

DEPARTMENT OF COMMUNITY HEALTH

GEORGIA FAMILIES

REPORT #12

**ANALYSIS OF MEDICAID AND PEACHCARE FOR
KIDS™ DENTAL SERVICES CAPACITY**

November 23, 2009

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REPORT GLOSSARY

The following listing of terms and references may be used in this report:

- **Affiliated Computer Services, Inc. (ACS)** – State fiscal agent claims processor.
- **Avesis** – The dental services subcontractor for Peach State Health Plan from June 1, 2006 through May 31, 2009.
- **Care Management Organization (CMO)** – An organization that has entered into a risk-based contractual arrangement with the Department to obtain and finance care for enrolled Medicaid and PeachCare for Kids™ members. Three Care Management Organizations currently operate in Georgia. These organizations include AMERIGROUP Community Care (AMGP), Peach State Health Plan (PSHP), and WellCare of Georgia (WellCare).
- **Dental Office** – For purposes of this report, a single location which may include multiple dental providers.
- **Dentist** – For purposes of this report, a unique dental provider.
- **Department of Community Health (DCH or Department)** – The Department within the state of Georgia that oversees and administers the Medicaid and PeachCare for Kids™ programs.
- **Doral Dental** – The dental services subcontractor for AMERIGROUP Community Care and WellCare of Georgia. Doral Dental became the dental services subcontractor for Peach State Health Plan for services on or after June 1, 2009.
- **Georgia Families (GF)** – The risk-based managed care delivery program for Medicaid and PeachCare for Kids™ where the Department contracts with Care Management Organizations to manage and finance the care of eligible members.
- **Member** – An individual who is eligible for Medicaid or PeachCare for Kids™ benefits. An individual who is eligible for Medicaid or PeachCare for Kids™ benefits might also be eligible to participate in the Georgia Families program.
- **Payor** – An entity that reimburses a health care provider a portion or the entire health care expenses of a patient for whom the entity is financially responsible.
- **PeachCare for Kids™ Program (PCK)** – The State Children’s Health Insurance Program (SCHIP) funded by Title XXI of the Social Security Act, as amended.

PROJECT BACKGROUND

The Department of Community Health (DCH or the Department) engaged Myers and Stauffer LC to study and report on specific aspects of the Georgia Families (GF) program, including certain issues presented by providers, selected claims paid or denied by Care Management Organizations (CMOs), and selected GF policies and procedures. Previously issued reports, are available online at <http://dch.georgia.gov>. These reports assessed payment and denial trends of hospital, physician, and dental claims, the payment accuracy of selected claims, certain CMO policies and procedures, and include other special studies authorized by the Department.

The Department frequently conducts or authorizes analyses designed to determine the availability of services for Georgia Families members. DCH directed and authorized Myers and Stauffer to perform an analysis of the dental provider service capacity for Medicaid and PeachCare for Kids™ members. This analysis was specifically designed to estimate the number of hours, days of the week, and number of dentists who are currently accepting and providing care for Medicaid and PeachCare for Kids™ members.

We understand that the Department may provide a draft of this report to each of the CMOs. At the direction of the Department, CMO comments related to the findings of this report may be incorporated as an exhibit to this report.

METHODOLOGY

To measure the dental provider service capacity for Medicaid and PeachCare for Kids™ members, we developed a market capacity survey to be completed by licensed dentists in the state of Georgia. A copy of the survey can be found in Exhibit A. The survey was designed to identify dental provider participation in traditional Medicaid, AMERIGROUP Community Care (AMGP), Peach State Health Plan (PSHP), WellCare of Georgia (WellCare), and commercial insurance plans. Dental service providers were asked to convey on the survey the following information:

- 1) The hours per week the dentist is available to provide services at the location surveyed,
- 2) The status of whether the dentist is currently treating patients for the specified payor (e.g., fee-for-service, AMGP, commercial, etc),
- 3) The status of whether the dentist is accepting new patients for the payor,
- 4) The dentist's Medicaid provider identification number and/or the identification number applicable to each care management organization for which the dentist is enrolled,
- 5) The estimated percentage of business for each payor,
- 6) The hours per week the dentist is available to treat patients covered by each payor,
- 7) The reasons why the dentist is not treating or accepting patients, as applicable,
- 8) Whether the dentist treats patients in other offices,
- 9) Whether the dentist provides mobile dentistry services, and
- 10) Lastly, the survey requested any comments or additional information regarding their participation with the program that a dentist may wish to share with Myers and Stauffer and/or the Department.

An aggregated list of dental office fax numbers was developed from 1) the CMO provider directories submitted to the Department, 2) a separate listing of dentists participating in the fee-for-service delivery system provided by the Department, 3) information obtained from the Georgia Office the Secretary of State, and 4) lists obtained from the Georgia Dental Society and the Georgia Dental Association.

A copy of the survey was faxed to each dental office contained in the list with a request to complete one survey for each dentist in the practice. Due to variances in names and addresses on the information sources, it was not possible to match providers on the lists to develop a unique set of providers to survey. Therefore, while we attempted to fax only one survey to each dental office, it is likely that certain dental offices received multiple faxes containing the survey and certain offices may not have received any surveys.

Surveys were faxed to dental offices on May 21, 2009. We requested that dentists submit their completed surveys by June 12, 2009. In consultation with the Department, we continued to accept completed surveys through July 20, 2009. We made follow-up telephone calls to certain dentists to encourage their participation.

