



Pediatric Dentist Toolkit for Seeing Patients with Medicaid:

Changing Children's Lives One Smile at a Time



AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®



Introduction

Pediatric dentists are uniquely qualified to serve children covered by Medicaid. They provide needed care to our nation's most vulnerable citizens at higher rates than other dental providers. In fact, close to 70 percent of pediatric dentists treat patients covered by public assistance programs, and thus have a substantial impact on children's access to oral health care, as well as their overall well-being and quality of life.

If you are a new pediatric dentist, a pediatric dentist new to Medicaid, or both, you will find this toolkit an invaluable guide to getting a Medicaid program started in your practice. It covers such practical concerns as how to become a dental Medicaid provider, schedule patients wisely and find training opportunities for your team members. It features no-nonsense answers to common questions about how to appropriately administer Medicaid and offers a host of time-saving resources.

What is dental Medicaid?

Medicaid is a state-federal partnership program that provides health care benefits to eligible low-income families. Medicaid was enacted in 1965 as part of Title XIX (19), the Social Security Act. The Children's Health Insurance Program (CHIP) provides health care benefits to children from low-income families whose income rests above the Medicaid eligibility levels, yet still low. Both government programs provide dental benefits as part of the health care benefit package. In some states, CHIP is a simple expansion of the existing Medicaid program, and in other states, it includes such program aspects as cost sharing. CHIP may have its own state-selected brand name, such as Iowa's Hawkeye Kids or Georgia's PeachCare. Each state has the flexibility to choose how CHIP eligibility and covered services are determined.

Is coverage for dental services mandatory?

Yes, for children under age 21. In 1967, the Early Period Screening, Diagnosis, and Treatment (EPSDT) program was established under federal law requiring states to provide comprehensive screening, diagnosis and treatment services to eligible children covered by Medicaid. This mandate includes dental care. At a minimum, dental services include relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services cannot be limited to emergency services. Under the law, each state is required to develop a dental periodicity schedule in consultation with recognized dental organizations involved in child health. Adult services are optional, and each state determines whether or not to cover services for its citizens age 21 and over.

How do dental Medicaid programs work?

There are several different models of dental Medicaid programs. Some states run their own fee-for-service (FFS) programs, often considered an older, more traditional approach. Under an FFS model, the state pays the dentist directly for the delivery of dental services to children enrolled in the program.

Other states contract with commercial insurance companies, called dental benefit managers (DBM), dental benefit administrators (DBA), managed care organizations (MCO), accountable care organizations (ACO) or other names. These different names reflect differences in the organization's scope of work with the state. In other words, their contracts and deliverables are different. Companies that function as DBMs and DBAs generally provide only administrative support and usually do not share financial risk with the states.

MCOs and ACOs can either provide only administrative services, or they can administer the entire program and assume a portion or all of the financial risk. For example, state X pays the MCO \$10,000,000 to manage its dental Medicaid program. The state creates a contract listing the rules the MCO must follow, such as providing Medicaid cards to eligible patients, processing claims, and paying dentist providers. The state has a contract with the MCO, and the MCO then contracts with dentists to provide the dental services.

Good resources outlining these different models can be found at ADA.org, http://www.aapd.org/assets/1/7/ADA-2012_Medicaid_Report.pdf

The MSDA National Profile, www.msdanationalprofile.com, provides a state-by-state listing of the administrative models along with the names of each contracting M-MCO, D-MCO, ACO, and DBA.

Why should I consider participating in Medicaid?

Children covered by Medicaid are often disproportionately affected by dental caries and experience difficulties securing care and a Dental Home. Medicaid provides children access to a strong and comprehensive set of services. This coverage is vital to oral health by providing affordable coverage to children in low-income families and to children with special health care needs.

Participating in Medicaid is a decision you must make for yourself. Factors that influence a dentist's choice to participate

Dr. Monica Cipes, West Hartford, Conn.

Pediatric Dentist and Medicaid Provider since 2010

Treating children on Medicaid has enabled me to get to know families from around the world and all walks of life. Every day, families from other countries and the inner city teach me about their language, culture and their day-to-day struggles. They expand my world view. When treated with warmth and respect, they respond in kind. They do not disrupt my practice, they enhance it! I enjoy the diversity of my practice, and I am happy to do my small part in taking care of underserved children.

include location, population demographics, reimbursement rates, attitudes about caring for low-income children, experiences during one's training program and a history of program participation.

While many dentists report challenges both in seeing children on Medicaid and working with the program, others have been successful and even consider it a calling. Many pediatric dentists have experienced a deep sense of satisfaction in caring for their communities' highest-risk children. This population includes children who live in extreme poverty, those with special needs, victims of neglect and abuse, children in immigrant families, and those with complicated (and often challenging) dental needs and pathology. Medicaid is essentially the health care insurance safety net for the nation's poorest children, and pediatric dentists and the AAPD are focused on obtaining optimal oral health for all children.

Participation in Medicaid today provides practitioners with useful experience in contracts, understanding plan participation rules, and how to deal electronically with central aspects of care. These skills are all transferable to other aspects of practice for both the dentist and the office staff.

Medicaid providers who engage in advocacy for patients also carry more clout with legislators and agency officials. Other non-dental professionals view Medicaid participation by a dentist as a sign of a dentist's good will and interest in helping the less fortunate. Finally, pediatric dentists having a stake in the program provides more credibility to the AAPD and state pediatric dental chapters in advocating for necessary improvements in dental Medicaid programs.

How do I become a dental Medicaid provider in my state?

