



Coordination of Medicaid Dental and Medicaid Services

As Required by

**2018-19 General Appropriations
Act, Senate Bill 1, 85th Legislature,
Regular Session, 2017 (Article II,
HHSC, Rider 41)**

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Executive Summary

The Coordination of Medicaid Dental and Medicaid Services Report is submitted in compliance with the 2018-19 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 41). The Health and Human Services Commission (HHSC) reviewed policies and procedures related to coordination of services between dental maintenance organizations (DMOs) and managed care organizations (MCOs), specific to dental sedation and general anesthesia in children.

A change to the Texas Health Steps therapeutic dental services policy, effective July 1, 2017, allows HHSC to more effectively ensure that services are being delivered in the most appropriate and cost-effective setting. The policy applies to Medicaid clients under age seven. This is the age range on which the majority of deep sedation and general anesthesia is administered for dental treatment, and the age range for which medical complications are most likely to occur. The policy defines procedures regarding which services are reimbursed by the DMO and MCO, their respective roles in the approval of prior authorizations (PAs), and resolution of disputes. HHSC intends to meet the requirements of Rider 41 through implementation of this policy. HHSC will review appropriate utilization data as it becomes available to assess the impact of this policy. HHSC may establish more concrete guidance in the managed care contracts regarding DMO and MCO coordination. This guidance could include more detailed description of the protocols for MCO to DMO coordination, as well as enhanced protocols for reciprocal referrals, and communication of data and clinical information.

1. Introduction

Rider 41 requires a report on the coordination of Medicaid dental and medical services. The report shall review policies and procedures related to coordination of services between DMOs and MCOs to ensure services are being delivered in the most appropriate and cost-effective setting; identify which services must be reimbursed by the DMO and the MCO when children require sedation in a dentist's office, ambulatory surgical center, or hospital; define the role of the DMO and the MCO in approval of PA; and establish procedures for resolving any disputes in authorizations between DMOs and MCOs. To the extent allowed by state and federal law, HHSC may implement any recommendations developed as a result of the required review.

The scope of this report is dental services for children enrolled in Medicaid managed care who receive comprehensive dental services. Children under seven years of age are the subject of the policy described in this report. In general, adults enrolled in Medicaid are entitled to emergency dental services only, and are therefore outside the scope of this report. Also excluded from this report are clients enrolled in fee-for-service Medicaid.

At the time this report was prepared, a complete year of utilization data for the time period following the policy implementation was unavailable due to the length of time between when claims are filed and when the claims payment information is considered complete. More comprehensive data is expected to be available and included in future reporting.

2. Background

Children's Medicaid Dental Services

The Early Periodic Screening Diagnostic, and Treatment (EPSDT) regulation, Section 1905(r) of the Social Security Act, mandates that all Medicaid eligible beneficiaries who are birth through 20 years of age receive medically necessary services covered in the state's Medicaid plan. Texas Health Steps (THSteps) is the Texas version of EPSDT. THSteps dental policies and procedures are described in the Texas Medicaid Provider Procedures Manual (TMPPM). MCOs must adhere to all EPSDT requirements.

THSteps dental benefits include periodic dental checkups, diagnostics, and treatment for children six months through 20 years of age. This includes therapeutic dental services such as fillings, crowns, root canals, and sedation or anesthesia that are necessary to return clients to normal, pain-free functioning. The goal of THSteps dental benefits is to identify children at high risk of developing dental disease, to start preventive services, to treat decay early, and to educate families about the importance of good oral health.¹

Introduction to Managed Care

Most people in Texas who have Medicaid receive their services through managed care.² Medicaid clients served by managed care are "members" of the health or dental plan. Under managed care, HHSC contracts with MCOs and DMOs to deliver Medicaid services. HHSC pays MCOs and DMOs a monthly amount to coordinate care for members and reimburse providers for health or dental services provided to their members. The MCOs and DMOs are required to provide all medically necessary

¹ Texas Medicaid and CHIP in Perspective. 2017.
<https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/texas-medicaid-chip-perspective>

² Texas Medicaid and CHIP in Perspective. 2017.
<https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/texas-medicaid-chip-perspective>

services to their members in the same amount, duration, and scope as outlined in the Medicaid state plan and other Medicaid policies.³

Most children and young adults through age 20 receive Medicaid dental services through a DMO.⁴ Populations that do not receive services through a DMO are:

- Medicaid recipients who are 21 years of age or older;
- Recipients who reside in an institution, i.e. nursing homes, state supported living centers, or intermediate care facility for individuals with an intellectual disability; and
- Recipients in the STAR Health program. These members are served by the managed care foster care program administered by Superior Health Plan.

