



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Commissioner's Office
221 State Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-3707; Fax (207) 287-3005
TTY Users: Dial 711 (Maine Relay)

March 2, 2015

Senator Eric L. Brakey, Chair
Representative Drew Gattine, Chair
Members, Joint Standing Committee on Health and Human Services
#100 State House Station
Augusta, ME 043330-0100

Re: LD 1749, 125th Legislature, An Act To Create Greater Cost Efficiency and Improve Health Outcomes by Incorporating Increased Access to Dental Services for Adults through MaineCare's Care Management and Coordination Initiatives

Dear Senator Brakey, Representative Gattine, and Members of the Joint Standing Committee on Health and Human Services:

Stakeholders and representatives from DHHS met several times in an attempt to address the questions raised by the committee in a letter dated April 4, 2014. Beyond discussion, the Department, in partnership with stakeholders, conducted a provider survey in an attempt to gain insight on provider perspectives related to dental services. The Department's findings are summarized below by question.

1. How does the department and providers interpret the statutory provision for the treatment of oral health pain, infection and imminent tooth loss?

The Department implements the statutory provision for the treatment of oral health pain, infection, and imminent tooth loss in Chapter II, Section 25 (Dental Services) of the MaineCare Benefits Manual. Dental services for adults include:

- A. *Acute surgical care directly related to an accident where traumatic injury has occurred. This coverage will only be provided for the first three months after the accident;*
- B. *Oral surgical and related medical procedures not involving the dentition and gingiva;*
- C. *Extraction of teeth that are severely decayed and pose a serious threat of infection during a major surgical procedure of the cardiovascular system, the skeletal system or during radiation therapy for a malignant tumor;*
- D. *Treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss; and*

- E. *Other dental services, including full and partial dentures, medically necessary to correct or ameliorate an underlying medical condition, if the Department determines that the provision of those services will be cost-effective in comparison to the provision of other covered medical services for the treatment of that condition.*

Standards of treatment to relieve pain, eliminate infection or prevent imminent tooth loss requires the dentist to document one or more of the following in the member's record:

- A. *documentation of the member's acute tooth pain or acute infection;*
- B. *supporting radiographs (if pertinent);*
- C. *documentation of any underlying medical condition that places the member at risk of imminent tooth loss; or*
- D. *documentation of an accident where traumatic injury has occurred.*

The policy states clearly that the Department covers many dental services for adults so long as clinical judgment supports the services.

Providers, when asked to what extent they are familiar with MaineCare's policies for the treatment of dental pain, infection, and the prevention of imminent tooth loss, had the following results:

- Not aware at all – 18.4%*
- Somewhat, and they treat adults – 29.8%*
- Very familiar and they treat adults – 25.4%*
- Don't treat adults – 14.9%*
- Other – 11.4%*

- 2. How does the department apply the statutory provision that allows for other oral health services if cost effective compared to other services covered under MaineCare? Are providers using this provision and what can be done to better utilize this cost-savings measure?**

The Department applies the statutory provision that allows for other oral health services if cost effective compared to other services by using billing codes with a prior authorization (PA) that supports medical necessity.

Dental providers are allowed to perform and bill for medically necessary restorative services in addition to extractions, when PA requirements are met. The provider is to refer to Chapter III of Section 25 to verify code coverage and any prior authorization requirements.

MaineCare covers several preventative services with the submission of a prior authorization (PA) to further allow for medically necessary services; however, the code analysis of dental claims for adults shows that restorative services are being billed to MaineCare, but our data does not show that preventative services are being provided;

therefore, education and outreach to providers is necessary. Provider education regarding billable services is presently available via Provider Services and by the Provider Relations Specialist for the Dental Policy.

Providers, according to survey results and discussion, find the PA standards to be confusing and inconsistently applied. Some providers, but not all, for example, look for additional guidance from the Department on what constitutes "imminent tooth loss." The Department has resisted providing specifics as the Department believes it is important to allow for clinical judgment and supports provider decisions so long as there is clear documentation that indicates a solid ground for their decision making.

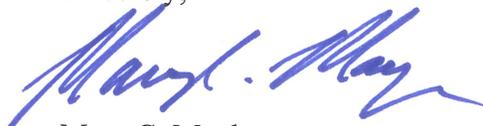
3. Are there more effective ways to use existing resources spent on adult oral health and related conditions including services provided in dental offices, hospitals and physician offices?

The Department believes that additional outreach to dental providers educating them on what services can be provided under what circumstances could result in a more effective use of existing resources. There is confusion among dental providers on what is covered under what circumstances.

In addition, the committee requests that the department work with high users in MaineCare to identify dental treatments, including services related to dental diagnoses such as prescription drugs and radiographs, conducted in emergency rooms. The committee would like information on the Hospital Emergency Room Diversion program including member services, cost savings associated with the project and how it is administered.

The Department presently works with high users in MaineCare to identify dental treatments and services delivered in emergency rooms. The Department gets emergency departments' (EDs) census from hospitals. Department staff examines the members that came into the ED with dental complaints, and then reach out to those individuals and send them a list of dentists in their area that take MaineCare and an informational card on dental pain. Members that go to the ED two or more times in a quarter are assigned a case manager. The Department has found that many members do not follow up or go to their dental appointments.

Sincerely,



Mary C. Mayhew
Commissioner