

## MASSACHUSETTS

### *Medicaid/SCHIP Dental Care for Children: Overview*

#### Eligibility and Dental Benefits

Massachusetts provides benefits to children with family incomes up to 200% of the federal poverty level (FPL) through various mechanisms that are known collectively as MassHealth.<sup>1</sup>

Massachusetts' Medicaid program for children, as expanded under the State Children's Health Insurance Program (SCHIP), is known as MassHealth Standard. The program is available to children in the following categories:

- Birth to age one from families with incomes up to 200% of the FPL, and
- Ages one to 19 from families with incomes up to 150% of the FPL.

These children, and those age 19 to 21 who meet state eligibility requirements,<sup>2</sup> receive comprehensive health and dental services as part of Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service.

Massachusetts also has a separate SCHIP for uninsured children to age 19 who are not eligible for Medicaid and whose families have incomes between 150% and 200% of the FPL.<sup>3,4</sup> This program includes two components:

- A direct purchase component, known as MassHealth Family Assistance, in which children are enrolled in a health plan through MassHealth, if the family does not have and cannot get other health insurance. Family Assistance premiums are \$12 per eligible child, with a family maximum of \$36 per month, as determined in accordance with MassHealth regulations. Enrollees receive the same dental care benefits provided to Medicaid beneficiaries.<sup>5</sup>
- A premium assistance program, known as MassHealth Premium Assistance, which pays part of the family's health insurance premiums and is available to

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<sup>1</sup> MassHealth Benefits. Massachusetts Health and Human Services. Available at: [http://www.mass.gov/portal/index.jsp?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=MassHealth+and+Insurance&L3=MassHealth+Coverage+Types&sid=Eeohhs2&b=terminalcontent&f=masshealth\\_consumer\\_covtypes\\_ier\\_overview&csid=Eeohhs2](http://www.mass.gov/portal/index.jsp?pageID=eohhs2terminal&L=4&L0=Home&L1=Consumer&L2=MassHealth+and+Insurance&L3=MassHealth+Coverage+Types&sid=Eeohhs2&b=terminalcontent&f=masshealth_consumer_covtypes_ier_overview&csid=Eeohhs2). Accessed December 2004.

<sup>2</sup> Applicants and Members under age 65. Massachusetts Health and Human Services. Available at: <http://www.mass.gov/portal/index.jsp?pageID=eohhs2subtopic&L=5&L0=Home&L1=Consumer&L2=MassHealth+and+Insurance&L3=MassHealth+Coverage+Types&L4=Applicants+and+Members+Under+Age+65+and+Families&sid=Eeohhs2>. Accessed December 2004.

<sup>3</sup> Massachusetts Title XXI state plan: Fact sheet. Centers for Medicare & Medicaid Services. Available at: <http://www.cms.hhs.gov/schip/factsheets/chpfsma.pdf>. Accessed December 2004.

<sup>4</sup> Massachusetts statewide health reform demonstration: Fact sheet. Centers for Medicare & Medicaid Services. Available at: <http://www.cms.hhs.gov/medicaid/1115/mamhfs.pdf>. Accessed December 2004.

<sup>5</sup> 2003 State Children's Health Insurance Program Chartbook. Forum for State Health Policy Leadership. Available from National Conference of State Legislatures. ISBN 1-58024-353-7. Washington, DC. 2004.

individuals who are uninsured at the time of application, but can participate later in their employer's qualified health insurance coverage plan.

Premiums and other cost sharing for families with children covered through the Premium Assistance program vary, depending on the employer's plan, the employer's contribution, and the family's income, but total cost sharing may not exceed 5% of the family's income. Under Premium Assistance, service delivery and access are limited to the contractual arrangements of the families' qualifying employer-sponsored insurance plan. Dental services are not required to be offered, and employer-sponsored insurance plans do not provide them.<sup>6</sup>

MassHealth also provides other benefits for children, including CommonHealth for disabled children through age 18 from families with incomes over 150% of the FPL (as well as working and nonworking disabled adults). CommonHealth enrollees' monthly premiums are determined in accordance with MassHealth regulations.

