

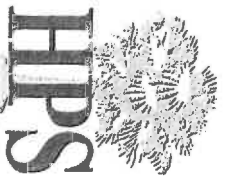
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
Myers	3-30-09

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	101537	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	CC: Ms. Forlmer cleared 4/13/09 letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <u>4-8-09</u>
		<input type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



HEALTH PROMOTION SPECIALISTS

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RECEIVED

March 27, 2009

MAR 30 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Emma Forkner, Director
SC Department of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Dear Ms. Fortner,

I am writing in regard to Medicaid dental reimbursement, the reimbursement fee changes that have occurred recently, and the new change for fluoride varnish that is to take effect April 1, 2009.

Dental decay is the number one chronic disease affecting children in the United States and especially in South Carolina. It is the second costliest disease to treat in the United States, only surpassed by Heart Disease. Evidence shows that prevention of the disease is much less costly than treating the disease. Most dental disease is 100% preventable.

Recently, there were changes in the reimbursement fees from Medicaid. Restorative procedure fees were raised and preventive fees were lowered. These actions tend to drive the wrong behavior. It is pushing individuals to treat more disease rather than prevent it. And the treatment rendered will have to be redone at an even higher fee by Medicaid down the road. It is time for Medicaid to have a paradigm shift. The research supports more minimally invasive dentistry and the increased use of sealants and fluoride varnishes – two of the lowest reimbursed treatments covered by Medicaid. Yet, two that have the potential to save millions of dollars and prevent children from the pain and suffering that comes with the disease.

It is time we start thinking outside of the box. I can tell you first hand that we have individuals and offices over-treating some of our Medicaid population. We see many children with no apparent problems return to our school program six months later with thousands of dollars of restorative work that has been done and billed to Medicaid, including teeth that would have been lost in a few months. In the past, I have suggested that Medicaid require a pre-authorization for work that is above a set financial limit (\$500-600). The response I received was that this would require a dentist to review the cases and that would be an expense for the salary. I assure you that the money saved would quickly and easily cover this salary and have potential savings in the fraud division.

"Promoting health with a smile"

March 27, 2009
Emma Forkner

There are other treatment methods and programs that should be considered. Atraumatic Restorative Technique (ART) is one such treatment that could be utilized that would result in less physical, mental and emotional stress for these children. Also, there is a school-based program in Massachusetts that allows the dental hygienists to place temporary fillings using specific criteria. This program has stopped new decay in the children being seen within two years. Medicaid pays for temporary fillings by the quadrant at a much lower cost than permanent fillings. It stabilizes the children and stops the onset of pain. Most of the teeth treated are “baby” teeth and fall out without ever reaching the painful stage. When the permanent back teeth come in, sealants are placed and future decay is prevented. If the tooth is past the point of being treated at the school, the child is referred to a dental office. I visited this program and went through training to deliver such services in an effort to expand my thought process. Dr. Richard Niederman provided the training through Forsyth University. The same type of program has now been implemented in Maine.

Based on the research, we need to promote health instead of disease. We need to be looking at new and different ways to improve the delivery of services. When budget cuts are warranted, we should consider raising fees for preventive services, or at least maintaining them, and cutting the excess that occurs through over-treatment. We would save exponentially over the long haul. I would urge you to consider appointing additional individuals to your Medicaid Advisory Committee that think prevention rather than spend their career treating and getting reimbursed for disease.

Medicaid is not the only area where prevention saves. The research also concludes that when nursing home patients have regular “teeth cleanings”, the incidence of pneumonia and the costs and complications drop dramatically. This one preventive change could save millions for Medicare too.

The National Institutes of Health released “*Diagnosis and Management of Dental Caries Throughout Life*” (March 2001). One of the conclusions in this report stated “At this time the panel sees a paradigm shift in the management of dental caries (tooth decay) toward improved diagnosis of early non-cavitated lesions and treatment for prevention and arrest of such lesions. Restorations (fillings) repair the tooth structure, do not stop caries (tooth decay) and have a finite life span. They are themselves susceptible to disease.”

