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**Report to  
The Vermont Legislature**

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**Dental Access and Reimbursement Working Group Report**

**In Accordance with Sec. E.306.3(b)(1) of Act 72 of 2019**

**Submitted to:** House Committee on Health Care  
Senate Committee on Health and Welfare

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**Report Date:** November 1<sup>st</sup>, 2019

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## EXECUTIVE SUMMARY

In accordance with Sec. E.306.3(a) of Act 72 of 2019, the Department of Vermont Health Access, in consultation with the Board of Dental Examiners and the Vermont State Dental Society, was responsible for convening a working group of interested stakeholders to:

- Evaluate current Vermont Medicaid program reimbursement rates;
- Ascertain the amount of fiscally responsible increases to rates for specific services that would attract additional providers to participate with the Vermont Medicaid program;
- Explore opportunities for further expanding access to dental care, including reimbursement for teledentistry and integration of dental services with accountable care organizations;
- Determine the feasibility of, and costs associated with, establishing a State dental assistance program to provide access to affordable dental services for Vermont residents with lower income and enrolled in Medicare.

This report provides the findings and recommendations of the convened working group. Pursuant to Sec. E.306.3(b)(1) of Act 72 of 2019, the report is required to be submitted to the House Committee on Health Care and the Senate Committee on Health and Welfare by November 1<sup>st</sup>, 2019.

### Summary of Recommendations

Recommendation 1: Establish a professional and predictable process for annually reviewing Vermont Medicaid's reimbursement rates for dental services and evaluating progress towards achieving other recommendations detailed within this Report.

Recommendation 2: After the end of the last quarter in state fiscal year 2020, review utilization and reimbursement rates for preventive dental care services.

Recommendation 3: Implement fiscally responsible increases to rates for 25 provider-selected dental services effective for January 1<sup>st</sup>, 2021. The estimated annual fiscal impact of increasing those 25 dental procedure codes to 60% of the Northeast Delta Dental Premier Fee Schedule is \$973,252 (gross) based on calendar year 2018 utilization information.

Recommendation 4: The Vermont State Dental Society (VSDS) is committed to helping dentists to report usual and customary fees to the Department of Vermont Health Access and will

commit to improving access to dental services for Medicaid members if Vermont Medicaid reimbursement rates are increased to 60 percent of the usual and customary rates in accordance with VSDS-referenced literature regarding the relationship between reimbursement rates and dentist participation in Medicaid programs.

Recommendation 5: Eliminate co-payment requirements for Medicaid members receiving covered dental services to remove substantial administrative burden on dental practices and financial burden for members. The estimated annual fiscal impact of removing co-payments for all dental services was \$159,694.

Recommendation 6: Vermont Medicaid shall further study and report on the national use of and estimated fiscal impact for expansion of coverage for store and forward technology for dental services that are appropriate through this method and medically necessary. The Department shall provide its recommendations as part of its state fiscal year 2021 budget presentation.

Recommendation 7: In recognition that oral health is part of overall health, the feasibility for future integration of dental services within an Accountable Care Organization model shall be further explored and evaluated.

Recommendation 8: In order to preserve the State's ability to enhance payment and services for the Vermont Medicaid population in response to emerging needs, establishment of a state dental assistance program for Medicare beneficiaries should not occur in the current budget neutrality environment.

Recommendation 9: Effective for January 1<sup>st</sup>, 2021, the definition of preventive services, not subject to the Vermont Medicaid adult dental benefit annual limit as of January 1<sup>st</sup>, 2020, shall be expanded to include dental procedure codes for periodontal maintenance.

Recommendation 10: Enhancing and continuing to monitor the viability and sustainability of the AHEC-administered Vermont Educational Loan Repayment program and the Vermont Student Assistance Corporation's scholarship/loan forgiveness award program as important strategies for recruiting and retaining dentists and other dental providers in Vermont, while aligning the requirement for both programs to provide care for a certain number of Medicaid members through the service contracts/awards.

Recommendation 11: Explore employment of strategic partnerships and evolving payment models to expand upon the successful strategies of the Brattleboro and Bennington communities, Federally Qualified Health Center model for integrated care, and not-for-profit dental offices for improving access to dental services statewide.

## BACKGROUND

In accordance with Sec. E.306.3(a) of Act 72 of 2019, the Department of Vermont Health Access, in consultation with the Board of Dental Examiners and the Vermont State Dental Society, was responsible for convening a working group of interested stakeholders to:

- Evaluate current Vermont Medicaid program reimbursement rates;
- Ascertain the amount of fiscally responsible increases to rates for specific services that would attract additional providers to participate with the Vermont Medicaid program;
- Explore opportunities for further expanding access to dental care, including reimbursement for teledentistry and integration of dental services with accountable care organizations;
- Determine the feasibility of, and costs associated with, establishing a State dental assistance program to provide access to affordable dental services for Vermont residents with lower income and enrolled in Medicare.

As a result, the Department of Vermont Health Access, Vermont State Dental Society, and Board of Dental Examiners identified interested stakeholders and extended invitations to convene on five dates to work through the established objectives. Invitations were well-received and commitments to participate readily provided by stakeholders. Participating working group members were as follows (table 1):

Table 1. Dental Access and Reimbursement Working Group Members

Member Name	Organization
Vaughn Collins	Vermont State Dental Society (VSDS)
James Feehan	Primmer, Piper, Eggleston & Cramer, representing VSDS
David Baasch, DDS	Board of Dental Examiners Northeast Delta Dental Baasch Dental
Robert Ruhl, DMD	Board of Dental Examiners Deerfield Valley Dental Care Brattleboro Memorial Hospital
Charles Seleen, DMD	Vermont Dental Care

