Department of Health
Senate Memorial 96 Task Force Report
November 1, 2019

Introduction

Oral health has been identified as a significant contributor to overall health. Nevertheless, tooth decay continues to be the most common chronic disease despite being preventable. Underserved communities face innumerable barriers that prevent them access to dental services, such as the high cost of dental treatments, the lack of dental professionals accepting Medicaid, provider shortages in rural areas, lack of health literacy, transportation, immigration status and language, among others. Increasing access to dental care services is a strategy to close gaps and reduce oral health disparities in New Mexico, improving overall health and quality of life. This Memorial aims to address some of the barriers that prevent underserved populations from accessing dental services.

Legislative Mandate

Convene a task force to study the way that Medicaid coverage can be expanded to provide additional dental care for children enrolled in Medicaid and to further study:

- Expansion of participation in the dental care provider network accepting Medicaid;
- Increasing the number of providers enrolled in Medicaid;
- Increase reimbursement rates to Medicaid providers accordingly;
- Ways to increase access for Medicaid patients; and
- Ways to drive down the number and cost of Medicaid acute visits over time.

The Memorial specifically identified organizations to make up the Task Force. The Department's staff determined that additional members from the community having experience with the New Mexico Medicaid process and users of the system needed to be included. Membership includes representatives from:

- New Mexico Human Services Department
- New Mexico Dental Association
- New Mexico Dental Hygienist Association
- New Mexico Oral Health Coalition
- New Mexico Pediatric Association
- University of New Mexico Dental Sciences
- Health Action New Mexico
- Native American Professional Parent Resources (IHS)

- New Mexico Delta Dental (NMDD)
- New Mexico DentaQuest (NMDQ)
- New Mexico Hospital Association
- New Mexico Primary Care Association
- Santa Fe Community College Department of Dental Health
- New Mexico Voices for Children
- Presbyterian Medical Services
- New Mexico Health Resources
- New Mexico Department of Oral Health (NMDOH) staff, including representatives from the Developmental Disability and Support Division (DDSD) Specialty Clinic, Population and Community Health Bureau and Office of Oral Health.

Meetings were held on July 12, 2019, August 23, 2019, September 27, 2019 and October 25, 2019. The task force members were very interested in improving oral health access for children. Various oral health issues and related issues were discussed in detail by the Task Force. The following reflects their discussions and recommendations.

Medicaid Provider and Participant Information

The New Mexico Dental Health Care Board states that there are an estimated 1,216 licensed dentists in New Mexico. Based on the information received, this report will not identify the number of providers currently practicing in the state of New Mexico due to the lack of specific provider information. For example, there are some dentists licensed in New Mexico but not practicing in the state, some may have moved away, or the provider may be deceased.

The New Mexico Dental Health Care Board does license dental providers. Upon licensure, the providers can participate in the Medicaid program. The providers have the option to participate in the Fee for Service Program or the Managed Care Medicaid Program. A provider may participate in one program or both. The providers need to complete a separate credentialing application for each program.

New Mexico Human Service Department (NMHSD) reports that there are 1,073 active dental providers enrolled in Medicaid and of those, an estimated 690 dentists are enrolled in DentaQuest (BCBS and PHP dental vendors). Of the 1,073 dental providers enrolled in Medicaid it is not clear if all the providers continue to accept Medicaid or not. HSD reports that for CY 18, 152 dentists had a least 1 Fee for Service Claim.

According to the HSD CMS 416 Annual EPSDT report for FY 17, there were 416,295 children aged 1 to 20 enrolled in Medicaid that were eligible for Early and Periodic Screening Diagnostic and Treatment Benefit (EPSDT) participation in New Mexico. Of the 416,295, only 230,443 received any dental services; 208,072 received preventive services such as some form of fluoride and 25,708 received a dental sealant on a permanent molar tooth. The report also shows that

229,635 children received dental treatment services, defined as fillings, tooth extractions and/or other services.

Background

Some policy changes that impact the work of the Task Force have been implemented or are under consideration by the HSD. For example, effective July 1, 2019 NM Medicaid covers topical fluoride varnish treatments for children aged six months though age 20. The codes may be billed twice per year by either the child's dentist or primary care provider (PCP).

Fluoride Varnish is a highly concentrated form of fluoride which is applied to the tooth's surface by a dentist, dental hygienist or other health care professional, as a type of topical fluoride therapy. It may be applied to the enamel, dentine or cementum of the tooth and can be used to help prevent decay, re-mineralize the tooth surface and treat dentine hypersensitivity.

In addition, effective July 1, 2019, HSD restored the 2016 2% reduction of dental reimbursement.

