



TEXAS ACADEMY OF GENERAL DENTISTRY
Advancing Excellence in General Dentistry

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Public Health Committee - Testimony
Dr. Joey Cazares – Immediate Past President

Thank you for the opportunity to testify before you today. My name is Dr. Jose Cazares. I am a general dentist from McAllen in the Rio Grande Valley and am the Immediate Past President of the Texas Academy of General Dentistry, the state's second largest dental organization with over 2500 general dentist members.

Why did I feel it important to be here today? It is because I am concerned about the future of the dental Medicaid program, the patients it serves and the dentists who have agreed to provide the care.

I have been a Medicaid dental provider for over 25 years. I have also been active on many committees within organized dentistry in addition to the Department of State Health Services Oral Health Advisory Committee, the Frew Advisory Committee, and have participated in Medicaid stakeholder meetings, as well as HHSC's Roundtable discussion.

Nearly 25 percent of TAGD's members are Medicaid providers and as we have worked on the issues surrounding the transition to using managed care organizations, we have many concerns.

From my own experience and in talking with fellow Medicaid providers, we are concerned about reduced fee reimbursements, increased administrative burdens and the frustration our patients have had in dealing with the system. For example, the necessity of preauthorization for routine procedures causing additional office visits put an undue hardship on patients and prevents effective delivery of care.

Dentists that have agreed to provide care to Medicaid patients are also incurring increased costs. The three managed care organizations have three different sets of rules, guidelines and fee schedules for Medicaid patients. To manage these increased administrative requirements we are finding it necessary to hire more staff.

As the state moves forward, TAGD would make the following suggestions to improve the managed care system so the state may maintain the necessary providers to administer quality care to the state's neediest populations:

1. Let's get an accurate baseline count of dentists providing Medicaid Dentistry. This needs to be an unduplicated number, regardless of how many locations a practice has or how many MCO's the dentists has signed up for.
2. At the same time it would be interesting to find out how much dentistry has been performed (in dollar amounts) since the start of Dental Managed care? How much of that amount has been denied on claims by each of the MCO's? Why have those claims been denied?
3. Develop streamlined guidelines for reimbursement between the MCO's and use e-mail blasts to inform all providers when policy and other changes are made. The differing rules make it difficult to know which procedures need a pre-authorization, which procedures are age-

dependent and not “disease dependent” and difficult to ensure that patients treated are assigned to us as a provider. In addition, we have to search two different website locations to verify valid information, and are told to check these sites on a daily basis prior to submitting claims.

We spend more time getting clearance information than actually performing the intended procedures. This daily scenario results in very frustrating and inefficient treatment days. Parents are feeling the frustration as well. They sometimes have to miss work on multiple occasions. They already face issues with uncooperative schools due to students missing class for appointments even though it is an excused absence.

The constant threat of possible mistakes on claims that can be construed as waste, fraud and abuse are discomfoting to providers. I truly believe most Medicaid dental providers are honest and hard-working people. They would not risk their careers and the future of their families who depend on them by deliberately defrauding the system.

I have talked with a number of colleagues who are thinking of resigning as Medicaid providers in order to prevent a possible negative situation that can affect that provider and his family for years to come.

4. The process for approving new providers needs to be streamlined, and there should be a central certifying process to become a Medicaid provider. Some providers are accepted by one MCO, but not another. Also, in some cases, it has taken over 3 months for a provider to be approved. Let’s bring it down to 30 days and make the application/contract as concise as possible.

5. Inform the dentists with the details of the upcoming transition due to the termination of the contract between Delta Dental and the State.

6. Medicaid fees have historically been lower than the average. Let’s work to keep from reducing fees any further, as will happen with the Foster Children’s Medicaid program, a population which is the most vulnerable of all Texas children. When a dental office runs a 70% overhead, a 10% reduction in fees like that of the Foster kids program is actually a 33% decrease in profit. With the added requirements of running a dental practice, hiring more staff members, and the increased cost of running a business, the increased burden will result in less Medicaid providers.

7. It would be helpful if the MCOs and HHSC took better advantage of the advisory committees that are in place. From my experience, these committees are often not consulted until after decisions have already been made. If members of these committees can be utilized in a truly advisory capacity before policies and changes occur instead of “after the fact”, positive results can occur.

The Texas Academy of General Dentistry offers our services and the talents of our members to better serve the Texas Medicaid program and the patients it serves. Together, we can bring back a positive program and ensure a positive future for all involved.

Thank you.

Dr. Jose Cazares
Immediate Past President