You will find the process similar to other dental insurance credentialing. Typically, it starts with completing a provider application and signing an agreement to participate. The state or dental benefit manager (DBM) will then verify the following credentialing criteria:

1. National Provider Identifier number.
2. Licensure status.

3. History of state licensing sanctions or reprimands.
4. Medicare/Medicaid sanction history.
5. Malpractice claims history.

You will also be expected to sign a dental Medicaid provider contract. (This may come in the form of a Medicaid dental provider manual.) Read it carefully! Ask questions about points you don't understand. It's possible you may be able to delete clauses you find troublesome, so ask the contractor if this is permitted. Once you are a provider member, you will be required to apply for re-credentialing according to the time frame established by your state.

How can I best prepare my pediatric dental team members to work with the Medicaid system?

As Methodist Bishop H.E. Luccock said, "No one can whistle a symphony. It takes an orchestra to play it." Your team members are essential to the smooth running of a Medicaid program within your practice. State Medicaid/CHIP programs or the contract DBM typically have a provider relations representative, as well as provider training, periodic newsletters, office training, and a call center.

Here are tips to help your team get the most out of state-provided resources.

1. Ask every member of your team to read the Dental Medicaid Provider Manual for your state, usually available online through your state Department of Health and Human Services website. This document lists covered services, the fee schedule and any restrictions to providing a service. For example, the manual may state, "Will only cover this service once every six months."
2. If your state contracts its Medicaid program to a managed care organization, it is likely that the company offers webinars that will be helpful in training your staff. If your practice sees a number of patients with Medicaid, a dental benefit manager from the managed care organization is likely willing to come to your practice and train your staff.

Dr. Dennis McTigue, Worthington, Ohio

Pediatric Dentist and Medicaid Provider since 1984

Caring for Medicaid kids is my professional responsibility. These are children often forgotten by society with little future ahead of them. I can eliminate dental disease from the burdens they suffer. This is what pediatric dentists do.

- Regardless of whether the state or a contracted organization runs your Medicaid program, it will have a provider bulletin, website provider portal or newsletter that gives valuable information such as updates to the program or common errors in submitting claims.

Team members should know where to complete and get help with these provider functions:

- Verify member eligibility.
- Manage claims submission.
- Submit authorization forms.
- View claim status.
- Create claim tracking reports.
- Review member (covered patient) treatment history.

What on-going training opportunities should I consider for my pediatric dental team members?

A 45-minute staff meeting twice a year addressing Medicaid issues can go a long way toward making Medicaid a useful part of your practice and keeping your practice free from Medicaid headaches. An excellent resource for staff training topics, available only to AAPD members, is the AAPD webpage on dental insurance and coding, http://www.aapd.org/resources/dental_coding/. It offers up-to-date information on the latest issues in dental procedure coding that impact pediatric dentistry. Topics covered include implementation dates of new codes, guidance on applying newly approved codes, documentation of medically necessary care, and compliance resources to protect your practice from Medicaid audits.

If you would benefit from education in addition to do-it-yourself training, the AAPD offers an Insurance Symposium that covers appropriate claims submissions every year at its Annual Session. If you prefer to “go local,” the AAPD offers a complimentary Coding and Insurance Course to state pediatric dental chapters.

Which patients are eligible for Medicaid?

In the past, a patient’s eligibility for Medicaid and CHIP was based on an income eligibility standard – usually a percentage

of the Federal Poverty Level – plus a set of deductions determined by each state. Eligibility is now calculated by a simplified method called modified adjusted gross income (MAGI). Under this new process, a patient’s eligibility typically is based on the income eligibility standard plus the average value of the original state-determined set of deductions.

Regardless of the calculation method, eligibility for Medicaid and CHIP still varies from state to state and may vary across patient population groups. (Children of different ages may have different eligibility levels, and patients with special health care needs may have still another level of eligibility.) For example, in Illinois, the Medicaid/CHIP eligibility level is 142 percent of the Federal Poverty Level (FPL) for children ages 0 – 18. In neighboring Iowa, children ages 0 – 1 are covered at 375 percent of the FPL, while children ages 1 – 18 are covered at 167 percent. Across the border in Wisconsin, the Medicaid/CHIP eligibility level is 301 percent of the FPL for children ages 0 – 1, 186 percent of the FPL for children ages 1 – 5, and 151 percent of the FPL for children ages 6 – 18. (See chart.)

To get the most recent information on eligibility of patients in your state, visit <https://www.medicaid.gov/medicaid/by-state/by-state.html> and click on your state. The dental information available on the Medicaid.gov website is fairly general. If you require more specific information, particularly about coverage for patients with special health care needs, you should refer to your state’s Medicaid rules and regulations. Remember, you cannot determine eligibility for your patients—only the state Medicaid program can determine eligibility.

Because your services won’t be reimbursed if the patient’s eligibility has expired, be sure your front office staff verifies each patient’s Medicaid eligibility. (Patients should know their status, but eligibility can change as often as monthly in some states.) Simply asking to see the Medicaid card is not enough; cards become outdated. Depending upon your state, you may have access to the following support systems:

- Cards with “swipe” technology to determine eligibility immediately.
- Websites with eligibility lists that can be accessed quickly.
- Helplines and other services to verify eligibility.

State Medicaid and CHIP Eligibility — Percentage of FPL			
State	Medicaid Ages 0-1	Medicaid Ages 1-5	Medicaid Ages 6-18
Illinois	142%	142%	142%
Iowa	375%	167%	167%
Wisconsin	301%	186%	151%

Sample No-Show Policy

Dr. Jessica Meeske, Hastings, Neb.