#### Dental Administrative and Organizational Structure

All MassHealth programs are administered by the Massachusetts Executive Office of Health and Human Services (EOHHS). Health care services are provided to most Medicaid children and to children eligible for MassHealth Family Assistance through the state's mandatory managed care delivery network, which consists of primary care case management, health maintenance organizations (HMOs), and a mental health and substance abuse managed care contract. Dental care is carved out of managed care and functions on a fee-for-service basis in which MassHealth Standard and Family Assistance beneficiaries seek care from any participating dentist.

#### Enrolled Children under Age 21 Receiving an Annual Medicaid Dental Visit

CMS 416 lines 12a/ and 1	1998	1999	2000	2001	2002	2003 <sup>7</sup>
Number with any Dental Visit	137,578	186,338	148,095	147,233	162,116	165,704
Number Enrolled	401,792	482,330	475,394	468,505	454,557	497,400

#### Pediatric Medicaid Dental Reimbursement

The following table compares Massachusetts' 2004 state Medicaid payment rates (for 15 procedures) to claims for the same procedures submitted by dentists to commercial insurers and other payers in the state and in the region (CT, MA, ME, NH, RI, VT). For example, column one indicates that in the state, the Medicaid program pays \$21.00 for a periodic oral examination. The second column shows that in the region, 50 percent of

<sup>6</sup> Hollingsworth MH. Written personal communication to D Schneider. August 19, 2004.

<sup>7</sup> Hollingsworth MH. Data cells for 2000–2003 provided/updated. August 19, 2004. Ibid.

dentists' claims for this procedure (50<sup>th</sup> percentile) were in an amount equal to or less than \$31.00. The third column shows that in the state, 50 percent of dentists' claims (50<sup>th</sup> percentile) were in an amount equal to or less than \$30.00 for this service. The fourth column shows that in the state, 75 percent of dentists' claims (75<sup>th</sup> percentile) were in an amount equal to or less than \$35.00 for this service. The last column indicates that the state Medicaid payment rate for this service falls at the ninth percentile when comparing it against claims submitted by dentists to other payers for the same procedure. This indicates that only nine percent of dentists' claims for the procedure were \$21.00 or less, while 91 percent of dentists' claims for this service were for a greater amount. (For additional information on the percentile comparison methodology, see Appendix.)

MA Medicaid Payment Rates for Selected Procedures			Comparisons with Dentists' Claims for Insured Patients in the ADA New England (NE) Region and in the State of Massachusetts			
CDT4 Procedure Code	Procedure Description	MA Medicaid Payment Rate	NE Region 50th Percentile	MA State 50th Percentile	MA State 75th Percentile	State Percentile Corresponding to MA Medicaid Payment Rate
<b>Diagnostic</b>						
D0120	Periodic Oral Exam	\$21.00	\$31.00	\$30.00	\$35.00	9th
D0150	Comprehensive Oral Exam	\$36.00	\$50.00	\$50.00	\$63.00	15th
D0210	Complete X-rays, with Bitewings	\$63.00	\$100.00	\$105.00	\$116.00	< 1st
D0272	Bitewing X-rays - 2 Films	\$22.00	\$33.00	\$34.00	\$39.00	3rd
D0330	Panoramic X-ray Film	\$59.00	\$88.00	\$90.00	\$100.00	< 1st
<b>Preventive</b>						
D1120	Prophylaxis (cleaning)	\$33.00	\$48.00	\$52.00	\$60.00	1st
D1203	Topical Fluoride (excluding cleaning)	\$21.00	\$27.00	\$26.00	\$30.00	14th
D1351	Dental Sealant	\$28.00	\$40.00	\$42.00	\$49.00	4th
<b>Restorative</b>						
D2150	Amalgam, 2 Surfaces, Permanent Tooth	\$80.00	\$110.00	\$110.00	\$125.00	5th
D2331	Resin Composite, 2 Surfaces, Anterior Tooth	\$77.00	\$125.00	\$131.50	\$153.00	2nd
D2751	Crown, Porcelain Fused to Base Metal	\$486.00				**
D2930	Prefabricated Steel Crown, Primary Tooth	\$131.00	\$198.00	\$200.00	\$273.00	4th
<b>Endodontics</b>						
D3220	Removal of Tooth Pulp	\$48.00	\$114.00	\$129.00	\$155.00	< 1st
D3310	Anterior Endodontic Therapy	\$312.00	\$630.00	\$750.00	\$795.00	5th
<b>Oral Surgery</b>						
D7110	Extraction, Single Tooth	\$80.00	\$105.00	\$108.00	\$127.00	8th

