



Enhancing Dental Medicaid Outreach and Care Coordination

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Dentists often cite lack of public awareness about the importance of oral health and lack of care coordination within Medicaid programs as two central issues affecting access to oral health services within Medicaid. Problems that result from these issues include a high rate of patient no-shows for dental appointments, decreased compliance with oral health instruction and failure of patients to follow up for needed treatment. The result is an increased rate of dental disease within vulnerable populations and frustration within the dental community.

Provided that they also maintain market-based reimbursement rates and address administrative barriers within Medicaid, states that successfully improve patient outreach efforts and care coordination will increase participation by dentists, serve more eligible patients and, ultimately, reduce dental disease rates—and their attending costs—among Medicaid beneficiaries.

Many state Medicaid agencies are working to establish innovative strategies to improve access to oral health services for enrolled children through enhanced coordination of care and by reaching out to beneficiaries and their families to inform, educate and assist them in accessing oral health services. The following discussion outlines some of the innovative strategies and approaches some states are using.

I. Consumer Outreach

Medicaid beneficiaries often are not familiar with their dental benefits, have difficulty in navigating a complex health bureaucracy, and encounter language and cultural barriers that may impede access to care. Through outreach, programs can reduce or eliminate these barriers. During the application and enrollment period, most states or their contractors mail letters, booklets or brochures that explain available benefits, oral health screenings and dental referrals, and resources for obtaining assistance in arranging dental visits.

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Examples of methods used to inform new enrollees of available dental services.

STATE EXAMPLES	INNOVATION
Indiana, Wyoming	States provide to eligible families a state Medicaid child benefit guide that emphasizes oral health and its importance to the overall health of the child.
Virginia, Washington	States distribute culturally sensitive, multilingual, age-specific brochures and posters on federally required dental Medicaid services and routine referral information for dental care.
Arizona, New Hampshire, Oklahoma	State staff and contractors call enrollees to welcome them and review dental coverage.
South Carolina	Medicaid staff visits beneficiaries to discuss dental coverage options and available services and assist in identifying local dentists through a toll-free phone line and direct referral sources from the state.
Kentucky	The Medicaid program uses county health departments to conduct face-to-face visits with new Medicaid beneficiaries to explain Medicaid services, including dental benefits.
Georgia, Montana	Reminder notices are placed on the beneficiaries' Medicaid enrollment identification card or in the monthly letters accompanying identification card mailings alerting beneficiaries that they are entitled to and should schedule dental appointments.

Examples of outreach efforts to previously enrolled beneficiaries.

STATE EXAMPLES	INNOVATION
Alaska, Nevada	Beneficiaries receive newsletters containing dental health education information.
Texas	The state provides information about dental benefits during enrollment recertification and home visits and through telephone calls , with outreach staff members using a detailed script to assure that they provide pertinent information.
Maine, Florida	In addition to periodic reminder mailings , parents or caregivers of children who have not had a dental visit in the previous year receive letters encouraging them to make an appointment.
New Hampshire, Utah, Virginia	New Hampshire automatically generates reminder notices to beneficiary families to schedule dental exams, based on the child's age and the state's Medicaid EPSDT periodicity schedule. Utah and Virginia use a Medicaid Management Information System to automatically generate letters or telephone calls to parents of enrolled children, reminding them to schedule a dental appointment or that a child is overdue for an appointment.
South Dakota	The state includes questions about dental benefits in formal surveys sent to beneficiary families to help increase awareness of benefits and assess attitudes and experiences with dental care.
Michigan	In conjunction with the Michigan Dental Association, the state developed an educational publication , "Don't Wait Until it Hurts," to encourage beneficiaries to make dental appointments.

2. Locating Dental Medicaid Providers

Several states have reported that improvements in Medicaid operations and funding have led to increased dentist participation. Even in these states, however, beneficiaries may need assistance in locating participating dentists who are accepting new patients.

