



Dental Public Health Activities & Practices

Practice Number: 02001
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: Medicaid Travel of Pediatric Dental Teams		
Public Health Functions: Assurance – Building Linkages and Partnerships for Interventions Assurance – Access to Care and Health System Interventions		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children. 21-2 Reduce untreated dental decay in children. 21-12 Increase preventive dental services for low-income children.		
State: Alaska	Region: Northwest Region X	Key Words: Grants, pediatric dentists, access to care, children services, Medicaid, dental treatment, workforce development
Abstract: The Alaska Medicaid State Plan provides that provider travel and per diem may be paid when State Public Health Nurses request the travel as a means to provide access to services. This was found to be necessary as a result of their EPSDT screening services. In FY2001, the Division of Public Health initiated a grant with the Southeast Alaska Regional Health Consortium (SEARHC), a non-profit Native health corporation, to assist with travel and per diem costs to cover travel for pediatric dental teams in southeast Alaska. The teams provide dental examinations and treatment for children enrolled in the Denali KidCare/Medicaid program (Medicaid and S-CHIP). For the first year of the grant (November 2000 - June 30, 2001), the project provided 1,649 dental visits to more than 900 children enrolled in Medicaid. Medicaid reimbursement covered all expenses for the project; the \$7,500 grant covered half of the travel and lodging costs incurred by SEARHC. For the second year of the grant (October 2001 - December 2001), the project provided services to 605 children. The \$15,000 grant for the second year (SFY2002) covered travel and lodging costs for about four months of the project. In SFY2003 the grant provided 2,162 patient visits. In FY2004 the project was included in a contract (continuing care agreement between SEARHC and the Department/Medicaid Program. The continuing care agreement now includes a cost settlement that will include the transportation and lodging costs for this project. The project has been a good collaboration between SEARHC and the Alaska Department of Health & Social Services in expanding access to dental services for children enrolled in Medicaid.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Division of Public Health, Alaska Department of Health & Social Services awarded a sole source grant to the Southeast Alaska Regional Health Consortium (SEARHC), the non-profit regional Native health corporation for southeast Alaska, in November 2000. The grant offset some of the travel and lodging costs for pediatric dental teams to serve children enrolled in Medicaid/Denali KidCare (Title XIX and XXI programs) in southeast Alaska. SEARHC contracted with private pediatric dentists to deliver the services and billed Medicaid for reimbursement. The grant was renewed in October 2001 for state fiscal year 2002 and continued through FY2004 when it the project became part of a continuing care agreement (contract) between SEARHC and the Department/Medicaid Program.

Justification of the Practice:

Residents in many communities in southeast Alaska, and elsewhere in the state, receive dental services through itinerant dental visits (providers traveling to the communities) and/or they travel to regional hub communities for dental care. Like many states, access to dental services for children enrolled in Medicaid, especially new Medicaid clients, is a long-standing problem. Near the time that Alaska was implementing the Medicaid expansion under S-CHIP, the number of practices in Juneau seeing new Medicaid clients decreased from six providers to one. The only provider seeing non-Native Medicaid clients in Sitka dropped off the program. Further, as the number of children on the program increased under the expansion dental practices, other southeast communities were not keeping up with the requests/referrals for dental appointments.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

SEARHC has their main locations in Juneau and Sitka but also provides itinerant dental services in other southeastern communities. Unlike other Native health corporations, SEARHC has fixed dental operatories in most of the village clinics. Further, SEARHC had recently assumed the administrative responsibilities for the community clinic in Haines, Alaska (an area where SEARHC had few beneficiaries).

Dr. Tom Bornstein, Dental Chief at SEARHC, proposed and received approval to pilot a program whereby SEARHC would contract with private pediatric dentists to provide additional dental services in southeastern communities with the focus being on children enrolled in Medicaid/Denali KidCare (hereinafter referred to as Medicaid). SEARHC beneficiaries would be served under the project if the children were either enrolled in Medicaid or provided evidence they had been determined ineligible for the program. Financing for the project would come out of SEARHC operational funds and from billing Medicaid. The long-term goal is to demonstrate the feasibility of SEARHC to hire a pediatric dentist. The hope was that Medicaid reimbursement could cover the cost of the project to make it sustainable.

SEARHC has contracted with pediatric dentists to deliver services. Dental assistants are provided by the pediatric dentist or SEARHC depending on the dentists' preferences and staff availability. SEARHC identifies a local person to coordinate with making appointments, reminder calls and arranging for transportation to the appointments. SEARHC either uses its own clinics or leases space from private dental practices depending on the community being served and local dentists' preferences.

While the project provides services to Native beneficiaries of SEARHC, the focus is on children enrolled in Medicaid/Denali KidCare. This focus provides a direct incentive for SEARHC beneficiaries to apply for Medicaid/Denali KidCare as there is an immediate benefit in terms of expanded access to dental services. Medicaid enrollment is financially important to SEARHC as it provides funding above the allocated amount from the Indian Health Service (beneficiaries often do not see the value in enrolling in the Medicaid program as they are eligible for SEARHC services whether they enroll or not).

The Medicaid outreach worker assists in coordinating with local contacts to ensure applications and renewal forms are available ahead of the dental visits. The outreach worker occasionally assists with getting the applications completed and forwarded to the Medicaid eligibility determination office. The Division of Public Health also provides Medicaid eligibility to SEARHC under a

Memorandum of Understanding to share data between the Medicaid Program and Native health corporations.