State Medicaid payment rates are based on 2004 state-reported schedules  
Regional and state actual, 50th and 75th percentile information is based on 2003 data from the ADA's national claims database.  
\*\* Number of procedures for calculation of regional statistics is less than 25. No reliable comparisons can be made.

This claims data is provided solely to facilitate state Medicaid and SCHIP reform initiatives. It should not be interpreted by dentists as constituting a fee schedule, and should not be used by dentists for that purpose. Dentists must establish their own fees based on their individual practice and market considerations.

## *State Innovations Affecting Medicaid/SCHIP Dental Programs*

### Infrastructure Developments

In 1997, a Special Legislative Commission on Oral Health was authorized by statute to investigate oral health status, community prevention programs, and state residents' access to dental care services. The commission, appointed by the governor in 1998, issued a report in February 2000, entitled "The Oral Health Crisis in Massachusetts," identifying challenges and listing five major recommendations for improving oral health and access to care for Commonwealth residents. Those recommendations, which have since formed the framework for the state's oral health plan, include:

1. Improve access to dental insurance,
2. Increase public and private capacity to provide services,
3. Promote individual and population-based preventive services,
4. Implement an oral health surveillance system, and
5. Establish an oral health advisory committee.

In May 2000, the first of these recommendations was realized when a dental insurance benefit was added to the Children's Medical Security Plan, a non-Medicaid, state-funded program formerly administered by the Massachusetts Department of Public Health and now administered by the Executive Office of Health and Human Services for uninsured children who generally are not otherwise eligible for MassHealth.<sup>8</sup>

Also in 2000, a lawsuit *Health Care For All v. Romney*, was filed by Medicaid beneficiaries, alleging that MassHealth administrators failed to provide adequate oral health services to members of the MassHealth Medicaid program. The plaintiffs sought an injunction requiring an increase in reimbursement rates for MassHealth dental care providers. The plaintiffs moved the court for class certification.<sup>9</sup> In April 2002, litigation was stayed, and the parties entered into an interim settlement agreement that remained in effect until April 2003.<sup>10</sup> The plaintiffs' motion for class certification was denied, but the plaintiffs have renewed their request. Active litigation resumed in May 2003 and, if the state's motion to dismiss is denied, a trial will occur.<sup>11</sup>

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<sup>8</sup> Children's Medical Security Plan. Division of Maternal, Child and Family Health. Commonwealth of Massachusetts. Available at: <http://www.mass.gov/dph/fch/cmssp.htm>. Accessed June 2004.

<sup>9</sup> National Health Law Project: Docket of Medicaid cases filed to improve dental access. October 19, 2001. Available at: <http://www.healthlaw.org/pubs/dentaldocket.html>. Accessed December 2004.

<sup>10</sup> Rafeld, K. Massachusetts Dental Society. Written personal communication to D. Schneider. January 17, 2003.

<sup>11</sup> Hollingsworth MH. August 19, 2004. Ibid.

State oral health staff members have participated in several New England Oral Health conferences since 1998.<sup>12, 13</sup> In addition, the Massachusetts Division of Medical Assistance (DMA) (the former administrator of MassHealth), in collaboration with the Massachusetts Department of Public Health (MDPH), Massachusetts Dental Society, and Delta Dental Plan of Massachusetts, conducted the state's first Oral Health Summit in May 2001. The summit engaged community stakeholders to seek local solutions to access barriers. More than 100 participants from various groups joined state legislators to explore local issues and discuss solutions, and work groups developed priorities and action plans focusing on the issues identified in the Special Legislative Commission's report.