HSD is also studying the possibility of covering Silver Diamine Fluoride (SDF). SDF is commonly used to arrest tooth decay. SDF is an advanced form of fluoride used to destroy harmful bacteria. The application of SDF will curtail the spread of decay and lessen the need for fillings or extractions. Reimbursement for SDF will be an additional way for providers to reduce the costly treatment of tooth decay among children enrolled in Medicaid.

Effective October 1, 2019, HSD established a new minimum encounter rate for Federally Qualified Health Centers (FQHC) dental services of $200.00 based on the national average cost of a dental encounter as established by the Health Resources and Services Administration (HRSA) Uniform Data System for 2017.

Reimbursement Issues

New Mexico and other states have identified low reimbursement rates as the reason for poor dental provider participation in Medicaid programs.

Analysis:

An ongoing study conducted by the New Mexico Dental Association (NMDA) found that the number one reason for not being certified as a Medicaid provider is the low reimbursement rates, followed by the difficulty with claims being rejected, scope of allowable care and patient unreliability.

An additional increase in the reimbursement rates would increase the number of dental professionals applying to become a certified Medicaid provider, since dental providers would be reimbursed at a rate that would adequately compensate them for the clinical and administrative

cost of their services. Such an increase would also encourage existing Medicaid providers to remain in the program and recruit new Medicaid Patients.
The NMDA membership also reported that some of their members accept Medicaid patients, some would see Medicaid patients if the enrollment and reimbursement process was improved, and some would not see Medicaid patients even if the system was improved. The survey also reported that improving 3rd party payer issues is very important to the membership. It should be noted that the survey is a small sample. Other dentists interviewed for this report concurred with the findings of the NMDA survey.

Recommendations:

- Increase dental reimbursement rates by an additional increase of 3%.
- Implement a pilot Public Partnership in underserved counties to increase provider participation (like the one provided for Medicaid by Delta Dental of Michigan). The pilot project's goals are to improve children's oral health targeting counties in need, based on gaps in services according to data obtained from the CMS 416 report. Review of the CMS 416 report will define the enhanced benefits that may be needed. The project will enlarge the provider network for children enrolled in Medicaid and /or (depending on the pilot counties) increase provider participation in outreach to Medicaid patients, e.g. increasing education to patients regarding their benefits and responsibilities. The project's performance will be measured using Healthcare Effectiveness Data and Information Set (HEDIS) and other metrics, such as an increase in dental provider participation, and number of annual visits by age. The results will be compared to encounters reported by HSD and Managed Care Organizations (MCOs) in previous years. Should the legislature approve this pilot project, a study will be required to identify the underserved counties and population in need. Delta Dental of New Mexico (DDNM) is requesting funds from the Legislature for this pilot project that would allow specific additional dental benefits and enhance reimbursement to dentists using negotiated rates approximating the average commercial reimbursement rates. This project would operate in addition to the current Medicaid program.
- Develop collaborations within counties to educate Medicaid recipients about the importance of oral health
- Demonstrate increased outcomes for established quality improvement metrics.

System Issues

The existing system for provider enrollment for Medicaid and Managed Care Organizations certification and reimbursement is complicated and burdensome.

Analysis:

Currently, the certification to be a Medicaid dental provider requires a provider to be certified by state Medicaid and the Managed Care Dental Administration (MCO), a duplicative process.

Dentists do have the option to provide services to members who are fee-for-service, managed care, or both.

Recommendations:

- Update and streamline the provider enrollment, reimbursement, and appeal (for denied claims) processes.
- HSD implement a single combined application process for certification.

Access

Oral health is crucial for the normal development of individuals, from pregnancy to adulthood and oral health impacts overall health and quality of life.

Analysis:

Increasing oral health access for underserved populations will reduce oral health inequities. Increasing Medicaid enrollment is an opportunity to expand access to oral health among underserved communities and to achieve health equity. There are numerous barriers that prevent access to dental care for children enrolled in Medicaid, including:

- Immigration status
- Lack of an understandable and approachable enrollment process
- Lack of knowledge about how to navigate the health system
- Provider shortages in rural areas
- Geographic distance
- Poor oral health literacy
- Language barriers
- Insufficient centers or funds to pay for day care
- Parents unable to take off work during the day

These barriers prevent parents from establishing a dental home. As a result, individuals without a dental home tend to go to hospitals/emergency rooms for treatment when in pain, which may not resolve the need for immediate treatment.

It is important to note that patients with special needs are a vulnerable population who are likely to experience poor oral health and access to dental care services. Barriers are affordability, accessibility, accommodation, and availability, which makes it more difficult to identify dental care resources. There is a lack of professionals trained to provide dental care services for special needs patients, and some of those who become trained as special needs dentists don't provide services to this population after the training, although there is an enhancement code, D9920, that allows providers who are trained to treat individuals with developmental disabilities. The taskforce recognizes the importance of increasing access for patients with special needs.

