



Medicaid and PeachCare Dental Carve-out Information

Key Facts

- Tooth decay is a silent epidemic – four times more common than asthma – but preventable.
- Preventive dental care is critical for low-income children – who are twice as likely to suffer from untreated tooth decay.
- The Medicaid and PeachCare dental programs in Georgia provide dental care to low-income children but are on the verge of breaking down – potentially leaving thousands of at-risk children without access to dental care.
- A dental carve-out provides a long-term, fiscally-responsible solution to bring stability to dental programs for at-risk children in Georgia.

Background

Medicaid and PeachCare

- The Medicaid and PeachCare dental programs provide dental services to nearly 1 million children of low-income and working-poor families in Georgia.
- PeachCare is Georgia's state children's health insurance program (SCHIP), a federally-funded program to provide health and dental insurance to children of families that earn too much to qualify for Medicaid but can't afford or don't have access to private insurance.
- Health care providers who treat children with Medicaid or PeachCare are reimbursed for their services by the state, though at rates which are typically below those of private insurance.

Low-income Children in Georgia are in Danger of Losing Access to Critical Dental Care

- In Georgia, the Medicaid and PeachCare programs are the responsibility of the Department of Community Health (DCH).
- To administer the Medicaid and PeachCare dental programs, DCH contracted with three care management organizations (CMOs), who in turn subcontracted with two other dental administrators.
- Various and frequent contract changes by the CMOs and subcontractors – including reimbursement rates, covered services and preauthorization requirements, among others – have created confusion and chaos for providers.
- As a result of the administrative confusion, many providers have stopped participating in the Medicaid and PeachCare dental programs. Some providers were also terminated without cause.
- When providers stop participating in the Medicaid and/or PeachCare dental programs, children enrolled in those programs could lose access to critical dental care and their dental home.
- This is a serious problem: low-income children are more likely to suffer from tooth decay, more likely to miss school because of pain related to poor dental health and, without access to dental care, more likely to go the emergency room for treatment of tooth decay.



Medicaid and PeachCare Dental Carve-out Frequently Asked Questions

Why is dental care so important?

- Tooth decay is the most common chronic childhood disease – four times more common than asthma – and is preventable.
- Tooth decay doesn't heal on its own – it only gets worse.
- Poor dental health affects overall health (inability to eat nutritious foods, linked to heart disease and diabetes).
- Tooth decay disproportionately affects low-income children – children below the poverty level have twice the rate of untreated tooth decay as those not living in poverty.
- According to school nurses, dental pain is the number one health reason low-income children miss school.

What is the current situation with the Medicaid and PeachCare dental programs in Georgia?

- The Medicaid and PeachCare dental provider networks in Georgia are on the verge of breaking down.
- Care Management Organizations (CMOs) contracted by the state to administer the Medicaid and PeachCare dental programs have made numerous contract changes creating confusion and uncertainty among providers.
- Providers are leaving the system and vulnerable children are losing access to critical preventive and restorative dental care.
- Some providers have also been terminated with no cause or explanation.

Why is this a problem?

- Tooth decay, like many health problems, disproportionately affects low-income children – children below the poverty level have twice the rate of untreated tooth decay as those not living in poverty.
- In addition, oral health affects overall health.
- Most important, Medicaid and PeachCare combined serve nearly a million low-income and at-risk children in Georgia (approximately 710,000 in Medicaid and approximately 274,000 in PeachCare) – about one-ninth of the population of Georgia.
- The potential consequences of so many children losing access to dental care would be very serious and very expensive.

What happens when children lose access to dental care?

- Children without access to dental care are often forced to seek treatment for dental disease in the ER – which only treats the symptoms.
- A trip to the ER to treat dental pain and infection costs about \$400 and does not solve the underlying problem.

- The average cost of having a dentist treat that same condition before it needs emergency care is estimated at \$52.
- Preventive dental care saves money. When at-risk children don't have access to dental care, it costs the state – and taxpayers – more money.

Is this about money? Do dentists want to make more from these programs?

- Georgia dentists understand that state funds are finite and are more than willing to assist low-income and at-risk children in receiving critical dental care.
- What dentists want is stability and predictability.
- Providers need to be able to count on promised reimbursements spelled out clearly in contracts and not worry that the rules will be changed every few weeks.

What is the best way to fix the Medicaid and PeachCare dental programs?

- The best solution is to administer dentistry separately – “carve it out” – from the larger Medicaid and PeachCare programs.

What is a carve-out? How does a carve-out work?

- A carve-out would establish a single program administrator for both the Medicaid and PeachCare dental programs.
- The dental program administrator would be responsible for selecting dentists, setting incentives and remedies, and controlling program parameters.
- A single dental program administrator would allow for more efficient program oversight and accountability while also realizing cost savings.
- Dental care costs are predictable and can be budgeted accurately if based on sound actuarial data.