Provide a phone or text message confirming appointments and requesting that parents call if they need to reschedule. If a patient misses an appointment without notice, try to find out why. Was it a serious illness, transportation issue or work emergency? If patients have three no-show appointments, they may be dismissed from the practice. If they wish to remain, they will receive appointments only through the “short call” list used to fill late-notice gaps in the schedule. (This policy does not apply to children with toothaches or emergencies.) As with any dismissed patient, document the reason in the chart, communicate with the parent, complete a termination or transfer of care letter, and provide emergency care for 30 days.

Are there any rules about which patients I accept into my practice?

According to the Centers for Medicare and Medicaid Services (CMS), dentists may limit the number of Medicaid patients to be accepted into the practice subject to requirements in the Medicaid provider agreements, state licensure provisions and applicable civil rights laws. In other words, providers have choices just as patients do. Your practice can limit the number of Medicaid patients seen in several different ways. You can limit the total number of new patients you see per day, week or month. You can limit patients by geography. For example, “Dr. Smith is only accepting new patients with Medicaid from Adams County or through Head Start.” An additional frequent limitation is accepting new patients only under a certain age. Or, you can accept only new patients with special needs. What you can’t do is limit new patients by any demographic protected by the Civil Rights Act. For example, you can’t say you aren’t seeing any new patients who are of a particular race, religion or disability status.

Am I allowed to stop seeing a Medicaid patient?

Yes, you have the right to discontinue seeing patients with Medicaid as long as it doesn’t fall under the Civil Rights Act. You can say, “Once a patient becomes age 12 or is able to have their care transferred to a general dentist, our office requests that patients do so.” However, when you transfer patients, you must give them transfer options, send a letter of transfer, and provide emergency care for 30 days.

You can terminate your doctor/patient relationship for any reason as long as it is documented, and you’ve taken the appropriate steps to end the relationship. Reasons for firing a patient can include failure to show up for visits or failure to comply with treatment. Be sure to document the reason in the chart, communicate with the parent, complete your normal termination of care or transfer of care letter to the parent,

and provide emergency care for 30 days. Another important guideline is always treat your patients with Medicaid like you do your non-Medicaid patients. Should you find yourself being questioned by the state, DBM or another agency, you want to be able to make the case that there was a good reason for terminating your doctor/patient relationship, and you do not discriminate against patients with Medicaid coverage.

Are there any rules I must follow when scheduling patients?

Generally, you can create scheduling policies that make sense for your practice as long as you don’t unnecessarily discriminate against patients with Medicaid. For example, it is okay to schedule patients with Medicaid on specific days or times of day. You cannot limit Medicaid to days or times that patients would unlikely be able to make or severely would restrict their access to care. For example, you can’t have a policy that says, “We see patients on Friday nights between 11 p.m. and 12 a.m.” You also have to provide reasonable access to wait times for patients. For example, you must see Medicaid patients in a timely manner for urgent and emergent dental needs. Check with your individual state program or DBM to see if they have any additional specific requirements for scheduling Medicaid patients.

Are there best practices for reducing broken appointments?

Listed below are examples of how pediatric dentists have created practice policies that reduce no-shows.

- Develop a broken appointment policy that applies to ALL patients.
- Ask parents to sign a contract that spells out their rights and responsibilities.
- Confirm all appointments, including recall and hygiene appointments, the day before the appointment.



- Confirm appointments after hours when the patient is likely to be home to answer the call.
- Consider telling patients they must confirm their appointment the day before the visit, or their appointment slot will be lost.
- If a patient has a broken appointment history or is new to your practice, attempt to speak directly with the family for the appointment confirmation (rather than simply leaving a voicemail message).
- Continuing care appointments made for three to six months ahead should be reserved for patients of record with no history of broken appointments.
- Patients with a history of broken appointments or who did not schedule a continuing care appointment should receive a postcard asking them to call to schedule an appointment.
- Many emergency patients will not keep future appointments if scheduled on the day of emergency treatment. These patients should be called later during the week to schedule follow-up treatment.
- When a procedure needs to be completed at a subsequent visit, send information home with patients about that next appointment. The information should stress the importance of the procedure and indicate possible outcomes if it is not completed within the designated timeframe.
- Maintain a list of patients who can be contacted to come in on short notice; this will allow you to fill gaps when late-notice cancellations occur.
- Many patients cite daytime obligations such as work or childcare as significant contributing factors to missing appointments. Having weekend hours or extended hours on selected days of the week can alleviate this barrier to accessing dental care.
- Consider patient/parent incentives for good appointment-keeping behavior. Some practices organize their own incentives programs; others engage professional marketing companies to design programs for reinforcing positive behaviors. For example, Reward Hub (<https://www.patientrewardshub.com/>) offers customized patient reward programs featuring membership cards, award points and prizes.

Is my office required to have access to translation services for patients covered by Medicaid?

Yes. The U.S. Department of Health and Human Services published a final rule under Section 1557 of the Affordable Care Act to protect individuals from discrimination in health care. Dentists and dental practices that receive certain government payments, including Medicaid or CHIP, are covered under Section 1557. If your practice is covered, you will be required to take reasonable steps to provide meaningful access to individuals with limited English proficiency eligible to be



served or likely to be encountered, and to take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with other patients.

Requirements of Section 1557 include identifying qualified interpreters and translators for the languages most likely to be encountered in your office. In addition, it requires posting two kinds of notices: (1) a notice of nondiscrimination, and (2) taglines in the top 15 non-English languages spoken in your state indicating that language assistance services are available free of charge. The ADA has provided sample notices of non-discrimination and taglines for 15 languages for each state, along with additional background information, available at: <https://success.ada.org/en/regulatory-legal/section-1557>.

For more information about translation service options for AAPD members, contact the AAPD. Also note that in some states, the MCO will arrange and pay for such services.

What are effective ways to select appropriate treatment for patients at risk for dental caries?