Additionally, *The International Journal of Dental Research* published “*The Effectiveness of Sealants in Managing Caries Lesions*”, February 2008. The study reports that sealants are not only effective in preventing cavities but also supports the placement of sealants on teeth with early cavities and teeth that have areas of questionable decay activity. It found a slow progression of early cavities and suggests that surgical treatment (placement of fillings) may not be necessary. The study stated, “Approaches focusing on prevention and management (e.g., dental sealants and fluoride varnishes) are particularly attractive, since they could potentially preserve tooth structure and lower the likelihood of future complex restorations”. (Fillings)

March 27, 2009
Emma Forkner

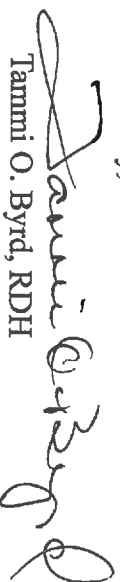
In fact, the March 2008 issue of The Journal of the American Dental Association published "Evidence-Based Clinical Recommendations for the Use of Pit-and-Fissure Sealants: A Report of the American Dental Association Council on Scientific Affairs". This report places as much weight on sealing a tooth with a small cavity as placing a sealant on a cavity free tooth of an individual that is considered high risk for tooth decay. Supporting research was also published with the guidelines. Concern had been raised in the past over sealing teeth that may have decay. Both of these recent research papers clearly state that "these findings do not support reported concerns about poorer outcomes associated with inadvertently sealing caries (cavities). The growth of a cavity is stopped by dental sealants.

Whenever a surgical restoration (filling) is placed, it must always be replaced with a larger filling as it starts to leak and breakdown. By utilizing sealants instead, this cycle is broken. If the sealant is lost, it can be replaced again and again without any loss of tooth structure. The good news is that sealants have been shown to stay on teeth at a rate as high as 87% after twenty years. All research supports the use of dental sealants for preventing decay and the CDC continues to recommend that all communities adopt a school-based dental sealant program.

We are facing tough times during this economic downturn. But, we can capitalize on opportunities that will improve our systems to work more efficiently and promote health. We all win when we increase health.

Thank you for your time and consideration of the issues I have raised. Should you have any questions, I can be reached at 803-348-2973 or tbyrd@hps-sc.com.