Have carve-outs been tried elsewhere?

- Sixteen states – including Tennessee, North Carolina, South Carolina, Virginia and Kentucky – have implemented dental carve-outs.
- Many states implemented carve-outs only after their publicly-funded dental programs had totally broken down.
- Every state that has implemented a dental carve-out has seen an increase in provider participation and utilization.

Op-Ed for the Atlanta Journal-Constitution: *This op-ed focused on the need for children to have access to regular preventive dental care and the observance of National Children's Dental Health Month. It did not stress the carve-out as a solution because the focus group findings revealed that access to care messages were most compelling. Signed by Dr. Donna Thomas Moses, GDA President, and Dr. Robert J. O'Donnell, president, Northern (Georgia) District Dental Society, and general dentist in Alpharetta.*

National Children's Dental Health Month Underscores Importance of Dental Care for Georgia's Neediest Children

It's a given that most all of us expect to keep healthy teeth throughout our lives, something uncommon as recently as 50 years ago. But many poor children in Georgia won't – unless we make sure they have access to critical preventive dental care.

Each February, the American Dental Association sponsors National Children's Dental Health Month to raise awareness about the importance of oral health. According to the ADA, developing good oral health habits at an early age and scheduling regular dental visits are crucial if children are to get a good start on a lifetime of healthy teeth and gums. Unfortunately, many children in Georgia do not have access to a dentist.

Decades after preventive dental care and water fluoridation have brought an unprecedented decrease in dental disease, children living below the poverty line remain twice as likely to suffer from untreated tooth decay as children who are not poor. In fact, the excruciating pain of tooth decay – and complications – is the leading health-related reason low-income children miss school. And dental disease can carry life-long consequences, increasing the risk of heart disease and diabetes and affecting employability. Who wants to hire someone with rotting or missing teeth?

These are crucial reasons for the state of Georgia to ensure that all poor children have access to dental care. But that goal is threatened in Georgia as administrative inefficiencies in Medicaid and PeachCare threaten the survival of these important dental programs. Mountains of red tape and frequent changes have slashed the number of dentists able to treat low-income children.

Georgia dentists have willingly delivered care for rates much lower than their actual costs because they believe it's the right thing to do for the state's neediest children. But the current Medicaid and PeachCare dental programs, administered by five for-profit contractors, are cumbersome and unpredictable. Money that should be going to dental care goes instead to administrative costs and contractor profits.

The numbers tell a disheartening story. In the first six months of 2007, dentists were hit with more than 14 contractual changes. Administrative contractors summarily terminated more than 120 dentists, closed their networks to new providers and dramatically cut reimbursement rates. In just two years the number of Georgia dentists

participating in Medicaid and PeachCare programs has declined from 1,800 to approximately 600 today.

National Children's Dental Health Month is a timely reminder that all children need access to preventive dental care. We can help ensure that the nearly one million low-income children in Georgia who rely on Medicaid and PeachCare are able to get the care they need by adopting a more efficient dental program with a single administrator.

By competitively bidding dental program administration to a single entity, costs become more predictable and much lower than the current system that pays premiums to five different for-profit contractors. A single dental administrator and a single set of provider standards would make dental programs vastly more efficient and savings could be returned to the state to better serve our neediest children.

Changing to a single dental administrator for Medicaid and PeachCare is a small and easy change. But it is a change that can fundamentally alter the lives of poor children – for the better. That's something we can all smile about.

As we recognize National Children's Dental Health Month, let's remember that good oral health is a goal we need to achieve for every child – because the results will last a lifetime.

Op-Ed for the Columbus Ledger-Enquirer: This op-ed focused on dentistry as a critical care issue, stressed the carve-out as a solution, and emphasized the positive results set forth by other states' carve-out programs. Signed by Senator Greg Goggans (R-Douglas), who has constituents in Columbus and who is also a dentist.

Keep Georgia's Kids Smiling

By Georgia State Senator Greg Goggans

With the tremendous advances made in dental care, you may think images of disease-ravaged mouths – children with rotting teeth, adults in their 20s who have lost their teeth – are a thing of the past. But you'd be wrong. In 2007, dental disease continues to afflict millions of children and adults in the U.S. – and here in Georgia - especially those who are poor.

Decades after preventive dental care and water fluoridation have brought an unprecedented decrease in dental disease, children living below the poverty line remain twice as likely to suffer from untreated tooth decay as children who are not poor. In fact, the excruciating pain of tooth decay – and complications – is the leading health-related reason low-income children miss school. And dental disease can carry life-long consequences, increasing the risk of heart disease and diabetes and even affecting employability. Who wants to hire someone with rotting or missing teeth?

