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Issue Brief

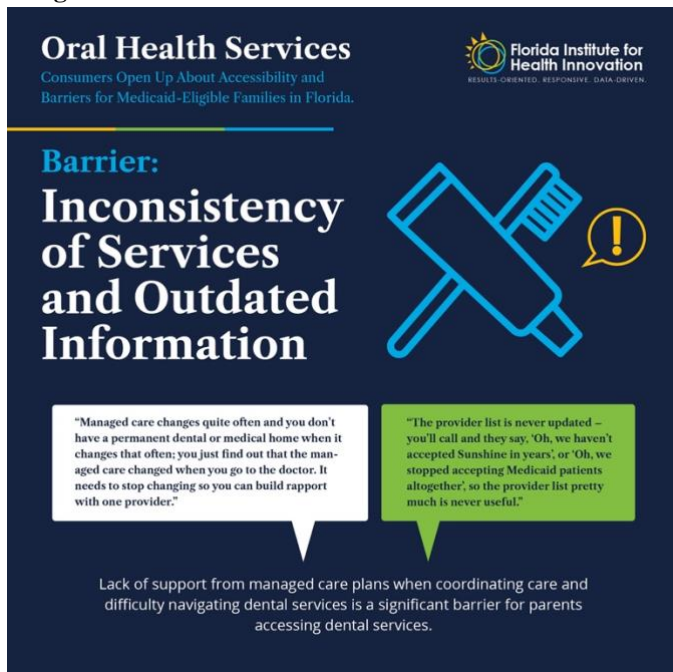
Data Integrity of Medicaid Dental Provider Directories

For immediate action, the Agency for Health Care Administration and Medicaid contracted dental plans must establish consistent requirements and implement management techniques and routine oversight for data collection and validation that drives more accurate information reflected in the provider directories.

What's the issue?

Finding a regular source of dental care for Medicaid-enrolled children in Florida is a struggle for many parents and caretakers. Low dental providers participation in Medicaid is clearly a big issue, but parents and caretakers face an additional and often an overlooked impediment – inconsistency of dental offices offering services and outdated information (Image 1).¹ **The beneficiaries rely on provider directory data to make informed decisions about dental care, but the directories often have been found to be inaccurate or out of date.**

Image 1



Oral Health Services
Consumers Open Up About Accessibility and Barriers for Medicaid-Eligible Families in Florida.

Barrier:
Inconsistency of Services and Outdated Information

"Managed care changes quite often and you don't have a permanent dental or medical home when it changes that often; you just find out that the managed care changed when you go to the doctor. It needs to stop changing so you can build rapport with one provider."

"The provider list is never updated – you'll call and they say, 'Oh, we haven't accepted Sunshine in years', or 'Oh, we stopped accepting Medicaid patients altogether', so the provider list pretty much is never useful."

Lack of support from managed care plans when coordinating care and difficulty navigating dental services is a significant barrier for parents accessing dental services.

In Florida, dental providers are processed by the Agency of Health Care Administration (AHCA) and provided with a Medicaid ID. The contracted dental plans (DentaQuest, Liberty, MCNA Dental), who are responsible for coordinating

Medicaid dental services statewide, subcontract with these providers and provide Medicaid beneficiaries with a provider directory both online and in hard copy, if requested. The dental plans rely on the providers to notify them of any changes in the provider directory – change of address, phone number, the status of accepting new patients, etc. Additionally, should a Medicaid-enrolled dental provider elect to leave the Medicaid network (terminate) or become inactive, they are required to submit a notice of withdrawal within 90 days before the effective date of withdrawal.² In many cases the providers fail to notify the plans of these changes resulting in an inaccurate and out of date provider directories where in some cases providers had been retired or deceased for years.

Audits by Centers of Medicare and Medicaid Service (CMS) among a pool of selected issuers in 2020 found that all directories had inaccuracies.³ This is a big problem especially for states like Florida where over 40% children are dependent on Medicaid and CHIP coverage⁴ but where only 38.8% of Medicaid-eligible children receive any dental care (47.4% national average), and only 35% receive any preventive care.⁵ This should come as no surprise because only about 35% (3,729) of dentist in Florida are enrolled in Medicaid, and only half of these providers (17%) see Medicaid patients.⁶ Furthermore, of the 17%, approximately 11% see 100 or more patients, meaning they likely have very long waitlists and are not taking new Medicaid patients. Florida's Medicaid-enrolled children are left with a small pool of active dentists, of which only small number take new patients and only a fraction specialize in pediatric dentistry. Dixie, Glades, Lafayette and Union counties have no dentists at all.⁷