Thomas Connolly, DMD	Champlain Valley Oral and Maxillofacial Surgery
Michael Brady, DDS	SVMC Dentistry
Charles Bowen, DMD	Vermont Medicaid
Robin Miller, RDH, MPH	Vermont Department of Health
Michelle Tetreault	Northern Counties Health Care
Norman Ward, MD	OneCare Vermont
Steven Gordon, CEO/President	Brattleboro Memorial Hospital
Cheyenne Warren, DDS, MS	Vermont Technical College
Amelia Schlossberg Annalee Beaulieu	Vermont Legal Aid, Office of the Health Care Advocate
Erica Bodwell, Esq. Alexandra Sosnowski, Esq.	Northeast Delta Dental
Nissa James, Ph.D. Susan Coburn, MPH Patricia Elias Christine Ryan, MSA, RN	DVHA Commissioner's Office, Policy, Reimbursement, and Clinical Operations units

The working group began with a shared understanding that oral health contributes to an individual's overall health, and that a lack of dental care can negatively impact chronic medical conditions, such as cardiovascular disease and diabetes.<sup>1</sup> The commitment exhibited by working group members to achieving improved oral health for Vermonters was commendable. Each member identified above ensured participation in every established working session and completed all requested reviews prior to working sessions, allowing the group to make efficient and timely progress. The stakeholder commitment to participation is important to highlight because the Department has been striving to make progress on its priority of adoption of value-based payments; in order to attain progress for that priority, commitment of providers to participate in reform activities has remained an essential element for ensuring success.

<sup>1</sup> Schenkein HA & Loos BG. 2013. Inflammatory mechanisms linking periodontal diseases to cardiovascular diseases. *Journal of Clinical Periodontology*. DOI: 10.1111/jcpe.12060

## EVALUATION OF CURRENT MEDICAID REIMBURSEMENT RATES

Pursuant to Sec. E.306.3(a)(1) of Act 72 of 2019, the Dental Access and Reimbursement working group began to evaluate current Medicaid reimbursement rates to dentists, dental therapists, and other providers of dental services in order to ascertain the amount of fiscally responsible increases needed to attract additional providers to participate in the Vermont Medicaid program. The first step in achieving consensus for this objective’s findings and subsequent recommendations was to identify and review the top 15 utilized dental procedure codes in the Vermont Medicaid program (table 2). Currently, the rates within the Vermont Medicaid Dental Procedure Fee Schedule are not specific to a dental provider type.

Table 2. The Top 15 Utilized Dental Procedure Codes in the Vermont Medicaid Program

Procedure Code	Procedure Code Description	Average Units of Service 1/1/16 - 7/26/2019	Current Rate on File
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	58009	\$25.00
D1110	PROPHYLAXIS - ADULT	39370	\$48.00
D1120	PROPHYLAXIS - CHILD	35037	\$34.00
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	32432	\$18.00
D1351	SEALANT - PER TOOTH	23271	\$35.00
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	18358	\$30.00
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	17469	\$40.00
D2392	RESIN-BASED COMPOSITE, TWO SURFACES, POSTERIOR	17218	\$133.00
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR	16490	\$98.00
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED PATIENT	15092	\$40.00
D1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	14693	\$18.00
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	14600	\$18.00
D2391	RESIN-BASED COMPOSITE, ONE SURFACE, POSTERIOR	13359	\$90.00
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	12494	\$24.00
D0330	PANORAMIC RADIOGRAPHIC IMAGE	11310	\$60.00

After identifying the dental procedure codes with the highest number of units of service from 2016 through 2019 year-to-date, it was necessary to review utilization by year to ensure consistency was observed for the codes identified across years (table 3).

Table 3. Top 15 Dental Procedure Codes by Year

Top 15 Utilized Codes By Year							
CY2016		CY2017		CY2018		CY2019 YTD	
Procedure Code	Units of Service	Procedure Code	Units of Service	Procedure Code	Units of Service	Procedure Code	Units of Service
D0120	66436	D0120	65220	D0120	64944	D0120	35437
D0140	19668	D0140	19575	D0140	20223	D0140	10409
D0150	17640	D0150	17130	D0150	16912	D0150	8684
D0220	17704	D0220	16705	D0220	15885	D0220	8107
D0272	15693	D0272	13852	D0272	13462	D0272	6969
D0274	19515	D0274	20516	D0274	21474	D0274	11927
D0330	12854	D0330	12309	D0330	13108	D0330	6970
D1110	46930	D1110	44381	D1110	43388	D1110	22780
D1120	39542	D1120	39173	D1120	39869	D1120	21564
D1206	32801	D1206	35226	D1206	39323	D1206	22379
D1208	18835	D1208	16698	D1208	15171	D1208	8069
D1351	26200	D1351	23831	D1351	27984	D1351	15067
D2391	16571	D2391	15434	D2391	14160	D2391	7272
D2392	20228	D2392	19654	D2392	19018	D2392	9970
D7140	19633	D7140	19080	D7140	18355	D7140	8892

Next, the 15 dental procedure codes with the highest number of units of service were compared to other New England Medicaid program reimbursement rates on file to assess comparability of Vermont’s reimbursement relative to similar programs in the same geographic region (see table 4). Results of the analysis indicated that Vermont Medicaid’s reimbursement rates for the 15 dental procedure codes with the highest utilization in recent years were comparable to Medicaid reimbursement in other New England Medicaid programs. In fact, Vermont Medicaid’s reimbursement was consistently in the top 1 or 2 rates for Medicaid program adult dental benefit reimbursement in New England for those dental procedure codes compared.

