PROGRAM DESCRIPTION

Department: Social Services
Program Name: Dental Program
Program is found in the following core budget(s): Dental

HB Section(s):   11.720

1a. What strategic priority does this program address?

Provide quality dental care access to MO HealthNet participants.

1b. What does this program do?

The MO HealthNet Division's (MHD) dental program reimburses for services that include diagnostic, preventive, and corrective procedures provided by a licensed dentist or dental hygienist. The dentist must be enrolled in the MO HealthNet program. Generally, dental services include the following:

- Treatment of the teeth and associated structure of the oral cavity;
- Preparation, fitting, and repair of dentures and associated appliances; and
- Treatment of disease, injury, or impairments that affect the general oral health of a participant.

MO HealthNet currently offers comprehensive dental services for children, pregnant women, the blind, and residents of a nursing facility. Coverage for adults is limited and includes dental services and care related to trauma of the mouth, jaw, teeth, or other contiguous sites. Services provided under Tiers 1-6 are outlined below.

MHD attempts to improve the overall health of MO HealthNet participants by improving oral health through reimbursement for their diagnostic, preventative, and corrective dental services. Additionally, MHD attempts to ensure MO HealthNet eligible children have access to dental screenings and Early and Periodic Screening Diagnosis and Treatment (EPSDT) services, also known as the Healthy Children and Youth (HCY) program.

Reimbursement Methodology

Dental services are reimbursed in the fee-for-service and managed care settings. For managed care participants, dental services are reimbursed by MO HealthNet through the actuarially sound capitated rate paid to the Managed Care Organizations (MCO's). Dental rates are reimbursed for fee-for-service claims based on maximum allowable amounts identified on a fee schedule. Prior authorization is required in the fee-for-service program for certain services such as orthodontic treatment, composite resin crowns, metallic and porcelain/ceramic inlay restorations, and high noble metal crowns. The services of a dentist may be administered in a variety of settings including the provider's office, a hospital, nursing home, or clinic. If dental services are billed by a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC), the reimbursement methodology is different and would be paid out of the physician-related services line (see Physician tab for more information). Services rendered by a dental hygienist are typically billed by the dentist. However, certain dental hygienists who have been licensed for at least three (3) consecutive years and practicing in a public health setting may bill independently.

Services rendered by someone other than a dentist or dental hygienist, including appropriate supplies, are billable only where there is direct personal supervision by the dentist. This applies to services rendered by auxiliary personnel employed by the dentist and working under his/her on-site supervision and is restricted to non-physician anesthetists (including Certified Registered Nurse Anesthetists and Anesthesiologist Assistants), dental assistants, and certified dental assistants.

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Rate History

07/01/22: Dental rates were increased to 80% of the 50th percentile of the comparable usual customary and reasonable rates
07/01/19: 1.5% rate increase on all covered services
07/01/18: 1.5% rate increase on all covered services
07/01/17: 3% rate decrease on all covered services
07/01/16: ~2% rate increase on all covered services
01/01/16: 1% rate increase on all covered services

Additional Details

For children under 21, pregnant women, the blind, and nursing facility residents, covered services under the dental program include, in part, the following: examinations, fillings, sealants, prophylaxis, fluoride treatments, extractions, anesthesia, crowns, injections, oral surgery, periodontal treatment (in limited cases), pulp treatment, restoration, root canal therapy, x-rays, dentures (full or partial), denture adjustments or repairs, and denture duplication or relines. Orthodontic services, the field of dentistry associated with the correction of abnormally positioned or misaligned teeth, are available only to children under age 21 for the most severe malocclusions.