The dentists surveyed included general and pediatric dentists practicing in the State of Georgia as well as certain dentists that appeared on the four lists described above that were in bordering states of Tennessee, North Carolina, South Carolina, Florida and Alabama. Surveys were not specifically sent to a dental location based on the type of insurance they accepted or whether they participated in Medicaid. The survey was sent to any office from the four lists where a valid fax number was available.

The survey requested that dentists submit completed surveys to Myers and Stauffer via fax, electronic mail, or regular mail. The instructions indicated that the dental office should make copies of the survey (or request copies from Myers and Stauffer) in the event that the dental office has multiple dentists so that a survey would be available for each dentist within a given office location. In the event that a dentist worked in multiple dentist offices, it was expected that dentist would submit one survey for each office location.

The survey responses were entered into a database for storage and analysis. The written comments shared by the responding dentists are included in Exhibit B of this report. The statements contained in the written comments received from dentists have not been confirmed by Myers and Stauffer and have been included for informational purposes only.

It is important to note that because of the limited contact information that was available and because only a subset of dental offices received the fax survey, care should be taken when attempting to make inferences about the universe of dentists and the overall availability of services for Medicaid and PeachCare for Kids™ members.

Analytical Limitations

- The methodology utilized in this analysis was not intended to be scientific, such that inferences can be made about the population with statistical precision. Accordingly, the results of the analysis may not be fully representative of the capacity and experiences of all dental providers.
- The surveys were distributed to dental offices with a valid fax number on file. Not all dentists serving Georgia Medicaid and Georgia Families members received a survey.
- Dentists not currently serving Medicaid members were invited to participate in the survey. We received requests for and provided copies of the survey form to several dentists that did not initially receive a fax of the survey.
- The number of hours per week for each payor was determined by multiplying the reported percent of business the dentist has with each payor by the hours per week the dentist treats patients. Because reimbursement rates for the various

dental services may vary significantly across payor sources, the calculated hours of availability could be under or overstated.

- We did not verify the dentist's enrollment with each payor.
- We did not attempt to confirm the information reported on the survey by dentists.
- Doral Dental became the dental services subcontractor for Peach State Health Plan for services on or after June 1, 2009. Dental provider responses to this survey as they relate to Peach State are based on the providers' experiences with Peach State Health Plan's previous dental subcontractor, Avenir. Therefore, the current provider experiences with Doral may vary significantly.
- The statistics reported herein on Georgia Families dental encounter claims and payments are based on encounters reported by each of the three CMOs to ACS, the Department's fiscal agent contractor, as part of the monthly encounter claim submission process. As of September 2009, the average encounter submission completion rates for State fiscal year (SFY) 2009 dental encounters was 91 percent for AMGP, 74 percent for PSHP, and 75 percent for WellCare. No adjustments have been made to the figures reported to account for missing or incomplete encounter data.

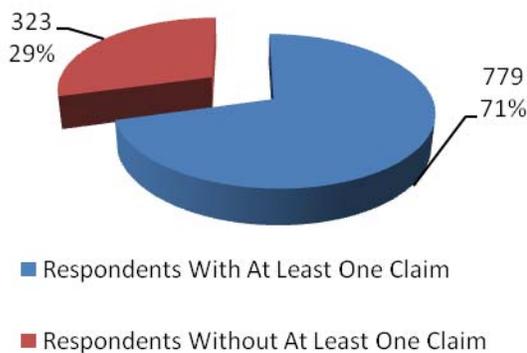
SURVEY RESULTS

Provider Representation in Survey Responses/Non-Responses

Myers and Stauffer sent surveys by fax to 1,357 unique dental offices and received 1,177 completed surveys, or responses from 86.7 percent of the dental offices surveyed. There were 1,102 unique dentists represented within the completed surveys. Six dentists not currently participating in fee-for-service (FFS) or Georgia Families submitted surveys and are included in the totals indicated above.

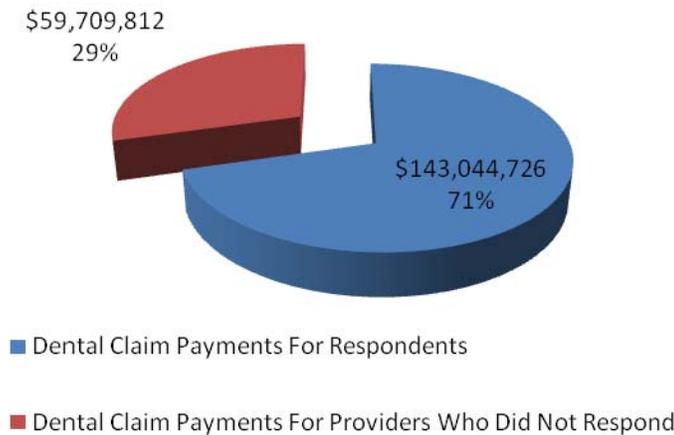
To determine the representation of the dentists that completed surveys, we analyzed FFS claims data and Georgia Families encounter data with dates of service between July 1, 2008 and June 30, 2009, and matched those claims to the provider identification numbers listed on the completed surveys. In the figures, below, we present the combined Medicaid and PeachCare for Kids™ participation rates of survey respondents based on SFY 2009 FFS and encounter claims. Approximately 71 percent of the dentists that responded, or 779 providers, had submitted at least one claim to either FFS or to a CMO for a service provided in SFY 2009.

Figure I: Respondent Participation Levels by Claims



Dentists who responded to the survey comprised approximately 71 percent of the dental claim payments for FFS Medicaid or to a CMO for a service provided in SFY 2009.