**Finding 1: Vermont Medicaid’s reimbursement rates for the most utilized dental services are among the highest when compared to other New England Medicaid programs.**



Table 4. Vermont Medicaid Highest Utilized Dental Procedure Codes, Reimbursement Rate Comparison to other New England Medicaid Reimbursement Rates<sup>2</sup>

Procedure Code	Procedure Code Description	Vermont	New Hampshire	Maine		Massachusetts		Connecticut		Rhode Island		
				VT rate as a % of NH	= > 21	VT rate as a % of ME 21 and over	= > 21	VT rate as a % of MA 21 and over	= > 21		VT rate as a % of CT 21 and over	VT rate as a % of RI
D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT	\$ 25.00	\$ 30.50	82.0%	-	-	\$ 20.00	125%	\$ 18.20	137%	\$ 10.00	250.0%
D1110	PROPHYLAXIS - ADULT	\$ 48.00	\$ 53.00	90.6%	\$ 40.00	120%	\$ 49.00	98%	\$ 33.28	144%	\$ 30.00	160.0%
D1120	PROPHYLAXIS - CHILD	\$ 34.00	\$ 38.00	89.5%	-	-	\$ 36.00	94%	\$ 23.92	142%	\$ 22.00	154.5%
D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	\$ 18.00	\$ 18.00	100.0%	-	-	\$ 26.00	69%	\$ 15.08	119%	\$ 20.00	90.0%
D1351	SEALANT - PER TOOTH	\$ 35.00	\$ 33.50	104.5%	-	-	\$ 28.00	125%	-	-	\$ 18.00	194.4%
D0274	BITEWINGS - FOUR RADIOGRAPHIC IMAGES	\$ 30.00	\$ 32.00	93.8%	\$ 20.00	150%	\$ 33.00	91%	\$ 24.96	120%	\$ 22.00	136.4%
D0140	LIMITED ORAL EVALUATION - PROBLEM FOCUSED	\$ 40.00	\$ 45.00	88.9%	\$ 20.00	200%	\$ 39.00	103%	\$ 24.96	160%	\$ 10.00	400.0%
D2392	RESIN-BASED COMPOSITE, TWO SURFACES, POSTERIOR	\$ 133.00	\$ 111.00	119.8%	\$ 90.00	148%	\$ 65.00	205%	\$ 59.28	224%	\$ 34.00	391.2%
D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATIC	\$ 98.00	\$ 100.00	98.0%	\$ 91.00	108%	\$ 70.00	140%	\$ 59.80	164%	\$ 73.00	134.2%
D0150	COMPREHENSIVE ORAL EVALUATION - NEW OR ESTABLISHED	\$ 40.00	\$ 57.00	70.2%	-	-	\$ 37.00	108%	\$ 33.80	118%	\$ 20.00	200.0%
D1208	TOPICAL APPLICATION OF FLUORIDE EXCLUDING VARNISH	\$ 18.00	\$ 18.00	100.0%	-	-	\$ 29.00	62%	\$ 15.08	119%	\$ 18.00	100.0%
D0220	INTRAORAL - PERIAPICAL FIRST RADIOGRAPHIC IMAGE	\$ 18.00	\$ 7.00	257.1%	\$ 8.00	225%	\$ 14.00	129%	\$ 9.88	182%	\$ 10.00	180.0%
D2391	RESIN-BASED COMPOSITE, ONE SURFACE, POSTERIOR	\$ 90.00	\$ 97.00	92.8%	\$ 68.00	132%	\$ 51.00	176%	\$ 49.40	182%	\$ 26.00	346.2%
D0272	BITEWINGS - TWO RADIOGRAPHIC IMAGES	\$ 24.00	\$ 26.00	92.3%	\$ 15.00	160%	\$ 22.00	109%	\$ 16.64	144%	\$ 14.00	171.4%
D0330	PANORAMIC RADIOGRAPHIC IMAGE	\$ 60.00	\$ 37.50	160.0%	\$ 43.00	140%	\$ 62.00	97%	\$ 45.24	133%	\$ 32.00	187.5%

A review of successful strategies from other states for improving Medicaid member access to dental providers indicated strategic increases to Medicaid reimbursement for select dental procedures and reducing administrative burden for providers and practices. As a result, the next path the working group embarked upon was a comparison of Vermont Medicaid reimbursement for dental procedure codes to the higher reimbursement rates established through the Northeast Delta Dental Premier Fee Schedule (Vermont 2019). Northeast Delta Dental has demonstrated that the percentage of participating providers (88%) was significantly increased for its Premier program with higher reimbursement rates, when compared to the percentage of providers participating in its PPO program (44%). These results may be found under the next section, entitled “Opportunities to Expand Access to Dental Care.”

**Finding 2: Vermont Medicaid’s reimbursement rates for specific preventive dental procedure codes could be increased to further encourage providers to offer preventive care dental services.**

<sup>2</sup> The State of New Hampshire did not administer an adult dental program at the time of review; however, New Hampshire’s reimbursement rate structure distinguishes between children 0-12 years of age, and 13+, which results in the 13+ reimbursement rate being indicated as “adult.” Medicaid programs differ by eligibility requirements, benefits, percentage of Medicaid-eligible as compared to overall population, and other variables as they are administered by each state.

Act 72 of 2019, Sec. E.306.1, required Vermont Medicaid to amend its adult dental benefit to provide coverage for medically necessary dental services as follows, effective January 1<sup>st</sup>, 2020:

- Up to 2 visits per calendar year for preventive services, including prophylaxis and fluoride treatment, with no co-payment and outside of the annual benefit limit.
- Diagnostic, restorative, and endodontic procedures up to a maximum of \$1,000.00 per member per calendar year.

The Department is also required to develop a reimbursement structure for dental services that encourages providers to provide preventive care services to Medicaid members. Amendment of the adult dental benefit to remove dental procedure codes for periodic oral evaluation (office visit), prophylaxis (preventive cleaning), topical application of fluoride varnish, and tobacco cessation counseling from the annual benefit maximum dollar limit were the first phase of this process. Additionally, removing co-payments for these services was included in phase one. As depicted in table 4, there are several dental procedure codes for preventive services where Vermont Medicaid's reimbursement rate is second to other New England Medicaid programs' established reimbursement rate. By planning to increase those select codes in accordance with implementation of an established professional methodology for predictable, annual review of dental procedure codes reimbursement rates, the Department can make progress on developing a reimbursement rate structure that encourages provision of preventive dental care. Participants in the working group recommended that the reimbursement rates for preventive services be assessed through review of utilization and rates after the last quarter of the 2020 state fiscal year as phase 3.