The bedrock of the selection of appropriate treatment is to be sure that the treatment option matches the disease and risk indicators for future disease of the individual patient. A child who is caries active or at high risk for caries development may require more frequent diagnostic and preventive procedures or more extensive restorative dental services. For example, in young children at significant risk for caries because of a

Dr. Cecilia Moy, Columbus, Ohio

Pediatric Dentist and Medicaid Provider since 1992

I am a Medicaid provider because I choose to be an advocate for children, regardless of parental financial status. Being a Medicaid provider helped start my practice from scratch in 1992, but today emotional and social satisfaction are my rewards. I enjoy caring for many deserving children, providing quality treatment and returning them to good dental health, and then watching them grow up and become good dental patients. Most parents of my patients express gratitude and relief for the care their children receive.

low potential for maintaining oral hygiene and a decreased likelihood of timely follow-up care, restorative treatment may involve increased use of stainless steel crowns in order to increase the longevity of the restoration and remaining tooth structure. Medicaid manuals may specify treatment allowable in the program. Some states use the *AAPD Reference Manual* to define appropriate treatments.

Here are equally vital steps in selecting appropriate treatment for patients with a high risk of caries:

- Check with your Medicaid provider manual and your state Medicaid director or DMB dental director to understand what they see as appropriate treatments and their processes for review.
- Always document in the patient record the reasons/rationale for a selected treatment option or behavior guidance technique, particularly if it falls outside the norm, or if you are going to place the child under general anesthesia.
- Choose behavior management options that address the whole child's circumstances, including family dynamics.
- Children identified as having significant risk of caries or being in a high-risk group should be entered into an aggressive preventive and disease management program with anticipatory guidance and intervention when indicated. Your patient record should include risk assessment according to an accepted protocol.
- In some states, prior authorization (PA) is required for procedures such as general anesthesia. The dentist and staff should be aware of these requirements and use the PA system to help patients obtain needed care. They also should recognize that a PA designation indicates a level of review that protects the dentist's decision on care.
- All states are required under federal law to cover services that are deemed "medically necessary." However, each state independently defines what it considers to be "medical necessity." Make sure you know the law in your state. Just because you think a service is medically necessary doesn't mean your state Medicaid authority does.

Review the following sections of the *AAPD Reference Manual*:

- *Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents*
- *Caries-risk Assessment and Management for Infants, Children, and Adolescents*

What tips will assist me in working with the parents of children with Medicaid?

- Reinforce vital information. Keep in mind that parents/caregivers who live in poverty often experience fundamental hardships that can create increased stress and affect their ability to manage day-to-day activities. They may need information communicated in multiple ways and multiple times. For example, if you schedule a general anesthesia case, multiple reminder phone calls or mailings may be beneficial to assure that a child comes in for surgery.
- Use the teach-back method. Make sure parents/caregivers can repeat back to you or your staff any instructions to make sure they understand your guidance.
- Depending upon the cultural background of your patients and staff, ask your dental team to take an online oral health cultural competency course such as "Think Cultural Health": <https://oralhealth.thinkculturalhealth.hhs.gov/default.asp>.
- When appointing a front office team member to manage Medicaid-related communication, select someone with a full understanding and appreciation for the unique situation of disadvantaged families.
- Be sure all key decision makers are present in treatment consultations.
- If a child is brought to the visit by multiple caregivers, be sure to obtain the consent of the legal parent or guardian to treat the child.

Dr. Loretta Smith, Chicago, Ill.

Pediatric Dentist and Medicaid Provider since 1994

I have very strong feelings about the fact that children do not choose their parents. In order for children to be nurtured and developed, the whole community must participate. This is the reason I have always allowed all children – regardless of socioeconomic status – to receive treatment in my office. Hopefully, the treatment patients receive at this office will help them become productive individuals in society.



What services are typically covered under Medicaid?

Medicaid covers all medically necessary dental services for children enrolled in the program. These generally include a comprehensive set of benefits, referred to as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Though oral screening may be part of a physical exam performed by a primary care provider or a community-based program, it does not incorporate a diagnosis and does not substitute for a dental examination performed by a dentist.

Dental services for children must minimally include:

- Relief of pain and infections.
- Restoration of teeth.
- Maintenance of dental health.

The EPSDT benefit requires that all services must be provided if determined to be medically necessary. States determine medical necessity, and each state has its own definition. Further, each state is required to develop a dental periodicity schedule in consultation with recognized dental organizations involved in child health care, and many have adopted the AAPD's recommended periodicity schedule.

Dental services must be provided at intervals that meet reasonable standards of dental practice, and at such other intervals as indicated by medical necessity, to determine the existence

of a suspected illness or condition. States must consult with recognized dental organizations involved in child health care to establish those intervals. A referral to a dentist is required for every child in accordance with each state's periodicity schedule and at other intervals as medically necessary. State dental periodicity schedules can be found at http://www.aapd.org/policy_center/state_dental_periodicity_schedules/.

What is medically necessary care and why is it important?

The AAPD defines medically necessary care (MNC) as the reasonable and essential diagnostic, preventive, and treatment services (including supplies, appliances, and devices) and follow-up care as determined by qualified health care providers in treating any condition, disease, injury or congenital or developmental malformation. MNC includes all supportive health care services that, in the judgment of the attending dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care.

Medical necessity can be confusing when it comes to who is going to pay for the procedure or services. Many third-party payers have specific coverage rules regarding what they consider medically necessary or have riders and exclusions for specific procedures. Even if a particular procedure or service is considered medically necessary, some payers impose limits

on how many times a provider may render a specific service within a specified time frame. For Medicaid and CHIP, these limitations are known as National Coverage Determinations and Local Coverage Determination.