Figure II: Respondent Participation Levels by Paid Amount



There were 302 dentists that submitted a completed survey who indicated that they are accepting FFS or Georgia Families Medicaid and/or PeachCare for Kids™ but did not have a claim in SFY 2009.

There were 178 unique dentists who received a survey but did not submit a response. These dentists represent less than one percent of the total FFS and Georgia Families dental claims activity for SFY 2009 based on claims payment volume. Please refer to Exhibit C for additional detail regarding these providers.

In the Table I below, we present the participation levels by CMO. Approximately 63 percent of providers who submitted dental claims for AMGP members for SFY 2009 completed and submitted a provider survey. These claims accounted for 74 percent of AMGP dental encounters, 75 percent of members that received a dental service, and 74 percent of the payments.

Table I: Respondent Participation Levels for FFS and Georgia Families

		Survey Completed	Percent of Total	Survey Not Completed	Percent of Total	Provider Not Included in Survey	Percent of Total	Total
AMGP	Unique Providers	532	63.11%	3	0.36%	308	36.54%	843
	Number of Encounters	277,867	74.24%	246	0.07%	96,148	25.69%	374,261
	Unique Members ¹	80,107	74.68%	140	0.13%	27,016	25.19%	107,263
	Total Paid Amount	\$28,761,056	73.71%	\$16,938	0.04%	\$10,240,150	26.24%	\$39,018,143
PSHP	Unique Providers	534	65.04%	4	0.49%	283	34.47%	821
	Number of Encounters	200,773	69.85%	226	0.08%	86,421	30.07%	287,420
	Unique Members	127,377	72.38%	152	0.09%	48,443	27.53%	175,972
	Total Paid Amount	\$30,843,684	70.65%	\$40,675	0.09%	\$12,772,089	29.26%	\$43,656,448

¹ Member counts are associated with the claims from dentists that submitted completed surveys. The survey did not collect information regarding members served.

Table I: Respondent Participation Levels for FFS and Georgia Families

		Survey Completed	Percent of Total	Survey Not Completed	Percent of Total	Provider Not Included in Survey	Percent of Total	Total
WellCare	Unique Providers	633	61.34%	6	0.58%	393	38.08%	1,032
	Number of Encounters	353,014	68.15%	528	0.10%	164,449	31.75%	517,991
	Unique Members	214,709	69.45%	365	0.12%	94,060	30.43%	309,134
	Total Paid Amount	\$49,227,442	68.04%	\$75,327	0.10%	\$23,043,399	31.85%	\$72,346,168
FFS	Unique Providers	713	62.54%	13	1.14%	414	36.32%	1,140
	Number of Encounters	184,210	71.43%	269	0.10%	73,410	28.47%	257,889
	Unique Members	118,798	71.94%	146	0.09%	46,198	27.97%	165,142
	Total Paid Amount	\$34,212,544	71.67%	\$52,178	0.11%	\$13,469,056	28.22%	\$47,733,778

For PSHP providers, 65 percent of providers who submitted dental claims for PSHP members completed and submitted a provider survey. These claims accounted for 70 percent of PSHP dental encounters, 72 percent of members that received a dental service, and 71 percent of the payments.

For WellCare providers, 61 percent of providers who submitted dental claims for WellCare members completed and submitted a provider survey. These claims accounted for 68 percent of WellCare dental encounters, 69 percent of members that received a dental service, and 68 percent of the payments.

Finally, for FFS providers, the survey accounted for 63 percent of providers who submitted dental claims for members not enrolled with a Care Management Organization. These claims accounted for 71 percent of dental encounters, 72 percent of members that received a dental service, and 72 percent of the payments.

Analysis of Survey Responses

Because of the unique factors related to services provided via mobile dentistry units, we separated responses between fixed location dentists and mobile dentists. These responses from these groups are described in the following two sections.

Fixed-Location Dentistry

Responses were received from 1,075 unique fixed-location dentists. The results from this group are reported below.

In Table II, we report the number of dentists accepting new patients by payor. The range was 67.4 percent for PSHP, 73.1 percent for AMGP, 87.8 percent for WellCare, 90.7 percent for FFS, and 97 percent for commercial plans.

Table II: Dentists Accepting New Patients

Line	Unique Fixed Location Dentists	FFS	AMGP	PSHP	WellCare	Commercial
1	Number in Service Region	1,075	893	708	1,075	1,075
2	Number Accepting New Patients From Payor	975	758	718	944	1,043
3	Number <i>Within Service Region</i> Accepting New Patients From Payor*	975	653	477	944	1,043
4 = 3/1	Percent Accepting New Patients From Payor	90.7%	73.1%	67.4%	87.8%	97.0%

**Note: Unique responding dentists outside of the contracted service regions for AMGP and PSHP indicated that they are currently accepting new patients from AMGP or PSHP. For purposes of this table, the number of unique dentists accepting new patients includes only those dentists located within the health plan's contracted service region.*

A combined simple average of 83 percent of the respondents indicated they are currently accepting new patients for the respective payors.