**Recommendation 1: Establish a professional and predictable process for annually reviewing Vermont Medicaid's reimbursement rates for dental services and evaluating progress towards achieving other recommendations detailed within this Report.**

**Recommendation 2: After the end of the last quarter in state fiscal year 2020, review utilization and reimbursement rates for preventive dental care services.**

## OPPORTUNITIES TO EXPAND ACCESS TO DENTAL CARE

Reynolds et al. conducted a member and dentist qualitative content analysis regarding a dental program for the Medicaid expansion population and identified themes present in open-ended responses from 2 surveys – one sent to a random sample of Medicaid members and one sent to

dentists in private practices.<sup>3</sup> Common themes identified in Medicaid member narratives were related to “oral health needs and status, availability of dentists who accept Medicaid, and Medicaid coverage for dental care.” Common themes identified from responses of dentists in private practice were related to the administrative burden of participating with the Medicaid program, with coverage of services and reimbursement “cited as well.” Consistent between both members and dentists was “patient confusion or lack of knowledge about programme enrollment and coverage.” Results emphasize the importance of treating the oral health needs of Medicaid members for the conditions present, ensuring access to dental providers that accept Medicaid, reducing administrative burden for providers and practices to participate with Medicaid, evaluating Medicaid reimbursement rates for dental services, and providing information about the Medicaid dental benefit to Medicaid members in a way that supports members’ understanding of their benefit.

**Finding 3: The immediate oral health needs of Medicaid members influence provider selection of dental procedure codes for targeted reimbursement rate increases.**

**Finding 4: Overall, for the 25 provider-selected dental procedure codes analyzed, Vermont Medicaid reimbursement rates are at 53.5% of the rates within the Northeast Delta Dental Premier Fee Schedule (Vermont 2019).**

**Finding 5: In addition to increasing reimbursement rates for dental services, reducing administrative burden for providers and practices is important for increasing the number of providers participating with a Medicaid program.**

Consistent with the results of the Reynolds et al. publication, the oral health needs of Medicaid members at the time of treatment initiation remained an area of focus for dental providers participating in the work group. By treating the immediate oral health needs of Medicaid members, i.e. the conditions with which they present to dental provider when first seeking treatment, the opportunity to both treat the Medicaid member’s oral health needs in that moment and also develop a relationship and provide education that encourages preventive dental care is enhanced. As such, dental providers participating in the work group identified the top 25 procedure codes associated with office visits by their members and assessed current Vermont Medicaid reimbursement to the Northeast Delta Dental Premier Fee Schedule (Vermont 2019).

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<sup>3</sup> Reynolds JC et al. 2019. Member and dentist narratives about a dental programme for the Medicaid expansion population: A content analysis. Community Dentistry and Oral Epidemiology. DOI: [10.1111/cdoe.12490](https://doi.org/10.1111/cdoe.12490)

Table 5. Comparison of Vermont Medicaid Reimbursement Rates for Provider-Selected Dental Procedure Codes to the Northeast Delta Dental Premier Fee Schedule (Vermont 2019)

Procedure Description	Procedure Code Selected by Working Group Providers	Codes Selected by Majority of Working Group Providers	2018 Units of Service	VT Rate	DD Premier 2019 Rate	Current VT Rate as a % of DD Premier 2019 Rate (Overall average of 53.5%)	60% of DD Premier 2019 Rate	\$ Change per Code VT Rate to 60% of DD Premier 2019	Fiscal Impact of VT Rate to 60% DD Premier 2019
EXTRACTION, ERUPTED TOOTH OR EX	D7140	5	18355	\$ 98	\$ 164	59.8%	\$ 98	\$0.40	\$ 7,342
RESIN-BASED COMPOSITE, ONE SURF	D2391	5	14160	\$ 90	\$ 158	57.0%	\$ 95	\$ 5	\$ 67,968
RESIN-BASED COMPOSITE - ONE SUR	D2330	5	3710	\$ 80	\$ 140	57.1%	\$ 84	\$ 4	\$ 14,840
RESIN-BASED COMPOSITE - TWO SUR	D2331	5	3503	\$ 99	\$ 172	57.6%	\$ 103	\$ 4	\$ 14,713
RESIN-BASED COMPOSITE - THREE SU	D2332	5	2546	\$ 116	\$ 209	55.5%	\$ 125	\$ 9	\$ 23,932
RESIN-BASED COMPOSITE - FOUR OR	D2335	5	2056	\$ 145	\$ 260	55.8%	\$ 156	\$ 11	\$ 22,616
RESIN-BASED COMPOSITE, FOUR OR	D2394	5	1376	\$ 199	\$ 333	59.8%	\$ 200	\$ 1	\$ 1,101
AMALGAM- TWO SURFACES, PRIMAR	D2150	5	1371	\$ 80	\$ 157	51.0%	\$ 94	\$ 14	\$ 19,468
AMALGAM- ONE SURFACE, PRIMARY	D2140	5	940	\$ 66	\$ 125	52.8%	\$ 75	\$ 9	\$ 8,460
AMALGAM- THREE SURFACES, PRIM	D2160	5	341	\$ 95	\$ 191	49.7%	\$ 115	\$ 20	\$ 6,684
AMALGAM - FOUR OR MORE SURFAC	D2161	5	81	\$ 120	\$ 228	52.6%	\$ 137	\$ 17	\$ 1,361
EXTRACTION, ERUPTED TOOTH REQU	D7210	4	5832	\$ 150	\$ 271	55.4%	\$ 163	\$ 13	\$ 73,483
ENDODONTIC THERAPY, ANTERIOR T	D3310	4	343	\$ 400	\$ 771	51.9%	\$ 463	\$ 63	\$ 21,472
ENDODONTIC THERAPY, PREMOLAR	D3320	4	249	\$ 500	\$ 880	56.8%	\$ 528	\$ 28	\$ 6,972
PERIODONTAL SCALING AND ROOT I	D4341	4	29	\$ 120	\$ 242	49.6%	\$ 145	\$ 25	\$ 731
COMPREHENSIVE ORAL EVALUATION	D0150	3	16912	\$ 40	\$ 79	50.6%	\$ 47	\$ 7	\$ 125,149
PANORAMIC RADIOGRAPHIC IMAGE	D0330	3	13108	\$ 60	\$ 120	50.0%	\$ 72	\$ 12	\$ 157,296
REMOVAL OF IMPACTED TOOTH - CC	D7240	3	3649	\$ 209	\$ 454	46.0%	\$ 272	\$ 63	\$ 231,347
THERAPEUTIC PULPOTOMY (EXCLUD	D3220	3	1108	\$ 90	\$ 172	52.3%	\$ 103	\$ 13	\$ 14,626
REMOVAL OF IMPACTED TOOTH - PA	D7230	3	1092	\$ 172	\$ 378	45.5%	\$ 227	\$ 55	\$ 59,842
REMOVAL OF IMPACTED TOOTH - SC	D7220	3	575	\$ 155	\$ 314	49.4%	\$ 188	\$ 33	\$ 19,205
PERIODONTAL SCALING AND ROOT I	D4342	3	540	\$ 80	\$ 192	41.7%	\$ 115	\$ 35	\$ 19,008
CROWN - PORCELAIN/CERAMIC	D2740	3	245	\$ 600	\$ 1,155	51.9%	\$ 693	\$ 93	\$ 22,785
RESIN-BASED COMPOSITE CROWN, A	D2390	3	194	\$ 225	\$ 539	41.7%	\$ 323	\$ 98	\$ 19,090
CROWN - PORCELAIN FUSED TO HIGH	D2750	3	155	\$ 600	\$ 1,148	52.3%	\$ 689	\$ 89	\$ 13,764
<b>TOTAL FISCAL IMPACT</b>									\$ 973,252