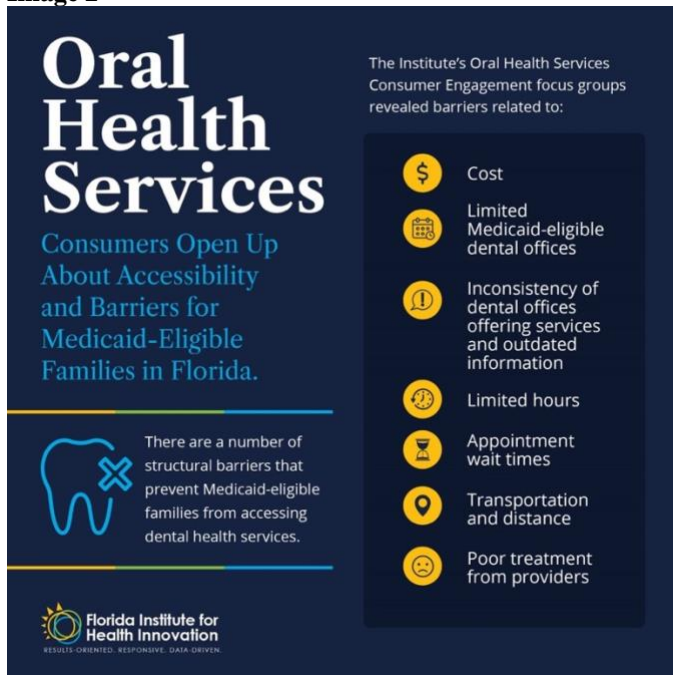
This lack of provider capacity within the Florida's Medicaid network compounded with inaccurate provider directories pose unnecessary barriers for parents and caretakers of Medicaid-enrolled children impacting access to care and further contributing to profound and enduring oral health disparities among this population.

Why is this important?

Dental caries (tooth decay) is the most common chronic childhood disease. Untreated tooth decay can affect the child's ability to eat, speak and smile, and can result in poor performance and low attendance in school. Moreover, poor oral health can result in infection, pain and gum disease and contribute to other conditions and diseases in the body throughout a person's lifetime (heart disease, high blood pressure, diabetes, kidney disease, etc.).⁸

The connection between oral and systemic health along should be enough to ensure that all children in Florida, especially those that are most vulnerable to the effects of dental disease, have access to routine and preventive dental care. However, research shows that Medicaid-enrolled children in Florida continue to suffer from a disproportionate burden of dental disease and experience greater barriers to oral health care access compared to their counterparts (Image 2). Inaccurate and out of date dental provider directories are one of the most prominent barriers reported among parents and caretakers of Medicaid-enrolled children. As a result, Medicaid-enrolled families are not able to identify and access timely, affordable and quality dental care. Their continuity of care is being disrupted and dental homes are being lost while at the same time the parents and caretakers continue to be referred to the same inaccurate provider directories to find dental care.

Image 2



Other prominent barriers reported by parents and caretakers of Medicaid-enrolled children are being exacerbated by the inaccuracies of directory data. For example, an inaccurate listing of an out of network provider as an in-network provider can result in an accidental visit to an out of network provider and a surprise bill. Inaccurately listed address can result in the parent or

caretaker driving to the wrong location which is often a long distances due limited Medicaid-eligible dental offices.

Parents and caretakers often spend many hours sifting through provider directories due inconsistency of dental office offering Medicaid services. Many children go without dental care and others seek treatment at the emergency department. In fact, in 2020 over 13,000 children visited the ED for dental related problems spending over \$1.3 million of taxpayer dollars.⁹ These trips are costly to the Medicaid program, taxpayers, and the overall health system.

What should be done?

While increasing Medicaid dental reimbursement rates will help address the issue of access to care and utilization and we welcome this solution, it is not the only solution. **AHCA must establish consistent requirements for the dental plans and the providers and implement management techniques and routine oversight for data validation that drives more accurate information reflected in the directories.** AHCA would benefit from developing a centralized repository for provider data which would make data collection and verification more efficient and less burdensome for the dental plans and providers.

AHCA, contracted dental plans and the providers are all responsible for ensuring that provider directory data is accurate. Working with AHCA, dental plans must proactively reach out to providers for updated information on routine basis because participation and engagement of plan contracted providers is key to improving directory accuracy. The providers can be engaged with a mandatory quarterly poll that includes questions about information verification (telephone, address, etc.) as well as questions about their participation in Medicaid:

1. Do you plan to continue as a Medicaid provider next quarter? If no, why not?/What are the reasons for leaving?
2. What % of Medicaid Patients do you serve/served before deciding to leave?
 - a. <5%
 - b. 6-10%
 - c. 10-20%
 - d. >20%
3. Are you accepting new Medicaid patients? (Only for providers continuing with Medicaid)
 - a. If no, why not?

Without adequate access to dental care, Medicaid-enrolled children cannot receive preventive care to achieve positive outcomes. Provider data is at the center if this issue. Developing appropriate and routine data collection techniques, management processes and routine oversight can provide mechanisms to help evaluate and improve performance measures and quality reporting. Implementing a mandatory provider survey allows AHCA and the plans to monitor and ensure provider information is accurate and complete, and at the same time monitor network adequacy and barriers that are impeding access to care.

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