Table III: Dentists Currently Treating Patients

Line	Unique Fixed Location Dentists	FFS	AMGP	PSHP	WellCare	Commercial
1	Number in Service Area	1,075	893	708	1,075	1,075
2	Number Currently Treating Patients	1,028	803	743	973	1,061
3	Number <i>Within Service Region</i> Currently Treating Patients*	1,028	697	497	973	1,061
4 = 3/1	Percent Within Service Region Currently Treating Patients	95.6%	78.1%	70.2%	90.5%	98.7%

**Note: Unique responding dentists outside of the contracted service regions for AMGP and PSHP indicated that they are currently treating patients from AMGP or PSHP. For purposes of this table, the number of unique dentists treating patients includes only those dentists located within the health plan's contracted service region.*

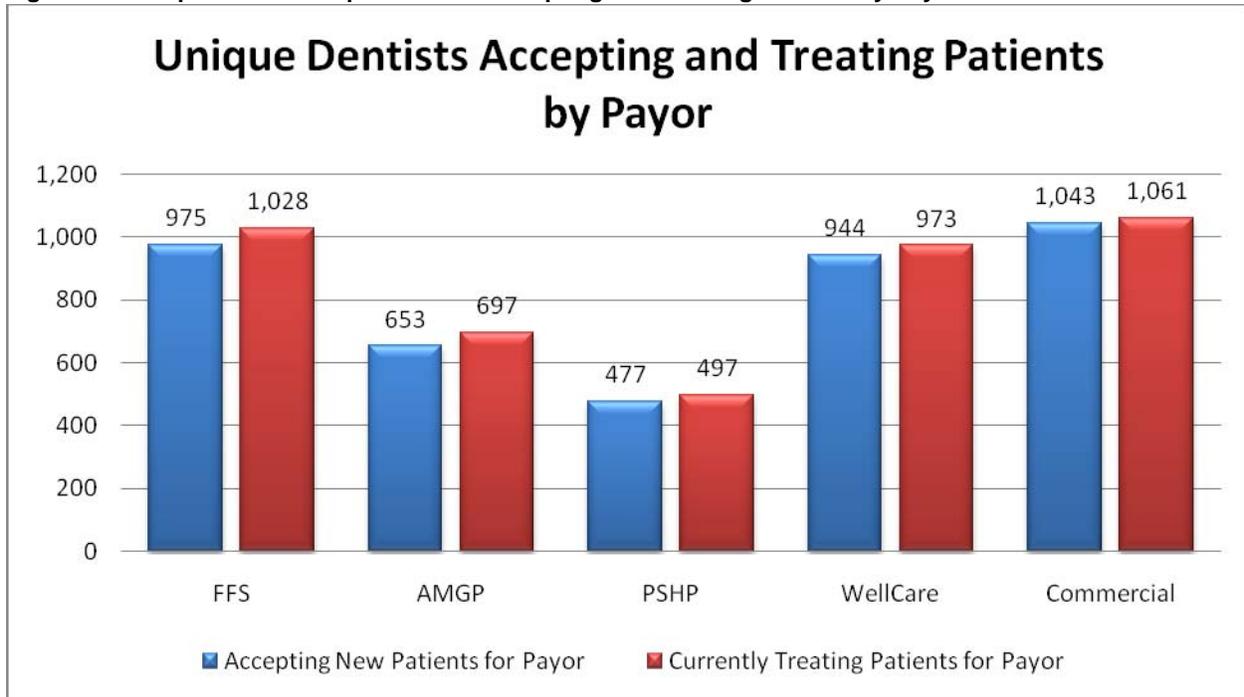
A combined simple average of 87 percent of the respondents indicated that they are currently treating FFS or Georgia Families patients.

The reasons cited by the remaining 13 percent of respondents who are not currently treating patients were not specifically requested in the survey but may be similar to the reasons given for not accepting new patients, which are illustrated and detailed in Figure IV and Table XI later in this report.

In Figure III below, we illustrate the number of dentists accepting new patients compared to those currently treating patients. The responses suggest that nearly all of the dentists currently treating patients are also accepting new patients. The percentage of dentists accepting new patients to those treating patients ranged from a low of 94

percent for AMGP, 96 percent for PSHP and a high of 97 percent for WellCare. Fee-for-service is at 95 percent while the rate was 98 percent for commercial plans.

Figure III. Comparison of Unique Dentists Accepting and Treating Patients by Payor



The survey respondents reported an average of 71 percent of their revenue was derived from the provision of services to FFS and Georgia Families members.

In Table IV below, we present the tabulated number of hours per week that dentists are available to see patients. Respondents reported that they do not limit hours based on Payor. Therefore, if the dentist did not provide the actual number of hours available to provide services to a particular payor's members, we calculated the hours available based on the reported percentage of business with that payor.

Table IV: Estimated Weekly Dentist Capacity per Payor

	FFS	AMGP	PSHP	WellCare	Commercial	Total Hours
Total Number of Hours Per Week Dentists are Available to Treat Patients Covered by Payor	8,979	6,565	5,605	7,113	11,311	39,573
Number of Unique Dentists Currently Treating Patients*.#	1,026	794	738	972	1,057	
Average Hours Per Week Each Dentist is Available to Treat Patients Covered by Payor**	8.8	8.2	7.6	7.3	10.7	31.9

*Note: Certain dentists indicated on their survey responses that they are currently treating patients from various payor sources, yet did not indicate any weekly hours available to provide services to these members. In these instances, the total number of unique dentists currently treating patients has been adjusted to reflect only those dentists reporting hours available.

**Note: Total Hours includes only those hours available to FFS and Georgia Families members.

#Note: Includes all providers, except mobile, who indicated that they allocate time each week for the CMO's members, regardless of whether the dentist is within the CMO's service region. Therefore, the count of unique dentists may be greater than the count indicated in Figure III, which is limited to unique providers within each CMO's service region.