Currently, very few Vermont Medicaid-participating dental providers complete the usual and customary fee information when they request reimbursement from Vermont Medicaid. The Vermont State Dental Society referenced, and provided to working group members, literature that was summarized during the sessions to indicate that 60% to 65% of dentists’ charges are needed to at least cover the cost of providing service. Furthermore, during the draft report review process, the Vermont State Dental Society requested inclusion of the statement, “it should be made clear that the Delta Premier rates are estimated to be 85 percent of the dentists’ usual and customary fees.”

The working group analyzed the fiscal impact of increasing reimbursement rates for 25 selected dental services to 60% of the Northeast Delta Dental Premier rate (table 5), with the Vermont Dental Society committing to working with dental providers to ensure that information begins

to be provided to Vermont Medicaid for the usual and customary rate. In addition, the Vermont State Dental Society is willing to commit to assuring access once reimbursement rates are at least 60% percent of the usual and customary rates per Vermont State Dental Society-referenced literature indicating that 60-65% of the usual and customary fees are “key to getting dentist participation in Medicaid.”

Evaluation of Vermont Medicaid reimbursement rates, as compared to the Northeast Delta Dental Premier Fee Schedule (Vermont 2019) and its associated higher participation rate by providers of dental services, resulted in participants of the working group recommending that phase 2 include fiscally responsible increases to rates for 25 specific dental services with an estimated annual fiscal impact of \$973,252 (gross) based on calendar year 2018 utilization information. This recommendation was based on addressing reasons that prevent providers from participating with Medicaid programs and intended to attract additional providers to participate with the Vermont Medicaid program. Moreover, working group participants requested and reviewed the estimated fiscal impact for eliminating co-payment requirements for Medicaid members receiving covered dental services. In order to reduce administrative burden for providers and practices and financial burden for members, the working group assessed the feasibility and cost of expanding the elimination of co-payments beyond the preventive co-payments that were removed through Act 72 of 2019 to all dental services. The estimated annual fiscal impact of eliminating dental co-payments for Medicaid members was \$159,694.

**Recommendation 3: Implement fiscally responsible increases to rates for 25 provider-selected dental services effective for January 1<sup>st</sup>, 2021. The estimated annual fiscal impact of increasing those 25 dental procedure codes to 60% of the Northeast Delta Dental Premier Fee Schedule is \$973,252 (gross) based on calendar year 2018 utilization information.**

**Recommendation 4: The Vermont State Dental Society (VSDS) is committed to helping dentists to report usual and customary fees to the Department of Vermont Health Access and will commit to improving access to dental services for Medicaid members if Vermont Medicaid reimbursement rates are increased to 60 percent of the usual and customary rates in accordance with VSDS-referenced literature regarding the relationship between reimbursement rates and dentist participation in Medicaid programs.**

**Recommendation 5: Eliminate co-payment requirements for Medicaid members receiving covered dental services to remove substantial administrative burden on dental practices and financial burden for members. The estimated annual fiscal impact of removing co-payments for all dental services was \$159,694.**

Pursuant to Sec. E.306.3(a)(3) of Act 72 of 2019, the Dental Access and Reimbursement working group began to explore opportunities for further expanding access to dental care, including reimbursement for teledentistry and integration of dental services with accountable care organizations.