Recommendations:

- Improve oral health literacy and address cultural differences of Medicaid enrollees (parents and children) and in underserved communities.
- Promote the importance of regular dental care by implementing/increasing school-based oral health programs that engage community members, school officials, children and families.
- Train non-dental providers (e.g. Community Health Workers/Promotoras) to provide oral health education at home visits.
- Increase social marketing strategies to promote oral health among Medicaid-eligible and Medicaid-enrolled children.
- Annually provide one million dollars to improve access to care and oral health education by increasing the number of school based linked or school-based centers and/or dental clinics that can provide fluoride varnish, dental sealants, and preventive dental hygiene services to students, especially in rural/frontier New Mexico.
- Allocate funds for special needs training programs to increase the number of dental professionals providing services for special needs populations (Funding amount to be determined).

Cost Savings

Reduce the number and cost of acute emergency room dental visits by Medicaid recipients over time.

Analysis:

Barriers to accessing dental care lead people to visit a dental provider only when in pain, which increases dental treatment costs for both the health system and the patient. National organizations such as the Centers for Disease Control and Prevention, the American Dental Association, and the Association of State and Territorial Dental Directors recommend a focus on preventing tooth decay and other diseases as an evidence-based practice. Increased school prevention programs (dental sealants/fluoride varnish) will reduce the number of elementary school aged children and adolescents with early childhood caries and decay. Preventing tooth decay will reduce the number of children that access care through emergency room visits. It is crucial to invest in preventive measures to reduce the number of emergency room visits due to dental problems.

According to the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), 2018, dental coverage for children is part of the Early and Periodic Screening, Diagnostic and Treatment Benefit (EPSDT). CMS states that dental coverage must include dental care needed for relief of pain, infection, restoration of teeth, maintenance of dental health (provided at as early of an age as necessary), and medically necessary orthodontic services. It requires states to adopt a periodicity schedule specific to pediatric dental services, detailing the

recommended intervals at which enrolled children should receive checkups to assure that enrolled children receive early detection and care of any dental problem.

Recommendations:

- Implement a pediatric dental periodicity schedule in NM, where children start checkups at age one or before if it is required as part of the EPSDT.
- Increase awareness among communities and dental and medical providers on the importance of evidence-based practices to prevent dental caries, such as the application of dental sealants and fluoride varnish.
- Train medical providers to promote oral health, apply fluoride varnish, and refer primary care patients to dentists, especially at FQHCs.
- Increase school based or school linked prevention programs especially in rural/frontier New Mexico.

New Mexico Workforce and Pipeline

Newly graduated/licensed dentists face large debt after graduation, which discourages them from practicing in rural/frontier New Mexico.

UNM Dental Residency Program

The University of New Mexico Department of Dental Medicine contributes to New Mexico's dental workforce by providing further professional training and clinical experience for dentists enrolled in its "residency program". The mission of the residence program is to provide education and clinical programs to train dental health professionals in dental education, clinical services, community health, and research to improve oral health throughout New Mexico. The program's emphasis is in primary care because poor oral health has been linked to other health issues, including heart disease and diabetes. The University of New Mexico's post graduate dental residency program has accepted 9 students this year. Historically, 64% remain in NM after completing a one-year clinical program.

New Mexico Dental Student Enrollment

Of the 6,250 students enrolled in United States dental schools in 2018-19, only 17 were from New Mexico, while 440 were from Texas, 110 from Utah, 82 from Arizona, 81 from Colorado, and 63 from Nevada. Of the 17 NM students, Creighton, a private school, 8 were accepted. Since the year 2000, Arizona and Utah have established two dental schools each, and Nevada has established one school. Texas has three state dental schools, however, by Texas state law, the enrollment of non-resident applicants to state funded medical and dental schools is limited to 10% of the entering class. For the 2018-9 academic year, there were no NM students enrolled in Texas schools. Also, no NM students have been enrolled at the University of Missouri, Kansas City, a WICHE participating school.

Analysis:
One of the most relevant barriers to access to dental care is high cost, and one of the reasons dental care is expensive is because of the cost of dental professional education. Dentists graduate from dental school with an average debt of $250,000, so dentists need to charge enough to pay their debt obligation. Additionally, establishing a dental office can cost up to $250,000, which can raise their previous debt to $500,000.

The state of NM and the Federal Government support several programs for health professionals to pay down educational debt. Such programs, with some exceptions, have the primary purpose of meeting basic primary care clinical needs for those residing in Health Professional Shortage Areas, those exhibiting financial need, and in practices willing to accept all patients. Debt payment and educational support programs are important tools for recruitment and retention. Additionally, the programs result in making more services available to patients, especially to those patients participating in Medicaid. However, in New Mexico several programs to support health professionals with student debt have experienced funding reductions over the last several years.

