

**Testimony before the District of Columbia Council
Committee on Health
D.C. Department of Health
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I. Introduction

Good morning, Chairman Catania and members of the committee, and thank you for the opportunity to testify. My name is Andrew Patterson, and I am a Staff Attorney with the Legal Aid Society of the District of Columbia. I would like to begin by thanking you, Chairman Catania, for your leadership on the creation of the adult dental benefit for Medicaid recipients that went into effect last April. Through this program, the District has proven itself to be a leader on expanding access to healthcare when other states are cutting back on services. It is that benefit that I will be discussing today.

In 2007, the City Council, the Mayor's office, and the Medical Assistance Administration (MAA) worked together to significantly increase access to dental care for low-income residents of the District. By adding an adult dental plan to the District's Medicaid program, the District joined only a handful of other states in the country in providing such an expansive dental benefit for low-income individuals.

The Council should continue to support this important new benefit by providing sufficient funding towards outreach and education by the MAA to ensure that District Medicaid recipients, as well as managed care organizations, fully understand what services are provided and how recipients can obtain dental services through Medicaid. Since implementation of the adult dental benefit, we believe that confusion on the part of Medicaid recipients and managed care organizations that deliver Medicaid services has either prevented or delayed some residents from taking full advantage this important new opportunity.

In my testimony today I will describe how confusion over how to access the new benefit impacted one client at Legal Aid, and how that prompted us to conduct an informal phone survey of managed care organization's current understanding of the adult

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² The Legal Aid Society was formed in 1932 to "provide legal aid and counsel to indigent persons in civil law matters and to encourage measures by which the law may better protect and serve their needs." Over the last 7 decades, tens of thousands of the District's neediest residents have been served by Legal Aid staff and volunteers. Legal Aid has been practicing in the area of public benefits for a number of years, representing clients with TANF, Food Stamps, and Medicaid cases.

dental benefit. I will describe the results of those calls, and conclude by asking that sufficient funds exist for outreach and education to minimize such confusion going forward.

II. Background on Medicaid Dental Benefits in the District

Before an adult dental benefit was added to the District's Medicaid program in April 2007, Medicaid recipients who were enrolled in a Managed Care Organization (MCO) could only receive limited dental care their MCO provided to them. This previous benefit offered by the MCOs was far more limited than what is currently available to the District's adult Medicaid recipients. The benefit added in April was not created as an additional service covered by MCO's. Instead, it is a service that Medicaid recipients receive directly from MAA. Therefore, in order to take advantage of the more extensive benefit, Medicaid recipients must schedule an appointment with a dentist in the Medicaid network, instead of a dentist in their managed care organization's network. Likewise, the dentist bills MAA directly, rather than the managed care organization, to get paid for the services they provide to Medicaid enrollees.

MAA has created a dental helpline that is available to Medicaid recipients to help connect them to dental care. When a Medicaid recipient calls the dental helpline, MAA representatives will assist recipients with finding a dentist that accepts Medicaid as well as help them schedule an appointment. Recipients are notified of their appointment either through a conference call with the dentist's office, or by a follow-up phone call from someone at the dental helpline.

III. Client Story

Ms. B's story illustrates the difficulty in securing dental benefits. Ms. B is a Legal Aid client who came to our offices last fall after she was denied medically necessary dental care by her MCO. Ms. B needed multiple fillings and root canals. Her dentist verified that a delay in treatment could lead to tooth fracture and infection that could require even more invasive treatment in the future.

Despite her urgent need for dental care, Ms. B received a denial letter from her MCO explaining that the services she needed exceeded the amount of services covered under her insurance plan. Ms. B came to Legal Aid for assistance, and we began working with her and her MCO to figure out why she could not get her care. Legal Aid discovered that Ms. B's MCO was evaluating her claim against the limited benefit they provided to all enrollees before the full-scale adult benefit went into effect. This error occurred in August 2007, despite the implementation of the dental plan in April of 2007.