If you are in doubt about whether the treatment you plan to provide is considered MNC, check first with the Medicaid program. In addition, if you are recommending a dental procedure that is not covered by Medicaid, inform your patient and parent and document it to avoid misunderstandings with your patient families. For valuable information on documenting medical necessity, review this AAPD brochure at <http://www.aapd.org/assets/1/7/MedicallyNecessaryCareBrochure.pdf>.

Where can I find additional information on coding and submitting claims correctly in Medicaid?

The AAPD offers courses, articles, and an annual Coding and Insurance Manual to assist members and their teams with submitting both dental and medical claims. The most recent AAPD Coding and Insurance Manual can be accessed at http://www.aapd.org/resources/dental_coding_and_insurance_manual/.

How do I prevent common pitfalls that make participation in Medicaid frustrating or difficult?

There are two things pediatric dentists **MUST** know if they are going to be successful both in caring for Medicaid patients and in dealing with the administrative aspects of the program: First, read the Medicaid dental provider manual, found online from your state or from the managed care program. You need to know what services are covered, in what frequency they are allowed, and what requires prior authorization, because there often are limitations. Think of the provider manual like a driver's manual for operating a car. It has rules and limits. No matter how much you think a patient needs a particular level of care or procedure, you are held to your contract and can only bill for those services that Medicaid covers under the periodicity specified in the provider manual.

Second, when caring for a child with Medicaid coverage, it's important to understand the family's hierarchy of needs and where dental care fits into the hierarchy. According to Maslow's Hierarchy of Needs, if basic needs such as food, clothing, and safety are not being met, the individual will have difficulty achieving a higher level of needs, such as dental care. Once you accept the values and priorities of a parent/care-giver, you have the opportunity to work together in education, guidance and positive behavior change. Although you cannot change every parent's and child's behaviors, you will be able to make a significant change in the family's knowledge and the child's health with effort and good policies.

I'm concerned about Medicaid compliance. What kind of Medicaid audits can occur in dentistry?

Because there are different types of Medicaid-related audits, various government agencies may identify improper Medicaid payments in a number of ways. The U.S. Department of Justice and Office of Inspector General enforce health care fraud laws, and through prosecution can recover funds, collect penalties, and bar providers from future program participation. The CMS has an active role in anti-fraud and audit activities. Through Medicaid Fraud Control Units, states actively enforce health care fraud laws in Medicaid cases.

The Deficit Reduction Act of 2005 created the Medicaid Integrity Program (MIP) in Section 1936 of the Social Security Act and dramatically increased the federal government's role and responsibility in combating Medicaid fraud, waste and abuse. To fulfill this statutory requirement, the MIP procures Audit Medicaid Integrity Contractors (Audit MICs) to conduct provider audits throughout the country. In addition, Section 1936 requires the CMS to contract with eligible entities to review and audit Medicaid claims, identify overpayments, and provide education on program integrity issues. CMS must also provide assistance to states to combat Medicaid provider abuse and periodically publish a Comprehensive Medicaid Integrity Plan. This webpage offers an overall summary of the MIP: <https://www.medicaid.gov/medicaid/program-integrity/index.html>.

Dr. Aaron Bumann, Ann Arbor, Mich.

Pediatric Dentist and Medicaid Provider since 2016

Having just graduated from residency, I have spent much of my time and training working with patients covered by Medicaid. I feel not only a strong responsibility to accept patients with publicly funded insurance, but a personal connection with the patients I have treated and gotten to know. I have seen the difference we can make when we enter into people's lives and give them the knowledge to take control of their own health, and I look forward to doing that for many years to come.



The following CMS booklet provides an overview of health care fraud and program integrity for health care providers: <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-overview-booklet.pdf>.

In addition to the MIP, the CMS is responsible for the Payment Error Rate Measurement Program, which measures and reports improper payments in Medicaid and identifies common errors via statistical analysis. For further information, see: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Downloads/PERMOverview.pdf>.

With the passage of the Affordable Care Act, the Recovery Audit Program was expanded beyond Medicare to include Medicaid. Each state Medicaid program is required to establish a recovery audit program to audit claims for services furnished by Medicaid providers. Medicaid Recovery Audit Contractors (RACs) contract with states to audit providers and identify overpayments and underpayments made to health care professionals by the Medicaid program. (See Table of Sample State Audits on page 15).

How do I help ensure Medicaid compliance and protect myself from negative audit findings?

Establish and maintain an internal compliance program to help identify and correct documentation and billing issues before submitting claims. A compliance program will help ensure that Medicaid rules are followed, services are accurately billed, and medical necessity is documented. The CMS recommends the elements below as the basis for creating a voluntary compliance program:

- Conduct internal monitoring and auditing.
- Implement compliance and practice standards.
- Designate a compliance officer or contact.
- Conduct appropriate training and education.
- Respond appropriately to detected offenses and develop corrective action plans.
- Develop open lines of communication.
- Enforce disciplinary standards through well-publicized guidelines.

For specific details on how to develop an effective Medicaid compliance program for your practice, review the CMS publication, Medicaid Compliance and your Dental Practice (available at [https://www.cms.gov/publication number ICN 908668](https://www.cms.gov/publication%20number%20ICN%20908668) - October 2015).

What should I do if I am faced with a Medicaid audit?

Do not unilaterally accept the findings of any Medicaid audit, and do not settle a case simply to make the matter go away.

If you do, your practice may face increased future scrutiny by auditors. Further, the findings may set a bad precedent for other pediatric dentists. While audits are necessary to identify improper payment and instances of fraud, the quality and consistency of auditing practices vary greatly among contractors and by state. Audits are most effective when they make a clear distinction between truly fraudulent practices and honest mistakes.