**Finding 6: For telehealth, store and forward technology is currently only covered for teledermatology and teleophthalmology. Telemedicine is a covered service under Vermont Medicaid.**

Telehealth is defined as methods for health care service delivery using telecommunications technologies and includes telemedicine, store and forward, and telemonitoring.<sup>4</sup> Telemedicine is health care delivery by a provider who is located at a distant site to a beneficiary at an originating site for purposes of evaluation, diagnosis, consultation, or treatment, using telecommunications technology via two-way, real-time, audio and video interactive communication, through a secure connection that complies with the Health Insurance Portability and Accountability Act (HIPAA). Store and forward is the asynchronous transmission of a member’s medical information from a health care professional to a provider at a distant site through a secure connection that complies with HIPAA, without a beneficiary present in real time. Telemedicine services are covered under Vermont Medicaid if they are clinically appropriate for delivery through telemedicine and are medically necessary. Services delivered shall:

- include any service that a provider would typically provide to a beneficiary in a face-to-face setting;
- adhere to the same program restrictions, limitations, and coverage that exist for the service when not provided through telemedicine; and
- be reimbursed at the same rate as the service being provided in a face-to-face setting.

For store and forward, services shall be clinically appropriate for delivery through this method and be medically necessary. Currently, store and forward services are only allowed for teledermatology and teleophthalmology; however, several demonstration projects from other states where store and forward technology is utilized as a component of community-based dental initiatives illustrate potentially promising results for increasing access to dental care, especially in rural communities. Telehealth services must be provided by a provider that is working within the scope of his or her practice and enrolled in Vermont Medicaid.

**Recommendation 6: Vermont Medicaid shall further study and report on the national use of and estimated fiscal impact for expansion of coverage for store and forward technology for**

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<sup>4</sup> <https://humanservices.vermont.gov/on-line-rules/health-care-administrative-rules-hcar/3.101-telehealth-rule-adopted-rule.pdf>



dental services that are appropriate through this method and medically necessary. The Department shall provide its recommendations as part of its state fiscal year 2021 budget presentation.

**Finding 7: Integration of dental services within the scope of services provided by accountable care organizations is possible; feasibility for integration requires additional exploration to evaluate the most appropriate pathway to pursue in future years.**

Working group participants reached consensus regarding the importance of oral health being included with physical and mental health for a comprehensive approach to improving the health and well-being of Vermonters. As a result, the working group reviewed two potential pathways for possible future integration of dental services within the scope of services provided by accountable care organizations. The Vermont Medicaid Next Generation pilot program just completed its second (2018) performance year.<sup>5</sup> The Vermont Medicaid Next Generation Accountable Care Organization program represents Medicaid's participation in the integrated health care system envisioned by the Vermont All-Payer Accountable Care Organization Model agreement executed between the State of Vermont and the Centers for Medicare and Medicaid Services (CMS). The Department of Vermont Health Access contracts with an accountable care organization, OneCare Vermont, to pre-pay for the cost of care for a group of Medicaid beneficiaries for a calendar year. OneCare Vermont, and its network of providers, commit to increasing the quality of care and moderating the cost of care for these Vermonters. Additionally, OneCare Vermont accepts the financial risk if the program costs exceed the agreed upon price, up to a capped amount (3% of the total price for the 2018 performance year). The Department of Vermont Health Access makes a fixed prospective payment to OneCare monthly for some of the agreed upon price and pays the rest of the dollars on OneCare Vermont's behalf through fee-for-service payments to health care providers both in and out of OneCare's network.

The Vermont Medicaid Next Generation Pilot Program is currently engaged with several programmatic changes, in addition to the focus on Advanced Community Care Coordination model expansion. Thus, it would be feasible for the Department of Vermont Health Access, in consultation with OneCare Vermont, to further explore inclusion of dental services within the Vermont Medicaid Next Generation Accountable Care Organization program for performance year 2021 or after. Additionally, the Agency of Human Services, in any submission of a proposal for a subsequent model as detailed within section 12 of the Vermont All-Payer Accountable Care Organization Model Agreement, could pursue the possibility of enhancing the existing Medicare dental benefit to include preventive dental services in a manner

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<sup>5</sup> <https://dvha.vermont.gov/administration/1final-vmng-2018-report-09-20-19.pdf>

analogous to the current Vermont Medicare Accountable Care Organization benefit enhancements for telehealth through waiver opportunities included under section 8(a)(iv) of the Agreement.<sup>6</sup> The proposal, if pursued by the State, for a subsequent agreement is required to be submitted before December 31, 2021. The feasibility of this pathway cannot yet be accurately assessed. Finally, any further exploration and evaluation of feasibility for integration of dental services within an Accountable Care Organization model should involve engagement with providers, patients and other interested stakeholders and entities as appropriate.

**Recommendation 7: In recognition that oral health is part of overall health, the feasibility for future integration of dental services within an Accountable Care Organization model shall be further explored and evaluated.**

## FEASIBILITY OF DENTAL ASSISTANCE PROGRAM FOR MEDICARE MEMBERS

Pursuant to Sec. E.306.3(a)(2) of Act 72 of 2019, the Dental Access and Reimbursement working group assessed the feasibility of establishing a State of Vermont dental assistance program for lower income, Medicare-enrolled Vermonters, analogous to the pharmaceutical assistance program (VPharm). The VPharm program was established in 33 V.S.A. § 2073 as supplemental coverage to provide the same pharmaceutical coverage to Medicare-enrolled individuals, participating in Medicare Part D and who are up to 225 percent of the federal poverty guidelines, that is provided to Medicaid members by the Vermont Medicaid program.<sup>7</sup> The VPharm program provides supplemental benefits to Medicare Part D coverage by paying or subsidizing the Medicare Part D premium.