Mobile Dentistry

Twenty-seven unique respondents indicated that they provide mobile dentistry services. Table V below summarizes certain key data elements from the surveys submitted by these mobile dentistry providers.

While all 27 mobile dentists indicated that they are currently treating FFS, AMGP and WellCare members, only 15 of those mobile dentists indicated that they are currently treating PSHP members. Two respondents indicated that 100 percent of their business is directed to FFS and Georgia Families (i.e., they do not have patients from commercial payors).

In Table V, below, we illustrate the percentage of mobile dentists that are currently accepting new patients. The range was from 52 percent for PSHP, 56 percent for AMGP, 100 percent for WellCare and FFS, and 93 percent for commercial payors.

Table V: Dentists Accepting New Patients

Line	Mobile Dentists	FFS	AMGP	PSHP	WellCare	Commercial
1	Number in Service Region	27	27	27	27	27
2	Number Accepting New Patients From Payor	27	15	14	27	25
3	Percent Accepting New Patients From Payor	100%	56%	52%	100%	93%

In Table VI below, we illustrate the percentage of mobile dentists that are currently treating patients. For PSHP, 56 percent of the mobile dentists are currently treating patients, 93 percent for commercial plans, and 100 percent of the dentists are currently treating AMGP, WellCare and FFS patients.

Table VI: Dentists Currently Treating Patients

Line	Unique Fixed Location Dentists	FFS	AMGP	PSHP	WellCare	Commercial
1	Number in Service Area	27	27	27	27	27
2	Number Currently Treating Patients	27	27	15	27	25

Table VI: Dentists Currently Treating Patients

Line	Unique Fixed Location Dentists	FFS	AMGP	PSHP	WellCare	Commercial
3	Percent Within Service Region Currently Treating Patients	100%	100%	56%	100%	93%

Comparing mobile dentists accepting new patients to those currently treating patients AMGP is at 56 percent, PSHP is at 93 percent, and WellCare, FFS, and commercial payors are at 100 percent.

In Table VII below, we present the tabulated number of hours per week that mobile dentists are available to see patients. Respondents reported that they do not limit hours based on payor. Therefore, if the dentist did not provide the actual number of hours available to provide services to a particular payor's members, we calculated the hours available based on the reported percentage of business with that payor.

Table VII: Estimated Weekly Dentist Capacity per Provider

Mobile Dentists	FFS	AMGP	PSHP	WellCare	Commercial	Total Hours
Total Number of Hours Per Week Dentists are Available to Treat Patients Covered by Payor	248	248	116	247	227	1,086
Number of Unique Dentists Currently Treating Patients	27	27	15	27	25	
Average Hours Per Week Each Dentist is Available to Treat Patients Covered by Payor*	9.2	9.2	7.7	9.2	9.1	35.3

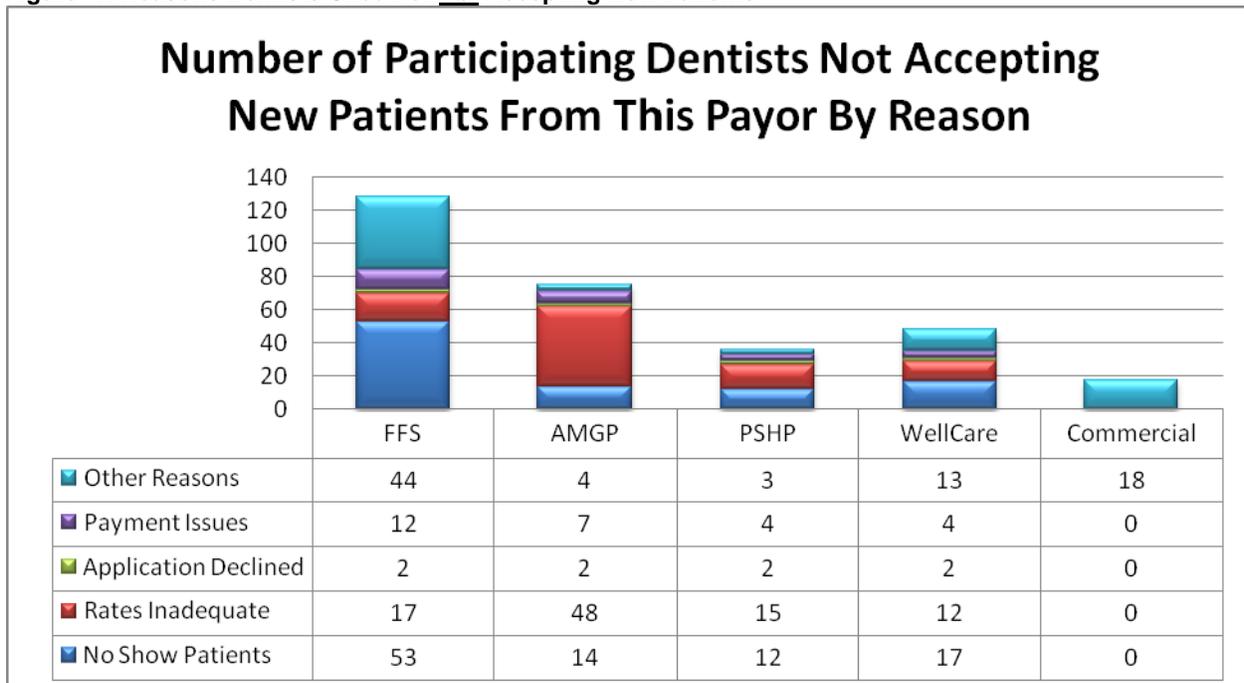
*Note: Total Hours includes only those hours available to FFS and Georgia Families members.

