

December 26, 2012



Dr. Donald E. Williamson
Alabama Department of Public Health
P.O. Box 303017
Montgomery, Alabama 36130

Re: Alabama Medicaid Advisory Commission and the Medicaid Dental Program

Dear Dr. Williamson,

As representatives of the Alabama Dental Association (ALDA) and the Alabama Academy of Pediatric Dentistry (ALAPD), we are writing with the unified purpose of presenting to you pertinent information our respective organizations view as vital when considering any changes to the Alabama Medicaid Program, with respect to the provision of oral health care to the state's eligible pediatric population. Although dental services represent only 1.4% of the total Medicaid budget, it covers approximately 50% of Alabama's children. Therefore, we feel it is especially important to present this information and our concerns at this early stage in order to increase awareness, inform appropriate decision makers, and offer initial recommendations. We also want to clearly establish the need for consistent representation from the state's dental community and organized dentistry whenever legislative or regulatory decisions are made that will directly or indirectly effect dental providers and the oral health of half of Alabama's children.

We recognize the exemplary efforts and expertise you have put forth to date on behalf of the state of Alabama, the Alabama Medicaid Program, and the underserved population of our state. We would greatly appreciate your consideration of the information contained in this letter, with dissemination to the executive committee and other key policy makers, as you deem appropriate. As a next step, we respectfully support and reiterate the request previously made for a meeting very soon between you and several key leaders of our two organizations to further discuss our issues and concerns. From this, we hope to develop a plan of action and establish a well-defined line of communication through which we will work as this process moves forward.

In the year 2000, the U.S. Surgeon General's office reported that oral health was integral to overall health, and called dental caries (tooth decay) a silent epidemic. The report also referenced direct links between the degradation of dental coverage to negative impacts on oral and general health, a decline in school performance and attendance, and corresponding increases in pain, suffering, medical consequences, and emergency services. The report publically pulled back the veil on a child health crisis, especially of the poor.

The Children's Dental Health Project reports that between 2002 and 2012, 7 targeted congressional hearings and 13 GAO studies investigated dental issues for

children with a primary focus on access to care in Medicaid. In October 2009, the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD) provided joint written and oral reports before a congressional oversight and reform sub-committee that was formed following the tragic deaths of two children as a result of untreated dental infections. A representative from the Alabama Medicaid Program also testified during the hearings to explain how public-private partnerships and reforms had brought a state dental program that 9 years earlier had been graded an "F" to the status of now being recognized as one of 5-6 model states for improving access, utilization, and quality of care. *Today, Alabama's dental Medicaid program is cited by the American Academy of Pediatric Dentistry, the American Dental Association, and various Federal agencies as a model of positive reform.*

The science is clear on the consequences of poor oral health and unmet needs, and dozens of reports have demonstrated the health, social, and economic impacts of the lack of early and consistent access to quality dental care. There is also significant data and anecdotal evidence now available on state dental Medicaid reforms that have been successful, and those that would be considered failures. This information is of course too extensive to review here, but ALDA and the ALAPD would like to highlight the following:

- **The Alabama Medicaid Dental Program covers almost 50% of the children of Alabama.** In the past year, 47% of eligible patients received a least one dental service. Despite a steady increase in costs in recent years, *due to an increase in eligibles and improved access, the total dental budget is less than 1.4% of the Alabama Medicaid budget.*
- **Less than 3.5% of the total Medicaid budget spent on children was for dental services last year, compared to a national average of 20% for children in families with incomes above 200% of poverty. This disparity is even more alarming when you consider children in low-income families have 80% of the treatment needs.**
- **States that have transitioned to managed care programs (21 by 2009) to deliver both their medical and dental services, in general saw a decline in dental services provided, and a significant loss of dental providers. The majority had very poor performance of measurable access standards.** The one exception to this is the state of Michigan that partnered with a private dental insurance provider to administer the program. Medicaid dental provider enrollment increased from 25% to 80% in one year. Louisiana is in the process of contracting with MCO's to run its Medicaid program. The Louisiana Dental Association was able to convince the state to separate the dental program out of this

plan, and instead seek proposals from dental insurance providers to administer the program.

- **Prevention works.** “The AAPD and the ADA actively promote a dental home (by age one) for all children. This means having access to a dentist as head of the dental team for oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. “ **Every \$1 spent on prevention saves \$2.5-\$3 in treatment costs.**
- **Highlighting the need for continued and significant reforms of state Medicaid dental programs, CMS has developed a national oral health strategy, with the goal of obtaining high levels of provider participation and patient utilization, with an increased focus on early intervention.**
- **Studies show that the number one factor contributing to prevention and reduction of untreated dental disease in the low-income population is an adequate number and distribution of dental providers (dentists that accept Medicaid).**
- **HRSA reports students with unmet dental needs do more poorly in school and once their dental needs are treated, scores improve (HRSA: Oral Health and Learning-When Children’s Oral Health Suffers, So Does Their Ability To Learn). Despite improvements in access, 20-25% of children in Alabama start school each year with untreated dental decay, and these figures are often much higher for poor income children.**
- **Over 90% of all practicing dentists are in the private sector and-unlike medicine-over 80% of dentists are primary care providers (general, pediatric, and public health dentists).** Safety-net dental programs in the community health centers, local health departments, and academic dental clinics at full capacity are able to meet only about 8% of all unmet dental needs (ADEA, 2009).
- **Dental practice overhead averages 55-65% (which does not include the dentist’s pay)** An informal survey of significant Medicaid dental providers conducted by an Alabama Medicaid Dental Task Force sub-committee, and a very recent review of usual and customary fees of Alabama dentists both revealed that **most dental procedures covered by the Alabama Medicaid Dental Program are reimbursed at an average of 46-52% of the dentists’ fees, and have not been increased in 13 years.**

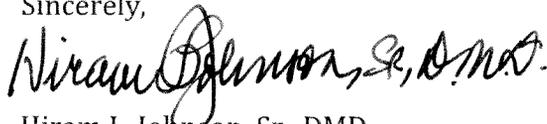
The Alabama Dental Association and the Alabama Academy of Pediatric Dentistry want to affirm that oral health care for children should meet the same high level

Dr. Williamson
page 4

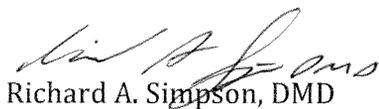
of professional quality and accountability regardless of family income level, and that every child needs a dental home. Despite improvements, there are still tremendous unmet treatment needs in our state's pediatric population. ALDA and the ALAPD want to continue to work closely with the state to help ensure appropriate, comprehensive, effective, and accessible dental and related medical services (i.e., coverage for hospitalization and anesthesia services) are preserved while encouraging new disease management approaches and early preventive services.

We look forward to meeting with you soon, and to the opportunities that are ahead to improve the health of our state's children.

Sincerely,



Hiram L. Johnson, Sr., DMD
Member, Alabama Medicaid Advisory Commission
Past President, Alabama Dental Association



Richard A. Simpson, DMD
President, Alabama Academy of Pediatric Dentistry

Cc Stephanie Azar
Dr. Mike Edwards
Dr. Zack Studstill