**Finding 8: Establishment of a dental assistance program would require Centers for Medicare and Medicaid Services approval through waiver authority and would exacerbate the already significant pressure Vermont is facing under the waiver’s budget neutrality cap.**

Currently, Medicare provides a very limited dental benefit that does not include any preventive or restorative treatments. In fact, Freed et al. states, “Since its inception, Medicare ... has explicitly excluded coverage of dental services, with limited exceptions.”<sup>8</sup> Thus, a dental assistance program for Medicare-enrolled individuals who are up to 225 percent of the federal

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<sup>6</sup> <https://gmcbboard.vermont.gov/sites/gmcb/files/files/payment-reform/All%20Payer%20Model%20ACO%20Agreement.pdf>

<sup>7</sup> <https://legislature.vermont.gov/statutes/section/33/019/02073>

<sup>8</sup> Freed M et al. 2019. Policy Options for Improving Dental Coverage for People on Medicare. Kaiser Family Foundation. Retrieved from: <https://www.kff.org/medicare/issue-brief/policy-options-for-improving-dental-coverage-for-people-on-medicare>



poverty guidelines would comprise an entirely new benefit that would exist outside of the Medicare benefit. In order to pursue the establishment of a dental assistance program, the Department of Vermont Health Access would need to obtain Centers for Medicare and Medicaid Services approval through waiver authority to create the new program for Medicare-eligible individuals up to 225 percent of the federal poverty guidelines. Any expansion of waiver services, including that required for the creation of a dental assistance program, would exacerbate the already significant pressure Vermont is facing under the waiver's budget neutrality cap. Establishment of a new state dental assistance program would, in effect, require the State to eliminate waiver spending elsewhere. Due to the complexities described above, the fiscal estimates for creating a new dental assistance program have yet to be determined.

**Recommendation 8: In order to preserve the State's ability to enhance payment and services for the Vermont Medicaid population in response to emerging needs, establishment of a state dental assistance program for Medicare beneficiaries should not occur in the current budget neutrality environment.**

## ADDITIONAL APPROACHES FOR ENHANCING PREVENTION AND ACCESS

**Finding 9: The dental procedure code for prophylaxis (preventive cleaning) is a basic cleaning and does not address the deeper cleaning required by adults with periodontal disease.**

Over time, bacterial plaque builds up on teeth. When plaque is not removed it can turn into hard calculus, which cannot be removed by toothbrushing alone. The bacterium in plaque and calculus can inflame the gum tissue and lead to the destruction of the periodontal bone (which is why this is called periodontal disease). As the pockets become deeper, more toxic anaerobic bacterium can survive and thrive, leading to bone loss. It is the body's inflammatory response to toxic anaerobic periodontal bacterium that is thought to be the connection between oral disease and systemic conditions like diabetes, heart disease, and adverse pregnancy outcomes.

Once a person has periodontal disease, they may need periodontal scaling and root planing to clean the gum pockets, followed by a periodontal maintenance regimen. The adult prophylaxis code, now exempt from the Vermont Medicaid adult dental benefit annual limit, will not apply to these situations because it refers to a basic cleaning and not to the deeper cleaning required by adults with periodontal disease. Ideally, periodontal maintenance takes place every three months because the more often the toxic bacterial colonies are disturbed, the less likely there will be additional periodontal bone damage.<sup>9</sup>

<sup>9</sup> D4341, D4342 - Periodontal Scaling and Root Planing, by teeth per quadrant, D4346 - Scaling Full Mouth, After Oral Evaluation, D4355 - Full Mouth Debridement, D4910 - Periodontal Maintenance

Health equity analyses indicate that Vermonters of lower socioeconomic status have more dental disease and access dental care on a less frequent basis when compared to Vermonters with a higher socioeconomic status.<sup>10</sup> Data and the experiences shared by providers participating in the work group indicate that many Vermont Medicaid beneficiaries will need periodontal cleanings every three months vs. traditional dental cleanings every six months in order to maintain health. In order to make the dental health care system more accessible and equitable, Vermonters who have extensive dental health care needs may be entering the dental health care system for the first time in a long time. Removing periodontal maintenance services from the Medicaid adult dental benefit annual limit will not only increase the likelihood that Vermonters can have their dental health needs met comprehensively but may act as a preventive strategy for better management of chronic systemic conditions such as diabetes and heart disease and lead to healthier pregnancy outcomes.

**Recommendation 9: Effective for January 1<sup>st</sup>, 2021, the definition of preventive services, services not subject to the Vermont Medicaid adult dental benefit annual limit as of January 1<sup>st</sup>, 2020, shall be expanded to include dental procedure codes for periodontal maintenance.**

**Finding 10: Existing programs designed to encourage dental providers to establish practice in Vermont should be maintained or enhanced.**

Access to health care services, including dental services, necessarily requires providers to practice in the State of Vermont. The University of Vermont's Office of Primary Care and Area Health Education Centers (AHEC) program includes an educational loan repayment program for health care professionals. The educational loan repayment program is designed to increase access to health care for underserved populations and communities and respond to workforce shortages in certain health care professions by helping physicians, nurse practitioners, physician assistants, nurses, and dentists pay educational debt in exchange for a commitment to practice in a site or region identified as having a workforce shortage for that profession and with agreement to provide care for a certain number of Medicaid members as defined in the service contract.<sup>11</sup> Though this requirement is included within the AHEC-administered loan repayment program service contracts, this language is not currently included in the Vermont Student Assistance Corporation (VSAC) scholarship/loan forgiveness awards for dentists, dental

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<sup>10</sup> Vermont Department of Health. 2012. Oral Health – Data Brief. Retrieved from:

[https://www.healthvermont.gov/sites/default/files/documents/2016/12/brfss\\_data\\_brief\\_201406\\_oralhlth.pdf](https://www.healthvermont.gov/sites/default/files/documents/2016/12/brfss_data_brief_201406_oralhlth.pdf)

<sup>11</sup> University of Vermont. 2019. AHEC-administered Loan Repayment Program. Retrieved from:

[https://www.med.uvm.edu/docs/2020\\_dental\\_elr\\_app\\_core\\_final/ahec-documents/2020](https://www.med.uvm.edu/docs/2020_dental_elr_app_core_final/ahec-documents/2020)

hygienists, and nursing students.<sup>12</sup> Finally, existing program service contracts and awards could be expanded to include dental therapists as eligible providers.