The mobile dentistry respondents reported an average of 80 percent of their revenue was derived from services provided to FFS and Georgia Families members. In addition, we noted that while a mobile dentistry provider may have indicated that they are contracted with a particular payor, there were a number of instances where the dentist also indicated that they were currently neither treating nor accepting new patients for that payor's members. In particular, only 15 of the mobile dentistry providers who indicated they have a contract with PSHP also indicated that they are currently treating PSHP members while only 14 of the mobile dentistry providers indicated they are accepting new PSHP members.

Other Responses All Dentists

In Figure IV below, we illustrate the reasons for not accepting new patients, as cited by survey respondents. ‘Rates Inadequate’ and ‘No Show Patients’ were the primary reasons given. Patients who do not show up for scheduled appointments are the primary reason given for dentists no longer accepting FFS patients. Concern regarding the adequacy of rates was the primary reason given for not accepting AMGP patients as well as a significant concern given with FFS, PSHP and WellCare. The “Other Reasons” for not accepting new patients is detailed in Table XI later in this report. These other reasons include difficulty interpreting and managing multiple benefit coverage and limitation policies and fee schedules, as well as unaddressed contract concerns. Please note that dentists, in many instances, gave more than one reason or no reason for not accepting Medicaid patients

Figure IV. Reasons Dentists Cited For Not Accepting New Patients



Note: Only dentists who provided a reason for why they are not accepting new patients from any of the payors indicated are included in Figure IV.

Table VIII and Figure V below represent the dentists who indicated on the survey that they are accepting new patients for the payor by CMO service region. This information may reflect the contracting and participation decisions dentists are making when they have the option of contracting with more than one CMO.

Please note that although AMGP is not contracted to provide services in the Central and Southwest regions and PSHP is not contracted to provide services in the East, North or Southeast regions, there were dentists in each of those regions who indicated that they were accepting new patients from these plans. WellCare is contracted to provide

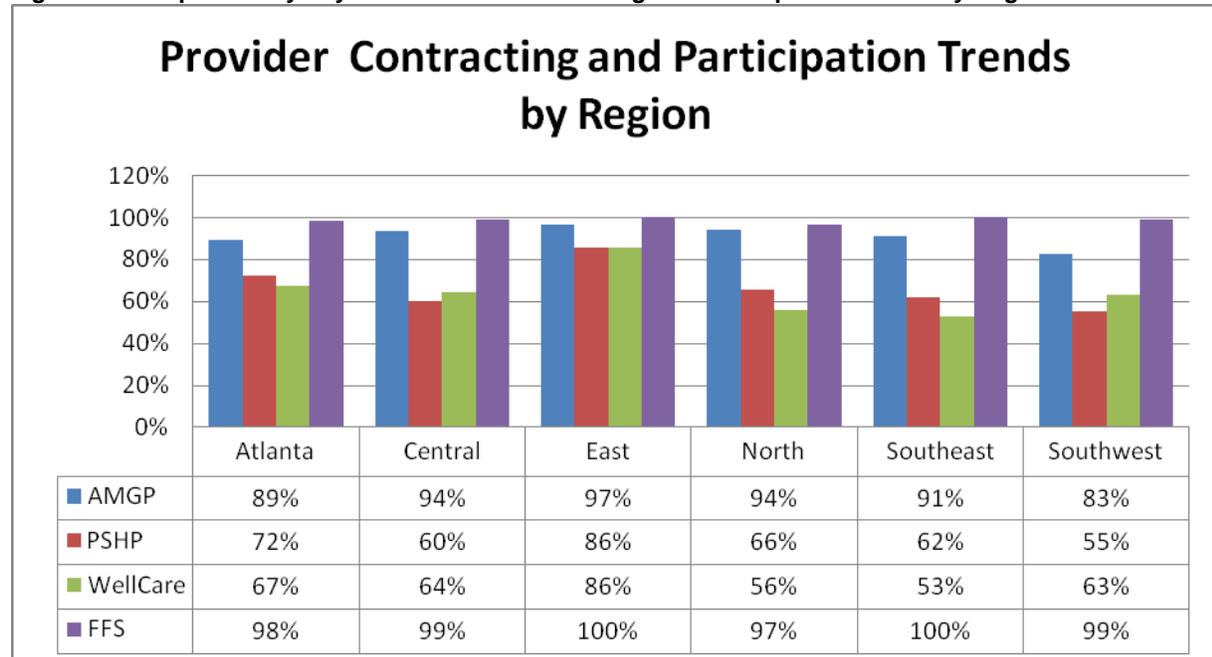
services in all regions. Survey responses from out of state dentists (12) are not reflected in the percentages. The trends identified in Table VIII and Figure V are representative of only those providers who responded to the survey and may not be indicative of the contracting and participation characteristics of the universe of dental providers.

Table VIII: Unique Dentists Accepting New Patients by Region by Payor

Region	Number of Unique Responding Dentists	FFS	AMGP	PSHP	WellCare
Atlanta	541	532	483	392	364
Central	95	94	89	57	61
East	128	128	124	110	110
North	158	153	149	104	88
Southeast	81	81	74	50	43
Southwest	87	86	72	48	55
Out of State	12				

Note: The count of unique responding dentists per region, per payor, is not limited to those dentists within the payor's service region but is rather a reflection of all providers who are located within the service region who indicated they are accepting new patients for the payor. Accordingly, there are regions which are not the contractual responsibility of AMGP and PSHP, yet there were dentists in those regions who indicated they are accepting new patients for either AMGP or PSHP.