In November 2007, Ms. B was finally able to make a dental appointment. The earliest scheduled appointment she could get with a provider who accepted fee-for-service Medicaid was in March 2008, a full eight months after she was initially denied coverage by her MCO. Needless to say, eight months is far too long a time to wait for needed dental care. Ms. B's wait for services would have likely been shorter if her MCO

had immediately referred her to the dental helpline in August, because she would have been able to request an appointment in August, rather than in November.

IV. Informal Survey/Findings

After our experience with Ms. B, Legal Aid undertook an informal survey, involving several phone calls to each MCO's member services line. These phone calls were made during late February and March. Our goal was to determine how each MCO responded to general inquiries about the delivery of dental services. Among the questions we wanted answers to were: when an MCO's enrollees ask how to obtain dental care, are they being referred to the dental helpline? Or at the very least are enrollees made aware that they must obtain their dental care from a dentist in the Medicaid network rather than a dentist in their MCO's network? Are MCOs still providing basic dental services themselves, and thereby, essentially denying their enrollees access to the far more comprehensive coverage offered by MAA?

The results of our informal survey were decidedly mixed.

Ms. B's MCO immediately referred us to the dental helpline to receive assistance with scheduling an appointment with a Medicaid dentist.

Another MCO provided several different answers during different calls. During some calls, Legal Aid was told that members are referred to the dental helpline. Another time, however, the same MCO told us that members should consult their insurance cards and the MCO handbook to figure out how to find a dentist and obtain dental care.

The last MCO we contacted provided consistent yet inaccurate information. We were told that this MCO's enrollees were only entitled to one cleaning and one dental exam every six months, two fillings and extractions per year, one full mouth x-ray every three years, and emergency dental care. This is a far more restricted set of services than Medicaid enrollees receive under the new dental benefit. The services also seemed to be delivered by the MCO's own dental network, rather than Medicaid dentists. The representative of this MCO also told us that if a member needs care beyond that described above, the member should pay for it out-of-pocket. The dentist will then submit the claim and the MCO will determine whether to cover the extra care.

V. Ask/Request for Assistance

It is not hard to imagine how these inconsistent, and in some cases blatantly incorrect, answers can lead to confusion. This confusion, in turn, leads to barriers that may prevent Medicaid recipients from receiving the care that the District has made available to them. Legal Aid has alerted MAA to our findings, and MAA understands the problem and will work to ensure that the MCOs fully understand the new benefit and properly handle inquiries about dental care from their enrollees. In order to minimize that confusion going forward, Legal Aid is requesting that the council provide all of the resources necessary for the MAA to continue their outreach and monitoring of MCOs:

- Ensure that MAA has and allocates sufficient funding for outreach to Medicaid recipients and providers so they are aware of how to obtain dental services.

The dental helpline, which as I noted earlier is a great resource provided by MAA, ensures that Medicaid recipients should only have to make one phone call in order to find a Medicaid dentist and schedule an appointment. Hopefully, the more Medicaid recipients are made aware of this resource and educated about the process for obtaining benefits in general, the less likely it will be that confusion and inconsistent information will prevent recipients from receiving the care they need.

- Ensure that MAA has and allocates sufficient funding to continually train and monitor the MCOs that provide services to so many of the District's residents.

It is understandable that many Medicaid recipients will call their MCO to inquire about obtaining dental services. When residents make those calls, it is important that they receive accurate information if they are to obtain the most comprehensive services available. When the information they receive is inaccurate, it can lead to the kinds of barriers Ms. B encountered which significantly delayed her access to dental care.

VI. Conclusion

The Council, along with the Mayor's office and the MAA, should be commended for the significant accomplishment of providing dental services to adult Medicaid recipients. It is an important benefit with the potential to positively impact the lives of thousands of District residents. However, in order to fully realize this potential, it remains necessary to continually fund efforts to inform Medicaid recipients about how they should obtain needed dental care. It also remains necessary to fund MAA efforts to continue working with and monitoring MCOs so those organizations serve as a resource for their enrollees in obtaining dental care, rather than as a barrier. Effective outreach and training are necessary to ensure that the millions of dollars allocated for adult dental services reach the people it was intended to benefit.