SEARHC staff process the Medicaid claims for the reimbursement for services. SEARHC submits the invoices for travel and lodging costs to the Division of Public Health for reimbursement under the grant. For grant reporting in SFY2002, SEARHC submits information on the total number of patient visits, the number of Medicaid patient visits and the number of SEARHC beneficiary patient visits.

For the first year of the grant (November 2000 - June 30, 2001), the project provided 1,649 dental visits to more than 900 children enrolled in Medicaid. Medicaid reimbursement covered all expenses for the project. The \$7,500 grant covered half of the travel and lodging costs incurred by SEARHC. For the second year of the grant (October 2001 - December 2001), the project provided services to 605 children. The project provided 2,162 patient visits in SFY2003. The \$15,000 grant for the second year (SFY2002) and third year (SFY2003) covered travel and lodging costs for about four months of the project. SEARHC is currently working with three pediatric dentists for the project and travel costs have increased.

This project is a good fit with outreach efforts to enroll children in Medicaid in southeastern Alaska, and has been coordinated with the outreach worker serving the area. Ninety-two percent of the children seen were enrolled in Medicaid and thirty-seven percent of the children seen were not SEARHC beneficiaries. It also serves to increase access to dental services in these communities and reduces the amount of Medicaid transportation costs to travel children, usually with a parent/guardian, outside their home community to a regional hub. The project also has reduced some of the demand placed on the one to two practices in Juneau that were seeing new Medicaid clients.

Budget Estimates and Formulas of the Practice:

- \$7,500 grant in SFY2001 and \$15,000 in SFY2002 and SFY2003 for travel and per diem costs to cover travel for pediatric dental teams
- 0.2 FTE for Medicaid outreach worker coordination
- SEARHC's expenditures for the project are not available.

Lessons Learned and/or Plans for Improvement:

The project has been a good collaboration between SEARHC and the Alaska Department of Health & Social Services in expanding access to dental services for children enrolled in Medicaid. It has also been a good fit with Medicaid outreach efforts for enrollment and renewals. It also fits with the concern to see the Native health corporations remain financially sustainable under compacting of Indian Health Services and with taking on an expanded role for delivery of health services to non-Native residents of the communities they serve.

The project initially struggled with getting two of the pediatric dentists enrolled in Medicaid and with coordination of local arrangements including getting people enrolled in Medicaid prior to the dental visits. Most of these issues have been resolved in the second year of the project.

The project appears to be financially sustainable at this point. SEARHC has interviewed several pediatric dentists for a staff position with SEARHC but the position has not been filled. The project has expanded into providing inpatient dental services at the SEARHC hospital in Sitka. While the grant funds for travel may not be necessary for sustainability of the project it has provided coordination with the Division's Medicaid outreach efforts in these communities and provides reporting to the Division on the project. The goal for SFY2003 is to improve coordination of the dental visits with dental referrals generated by State Public Health Nurses providing the EPSDT screenings.

Available Resources - Models, Tools and Guidelines Relevant to the Practice:

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The project has clearly expanded access to dental services, and especially specialty dental services, to low-income children in the communities served by the project (currently 8 communities in southeast Alaska). The project has expanded with more itinerant visits in the second year of the project and is proving to be financially sustainable. Without this project most of the children served would not have access to pediatric dental services except through referral to Anchorage.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

Assisting with grant funding to partially reimburse the travel and lodging costs in the program has been very efficient for the Division. The Division lacks the basic infrastructure to coordinate dental services and contracting out for similar services would be administratively complex and undoubtedly more costly than partnering with SEARHC on this project. The project itself has been highly efficient in terms of the number of children seen during each of the itinerant visits (generally one week). The practice of traveling the dental provider in these circumstances has clearly been less costly than traveling the children from their community to receive dental services.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

Medicaid reimbursement of dental services provided by the project covered SEARHC expenditures in the first eight months. The number of itinerant visits by the pediatric dental teams has increased and appears to be fully sustainable at this time. The major limiting factor will be encountered if the existing pediatric dentists reduce their availability for the itinerant visits.

Collaboration / Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

The project has encouraged collaboration between the Division of Public Health in general, and outreach for Medicaid enrollment specifically, and SEARHC. SEARHC has received community health center funding to operate the clinic in one of the Southeastern communities and is providing itinerant dental visits with SEARHC dental staff. The project also is encouraging treatment of non-Native clients along with other projects/policies (e.g., community health center funding)

Objectives / Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity?

The project relates to increase access to preventive and treatment dental services, therefore it has the potential to reduce caries activity and untreated dental caries in the children served by the project. It also is a quality assurance role to indirectly assist in recruitment of dentists to provide dental services to underserved populations.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

Some states use mobile dental services (e.g., a portable dental clinic or a mobile dental trailer) to facilitate access to care for underserved residents in isolated communities. The extent of the practice of providing grants to offset travel expenses for mobile dental services is not known. The coverage of provider travel seems practical in other states, especially rural states that may have

similar issues with the distances and expense of traveling clients from remote locations. The collaboration with SEARHC is somewhat unique although other tribal health programs are compacting out of Indian Health Services.