



Testimony of Dr. Richard C. Black
House Public Health
October 15, 2012

Good morning/afternoon Madam Chair Kolkhorst and members of the committee. I am Dr. Richard Black, an orthodontist from El Paso and I appreciate the invitation to speak with you today about the delivery of dental services in Medicaid. I chair the Texas Dental Association's (TDA) Council on Legislative & Regulatory Affairs, and I have participated in Texas' Medicaid dental program for many years.

The TDA is a professional association representing more than 8,700 dentists who are committed to delivering quality, comprehensive oral health services to all Texans. As the *Voice of Dentistry* in Texas, the TDA strives to help Texas maintain and strengthen the dental public health safety net by encouraging its member dentists to actively participate in Medicaid and the Children's Health Insurance Program (CHIP).

The Texas Medicaid program is obligated to provide comprehensive dental services to children who are eligible. At a minimum, dental services must include services to relieve pain and infections, restore teeth, and maintain dental health.

With more than 2.5 million Texas children enrolled in Medicaid, it is critical that **every** Medicaid dollar goes toward the delivery of **necessary services** to those who truly require it.

Today I want to highlight three principal items of concern in the delivery of dental services in Texas. Each item is unique and each requires separate, individual attention. Solving the issues with one item will not solve the issues with the others. The items are:

1. Medicaid orthodontic services;
2. The transition of Medicaid dental to managed care; and
3. Non-dentist owned entities that provide patient care.

Medicaid Orthodontics

Medicaid orthodontic care in Texas has been the subject of significant regional and national attention recently. There have been numerous reports of waste, fraud, abuse, over-utilization, inappropriate safeguards, inappropriate administration, provider-based fault, state-based fault, third-party administrator-based fault, and so on. As the committee knows, there are legal actions taking place to sort through the many complicated scenarios and cases that exist.

I have testified on behalf of the Texas Dental Association several times on this issue and I once again want to emphasize that the TDA continues to support using the most conservative guidelines for distinguishing a medically necessary orthodontic case from a cosmetic case to help ensure orthodontic care is only provided to patients with actual medical necessity. I also want to emphasize that the TDA's first priority is the health and safety of all Medicaid eligible children. This includes continued treatment of children receiving medically necessary Medicaid orthodontic care. It also includes continued care of children receiving Medicaid orthodontic care under previous regulations and state approval processes so that these children are not abandoned.

The TDA has been actively involved for many years with pursuing more conservative guidelines for Medicaid orthodontic care.

The TDA recognizes there are issues with some orthodontic cases approved under the previous guidelines. We hope these cases are adjudicated fairly taking into account the guidelines that existed at the time the case was submitted.

We all have the same goal when it comes to dental Medicaid— to improve oral health outcomes for Texas’ Medicaid children. **Ensuring the integrity of the Medicaid orthodontic program results in a balanced distribution of limited Medicaid funds for all dental services.**

Transition to Medicaid Dental Managed Care

Since the State of Texas first rolled out the commercial administration of Medicaid dental in early 2012, the change and impact to patients and providers has been substantial and difficult. Serious challenges remain with this new managed care delivery model.

The TDA appreciates the Health and Human Services Commission (HHSC) efforts and the Association continues to recommend solutions to Medicaid/CHIP program concerns which benefit the state and providers. There is still much work to be done in order to prevent dentists from justifiably leaving the program. For instance, one of the three managed care companies will no longer be administering benefits as of December 1. The result of this departure is approximately one million patients will have to be re-assigned to the remaining managed care companies. This in itself is another example of how difficult the transition continues to be.

The TDA strongly supports the Texas Medicaid and CHIP “Main Dentist” provision in which the dental home is the ongoing relationship between the dentist who is the primary care provider and the patient. With this existing Main Dentist requirement, the patient’s oral health care is delivered in a complete, accessible and family-centered manner by a

licensed dentist. Clinical evidence states that in order to make long-lasting substantive improvements in the dental health outcomes of children, coordinated preventive and dental care should be delivered by the dentist in the dental home. The state should continue this valuable provision in Medicaid/CHIP programs.

Non-Dentist Owned Entities that Provide Patient Care

The TDA remains deeply concerned about the state's overall lack of oversight and limited ability to help protect the public in situations where dental care is delivered by non-dentist owned business entities. The TDA is studying the creation of **reasonable** state safeguards to enhance patient safety, protection, and proper care by these entities.

Non-dentist owned entities provide valuable dental services to many citizens in Texas including Medicaid patients. These entities have a place in Texas, but they must be held accountable for their activities with dental patients and the state must have appropriate oversight and resources to properly regulate them.

In closing, **the TDA welcomes and will actively participate in any and all dialogue and action designed to enhance patient safety and protection, prevent waste, fraud and abuse and improve the delivery of Medicaid/CHIP dental services in all settings.**

Thank you and I am happy to try to answer any questions you may have.