Figure V. Comparison by Payor of Provider Contracting and Participation Trends by Region



Estimation of Dental Provider Capacity

As noted earlier in this report, because of the limited contact information that was available and because only a subset of providers received the fax survey, care should be taken when attempting to make inferences about the universe of dental providers and the availability of services for Medicaid and PeachCare for Kids™ members. The capacity reported by the respondents may vary significantly from the actual capacity of those providers who did not respond or who we were not able to contact.

For purposes of this report, a simple approach to mathematically estimate the potential capacity of the non-responders was used based on dollar volume of paid claims, represented by those responders. We used the FFS and Georgia Families totals from Table IV of 28,262 hours (i.e., total hours computed less commercial) available to Medicaid and PeachCare for Kids™ members with dental providers who provided responses. Those providers comprise approximately 70.6 percent of the dollar volume of claims for SFY 2009. A simple extrapolation to 100 percent of the dollar volume suggests the capacity of the non-responders could be estimated at approximately 11,769 hours per week. Table IX below provides an illustration of this estimation. Note that this estimation does not include the potential additional capacity afforded by the mobile dentistry providers.

Table IX: Estimation of Total Hours Available to Medicaid and PeachCare for Kids™ Members for Dental Services

A	Reported Total Hours per Week Available to Medicaid and PeachCare for Kids™ Members	28,262
B	Claim Dollar Volume Represented by Responding Providers	70.6%
C = (A/B) – A	Potential Hours per Week Available from Non-Responding Providers	11,769
D = A+C	Total Estimated Dental Service Hours per Week Available to Medicaid and PeachCare for Kids™ Members	40,031
E = D*52	Estimated Total Annual Hours	2,081,612

We further analyzed Medicaid and PeachCare for Kids™ member eligibility and identified approximately 1.4 million unique members between the ages of 4 and 65 for a recent 12 month period the period September 1, 2008 through August 31, 2009. Approximately 33.4 percent of those members received at least one dental service during that same time period. As the Table X(a) indicates, based on the information provided, Medicaid and PeachCare for Kids™ members who utilize their dental benefit would have an approximate average of 4 hours per year available to them with a dentist.

Table X(a): Overall Estimated Hours per Member

Estimated Annual Hours (from Table VIII)	2,081,612
Unique Members for 12-Month Period	1,490,071
Members with a Dental Claim	498,407
Utilization Percentage	33.4%
Estimated Hours Available to Each Member Who Utilizes Dental Benefit	4

Comparatively, if all 1.4 million members utilized their dental benefit annually, there would be less than 1.5 hours available to each member. It is important to note, however, that this estimation is based on assumptions which may not be representative of the actual capacity of all dentists. These numbers also do not take into account such factors as geographic location of either the dentists or the members.

Table X(b): Estimated Hours per Member

	FFS	AMGP	PSHP	WellCare
Estimated Annual Hours*	651,436	463,127	412,535	543,581
Unique Members**	364,119	249,070	322,657	554,225
Members with a Claim	62,804	88,718	126,768	220,117
Utilization Percentage	17.2%	35.6%	39.3%	39.7%
Hours Available to Each Member Utilizes Benefit	10	5	3	2

*Note: The difference in total estimated annual hours from Table IX(a) and Table IX(b) is attributable to capacity reported and included for out of state providers.

**Note: The count of unique members for each payor includes members who had continuous enrollment with the payor for the 12 month period from September 1, 2008 through August 31, 2009. Also included in the count for each payor are members who did not have continuous enrollment with any payor during the same time period but are being attributed to their payor of record on August 31, 2009 or the last date of membership in either FFS or Georgia Families during the 12 month period.

Because of the low utilization of the dental benefit by members in the FFS category, a significant number of dental provider hours, 10, are available to each of those members who do utilize the benefit. Utilization by members in the Georgia Families program ranges from 35.6 percent for AMGP to 39.7 percent for WellCare. Utilization by PSHP members was approximately 39 percent. This increased utilization without a proportional increase in dental provider hours, however, resulted in fewer dental provider hours being available to each of those members utilizing the benefit. AMGP has dental provider capacity of approximately 5 hours for each of its utilizing members, PSHP has 3 hours of dental provider capacity for its utilizing members and 2 hours are available to WellCare members who make use of their dental benefit.

Comments Submitted by Responding Dentists

Survey participants were encouraged to provide comments indicating why they are no longer accepting Medicaid and/or PeachCare for Kids™ patients. Responses received in the form of letters can be found in Exhibit B. Please note that other than editing obvious errors, we did not alter the comments received from providers.