STATE EXAMPLES	INNOVATION
West Virginia	The state maintains a written referral guide of participating dentists in each county and distributes the guide to all private medical providers, school based clinics, school nurses, local health departments and community health centers.
Indiana, Illinois, Kentucky, Oregon, South Carolina, Texas, Wyoming	Statewide toll-free telephone hotlines operated by Medicaid staff or contractors provide information about the availability of participating dentists (and non-dental Medicaid providers). Some states track whether referrals made over the hotline succeed in arranging appointments.
Indiana	A hotline service includes a GeoAccess mapping program that uses beneficiaries' zip codes to identify the closest dental provider accepting referrals; the program obtains feedback from callers to ascertain if the referrals resulted in obtaining an appointment.
Maine	Periodic surveys of Medicaid-enrolled dental providers are conducted to find out which are accepting new Medicaid patients.
Arkansas,* Connecticut, Indiana,** Rhode Island, Virginia	Internet sites help beneficiaries, health care agencies, community organizations, case managers and the public to search on-line for Medicaid-participating dental providers, often by location and specialty.
Iowa, New Mexico	Dental schools and state dental associations operate web pages that contain updated information about participating dental Medicaid providers.
<p>* Find a provider. Arkansas Medicaid Program. Available at: http://www.medicaid.state.ar.us/.</p> <p>** Find a dentist in your area. Member page. Hoosier Healthwise Health Insurance Program. Available at: http://www.healthcareforhoosiers.com/Member/MemberPage.html.</p>	

3. Obtaining Oral Health Screenings and Referrals

Medicaid requires direct referrals of enrolled children to dental providers for comprehensive diagnostic, preventive and treatment services.¹ Yet enrolled children's initial contact with the health care delivery system often occurs at physicians' offices. Physicians and other providers who treat children may need to be reminded and encouraged to conduct oral health screenings and routinely refer children to dental providers.

STATE EXAMPLES	PROVIDER	INNOVATION
Arizona, Washington	Primary care	Physicians are required to complete oral evaluations and routinely refer children to dentists. Washington includes this information on the state billing instructions, as a reminder.
Illinois, Colorado, Massachusetts	Primary care	Medical providers are informed about dental screening requirements through their EPSDT service provider manuals or other program guidance. These manuals discuss the dental periodicity schedule, recommendations for dental care referrals and the provision of anticipatory guidance for parents.
Colorado, New Jersey, Tennessee, Virginia	Primary care	State staff and contractors periodically offer on-site training programs for physicians and their staff describing the importance of offering routine oral health care for children.
North Carolina	Primary care	Utilizing federal agency grants, the Medicaid agency is training and reimbursing physicians for providing a set of oral health prevention and promotion services to young children through a program called "Into the Mouths of Babes." The program includes a mechanism for referral to dentists.
Wyoming	Primary care	The state has developed special health screening forms for routine use by primary care providers. The forms include reminders of the dental screening and referral services that are to be provided to children at specific ages.
West Virginia	Primary care	State Medicaid staff periodically visit medical providers, school-based clinics, school nurses, local health departments and community health centers serving enrolled children to remind them of their responsibility to refer children to dental care and to follow-up on these referrals.
Vermont	Dental hygienists	Dental hygienists in Vermont's "Tooth Tutor" program perform outreach to identify Medicaid children with no dental care in the previous year; conduct oral screenings to assist in identifying children in obvious need of services; refer children with preventive, restorative, and emergency needs to area dentists; contact local private practice dentists to arrange for the care of individual children; and help families overcome barriers to appointments, such as transportation and language differences.

4. Case Management and Support Services

A number of states have recognized that some beneficiaries need more intense and organized assistance in accessing dental care. States have developed numerous mechanisms to provide such assistance, relying on an array of organizations to assist with getting patients to the dental office.