The principle objectives of children's Medicaid managed care dental services are to:

- Provide quality, comprehensive dental services in a manner that improves oral health of clients through preventative care, education, and early intervention.
- Promote improved access to quality care, thereby significantly improving health outcomes for the target populations.

Sedation and General Anesthesia in Dentistry

The administration of local anesthesia, sedation, and general anesthesia is a tool that may allow dentists to minimize patient pain and anxiety so that appropriate dental treatment can be administered.

Deep sedation is defined by the American Dental Association as a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated stimulation. General anesthesia is defined as a drug-induced loss of consciousness during which patients cannot be aroused, even by painful stimulation.⁵

³ Ibid.

⁴ Ibid.

⁵ American Dental Association. Guidelines for the Use of Sedation and General Anesthesia by Dentists.

Sedation for children is a method of controlling pain and anxiety, as well as allowing the dentist to safely complete treatment. Young children often require deeper levels of sedation when undergoing longer treatment. However, young children are vulnerable to the side effects of sedation. Administration of sedation on children requires caution to ensure patient safety.⁶

http://www.ada.org/~/media/ADA/Education%20and%20Careers/Files/anesthesia_use_guidelines.pdf

⁶ Cote CJ, Wilson S, American Academy of Pediatrics, American Academy of Pediatric Dentistry. Guidelines for Monitoring and Management of Pediatric Patients Before, During, and After Sedation for Diagnostic and Therapeutic Procedures: Update 2016. *Pediatrics*. 2016; 138(1):e20161212.

<http://pediatrics.aappublications.org/content/early/2016/06/24/peds.2016-1212>

3. Policy Overview

HHSC makes continual efforts to improve the safety and quality of services delivered to children who receive dental treatment. As part of that effort, HHSC updated its Medicaid therapeutic dental benefits policy effective July 1, 2017. The policy requires PA for all deep sedation and general anesthesia administered in a dental office, ambulatory surgical center/hospital ambulatory surgical center, or hospital setting to children ages zero through six years of age, when provided in conjunction with therapeutic dental treatment. The policy applies to Medicaid-eligible children enrolled in STAR, STAR Kids, and STAR Health programs. In the case of an emergency medical condition, accident, or trauma, PA is not necessary.

The Criteria for Dental Therapy under General Anesthesia form is a tool required for Texas Medicaid dental providers to assess the need for dental treatment under general anesthesia for children of all ages. The form contains four categories: age of client, treatment requirements, behavior of client, and additional factors. The dentist performing treatment reviews each category and assigns a point value to assess the need for general anesthesia. More points are assigned to children who are younger, need more extensive dental treatment, exhibit behavior that inhibits dental treatment, or have other factors such as history of failed conscious sedation or a medically compromising or handicapping condition.

For all children under seven years of age, the treating dentist must submit the Criteria for Dental Therapy under General Anesthesia form as part of the PA request. For children over seven years of age, PA for general anesthesia is required when the child does not meet the minimum threshold of 22 points on the Criteria for Dental Therapy under General Anesthesia form. The Criteria for Dental Therapy under General Anesthesia form must be signed by the treating dentist and the parent or guardian.

HHSC developed this policy with input from internal and external stakeholders, including the Texas Dental Association, the Texas State Board of Dental Examiners, the Texas Academy of General Dentistry, and the Texas Academy of Pediatric Dentistry. In addition, the DMOs and MCOs were given multiple opportunities to provide feedback on this policy. The draft policy was also posted for public feedback

on the HHSC Medicaid Medical and Dental Policies website.⁷ HHSC considered this feedback as part of the policy review process.

