-rays and apply sealants in most dental practices, which leverages the ability of dental offices to provide care to more children.

Dentists in Our Network Providing Care to Only a Few of Our Medicaid Members or None at All:

- Because people tend to use a dentist close to home, and because people with Medicaid are concentrated in certain geographic areas, it will always be the case that some dentists provide more care to people with Medicaid than others.

- We are in the process of visiting every office in our network, to solidify the relationship with providers and educate them about our dental plans, Medicaid benefits and claims processing. We anticipate that the entire dental network will have been visited by the end of this year, and we plan to return to each practice quarterly in 2008. We feel confident that these efforts will lead to increased participation by providers, to the benefit of our members in Maryland.
- In the event that a child needs a dentist and a network provider cannot be utilized, our customer service center has always worked with the member to find a non-contracted provider to provide the necessary services. These services are provided at no charge to the member.
- The new pediatric dentistry case management program at the University of Maryland Dental School, which I mentioned above, will also help to address the need for more dentists willing to treat Medicaid patients. The training in advanced pediatric dentistry for dental students and continuing medical education in oral health to teach rudimentary dental skills to primary care physicians will help to fill the gap. We are also involved in similar training programs elsewhere in the country focused on meeting this goal.

Keeping the Provider Directory Current:

- We have made considerable strides to ensure that our provider network data for Maryland is accurate and up to date to minimize member frustration. We have conducted two full provider data audits since May by calling every provider in our network to verify their participation status and the accuracy of the data on the website. Our next quarterly audit will be completed by the end of this month, and we will continue this process on a quarterly basis in 2008.
- Our members now have access to a special online dental directory that is separate from our directory of physicians and other healthcare professionals, and is updated automatically from our network database. In addition, we have added dental health information to our member packets to help members understand their benefits and recognize where they can turn to for help in navigating the online provider network.
- We also update the Maryland Department of Health and Mental Hygiene (DHMH) website every month to ensure that members have access to accurate provider data if they use the DHMH site to find providers.

National Initiatives Aimed at Improving Dental Access and Utilization

A number of efforts in Maryland and elsewhere were under way well before the May 2 hearing. These initiatives form just part of our nationwide commitment to broaden access to and utilization of dental care. They include:

Through our Happy Smiles program, we partner with retailers in Maryland and elsewhere, offering parents a \$10 gift card for taking a child to the dentist. This year we have mailed more than 66,200 postcards nationally urging parents to get check-ups for their children. We plan to continue this program in 2008.

- Our members have access to our multi-lingual customer service center, which is staffed around the clock; the number is printed on every member's ID card. Customer service professionals can help members make appointments for dental care and even arrange transportation for them; they have specific instructions to offer this assistance to callers.

- In addition to our work with Head Start programs, we partner with elementary schools to ensure that children are getting screenings and check-ups. We're working now with schools in Paterson, New Jersey, where an annual dental check-up is required for admission. This may be one of the most effective ways to ensure regular check-ups for children with Medicaid.
- Because a family with Medicaid is much more likely to see a physician than a dentist, we're working with the medical school at Brown University to teach medical students the early warning signs of dental disease and rudimentary dental care skills -- such as a three-minute procedure to protect against decay by applying a fluoride varnish. (Our new program with the University of Maryland incorporates this concept as well.)
- At the Arizona School of Dentistry, we helped fund a center for treating special needs children and a mobile treatment program. If we can treat patients near their home, they are more likely to avoid a traumatic and expensive emergency room visit later.
- In Neptune, New Jersey, we worked with the University of Medicine and Dentistry of New Jersey to establish a hospital-based dental center, where dental students provide screenings and care to Medicaid-eligible children.
- Our efforts in Rhode Island provide a great illustration of our commitment to improving access to dental care and ensuring delivery of care to the most vulnerable populations. We worked with the state to implement a program called RItE Smiles, which serves every child with Medicaid under the age of six, or approximately 32,000 children. Under this program, the network of dentists available to care for Medicaid beneficiaries increased more than five-fold, to 160 from 28 before its implementation a year ago. By stressing preventive care, we hope to start the children in this program on a path to a lifetime of good oral health. All care is provided at no cost to the families of children with Medicaid. Based on its success, the state wants to expand the program to reach older children, too.

It is particularly difficult to ensure dental utilization and access among children with Medicaid, as in some cases the children live in families that may not have a telephone or even a fixed address. One of the biggest barriers to care is poverty itself. For families with Medicaid, dental care often is a lower priority than food, shelter, and safety.


To overcome these barriers, we are collaborating with the many people who touch the lives of these children. Through the programs described above, we are working with government agencies, schools, community organizations, parents, and healthcare providers, to help increase both access to and utilization of dental health services.

This kind of collaboration leads to real benefits in the lives of real people. These partnerships work. They are good for patients. They're good for the community, and in many cases they save money for the Medicaid program. Such programs could be replicated in Maryland and other states, and we are eager to work with Congress and any state that wants to build on what we have learned.

But while public-private partnerships can help increase the percentage of children who receive dental care, these partnerships alone cannot get us to our goal, which is 100% dental utilization. Congress could provide a major boost to that goal by passing legislation that would require a dental check-up as a prerequisite for entering school, as is already done with various immunizations. We recognize that this proposal involves a number of complex public policy considerations, but we believe the concept should be explored.

We appreciate the opportunity to continue a dialogue with the Subcommittee, its members and its staff on ways to improve access to and utilization of dental health services for the most vulnerable populations, including impoverished children, not only in Maryland, but across the nation. We are committed to working with Congress, regulators, our health insurance colleagues, providers and their professional associations and others to provide better dental health for children with Medicaid.

Sincerely,



Judah C. Sommer
Senior Vice President