STATE EXAMPLES	SUPPORTING ORGANIZATIONS	INNOVATION
Hawaii	Case Coordination Organization	A state-funded case management organization helps Medicaid beneficiaries find dentists; making and reminding patients of appointments; and arranging translation and transportation services, while serving as an intermediary between the Medicaid agency, providers and beneficiaries.
Connecticut, Maryland, Nebraska	Medical Managed Care Organizations Head Start Programs	Managed care organizations (MCOs) develop and submit to the state annual dental plans and periodic reports that detail the effectiveness of their beneficiary outreach efforts. Work plans describe how MCOs educate beneficiaries about the importance of oral health; remind beneficiaries about obtaining dental exams; assist children and their families in obtaining dental services, and follow up to assure that services are received. Some outreach strategies include: Member incentive programs designed to encourage Medicaid beneficiaries to seek oral health care; Meeting with Head Start directors to discuss educating families about benefits and the importance of regular dental visits; and Asking families about their oral health during routine telephone communications and then coordinating dental appointments.
North Dakota	State-employed EPSDT coordinators	Coordinators work closely with dental providers and arrange for beneficiary transportation to and follow-up after dental appointments.
Michigan	Local health departments	Health departments provide outreach, including contacting families of children due for dental visits, and provide education about the importance of preventive visits, link families to dental providers and assist families in making appointments.
Utah	Local health departments	Local health departments are piloting an intensive administrative case management program, in which outreach workers obtain commitments from dentists to accept a specific number of Medicaid eligible patients each month. The workers then refer only the appropriate number of patients and act as liaisons between dentists and patients, following up on issues of patient noncompliance, appropriate office etiquette and appointment keeping.
Oklahoma	State Department of Education	A state-operated program pays for school-based dental screening and documentation of a referral for dental treatment. The Medicaid agency contracts with each school district, which then subcontracts with dentists to provide services in the school-based clinics.

A Model Case Management Program

The Smile Alabama! Program

In Alabama, the Medicaid agency sought and obtained a resolution from the state legislature urging public awareness of the importance of dental care and encouraging state agencies, private practitioners and associations to seek solutions aimed at overcoming access barriers for children.

The agency also sought and obtained a letter from the governor pledging continued support of the combined efforts of the Medicaid Agency, the state's oral health task force and the Alabama Dental Association in implementing a broad public education and case management program - Smile Alabama!

The state provides Targeted Case Management (TCM), using professional case managers, including social workers and nurses, to increase patient compliance by allowing dental providers to refer patients to the case managers. The case managers arrange transportation to and from the dental office, provide patient education, track and follow-up on children who frequently miss appointments, coordinate services and provide crisis intervention, resource assistance and other services. A Smile Alabama! web page provides information on TCM and dental benefits, along with a discussion of the rights and duties of patients, and news and information for dental providers.²

5. Reducing Missed Appointments

Dentists frequently cite missed patient appointments as a major reason for their reluctance to participate in Medicaid. Medicaid agencies are using a variety of techniques to improve patient attendance at scheduled appointments.

STATE	INNOVATION
Oklahoma, Utah	Beneficiaries who have little prior experience in a dental office setting receive an EPSDT guidance document that addresses such issues as dental office etiquette.
Arizona	Beneficiaries receive mail notices on the importance of keeping dental appointments and on dental office deportment. Contracted managed care health plans expect primary care physicians to assist in identifying patients who are overdue for dental care and fail to schedule appointments. Health plans ask dentists to report missed appointments; and some health plans have a full-time dental outreach coordinator who assists beneficiaries in making and keeping appointments or follows up with noncompliant families.
North Dakota	A “will show” project developed by the state for use in agencies frequented by Medicaid beneficiaries provides information (using a brochure and a video) about the importance of dental preventive services and not missing appointments.
Alabama	A “ Rights and Responsibilities ” packet for use by dental providers includes a document for patients to sign, which describes their patient responsibilities in receiving dental care and notes the possibility of sanctions if the patient misses appointments behaves disruptively (i.e., dentist can ask that a child go to another dentist).
Idaho, Ohio, South Carolina	State Medicaid liaisons work with specific patients who have demonstrated a need for additional information about appointment keeping.
Maine	Dentists are provided with a toll-free number to call for assistance in working with families who have a history of missed appointments. State staff members and contractors contact families to discuss the importance of keeping appointments, review the policy for cancellation of appointments used by the family’s dentist and offer assistance with transportation, scheduling or canceling appointments.
Nebraska, Pennsylvania	State staff or contractors assist primary care providers in scheduling dental appointments for patients and follow up with dental providers to determine if the appointments were kept. Alternately, the dental provider can notify the contractor that the appointment was not kept, in which case the contractor contacts the recipient to reschedule the appointment.
South Dakota	A contracted dental benefit manager established a referral center that receives and records data on missed appointments and assists dentists in promoting oral health education and compliance with treatment recommendations.