Coverage for adults for dental services in Tiers 1-6 was added effective January 2016. Expanded coverage of dental services for adults in Missouri include preventive services, restorative services, periodontal treatment, oral surgery, extractions, radiographs, pain evaluation and relief, infection control and general anesthesia. Prior to January 2016, MO HealthNet only covered dental services for adults age 21 and over (except individuals noted above) if the dental care was related to trauma of the mouth, jaw, teeth or other contiguous sites as a result of injury, or for the treatment of a medical condition without which the health of the individual would be adversely affected. Treatment for such a medical condition would require a written referral from the participant's physician stating that the absence of dental treatment would adversely affect a stated pre-existing medical condition.
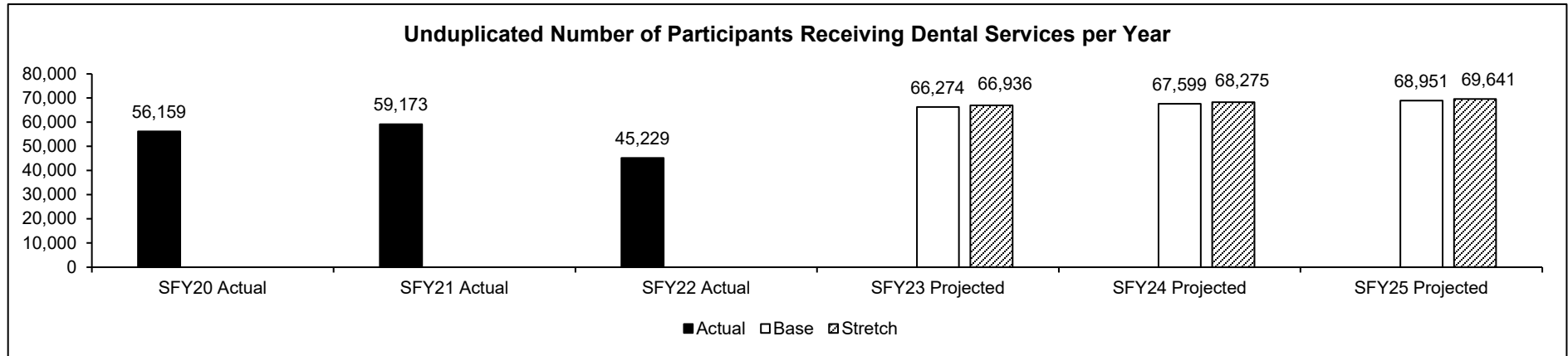
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Department: Social Services　　　　　　　　　　　　　　　　　　　　　　HB Section(s):　　11.720
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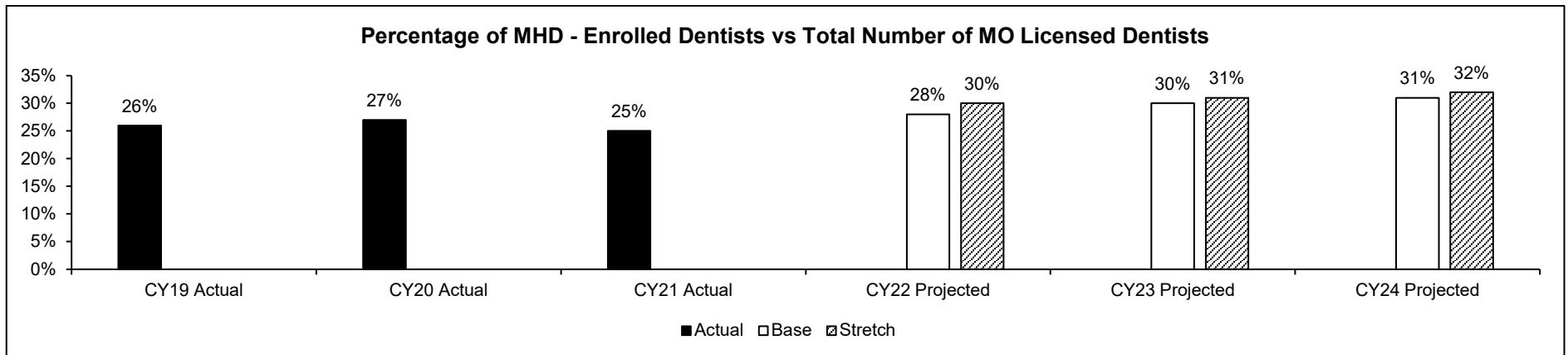**Program is found in the following core budget(s): Dental**

2a.　Provide an activity measure(s) for the program.

Unduplicated Number of Participants Receiving Dental Services per Year

	SFY20 Actual	SFY21 Actual	SFY22 Actual	SFY23 Projected	SFY24 Projected	SFY25 Projected
Actual	56,159	59,173	45,229			
Base				66,274	67,599	68,951
Stretch				66,936	68,275	69,641

■Actual　□Base　▨Stretch

Note 1: SFY22 is lower due to COVID-19.

Note 2: SFY23 and beyond are expecting substantial increases in participants receiving dental services as more providers enroll, and there is increased access to care.

2b.　Provide a measure(s) of the program's quality.