In October 2001, a team of representatives of key state oral health service organizations attended a National Governors Association Oral Health Policy Academy.<sup>14</sup> Based on the recommendations in the Special Legislative Commission's report, the team developed a three- to five-year action plan. Since the academy, this team has met regularly to move the action plan forward. The group also serves as an advisory body, offering technical support and guidance to the Office of Oral Health,<sup>15</sup> a component of the MDPH.

The Office of Oral Health works closely with local boards of health and the Massachusetts water superintendents, offering fluoridation education as well as technical assistance on issues related to design, engineering, construction, and implementation of community water fluoridation systems. The Office of Oral Health also supports oral health education in schools and manages and supports prevention programs, including school-based fluoride mouth rinse and tablet programs for Head Start children. In response to a Special Legislative Commission recommendation to increase prevention programs in schools, the Office of Oral Health established an intra-agency partnership with School Health Services to develop and implement school-based and school-linked dental sealant programs. Since 2001, new dental sealant programs have emerged across the state. School nurses have taken the lead in developing these programs under the guidance and cooperation of the Office and Oral Health and in collaboration with dental hygiene schools and the Massachusetts Dental Society.

In January 2003, the Office of Oral Health, in collaboration with the Massachusetts Department of Education, Massachusetts Dental Society, and the Delta Dental Plan of Massachusetts and under the guidance of the advisory team, developed and implemented the *2003 Give Kids A Smile Oral Health Survey of Third Grade School Children*, the first

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<sup>12</sup> Seif A, Holt K, Lawrence R, eds. New England Regional Oral Health Access Conference Proceedings. September 9–10, 1999. Arlington, VA: National Center for Education in Maternal and Child Health. Available at: [http://www.mchoralhealth.org/PDFs/OH\\_NEnglnd\\_prcdngs.pdf](http://www.mchoralhealth.org/PDFs/OH_NEnglnd_prcdngs.pdf). Accessed December 2004.

<sup>13</sup> New England Oral Health Conference, October 4–5, 2001. Association of State and Territorial Dental Directors.

<sup>14</sup> Massachusetts' Application, National Governors Association Oral Health Policy Academy for State Officials, October 10, 2001 (Information about the NGAs Oral Health Policy Academy is available at: [http://www.nga.org/center/divisions/1,1188,C\\_ISSUE\\_BRIEF^D\\_3915.00.html](http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_3915.00.html).) Accessed December 2004.

<sup>15</sup> Office of Oral Health. Massachusetts Department of Public Health. Available at: <http://www.mass.gov/dph/fch/ooh.htm>. Accessed December 2004.

statewide oral health assessment of school children in over 30 years. Data collected from this screening were analyzed, and a report was generated in May 2004.<sup>16</sup> The results indicate that 48% of Massachusetts' third-grade children attending public schools have a history of dental disease; 26% have untreated disease; 54% have at least one dental sealant in a permanent molar, and 7% have urgent unmet dental treatment needs. In addition, children with private dental insurance were more likely to receive preventive care than those with public or no dental insurance; and poor children were more likely to have untreated dental disease than were their more affluent peers (as determined by individual school income status).<sup>17</sup>

In September 2003, through a grant from the Association of State and Territorial Dental Directors, the Office of Oral Health collaborated with Massachusetts Head Start Agencies, the Delta Dental Plan of Massachusetts, and the Massachusetts Dental Society to coordinate two state forums regarding oral health issues of Head Start/Early Head Start children. A second grant from the federal Health Resources and Services Administration, Maternal and Child Health Bureau, funded a dental hygienist consultant position within the Office of Oral Health to provide technical assistance regarding oral health to Head Start administrators and assistance to Head Start health managers in meeting Head Start federal performance measures. In addition, a statewide oral health survey of Head Start children is underway. The same protocol used in the *2003 Give Kids A Smile Oral Health Survey of Third Grade School Children* is being used.