6. Coordinating dental care for young children and pregnant women

States are exploring ways to enhance access to appropriate dental services for preschool children. Given the growing amount of research identifying an association between poor oral health and poor general health, pregnancy also provides a special opportunity to present information and services that may improve oral health for mother and baby. The following case studies illustrate programs focusing on the care of young children and dental services for pregnant women.

Washington State ABCD Program – Care for Young Children

The Access to Baby and Child Dentistry (ABCD) program in Washington is among the first programs focusing on preventive and restorative dental care for Medicaid children from birth to age six. Dentists receive continuing education in early pediatric dental techniques and are certified by the University of Washington's School of Dentistry pediatric dentistry program. Certification qualifies dentists to receive enhanced reimbursement for selected Medicaid preventive services for enrolled children. Originally implemented in one county, the ABCD program has been expanded and eventually may be implemented statewide. The state's ABCD contractors have received grant funding from the federal government to expand the program to include training of physicians to enable them to conduct better dental assessments and refer children to participating dentists.

Medicaid – Oral Health Services for Pregnant Women

The Alabama Medicaid Agency has developed a "Kidstuff Parenting Kit," emphasizing the critical importance of early learning and childcare experiences and supporting new parents by providing information concerning child growth and development and related resources available in their communities. The kit, which is distributed to all pregnant women, includes a focus on oral health care for the mother and baby. Alabama also is working to educate the OB/GYN community to provide preventive and educational oral health services for pregnant women and those with children younger than 3 years of age.

The Oregon Medicaid program, in collaboration with the Oregon Dental Association and other stakeholders, developed an education package that includes information on dental health, hygiene, dental care and disease prevention for pregnant women and their children. The package is available to Medicaid physicians and other health care practitioners in contact with pregnant women and young children. Oral health education for pregnant women is also a required component of the state's Medicaid Maternity Case Management Program.

In Arizona, some managed care plans provide written educational materials in handbooks and newsletters, including mailed information about the importance of oral hygiene for pregnant women and newborns.

Additional details on these innovations and other examples of how states are working to improve access to oral health care are described in a September 2003 report published by the American Dental Association entitled "State Innovations to Improve Access to Oral Health Care for Low-Income Children: A Compendium" (available at <http://www.prnewswire.com/mnr/ada/11207/>).

The initial draft of this brief was developed for the American Dental Association by James J. Crall, D.D.S., Sc.D. and Donald Schneider, D.D.S., M.P.H. through a consulting agreement. Subsequent review and final editing was conducted by the American Dental Association.

This brief was created to highlight the activities states have pursued in an effort to improve access to oral health care for children enrolled in Medicaid and/or the State Children's Health Insurance Program (CHIP). The information outlined is based on publicly available materials and feedback from state officials, and does not contain opinions or judgments on the success or failure of any state activity or innovation. The ideas expressed herein are not necessarily those of, nor endorsed by the American Dental Association. To get additional data or information, the reader should consult with appropriate state officials.

¹ Centers for Medicare and Medicaid Services. Dental Screening Services. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services. State Medicaid Manual. Part 5, Section 5123.2, pg. 10-93. Available at http://cms.hhs.gov/manuals/pub45/pub_45.asp.
² Smile Alabama! Medicaid's Dental Outreach Initiative. Alabama's Medicaid Agency. Available at: <http://www.medicaid.state.al.us/Dental/dental.htm>.