Percentage of MHD - Enrolled Dentists vs Total Number of MO Licensed Dentists

	CY19 Actual	CY20 Actual	CY21 Actual	CY22 Projected	CY23 Projected	CY24 Projected
Actual	26%	27%	25%			
Base				28%	30%	31%
Stretch				30%	31%	32%

■Actual　□Base　▨Stretch

Note: Stretch goal is based on the National average of dentists enrolled in Medicaid programs.

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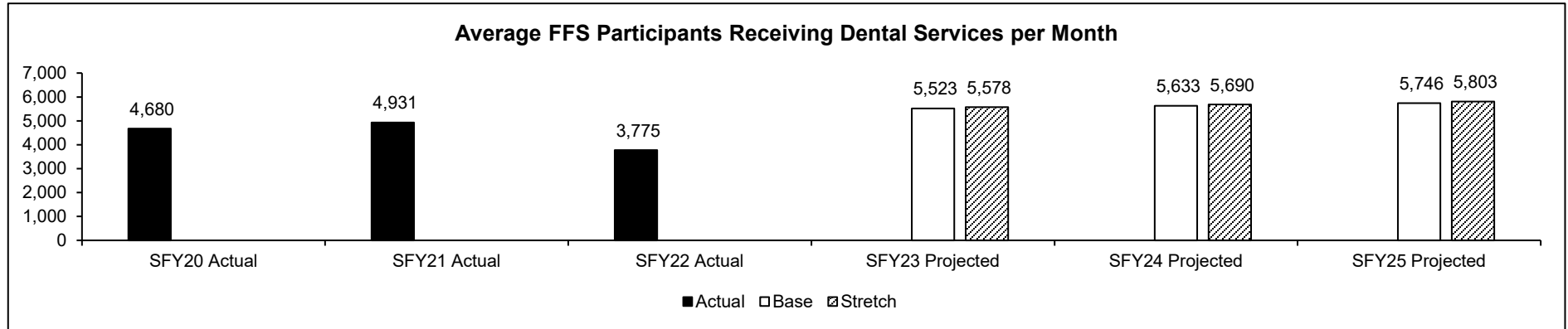
Department: Social Services   **HB Section(s):**   **11.720**
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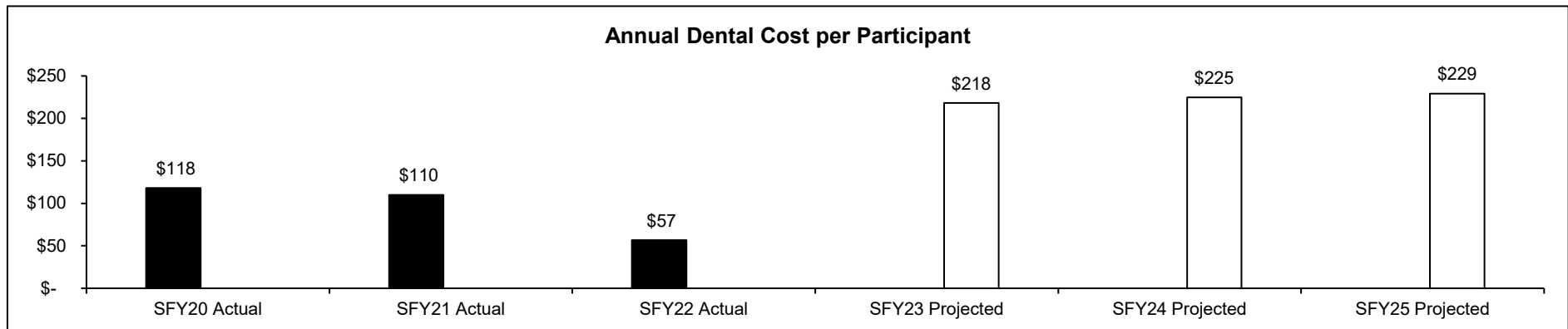**Program is found in the following core budget(s): Dental**

2c. Provide a measure(s) of the program's impact.

Average FFS Participants Receiving Dental Services per Month

Bar chart values:
- SFY20 Actual (Actual): 4,680
- SFY21 Actual (Actual): 4,931
- SFY22 Actual (Actual): 3,775
- SFY23 Projected: Base 5,523, Stretch 5,578
- SFY24 Projected: Base 5,633, Stretch 5,690
- SFY25 Projected: Base 5,746, Stretch 5,803

Legend: ■Actual ☐Base ▨Stretch

Note 1: SFY22 is lower due to COVID-19.