Recommendations:

- Increase debt payment and educational support programs for oral health professionals.
- Provide education and information to high school students about financial aid opportunities such as loan repayment, Western Interstate Commission for Higher Education (WICHE), NM Health Service Corps and other educational support programs to assist with the high cost of dental education.
- Professionals participating in educational support programs are required to serve Medicaid patients for at least two years after graduation.
- Improve state programs in New Mexico as described below:
  1. New Mexico Rural Primary Health Care Act (RPHCA)
     - Restore funding of 10.2 million for the FQHC program that supports salaries and benefits for non-profit clinicians; funding was reduced by 63% over the last several years.
     - Authorize and fund a $3 million loan repayment program allowing for New Mexico Department of Health (NMDOH) to contract with clinics to offer guaranteed access to loan repayment.
     - Increase funding for each element of the RPHCA, including active recruitment of dentists and hygienists.

- Assist clinics in "recruiting for retention" and developing both recruitment and retention plans.

2. New Mexico Health Service Corps (NMHSC)
   - Restore overall funding to the $750,000 level for Medical and Dental components of the NMHSC.
   - Restore the $250,000 base program funding for allocation to Dentists, Hygienists, and community-based projects.
   - Allow funds returned by participants and from defaults to be returned to the program, not to the general fund.
3. New Mexico Rural Health Practitioner Tax Credit Program
   - For rural/frontier dentists and hygienists, double available tax credits to $10,000 and $6,000 respectively.
4. New Mexico Higher Education Loan Repayment Program
   - Transfer the administration of the program to NMDOH/Public Health Division (PHD)/Population and Community Health Bureau/Office of Primary Care and Rural Health.
   - Construct the Program Advisory Committee according to the defining statute:
     - ✓ Include oral health representation on the advisory committee and application review process.
     - ✓ Cease operating the program as if it is an educational program – participants are employed.
     - ✓ Increase funding to $5,000,000 for the state portion of the program.
     - ✓ Increase individual annual awards to participants to $100,000.
     - ✓ Increase term of obligation from two years to five years per contract in accordance with the increased financial support.
     - ✓ Regardless of Health Professional Shortage Area score, create a rural and/or frontier practice award of $200,000 per year with a five-year associated obligation.
     - ✓ Allow for half time practice and for pro-rated service time.
     - ✓ Clarify to applicants who have been denied renewals after the initial two-year contract period reasons for denials and explanations why new awards are made in their places.
5. New Mexico Higher Education Allied Health Loan for Service (RDH)
   - Increase aid from $12,000 to a maximum of $20,000 annually.
   - Include oral health representation on the advisory committee and application review process.
6. WICHE Loan for Service Program
   - Increase annual tuition support to $50,000 per year for dental students.
   - Maintain enough financial ability to support an annual number of awards between 10 – 15.

- Restore and increase funding for undergraduate Pre-Dental Society programs at public higher education institutions to encourage NM students to enter oral health careers.

Summary of the SM96 Task Force Recommendations in Order of Priority

1. Increase dental reimbursement rates 3% beyond FY 19 levels.
2. Form an advisory committee led by HSD to reduce administrative barriers:
    a. Streamline dual certification process.
    b. Review and improve reimbursement process.
3. Improve oral health literacy of Medicaid participants (parents and children) and educate the parents of Medicaid enrollees about the importance of keeping appointments.
4. Expand the existing pediatric dental periodicity schedule in NM, where children start checkups at age one or before if it is required as part of the EPSDT.
5. Develop a Medicaid pilot project to promote oral healthcare by incentivizing Medicaid dental reimbursement rates in communities where Medicaid is underutilized.
6. Conduct a study by HSD identifying numbers of children enrolled in Medicaid and not receiving services. Identify the barriers and focus on these communities to improve utilization.
7. Conduct a study of the number of dentists licensed and practicing in New Mexico.
8. Annually provide one million dollars to improve access to care and oral health education by increasing the number of school based linked or school-based centers and/or dental clinics that can provide fluoride varnish, dental sealants, and preventive dental hygiene services to students, especially in rural/frontier New Mexico.
9. Increase funding to fifty thousand dollars and slots for WICHE dental students and require them to be a Medicaid provider upon graduation.
10. Restore funding of 10.2 million for FQHCs that supports salaries and benefits at non-profit clinics: funding was reduced by 63% over the last several years.
11. Allocate funds for special needs training programs directed to dental providers to increase the number of dental professionals providing services for special needs populations (Funding amount to be determined).
12. Implement a Caries Management by Risk Assessment (CAMBRA) provider/patient contract program to reduce no shows and increase commitment to improve oral health and healthy lifestyles.
13. Promote increased training for Medicaid providers on the use of and application of fluoride varnish.
14. Conduct alternate office hours or locations for care beyond the traditional Monday through Friday, e.g., evening and Saturday hours, and other activities to support patient attendance.