Other recently reported studies in Massachusetts focus on the impact of health insurance on unmet dental needs of the state's children,<sup>18</sup> the difference in the delivery structure of medicine and dentistry,<sup>19</sup> and the results of a survey of dental services in school-based health centers in the state.<sup>20</sup> In 2004, a policy paper, entitled "Oral Health and the Commonwealth's Most Vulnerable Children: A State of Decay," called for increased MassHealth reimbursement rates and the funding of a third-party administrator to address administrative issues in the MassHealth dental program, among other recommendations.<sup>21</sup>

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<sup>16</sup> Massachusetts oral health report. Report of the Oral Health Collaborative of Massachusetts. May 2004. Available at: [http://www.hcfama.org/uploads/documents/live/Oral\\_Health\\_Collaborative\\_Report.pdf](http://www.hcfama.org/uploads/documents/live/Oral_Health_Collaborative_Report.pdf). Accessed December 2004.

<sup>17</sup> Foley ME. Written personal correspondence to D. Schneider (transmitted by A. Kiristy). August 10, 2004.

<sup>18</sup> Feinberg E, Swartz K, Zaslavsky A, Gardner J, Walker DK. Family Income and the impact of a children's health insurance program on reported need for health services and unmet health need. *Pediat.*; 109(2): February 2002. PubMed cite available at: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>. Accessed December 2004.

<sup>19</sup> Schiff M, Schuster M, Shannon H, Fortier S. Dentistry needs more attention but should not follow medicine. *Healthpoint*; 25:1-4. April 2002. Division of Health Care Financing and Policy. Commonwealth of Massachusetts.

<sup>20</sup> Kerle C. Massachusetts school-based health centers-dental services survey. Available at: [http://www.bphc.org/reports/pdfs/report\\_153.pdf](http://www.bphc.org/reports/pdfs/report_153.pdf) Accessed December 2004.

<sup>21</sup> Farber J. Oral health and the Commonwealth's most vulnerable children: a state of decay. Massachusetts Society for the Prevention of Cruelty to Children. March 2004. Available at: <http://www.mspcc.org/index.cfm?fuseaction=Page.viewPage&pageID=218>. Accessed December 2004.

In response to a dramatic decline in state revenues, effective March 2002, Massachusetts restructured its MassHealth dental program, allocating more funds to oral health services for children through increased reimbursement, while substantially reducing adult Medicaid dental services. MassHealth also announced exploration of a longer-term strategy involving potential use of a third-party administrator to restructure the dental program further.<sup>22</sup> The process stopped in March 2004 because of further declines in available funding.<sup>23</sup> In 2004, however, the legislature authorized funds in the fiscal year 2005 budget to move forward with the third-party administrator for dental services.<sup>24</sup> The budget requires MassHealth to issue a request for proposals for a third-party administrator by March 31, 2005, and to report back to the legislature on potential costs and benefits before entering into any such contract by January 15, 2005; this process is underway.

The Massachusetts dental safety net comprises dental clinics operated by school-based health centers, community health centers, dental schools, and dental hygiene schools. In 2000, the state legislature appropriated \$3.2 million to expand the dental safety net. At that time 12 new dental clinics were established. As of 2004, Massachusetts has 56 dental clinics serving Medicaid, low-income, and special needs patients.

In 2004, the advocacy group, Health Care For All, began an oral health campaign to increase access to oral health care for Massachusetts residents through a coordinated statewide effort. The campaign has convened an Oral Health Advocacy Task Force, which held its first meeting in June 2004, to help shape the campaign's focus and carry out its goals.<sup>25</sup>

MassHealth has described activities underway that address oral health access concerns for Medicaid-enrolled children. These activities are summarized in the following sections.<sup>26, 27</sup>

### Administrative Policies and Procedures

- In August 1999, MassHealth implemented regulations that eliminated prior authorization for space maintenance procedures and streamlined prior authorization for endodontics, core and post, and crown procedures. In 2003, in an

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<sup>22</sup> Letter to dental providers. March 2002. Information to providers. Massachusetts Division of Medical Assistance. Available at: [http://www.mass.gov/Eeohhs2/docs/masshealth/dental/tl\\_dental.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/dental/tl_dental.pdf). Accessed December 2004.