Sometimes audits do not follow appropriate peer review to have pediatric dental cases reviewed by a pediatric dentist; sometimes the auditor is not familiar with clinical practice guidelines and best practices of the AAPD. Therefore, it is strongly recommended that any pediatric dentist should consult an attorney to review the situation. Due to the vast array of Medicaid (and Medicare) provider audits, many attorneys across the country represent health care providers in audit cases. You may wish to contact your local dental association, bar association or your colleagues for recommendations.

How can I or my state pediatric dentistry chapter have input into the Medicaid Program?

There are many opportunities for a pediatric dentist to provide input to his/her state Medicaid dental program. If your state is a FFS program, you, your state pediatric dentistry chapter, and your state dental association can communicate directly with your state's Medicaid director and dental Medicaid director. If your Medicaid program is within a managed care contract, typically the dental benefit manager will have a

dental advisory panel. Managed care contracts often require a dental advisory panel, as well as a licensed dentist in your state, to consult with the dental benefit manager.

It is imperative that pediatric dentists have a relationship with their Medicaid directors and communicate information about fees, covered services and policies regularly and effectively. It is equally important to communicate regularly with your senators, Congressional representatives and others who directly impact the covered dental services included in your state's Medicaid program – and the money to fund the services. While dentists often communicate about services and fees, it is just as important to let officials know when a service is obsolete or a new service can replace an old one. The key when talking with Medicaid officials is to remember they must balance access to care, quality of care, and cost efficiency.

To support the state-based efforts of pediatric dentists, the AAPD sends letters annually to state Medicaid directors and dental Medicaid directors regarding the AAPD's Clinical Guidelines, dental periodicity table and any new insurance code or policy of benefit that affects children enrolled in the program. Essentially, the individuals involved in administering Medicaid dental programs receive a complimentary hard copy of the AAPD Reference Manual each year.

How can I best advocate for children with Medicaid?

- Take an active role in your local or state dental association government affairs committees. These are often gateways to policy makers and staff who work in state Medicaid programs.
- Serve on your state Medicaid dental advisory board. If your state doesn't have one, help create one.

Dr. Antonio S. Braithwaite, Sanford, N.C.

Pediatric Dentist and Medicaid Provider since 2008

It is both my honor and privilege to provide care to the most needy segment of our most vulnerable population. I believe all children deserve at a minimum the chance to go through life as healthy and disease free as possible. For many financially disadvantaged children, the deck of cards in the game of life is stacked against them well before they are able to make independent life-altering choices for themselves. Regardless of a person's socioeconomic status, ALL parents want the best for their children. The gratitude and appreciation expressed from the parents is truly heartfelt and humbling. I love treating all children, and I am proud to treat children on Medicaid. I often ask my fellow practitioners, "Where would training programs be without children on Medicaid? If children on Medicaid are good enough to treat while we learn and practice in our residency programs, they are good enough to treat in our private practices afterwards!"



- Collaborate and partner with your state's oral health coalition, dental schools, health departments, local children's groups and others as a way of increasing access. Many child advocacy organizations and local and state agencies tasked with child health and welfare issues know dental care is often difficult to find, and they also know of ways to improve delivery that might not be known to the dental community.
- Communicate with your state pediatric dentistry chapter's Public Policy Advocate. A list is maintained on the AAPD website at http://www.aapd.org/advocacy/public_policy_advocates/.

Why is it important to advocate for children's oral health in Medicaid?

A growing population of children are covered by state Medicaid dental benefits, and this coverage is vital to oral health by providing affordable coverage to children in low-income families and to children with special health care needs. Medicaid also provides children access to a strong and comprehensive set of services through the EPSDT benefit. Children covered by Medicaid are often disproportionately affected by dental caries and experience difficulties securing care and a Dental Home.

Dr. Rebecca Slayton, Seattle, Wash.

Pediatric Dentist and Medicaid Provider since 1998

It is both my privilege and my professional responsibility to provide care for all children. Every day that I see children enrolled in Medicaid, I know I have made a difference in each child's life by showing them that I care about them as a person and by providing them with the tools to have a healthy smile. My success as an educator is measured by how many of my residents embrace and demonstrate this philosophy.

Conclusion

A practice that prepares itself to treat children with Medicaid develops advanced qualities to benefit the entire practice family, including patient care documentation that meets or exceeds traditional billing requirements and a practice management system that allows for internal auditing and quality improvement. A practice that embraces children with Medicaid is ahead of the curve on cultural competency, adherence to civil rights issues, and other advanced case management tools and procedures.

A practice treating patients with Medicaid generates staff commitment to the care of all children. It can unite staff in a common goal and create practice loyalty that spills over into productivity, professionalism, skill enhancement, and a feeling of importance within the community. The public reputation of a practice that embraces all children can act as a referral source for patients with all forms of coverage.

Many pediatric dentists chose to work in the specialty because they share a commitment of serving and caring for children. Patients with Medicaid often are the most vulnerable children in our society and most at risk for severe dental disease. They may live in families with smaller incomes, struggle with food insecurity, lack adequate housing, and have more difficulty accessing dental and medical care.

Medicaid is the current insurance plan created by the U.S. government to assure resources to care for children. In many cases, it is not enough. Only the pediatric dentist who learns how to effectively care for children with Medicaid, balancing research and best practices within the confines of the system, imperfect though it is, with its lack of resources and often cumbersome rules and policies, will have the knowledge and stamina to be successful. This Medicaid Toolkit has provided a foundation for you to get started.