In Georgia, Medicaid and PeachCare – Georgia's State Children's Health Insurance Program (SCHIP) – have provided access to preventive dental care for nearly a million children from poor and working-poor families, and thousands of the state's neediest children have benefitted. These 'ounces of prevention' save the state millions of dollars in 'cure' each year – something particularly important for maximizing the precious resources of our publicly-funded health programs.

But the Medicaid and PeachCare dental programs in Georgia are themselves seriously decaying. The current system, administered by no less than five for-profit contractors is a costly and inefficient model. Dentists have willingly delivered care – because they believe it's the right thing to do - for rates much lower than their actual costs and have not seen an increase in reimbursement rates since 2000. But many are being forced to drop out because the system has become so cumbersome and unpredictable. In just two years the number of Georgia dentists participating in the Medicaid and PeachCare programs has declined by more than 60 percent, from 1800 to just 600 today – an ominous sign of a system on the verge of collapse. As provider participation plummets, so does the availability of preventive dental services for the state's neediest children.

What's the solution? Sixteen other states have fixed these same problems by "carving out" dental funding from larger Medicaid and SCHIP programs. Dental costs, unlike other healthcare costs, are based on providing a known set of services to an established number of eligible children, making expenditures and budgets highly predictable. A carve-out wouldn't increase funding for dental care, but safeguard it. A carve-out would also establish a single dental program administrator, bringing efficiency and lower overhead to dental programs in great need of both.

By shoring up their dental programs with carve-outs, Tennessee, North Carolina, South Carolina, Virginia and Kentucky have all achieved two critical results: an increase in preventive-care visits by needy children and an increase in dentists participating in

Medicaid and SCHIP dental programs. Georgia needs to apply this same wisdom. A dental carve-out promises a sensible, sustainable solution that increases access to preventive care for our most at-risk children and at the same time is fiscally responsible. It's a solution that state lawmakers should embrace. Investing prudently in preventive dental care can give us all something to smile about.

Op-Ed for the Athens Banner-Herald: *This op-ed focused on dentistry as a critical care issue and impact of poor dental health on youngsters. It stressed the carve-out as a funding solution for troubled programs. Signed by Senator Lee Hawkins (R-Gainesville), who has constituents in Athens and who is also a dentist.*

Preventive dental care – something to smile about
By Georgia State Senator Lee Hawkins

Imagine a young job candidate who is bright, capable, eager and dependable – but unemployable because of a mouthful of diseased, rotting and missing teeth.

Despite our best efforts at fluoridation and the emphasis on preventive care, impoverished children in Georgia still grow up missing school because of the sharp pain of tooth decay – and later endure pangs of rejection because they are not presentable to employers. That's why it's important – from a medical, moral and economic development standpoint – for the state of Georgia to ensure that all poor children have access to dental care.

That goal is threatened in Georgia as cutbacks in Medicaid and PeachCare reimbursements, and mountains of red tape, cut into the number of dentists willing to treat needy children. The solution: Set aside existing state Medicaid and PeachCare funds specifically for dental care, reassuring dentists that adequate funds will be available to treat needy children. It's a small, seemingly insignificant change that can fundamentally alter the lives of poor children in Georgia.

To ensure there are enough dentists to serve the state's poor children, Georgia must make reasonable efforts to keep them engaged – and we haven't always done so. As recently as 1999, a mere 260 dentists participated in the Medicaid and PeachCare programs, and needy children's access to dental care was severely limited. Working with the Georgia Dental Association, the state lowered administrative hurdles and increased reimbursements for the first time in more than 15 years. The result: The number of dentists treating poor children increased from 260 to 1,800.

The pendulum is now swinging back in the opposite direction. The reasons are clear: Unnecessary red tape has created administrative nightmares for providers, who now must cope with five different sets of rules and regulations for Medicaid and PeachCare patients. In the first six months of this year alone, dentists were hit with more than 14 contractual changes. Health insurers have summarily terminated more than 120 dentists, closed their networks to new providers and dramatically cut reimbursement rates. As a result, those 1,800 providers have dwindled to fewer than 600 today.

To keep from returning to the dark days of limited dental access for poor kids, Georgia needs to follow the example of 16 other states and carve dental care out of the larger budget for the Department of Community Health. The state should also select a single administrator for the dental carve-out and establish a clear and concise set of guidelines that dentists can easily understand.

Rarely are administrative changes of this sort capable of making such a big difference in the lives of so many children. But when a smart, capable Georgia youngster shows up for a job interview, it'd be great if he could produce a big, confident smile. We owe nothing less to all of our children.