<sup>23</sup> Making the case for a Third Party Administrator. The Health Foundation of Central Massachusetts, Inc. Available at: <http://www.hfcm.org/default.asp?id=316>. Accessed December 2004.

<sup>24</sup> Oral health and the state's most vulnerable children: A state of decay. Available at: <http://www.mspsc.org/index.cfm?fuseaction=Page.viewPage&pageId=260>. Accessed December 2004.

<sup>25</sup> Oral Health Campaign. Health Care For All. Available at: <http://www.hcfama.org/index.cfm?fuseaction=Page.viewPage&pageId=342>. Accessed December 2004.

<sup>26</sup> Massachusetts Division of Medical Assistance. MassHealth 2001 Dental Action Plan-Draft. Submitted to CMS August 31, 2001. (Massachusetts' response to CMS's Center for Medicaid and State Operations Director's letter of January 18, 2001, #01-010, Access of low-income children to necessary dental services. Director's letter is available at: <http://cms.gov/states/letters/smd118a1.pdf>.) Accessed December 2004.

<sup>27</sup> Hollingsworth MH. August 19, 2004. Ibid.

- effort to further simplify procedures, a new dental prior authorization form was implemented.<sup>28</sup> Also in 2003, online prior authorization (the Automated Prior Authorization Solution program) was implemented, offering providers interactive electronic submission of and response to prior authorization requests (including attachments such as X-rays and photos).<sup>29</sup>
- Beneficiary eligibility, effective May 2002, can be confirmed through an Internet-based system as well as through telephone, point-of-service swipe card devices, computer software, and automated voice response systems.<sup>30</sup>
  - MassHealth is working to increase provider use of electronic billing. Since November 2003, MassHealth has offered free Health Insurance Portability and Accountability (HIPAA)-compliant software for filing dental claims electronically. Software is available for online downloading, or providers may obtain a diskette by mail. MassHealth also offers direct deposit of provider reimbursement through electronic funds transfer.

### Workforce Resources

- In January 2001, MassHealth implemented the community health center (CHC) Dental Partnering Program, which encourages CHCs to increase the volume of dental services they deliver by giving them a \$7 enhancement fee for every dental visit. Hospital-licensed health centers (HLHCs) entered the program in February 2002. Effective July 2004, the enhancement fee was increased to \$15. As of 2004, 23 CHCs and three HLHCs participate in the program. To participate and be eligible to receive the dental enhancement fee, CHCs and HLHCs must agree to increase dental clinic hours, increase the number of dentists at the clinic, add new specialty services, and/or subcontract with a private dentist to provide additional services. The last option potentially would allow dentists to provide services in their own offices or at the CHC, to specify the number of MassHealth members they will see, and to limit days and hours of availability. As of August 2004, five CHCs were subcontracting with private dentists. A total of 12 private dentists have entered into subcontracting arrangements.
- In circumstances other than the CHC Partnering Project, a state antidiscrimination law requires MassHealth providers with patient openings in their practices to accept all MassHealth members requesting service, causing some dentists to become overwhelmed by demand.<sup>31</sup> The 2003 state budget provides that if MassHealth ultimately contracts with a third-party administrator, a pilot program will be authorized in one county to see if allowing dentists to limit their MassHealth caseload increases the number of participating dentists; as no third-party administrator contract has been approved, the pilot project has not occurred.

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<sup>28</sup> Supplemental dental prior authorization form. MassHealth dental bulletin 30. December 2003. Massachusetts Division of Medical Assistance. Available at: [http://www.mass.gov/Eeohhs2/docs/masshealth/bull\\_2003/den-30.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/bull_2003/den-30.pdf). Accessed December 2004.

<sup>29</sup> Automated solutions (see Automated Prior Authorization Solution). Ibid.

<sup>30</sup> Recipient eligibility verification system. MassHealth. Available at: <http://www.massrevs.eds.com>. Accessed December 2004.