Sincerely,


Tammi O. Byrd, RDH
CEO/Clinical Director

cc: Governor Sanford
Felicity Costin Myers
William Wells

Cost of Dental Disease

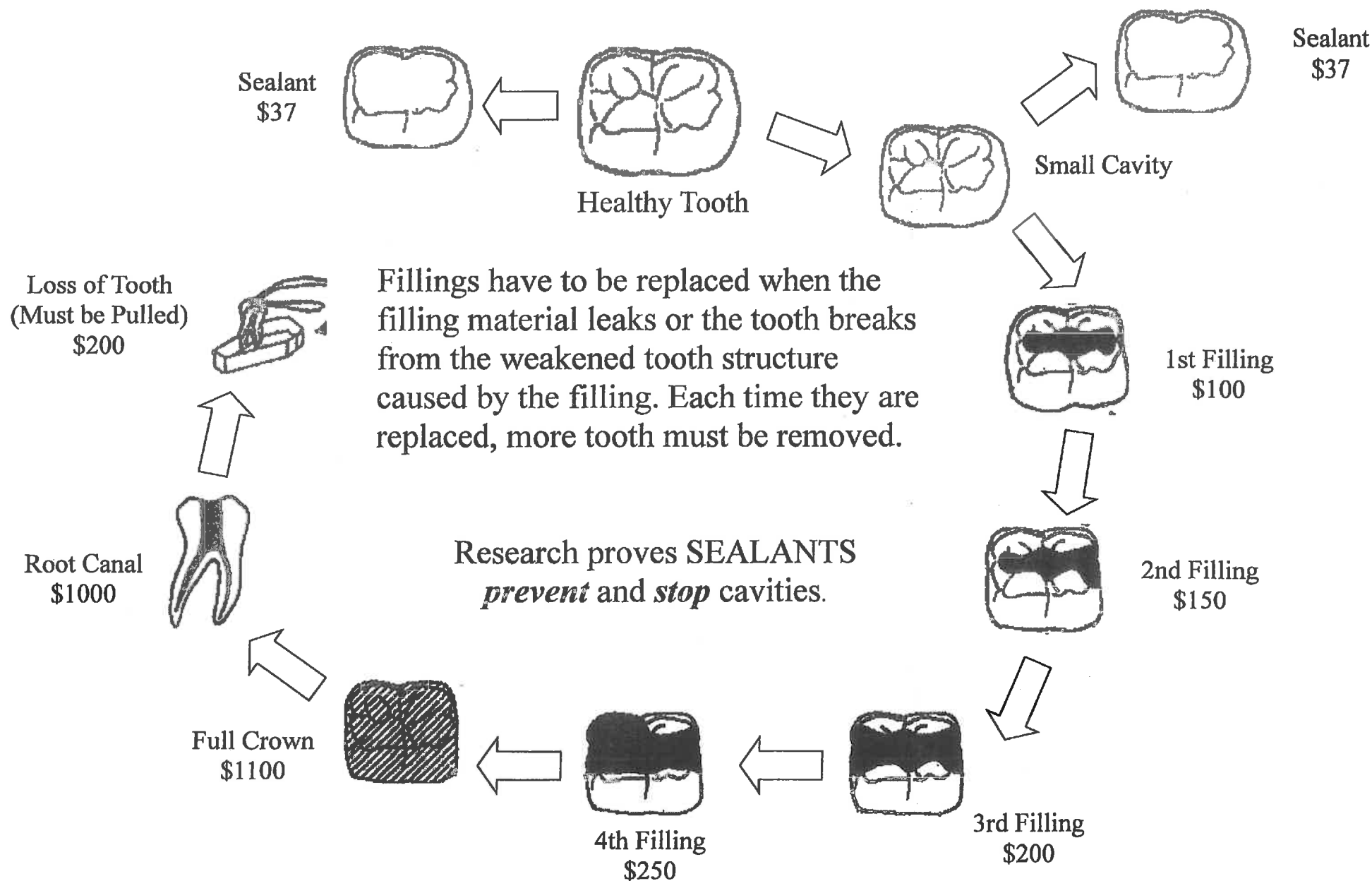
I often hear that accountants, brokers, consultants, policy makers, etc don't pay much attention to dental expenses because they are relatively inexpensive. Compared to the \$1.5 trillion spent on personal health care in 2004, the dental expenditure of \$81,476,000,000 (or \$81,476 million) represents only 5.3% of the costs. However, that analogy is an apples to oranges one because you're comparing one category of disease to the sum of all the others. If you compare costs for treating dental diseases to the cost of the individual other categories of disease/conditions tracked by the Center for Medicare and Medicaid only the category of "heart conditions" is more expensive to the economy than dental diseases.

Below are the health care costs associated with the 60 diseases/conditions tracked by CMS. For probably most purchasers of health care, dental disease is the second most costly disease/condition they cover.

Table 3: Total Expenses for Conditions by Site of Service: United States, 2004
Expenses are Reported in Millions