Op-Ed for the (Macon) Telegraph: *This op-ed focused on dentistry as a critical care issue and is similar to the Athens Banner-Herald op-ed but wording was changed slightly so as not to submit an identical piece. Messages were consistent across all the op-ed versions. Editors requested lengthier op-ed around 750 words for the Saturday "Perspectives" page. Signed by Dr. Donna Thomas Moses, GDA President, and Dr. James B. Hall III, a pediatric dentist in Macon.*

Preventive dental care – something to smile about

Imagine a young job candidate who is bright, capable, eager and dependable – but unemployable because of a mouthful of diseased, rotting and missing teeth.

Despite our best efforts at fluoridation and the emphasis on preventive care, impoverished children in Georgia still grow up missing school because of the sharp pain of tooth decay – and later endure pangs of rejection because they are not presentable to employers. Dental care is often considered not as significant as primary healthcare, but it is just as important. Tooth disease can potentially lead to more severe health complications such as heart disease and diabetes. Additionally, children who don't have proper dental healthcare face a lifetime of emotional and physical adversities. They lack the confidence to excel in social and academic settings because they are so consumed with the appearance of their decaying teeth. That's why it's important – from a medical, moral and economic development standpoint – for the state of Georgia to ensure that all poor children have access to dental care.

That goal is threatened in Georgia as cutbacks in Medicaid reimbursements and mountains of red tape cut into the number of dentists willing to treat needy children. Healthcare groups are reducing their fees for urban and rural providers, which discourages dentists from wanting to help children in need of adequate care. Many dentists want to provide dental care for poor children, but they lack the funding necessary to do so. The solution: Set aside existing state funds specifically for dental care for needy children, reassuring dentists that funds will be available to treat them. It's a small, seemingly insignificant change that can fundamentally alter the lives of poor children in Georgia.

To ensure there are enough dentists to serve the state's poor children, Georgia must make reasonable efforts to keep them engaged – and we haven't always done so. As recently as 1999, a mere 260 dentists participated in the Medicaid/PeachCare program, and needy children's access to dental care was severely limited. Working with the Georgia Dental Association, the state lowered administrative hurdles and increased reimbursements for the first time in more than 15 years. The result: The number of dentists treating poor children increased from 260 to 1,800.

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1,800 providers have dwindled to fewer than 600. The reasons are clear: Unnecessary red tape has created administrative nightmares for providers, who now must cope with five different sets of rules and regulations for Medicaid and PeachCare patients. In the first six months of this year alone, dentists were hit with more than 14 contractual changes. Health insurers have summarily terminated more than 120 dentists, closed their networks to new providers and dramatically cut reimbursement rates.

To keep from returning to the dark days of limited dental access for poor kids, Georgia needs to follow the example of 16 other states and carve dental care out of the larger budget for the Department of Community Health. Many neighboring states who have implemented carve outs have seen a significant increase in the number of Medicaid dentists. The state should also select a single administrator for the dental carve-out, and establish a clear and concise set of guidelines that dentists can easily understand. A single administrator would help eliminate confusion about funding and would create incentives for dentists to participate. Instead of dentists being encumbered with unnecessary administrative duties and poor funding; better organized programs would make dentists more inclined to provide dental care to deprived children.

February is National Children's Dental Health Month, and it's the perfect time to recommit ourselves to ensuring that every child in Georgia has access to excellent dental care. Every child deserves the bare minimum of adequate dental care, regardless of his or her economic status. Georgia must take the appropriate strides to bridge the gap between adequate dental care and unprivileged children.

Rarely are administrative changes of this sort capable of making a difference in the lives of children. But when a smart, capable Georgia youngster shows up for a job interview, it'd be great if he could produce a big, confident smile. We owe nothing less to all of our children.

Sample Pitch Letter to Editorial Boards: Sent to editorial page writer or appropriate contact at local newspaper, requesting meeting with editorial board.

Dear XXX,

We'd like to set up a meeting with the Georgia Dental Association to talk about the problem of dental care for low-income children in Georgia – and what's being done about it...

Martha Phillips is the executive director of the Georgia Dental Association and will be in TOWN on DATE.

The programs that are currently treating more than 200,000 low-income youngsters are currently in trouble and the GDA wants to make sure that the Medicaid and PeachCare dental programs don't fall apart.

Poor oral health is a huge problem for children of low-income families in Georgia, many of whom have untreated decay that leads to pain, trips to the ER that could be prevented with proper care, other major health problems, lost days from school and many future problems as adults.

We'd like to talk about the problems and solutions for this important issue.

Thank you in advance for your time and interest. We'll be in touch to confirm a few days in advance.

Feel free to contact me with any questions at XXX-XXXX.

Best regards,
XXX