Authors

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Valuable Resources

American Academy of Pediatric Dentistry

- **AAPD Coding and Insurance Manual** is a quick and convenient guide for effectively reporting procedure codes when filing dental and medical insurance claims. http://www.aapd.org/resources/dental_coding_and_insurance_manual/
- **Documenting to Support Medical Necessity for the Pediatric Dental Professional** is a useful publication on understanding the definition of medically necessary care and how to document it correctly. <http://www.aapd.org/assets/1/7/MedicallyNecessaryCareBrochure.pdf>
- **AAPD webpage on dental insurance and coding** offers up-to-date information on the latest issues in dental procedure coding impacting pediatric dentistry. http://www.aapd.org/resources/dental_coding
- **State Dental Periodicity Schedules** is a webpage featuring links to the Dental Periodicity Schedules for most states. http://www.aapd.org/policy_center/state_dental_periodicity_schedules/
- **Unique Considerations for Medicaid Audits of Pediatric Dental Practices** provides information on the impact of Medicaid audits on access to dental care, as well as current case studies of pediatric dental audits. http://www.aapd.org/assets/1/7/POHRPC_Audit_-_Feb2015_Final.pdf
- **Public Policy Advocate Tip Sheet on Medicaid Compliance and Audit Issues** discusses how to establish state-level relationships with public and private health care shareholders and advocate for fair and consistent auditing practices. http://www.aapd.org/assets/1/7/POHRPC-Audit-10_14.pdf

American Dental Association

- **CDT: Dental Procedure Codes**, published annually, is available for purchase through the ADA website. <http://www.ada.org/en/publications/ada-catalog/cdt-products>
- **Dentist Participation in Medicaid or CHIP Infographic** provides percentages of dentists accepting Medicaid or CHIP by dental specialties and individual states. https://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIGraphic_0217_1.pdf?la=en
- **The Oral Health Care System: A State-Level Analysis** provides reports on an array of oral health indicators for each state and D.C., including trends in dental care utilization for Medicaid-enrolled children. <https://www.ada.org/en/science-research/health-policy-institute/oral-health-care-system>
- **A Ten-Year, State-by-State, Analysis of Medicaid Fee-for-Service Reimbursement Rates for Dental Care Services** measures Medicaid reimbursement relative to typical commercial dental insurance charges and analyzes changes in pediatric Medicaid reimbursement. http://www.ada.org/en/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_1014_3
- **2012 Medicaid Report** is a comprehensive examination of provider participation and patient utilization of dental services within the Medicaid system. http://www.aapd.org/assets/1/7/ADA-2012_Medicaid_Report.pdf

Medicaid-CHIP State Dental Association

- **National Profile of State Medicaid and CHIP Oral Health Programs** is an excellent website offering a variety of state-level Medicaid program information, including patient eligibility, services covered, delivery and reporting of Medicaid and CHIP oral health services, and contact information for state Medicaid agencies. <http://www.msdanationalprofile.com>

Centers for Medicare and Medicaid Services

- **Annual Report on the Quality of Care for Children in Medicaid and CHIP**, published by the Department of Health and Human Services, presents findings on CMS's core set of children's health care quality measures (Child Core Set) and summarizes information on managed care quality measurement and improvement efforts. <https://www.medicaid.gov/medicaid-chip-programinformation/by-topics/quality-of-care/downloads/2015-child-sec-rept.pdf>
- **Medicaid Compliance and Your Dental Practice** is a useful guide on developing an effective Medicaid compliance program for oral health professionals. *CMS Medicaid Compliance and Your Dental Practice Aug 2014.pdf*
- **Program Integrity** is a webpage with information on CMS efforts to combat Medicaid provider fraud, waste, and abuse. <https://www.medicaid.gov/medicaid/program-integrity/index.html>
- **Health Care Fraud and Program Integrity: An Overview for Providers** is a 22-page guide for health care providers on the issues of health care fraud and program integrity. <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-overview-booklet.pdf>
- **Payment Error Rate Measurement (PERM) Overview** is a publication describing how the PERM Program measures and reports improper payments in Medicaid. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Downloads/PERMOverview.pdf>
- **Reducing Early Childhood Tooth Decay** is a series of three issue briefs on reducing early childhood tooth decay. These tools were developed to help state Medicaid programs improve the delivery of dental and oral health services, particularly in terms of a greater emphasis on the prevention of early childhood caries.
<https://www.medicaid.gov/medicaid/benefits/downloads/ecc-overview.pdf>
<https://www.medicaid.gov/medicaid/benefits/downloads/bhs/parity-roadmap.pdf>
<https://www.medicaid.gov/medicaid/benefits/downloads/ecc-strategies.pdf>