Heart conditions	90,043.98
Cancer	62,230.46
Trauma-related disorders	58,542.28
Mental disorders	51,974.25
COPD, asthma	48,689.94
Hypertension	37,854.88
Osteoarthritis and other non-traumatic joint disorders	34,888.42
Diabetes mellitus	30,702.76
Back problems	29,625.64
Normal birth/live born	29,293.81
Gallbladder, pancreatic, and liver disease	28,644.37
Other circulatory conditions arteries, veins, and lymphatics	24,025.45
Kidney Disease	23,376.59
Disorders of the upper GI	21,502.76
Hyperlipidemia	21,317.42
Other care and screening	20,741.05
Skin disorders	17,992.70
Systemic lupus and connective tissues disorders	17,820.90
Other CNS disorders	17,466.02
Infectious diseases	14,670.28
Residual Codes	14,657.28
Cerebrovascular disease	13,992.40
Other endocrine, nutritional & immune disorder	13,127.75
Pneumonia	12,629.13
Female genital disorders, and contraception	12,588.82
Other GI	9,966.31
Coma, brain damage	9,344.13*
Symptoms	8,671.52
Other eye disorders	8,272.26
Epilepsy and convulsions	8,075.06*
Other bone and musculoskeletal disease	7,692.62
Acute Bronchitis and URI	7,387.55
Thyroid disease	6,995.93
Hereditary, degenerative and other nervous system disorders	6,267.56
Headache	5,966.63
Cataract	5,927.15
Urinary tract infections	5,875.57
Other stomach and intestinal disorders	5,698.15

Life Cycle/Average Cost of Repairing a Molar





State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

April 13, 2009

Ms. Tammi O. Byrd, RDH
CEO/Clinical Director
Health Promotion Specialists
100 Old Cherokee Road, Suite F, PMB#14
Lexington, South Carolina 29072

Dear Ms. Byrd:

Thank you for your letter dated March 27, 2009, regarding the importance of preventive dental care in reducing the prevalence of tooth decay among children. The South Carolina Department of Health and Human Services (SCDHHS) agrees that prevention of disease is important to the health of beneficiaries as well as containing the cost of treating disease.

In an effort to reduce the prevalence of tooth decay in Medicaid beneficiaries, we included the application of sealants and fluoride in our preventive services and amended our State Plan to recommend that children have a dental visit by age one as advocated by the American Academy of Pediatric Dentists. Another preventive approach was implemented in August 2007 to reimburse primary health care physicians for application of fluoride varnish during two well child visits per year for children age 0-3 that are determined to be at high risk for dental decay through the use of the Caries Risk Assessment Tool (CAT). The goal of this approach is to prevent Early Childhood Caries (ECC) through the use of fluoride varnish, educate parents and caregivers on good oral health and refer the beneficiary to a dental home where they can receive consistent oral health assessments and treatments. While we have begun to see positive results from these efforts, we recognize that tooth decay is a chronic disease that affects a large number of Medicaid beneficiaries. SCDHHS will continue efforts to reduce tooth decay and improve oral health.

In regard to the over utilization of dental services provided to Medicaid beneficiaries, SCDHHS has issued a Request For Proposal to contract with an Administrative Services Organization (ASO) for the administration of the Dental Services program.

File

Log #537

Medical Services

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Ms. Tammi O. Byrd, RDH

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The contractor will monitor and review data to identify and prevent over utilization of treatment by providers and enforce the policies and guidelines as outlined in the Dental Provider Manual. While our goal is to provide necessary preventive and restorative dental treatment to maintain good oral health, over utilization does not provide a benefit and results in unnecessary expenditures. We believe that contracting an ASO is a positive strategy to better support the Medicaid dental program.

In September 2008, the dental program underwent a rate revision as a result of the legislative budget requirement to increase dental rates while also addressing mandated budget reductions. Actuaries contracted by SCDHHS analyzed the dental fee schedule, and compared this with schedules in other states. The actuaries developed a standardized fee schedule that would maintain the services to Medicaid beneficiaries as mandated by the Centers for Medicare and Medicaid Services, while remaining within the dental program's allotted budget. This resulted in a fluctuation of dental rates between increases and reductions with no significance in which type of services (preventive or restorative) would be affected.

We appreciate your comments, informational documents and recommendations on the prevention of tooth decay. SCDHHS will continue to research strategies to prevent dental disease and improve the oral health of the children of South Carolina. Thank you for your support and participation in the South Carolina Medicaid program.

Should you need additional information, please contact Ms. Shirley Carrington, Department Manager for Dental Services, at (803) 898-2568.

Sincerely,


Felicity Myers, Ph.D.
Deputy Director

FM/hhc

cc: The Honorable Mark Sanford