<sup>31</sup> Massachusetts Division of Medical Assistance. MassHealth 2001 Dental Action Plan-Draft. Ibid.

- MassHealth has worked with the University of Massachusetts Medical School (UMASS MassHealth Access Program, or MAP) to improve dental infrastructure in areas of low dental access.<sup>32</sup> The UMASS MAP grants awarded during 1999–2003, assisted in adding a total of 25 additional operatories (dental provider rooms) in health centers. The 2004 grantee proposals include an additional six operatories, including one that will be located in a CHC medical clinic to coordinate dental and medical services. UMASS MAP funding has also provided Loan Forgiveness and Student Grant Awards in return for service in community health center dental facilities.
- In 2001, through the University of Massachusetts Medical School, MassHealth developed a training curriculum for primary care physicians aimed at preventing early childhood caries and focusing on oral health screening, referral to dentists, and educating patients about oral health. All primary care providers received training materials, including posters of children’s dental development, patient pamphlets, and a pocket card for physicians. Training sessions for physicians have been held around the state.<sup>33</sup>

### Education, Communication, and Patient Care Facilitation

- Through its billing contractor, MassHealth provides special assistance to dentists in resolving complex billing issues, conducts training sessions, and provides telephone and on-site consultation about billing and issues such as HIPAA compliance and provider enrollment and credentialing. MassHealth staff members become involved if the provider has difficulty with the contractor’s services.<sup>34</sup>
- In 2001, MassHealth developed a single page, double-sided resource guide for dental providers that includes information on MassHealth coverage and prior authorization requirements and contact telephone numbers.
- The dental provider manual<sup>35</sup> is updated often and is available on the Internet, along with dental bulletins and updates. The fee schedules established by the Division of Healthcare Finance and Policy (DHCFP) and is used by other government programs. The DHCFP Fee Schedule must be cross-referenced with the MassHealth Dental Manual, as MassHealth does not cover all services listed by DHCFP.

### Financing and Reimbursement

- Effective July 2000, the legislature appropriated \$19.4 million for a fee increase of 35% for MassHealth dentists. The last prior overall dental rate increase

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<sup>32</sup> MassHealth Access Program (MAP). Office of Community Programs. U Mass Medical School. Available at: <http://www.umassmed.edu/ocp/programs/map.cfm>. Accessed December 2004.

<sup>33</sup> The training materials are available from Ellen Sachs Leicher at [ESLAssoc61@aol.com](mailto:ESLAssoc61@aol.com), 978-371-8816, or from the MassHealth Primary Care Physicians Program.

<sup>34</sup> Brown D. Division of Medical Assistance. Written personal communication to J.B. Bramson. February 13, 2003.

<sup>35</sup> Dental manual. Provider Regulations. DEN-64. Executive Office of Health and Human Services, Commonwealth of Massachusetts. Available at: [http://www.mass.gov/Eeohhs2/docs/masshealth/regs\\_provider/regs\\_dental.pdf](http://www.mass.gov/Eeohhs2/docs/masshealth/regs_provider/regs_dental.pdf). Accessed December 2004.

occurred in 1988, although a subset of services received increases in 1994, and rates for orthodontic services were increased in 1998.

- In 2001, an additional legislative rate increase brought fees for dental services to about 65% of the mean regional fees (per the 1999 ADA Regional Survey). In concert with the reimbursement rate increase, MassHealth was required to report to the state legislature regarding changes in provider participation, patient visits, and services; the report was provided by MassHealth in March 2001.
- As part of the 2002 restructuring of the MassHealth dental program and in conjunction with the reduction of adult dental services, a separate fee schedule was established for beneficiaries under age 21. Reimbursement rates for pediatric dental services were increased variably by procedure category, with an average increase of about 34%.<sup>36</sup>
- No dental services reimbursement increases were provided in 2004 and none are anticipated in 2005.

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<sup>36</sup> Notice of public hearing. 114.3 CMR 14.00: Dental services. April 9, 2002. Massachusetts Division of Health Care Finance and Policy.