Important Terms

Name	Acronym	Description
Centers for Medicare and Medicaid Services	CMS	Part of the Department of Health and Human Services, the CMS is a federal agency that administers health-related programs including Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).
Current Dental Terminology	CDT	This book, printed and available online by the ADA, lists all dental procedures, the billing code, and a description of the dental procedure as determined by the ADA Council on Dental Benefits.
Children's Health Insurance Program	CHIP	The Children's Health Insurance Program is legislation that increased the income families could make to qualify for state-sponsored health insurance, including dental services.
Dental Benefit Manager	DBM	A company that contracts with a state or partners/contracts with a managed care organization to assure dental services are provided to a group of Medicaid patients. The DBM is typically required to recruit a panel of dentists, write the Medicaid Dental Provider Manual, assure patients have access to care, process the claims, and fulfill other contractual agreements.
Early Period Screening, Diagnosis, and Treatment	EPSDT	Early Period Screening, Diagnosis, and Treatment is a federal law requiring that children covered by Medicaid receive health care services, including dental care.
Fee-for-service	FFS	Fee-for-service is a form of reimbursement with payment in specific amounts for specific services rendered. Payment may be made by an insurance company, the patient, or a government program such as Medicaid. It can also mean the dentist is paid a fee for each dental service, whether that payment comes from a DBM/MCO or their state when providing Medicaid services.
Federal Poverty Level	FPL	The federal poverty level is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. This level is determined by the Department of Health and Human Services.
Health Maintenance Organization	HMO	HMOs offer prepaid, comprehensive health coverage for both hospital and physician services. An HMO contracts with health care providers, such as physicians and hospitals. Members (patients covered by the plan) are required to choose a primary care physician (PCP). A beneficiary must obtain referrals from their PCP for services rendered and must also utilize participating or "in-network" providers.
Modified Adjusted Gross Income	MAGI	Modified adjusted gross income refers to a new simplified method for calculating a patient's eligibility for Medicaid in terms of income level.
Managed Care Organization	MCO	A MCO is a health care service company that may offer its own private plan or contract with a state to provide dental Medicaid services. Some MCOs provide only medical services and partner with a dental benefit plan to provide dental services. Other MCOs, such as United, provide both medical and dental services.
Medicaid Integrity Program	MIP	The Medicaid Integrity Program, part of the Social Security Act, contains standards and mechanisms regarding the federal government's role in combating Medicaid fraud, waste and abuse.
Member		Refers to the patient covered by Medicaid or managed care plan. Also can be called a "subscriber."
Medically Necessary Care	MNC	The reasonable and essential diagnostic, preventive, and treatment services (including supplies, appliances, and devices) and follow-up care as determined by qualified health care providers in treating any condition, disease, injury, or congenital or developmental malformation.
Per Member Per Month	PMPM	Refers to the budgeted cost of providing dental care to one patient on Medicaid on a monthly basis. It is an actuarial term used by managed care plans to calculate the cost a state will pay to cover an insured patient.
Preferred Provider Organization	PPO	A PPO is a panel of health care providers recruited by an insurance plan to provide health services to particular patients for a set fee. Also referred to as an "open-ended HMO," PPO plans encourage but do not require patient subscribers to choose a primary care provider or dental home. Patients choosing not to be treated by a network provider must pay higher deductibles and co-payments for care.
Provider		Dentist
Recovery Audit Contractors	RAC	Medicaid recovery audit contractors form a legal agreement with state Medicaid programs to audit claims for health care services furnished by Medicaid providers.

Sample State Audit Activities (Nebraska)

Audit Type	WHAT	WHEN	WHY	Who pays the contractors?	What if they find fraud?
Nebraska Medicaid Program Integrity	*Investigate allegations of provider fraud, waste, or abuse *Data mine to identify abnormalities *Audit providers *Manage provider enrollment *Coordinate audits and investigations	Full time	Federal and state law	Federal and state dollars	Refers to law enforcement (Medicaid Fraud Control Unit, Office of Inspector General, State patrol) Suspends provider payments when there is a credible allegation of fraud
Managed Care Organizations	*Special investigations unit *Fraud detection methods *Program integrity activities	Ongoing	Required as part of their contract with Nebraska Medicaid	Nebraska Medicaid (with federal and state dollars)	Refers to Program Integrity staff with Nebraska Medicaid
Payment Error Rate Measurement	*Standardized audit of Medicaid claims *Contractors review documentation of eligibility determination, processing, and the medical services of a stratified random sample of claims to identify errors	Every three years	The Center for Medicare and Medicaid Services is required to report error rates to the Office of Management and Budget	CMS	Refers to Program Integrity staff with Nebraska Medicaid
Unified Program Integrity Contractors	*Algorithms of known vulnerabilities *Ideas identified collaboratively *Desk audits of documentation *Field audits of documentation *Match and review Medicare and Medicaid claims information *Run algorithms and identify cases	Ongoing	CMS Medicare and Medicaid Program Integrity contractor	CMS	Refers to CMS which then go to OIG
Medicaid Recovery Audit Contractor	*Identify underpayments *Identify and recover overpayments *Make recommendations to state to improve operations *Automated audits (claims only) and complex audits (documentation review) to identify erroneous payments	Ongoing	State and federal law	Contingency fee from recovered dollars, state and federal dollars	Refers to Program Integrity staff with Nebraska Medicaid

Nebraska Department of Health and Human Services, Program Integrity, December 2016.



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August 2013

Patient-Centered Care

June 2013

The Use of Case Management to Improve Dental Health in High-Risk Populations

May 2012

An Essential Health Benefit: General Anesthesia for Treatment of Early Childhood Caries

March 2012

Considerations for Caries Risk Assessment in an Essential Health Benefits Dental Plan for Children

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The American Academy of Pediatric Dentistry (AAPD) is the recognized authority on children's oral health. As advocates for children's oral health, the AAPD promotes evidence-based policies and clinical guidelines; educates and informs policymakers, parents and guardians, and other health care professionals; fosters research; and provides continuing professional education for pediatric dentists and general dentists who treat children. Founded in 1947, the AAPD is a not-for-profit professional membership association representing the specialty of pediatric dentistry. Its 10,000 members provide primary care and comprehensive dental specialty treatments for infants, children, adolescents and individuals with special health care needs. For further information, please visit the AAPD website at <http://www.aapd.org> or the AAPD's consumer website at <http://www.mychildrensteeth.org>

The Pediatric Oral Health Research and Policy Center (POHRPC) exists to inform and advance research and policy development that will promote optimal children's oral health and care. To fulfill this mission, the POHRPC conducts and reports oral health policy research that advances children's oral health issues and supports AAPD public policy and public relations initiatives at the national, state, local, and international levels with legislatures, government agencies, professional associations, and other non-governmental organizations.

For more information about the AAPD Pediatric Oral Health Research and Policy Center, please access our website at <http://www.aapd.org/policycenter/>.