**Recommendation 10: Enhancing and continuing to monitor the viability and sustainability of the AHEC-administered Vermont Educational Loan Repayment program and the Vermont Student Assistance Corporation’s scholarship/loan forgiveness award program as important strategies for recruiting and retaining dentists and other dental providers in Vermont, while aligning the requirement for both programs to provide care for a certain number of Medicaid members through the service contracts/awards.**

**Finding 11: Evolving delivery system and payment models for providing dental care may be essential to achieve the Triple Aim (improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care).**

Within Freed et al.’s policy brief for improving dental coverage for people on Medicare, the authors provide the option of using demonstration authority through the Center for Medicare and Medicaid Innovation (CMMI) to ‘test approaches to dental coverage for the Medicare population.’<sup>13</sup> As the accountable care organization model in Vermont progresses into later performance years, it will be necessary to evaluate the current models employed for providing dental services and determine if an evolved model would provide better access while aligning with the State’s delivery system and payment reform efforts. Several communities have already started the process of evaluating current dental models and implementing novel approaches to improving access to dental services for Vermonters through new models of practice and strategic partnerships. The work of the Bennington and Brattleboro communities is highlighted below.

### **Brattleboro’s Story**

Brattleboro Memorial Hospital and the United Way began their most recent partnership after results of the community health needs assessment indicated an ever-increasing need for access to dental services. Brattleboro Memorial Hospital, and its partners, serve approximately 60,000 people from 22 towns throughout Vermont, New Hampshire and Massachusetts. The Hospital was observing an overutilization of emergency department services for oral health services, providers were indicating issues with Medicaid reimbursement rates, and patients cited accessing dental services as, at best, challenging. Thus, Brattleboro Memorial Hospital, the

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<sup>12</sup> Vermont Student Assistance Corporation. 2019. Scholarships for Dental and Nursing Students. Retrieved from: <https://www.vsac.org/pay/student-aid-options/scholarships>

<sup>13</sup> Freed M et al. 2019. Policy Options for Improving Dental Coverage for People on Medicare. Kaiser Family Foundation. Retrieved from: <https://www.kff.org/medicare/issue-brief/policy-options-for-improving-dental-coverage-for-people-on-medicare>

United Way, and the Oral Health Task Force created the Windham County Dental Center. The United Way is the lead entity and operator of the Windham County Dental Center. The Center now employs 5 full-time equivalents of dental office staff (United Way employees) and is supported by a Brattleboro Memorial Hospital-employed dentist who is a member of the Center's medical staff. In addition, Brattleboro Memorial Hospital provides in-kind office space so that the Center is integrated into the Hospital campus. The model was financially supported by grants from the Vermont Regional Economic Development Program, Thompson Trust, private donors, renovations from GPI Construction, the HOLT fund, and the Stratton Foundation. The Center has treated 469 patients, through 579 visits, to date and patients provide frequent feedback that access through the Center has improved their health and well-being. The payer mix of Windham County Dental Center, year to date, includes 68% Medicaid, of which 76% are adults, and all of whom did not previously have a dental home. During the finalization of this report, Brattleboro Memorial Hospital requested inclusion of the following sentence: "During the time since the Practice's inception, the Center has had to write off close to \$60,000 for adult care, due to Medicaid claims that were not fully compensated." Further explanation provided by Brattleboro Memorial Hospital's Vice President of Medical Group Management and Population Health indicated that this was due to 2 factors: Vermont Medicaid reimbursement being at a lower rate than commercial insurance reimbursement and the existing \$510 annual dental benefit limit for adult Medicaid members. Finally, Dr. Cheyanne Warren, DDS and Director of the Dental Therapy Program at Vermont Technical College, emphasized the importance of the Center's sustainability planning during the draft report review process; Dr. Warren indicated that the Center has included planning for dental therapists in its operations in preparation for when this type of provider is available.

### Bennington's Story

Integrating medical and dental care became a priority for the Bennington community after reviewing data indicating that only 31% of Bennington area, Medicaid-enrolled children received **any** dental services by their second birthday. After delving into root causes, it was discovered that issues with access were associated with an inability to attract new dentists to practice in the Bennington area. In fact, 9 out of 17 dentists practicing in the Bennington area are over the age of 60. A lack of access meant that young children were not receiving needed preventive services and the percent of adults (45-64) who had ever had a tooth extracted was significant higher in Bennington (62%) when compared to the rest of the state (49%). Furthermore, the rate of emergency department visits for disorders of teeth and jaw for the population aged 18-24 years was not only increased, but increasing, when compared to the Vermont rate per 1,000 residents.

It quickly became apparent to key stakeholders engaged in integration efforts that if the project was to be successful, a different model of providing community dental services would need to be explored. Southwestern Vermont Health Care invested \$225,000, in combination with reimbursement from Medicaid, Commercial, and self-pay, to launch a new dental practice on the Hospital's campus. With 3 full-time equivalent dentists, 2 dental hygienists, 2 dental assistants, and 2 receptionists (all Southwestern Vermont Health Care employees), the practice offers 6,400 visits annually to patients from 112 different zip codes. The demand has been so high that the practice has started booking appointments 4-months in advance and is currently not accepting new patients except for referrals from the emergency department or primary care providers. One of the keys to success has been addressing often cited barriers - the location allows for public transportation (the Hospital is on the bus route). The practice is providing general dentistry, restoration/crown/bridge, and denture services but is going above and beyond to also provide oral health counseling, toothbrushing and flossing coaching, and foster discussions related to the impacts of social determinants of health.

**Recommendation 11: Explore employment of strategic partnerships and evolving payment models to expand upon the successful strategies of the Brattleboro and Bennington communities, Federally Qualified Health Center model for integrated care, and not-for-profit dental offices for improving access to dental services statewide.**