Note 2: SFY23 and beyond are expecting substantial increases in participants receiving dental services as more providers enroll, and there is increased access to care.

2d. Provide a measure(s) of the program's efficiency.

Annual Dental Cost per Participant

Bar chart values:
- SFY20 Actual: $118
- SFY21 Actual: $110
- SFY22 Actual: $57
- SFY23 Projected: $218
- SFY24 Projected: $225
- SFY25 Projected: $229

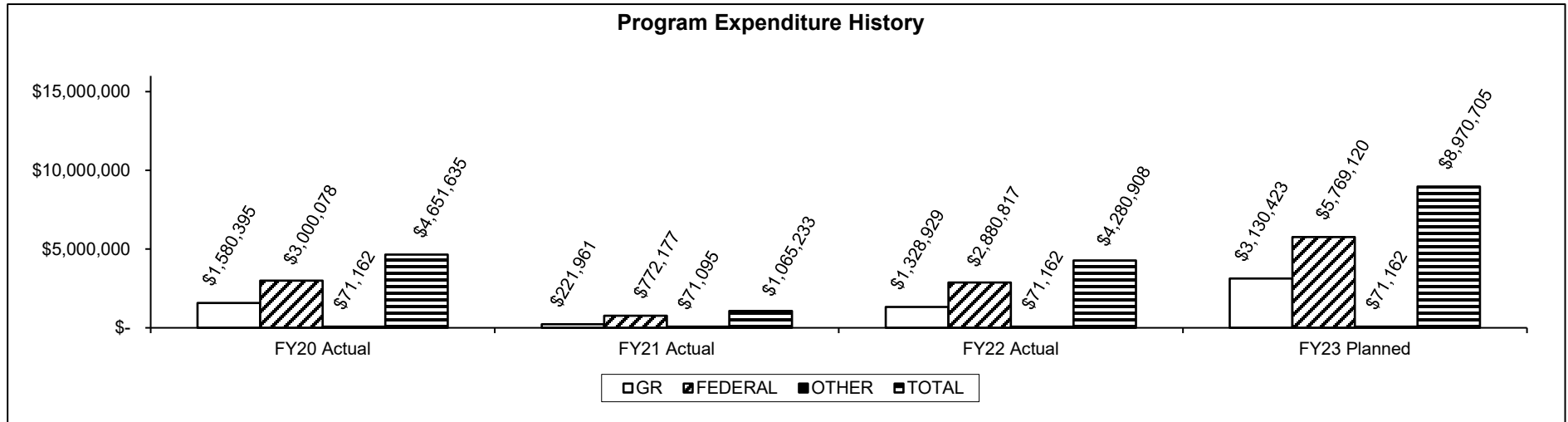**Note 1**: SFY22 is lower due to COVID-19.

Note 2: SFY23 and beyond increase is due to the dental rates being increased from approximately 35% to 80% of the 50th percentile of the comparable usual customary and reasonable rates.

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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. *(Note: Amounts do not include fringe benefit costs.)*

Program Expenditure History

	GR	FEDERAL	OTHER	TOTAL
FY20 Actual	$1,580,395	$3,000,078	$71,162	$4,651,635
FY21 Actual	$221,961	$772,177	$71,095	$1,065,233
FY22 Actual	$1,328,929	$2,880,817	$71,162	$4,280,908
FY23 Planned	$3,130,423	$5,769,120	$71,162	$8,970,705

In FY2022, AEG expenditures are included in total payments. Federal Fund 0809 was used to cover the state share of AEG expenditures.

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275), Nursing Facility Reimbursement Allowance Fund (0196), Ambulance Service Reimbursement Allowance Fund (0958)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State statute: Section 208.152, RSMo. Federal law: Social Security Act Section 1905(a)(12) and (18), 1905(o). Federal regulation: 42 CFR 410.40, 418, 431.53, 440.60, 440.120, 440.130 and 440.170.

6. Are there federal matching requirements? If yes, please explain.

The FMAP (Federal Medical Assistance Percentage) fluctuates annually based on state and national economic and population data, but generally the state matching requirement is around 35% and the federal match is around 65%.

7. Is this a federally mandated program? If yes, please explain.

This program is not mandatory for adults but is mandatory for children.