Prior Authorization for Dental Sedation and General Anesthesia

Under the Texas Medicaid managed care model, certain medical services are the responsibility of the MCO, while other services are the responsibility of the DMO. The DMO is responsible for authorizing, arranging, coordinating, and providing medically necessary covered dental services in accordance with the requirements of its contract with HHSC. The DMO is not responsible for coverage of non-capitated services, including hospital, physician, and related medical services (e.g. anesthesia and facility fees) that may be associated with dental care.⁸

The MCO is responsible for assessing, authorizing, arranging, coordinating, and providing covered services, in accordance with the requirements of its contract with HHSC. The MCO is not responsible for reimbursing dental providers for preventive and therapeutic dental services obtained by Medicaid members. However, medical and/or hospital charges, such as anesthesia, that are necessary for Medicaid members to access standard therapeutic dental services, are covered services for Medicaid members. The MCO must provide access to facilities and physician services that are necessary to support the dentist who is providing dental services to a Medicaid member under general anesthesia or intravenous sedation. Medicaid medical benefits also provide coverage of some dental related emergency services. These include but are not limited to: dislocated jaw, traumatic damage to teeth and supporting structures, removal of cysts, treatment of oral abscess of tooth or gum origin, treatment and devices for craniofacial anomalies, and drugs.⁹

⁷ Medicaid Medical and Dental Policies: <https://hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/medicaid-medical-dental-policies>

⁸ Dental Services Managed Care Contract: <https://hhs.texas.gov/services/health/medicaid-chip/provider-information/managed-care-contracts-manuals>

⁹ Uniform Managed Care Contract; <https://hhs.texas.gov/services/health/medicaid-chip/provider-information/managed-care-contracts-manuals>

The STAR Health MCO must provide all medically necessary covered dental services as described in the TMPPM without limitation. This includes periodontics, orthodontics, endodontics, and other services included in the TMPPM.¹⁰

After receiving PA approval from the DMO, dental providers are responsible for coordinating with medical anesthesia providers and/or facilities that are associated with the client's MCO. MCOs are required to prior authorize general anesthesia services when administered in an ambulatory surgical center/hospital ambulatory surgical center, hospital setting, or by a physician in a dental office. The medical provider or facility is responsible for obtaining PA for medical procedures from the client's MCO. The MCO must review and prior authorize the general anesthesia service following the PA review performed by the DMO. MCOs must consider the DMO's approved PA as part of its clinical review process.

The dental and medical managed care contracts assign the responsibility to the STAR, STAR Kids, STAR Health, and Dental managed care plans to coordinate care as needed for medically necessary therapeutic dental treatment. This responsibility includes the responsibility to establish protocols for coordination with other MCOs or DMOs when necessary. In addition, MCOs and DMOs must establish protocols for reciprocal referrals and communication of data and clinical information regarding members. In the case of a denial of PA of medical necessity by the MCO, when the dental services have been prior authorized by the DMO, the MCO and DMO are responsible for coordinating to resolve the issue and appropriately notifying their respective network providers.

¹⁰ STAR Health Managed Care Contract, <https://hhs.texas.gov/services/health/medicaid-chip/provider-information/managed-care-contracts-manuals>

4. Conclusion

Requiring DMOs and MCOs to review the medical necessity of deep sedation and general anesthesia prior to clients undergoing treatment allows for review of appropriateness prior to services being rendered. This policy change may also foster coordination between MCOs and DMOs and may result in more cost effective treatment.

HHSC updated its Medicaid therapeutic dental benefits policy effective July 1, 2017. The policy requires PA for all deep sedation and general anesthesia administered in a dental office, ambulatory surgical center/hospital ambulatory surgical center, or hospital setting to children ages zero through six years of age, when provided in conjunction with therapeutic dental treatment. The timing of the policy implementation coincided with the implementation of Rider 41. At the time this report was prepared, one complete year of utilization data for the time period following the policy implementation was not available due to the limitations of data reporting. More comprehensive data is expected to be available and included in future reporting. This will allow HHSC to more fully evaluate the impact of this policy, including the financial impact, and allow for appropriate recommendations for policy or operational improvements.

List of Acronyms

Acronym	Full Name
DMO	Dental Maintenance Organization
EPSDT	Early Periodic Screening Diagnostic, and Treatment
HHSC	Health and Human Services Commission
ICF	Intermediate Care Facility
IID	Individuals with Intellectual Disabilities
MCO	Managed Care Organization
PA	Prior Authorization
S.B.	Senate Bill
THSteps	Texas Health Steps
TMPPM	Texas Medicaid Provider Procedures Manual
TSBDE	Texas State Board of Dental Examiners