Table XI: Comments from Providers

Provider Name	Additional Comments
Afshan Bintory, Agatha Nwizu, Aishwarya Chandesh, Alexander Pikus, Amanda Malayter, Antonia Fisher-McLin, Baquar Hasnain, Bobby Pittman, Christa Cooley, Christine Pham, David Strange, Dewayne Shaw, Duc Huynh, Edward Smith, Grace Wu, Hamir Contractor, Huy Nguyen, Jessy Koshy, John Ambrose, Jong Jeon, Julian White, Jyoti Dahiya, Keith Buggs, Latonya Wade-Crear, Lechandre Wadley, Marcus Lin, Marina Nguyen, Michael Razzano, Neelu Kalra, Olanrewaju Rotowa, Philip Jongho Jeon, Reza Alemzadeh, Reza Miremami, Rita Ramey, Roosevelt Patterson, Sacha Walters, Shunda Thompson, Suhasini Reddy, Sung Shim, Taiwo Ogundipe, Thien Pham, Tu Tran, Vincent Pasquarello, William Moorman	Kool Smiles was terminated without cause from the WellCare GA network in late 2007 except for a few significant traditional providers (STPs). * Kool Smiles was also terminated without cause from the Peach State network in late 2007 except for a few STPs. * WellCare terminated STPs in June of 2008 while Peach State maintained the STPs in the network until the Doral transition in June of 2009. * Kool Smiles would like to be able to serve all Medicaid and PeachCare Children.
Alton Luckey	Mobile/school service not communicated and confusing/disruptive/costly regarding recall program.
Carlos Martinolas, Jacques Williams, John Covington	We have an average of 1/3 patients who no show or cancel at the last minute in all areas.
Celina Balcos	We have applied to Doral/Avesis to be able to accept patients who fall under WellCare, AMERIGROUP, Peach State, but haven't heard of any acceptance/denial re: our credentialing. Documents were sent via certified mail 2/2009.

Table XI: Comments from Providers

Provider Name	Additional Comments
Douglas Torbush	I began my dental practice in Conyers, Georgia in February 1991, by purchasing an existing vacant dental office. I accepted Medicaid patients from the beginning and continued until the current CMO plan was instituted. I requested an application from Doral, Avesis and Peachcare for review prior to signing on as a provider. In reviewing the documents, there were several questions and concerns which I contacted each respective plan to address. From issues about the time required to see an emergency patient to the inability to see any patient on any dental plan if I stopped seeing Medicaid patients were areas of concern to my practice. Ultimately, the deadline passed without a clear resolution to my concerns. At that time I was excluded from participating in any of the plans. I would still be willing to be a participant in providing dental care to this needy segment of the Georgia population, but now volunteer my services at one of the local dental clinics to provide this care.
Hiren Patel	We offer our Georgia Department of Community Health patients the same accommodations as any other patient. We get them in same day or next day if possible and allocate the same time as any other patient. But the majority of those patients choose to not show up or cancel their appointments leaving us with numerous blocks in our schedule that may have been filled by other patients. I think stricter guidelines need to be set when patients neglect to bring children in for dental treatment. I think some patients take advantage of the fact that the state is paying for their dental treatment and they do not respect the time of the dental office. We are also concerned with declining fees. Medicaid and WellCare have been reasonable, but with AMERIGROUP and declining Avesis fees, we do not know how long we can accept these plans with continuing cancellations and no shows.
Jamie Mitchell, Marie Detienne	Need Doral to enroll associate dentist.
Jigisha Patel, Kumar Patel, Lucelia Lima, Trushar Patel	We have a large number of no show patients
Lee Vandewater, Brad Harris, Manuel Davila, Mark Moore	Thank you ACS/GHP State Medicaid for their promptness on approvals and payment. It makes it easier in serving these pts. When things go more smoothly. I am looking forward to the future when Doral flows as smoothly as they do.
Michael Healey	Work Thursday a.m. and Friday a.m. I limit the Medicaid to in hospital medically compromised patients. These patients should be financially separated from the general medical assistance for the poor.
Mitchell Vaughan	Reimb. rates are too low & make the prospect of not accepting new patients a possibility

Table XI: Comments from Providers

Provider Name	Additional Comments
S Fawole	Request to add location for WellCare/AMERIGROUP being processed by Doral - originally denied for being closed to new providers.
Samuel Worthington IV	Response to question 4 regarding hours per week the dentist is available to see patients covered by respective payors. Worthington Family Dentistry is open 28 hours per week, and our schedule has been open to all Medicaid, AMERIGROUP, Peach State, WellCare, and commercial insurance patients on a first-come, first-served basis by appointment. As of June 1, 2009, our schedule changed. Of the 28 hours per week our office is open, 6 hours aggregate per week will be made available to Medicaid, AMERIGROUP, Peach State, and WellCare patients. This is due primarily to the drastic cuts made to the Peach State fee schedule as administered by Doral.
Terry Lyle	I reject rate cut and may stop accepting some of the Medicaid, AMERIGROUP, Peach State and WellCare
Theodore Levitas	Medicaid fees via above payors are ludicrous! The unrealistic reimbursement is probably the main reason for the reduction in providers. The high-handed manner in which the payors treat providers, without recourse, is dictatorial and governed only by bottom line dollars. For payors without any regard for needs of providers or, particularly, for needs of <u>children</u> !
Thomas R Broderick	I am an orthodontist who works with cleft lip and palate patients. Normally orthodontic treatment in elective and in not and should not be covered by Medicaid. However, orthodontic treatment for cleft patients in a needed therapy in order to rehabilitate their lips, face, and mouth. I was accepting whatever Medicaid would pay me for this treatment for these (cleft) patients. But now Medicaid has closed me out from being a provider. This really short change the cleft patients who need their therapy in this part of the state.
Thomas Washington	I have treated Medicaid pts. For 35 yrs. but it is becoming more difficult. Some reasons: 1. Multiple fee schedules, 2. Broken appts., 3. Late for appointments, 4. Patients (adults) not understanding benefits. It would be nice to have one fee schedule GHP rather than AMGP, WellCare and Peach State.
Timothy Vola	I have decided to close my office after years of aggravation and fee cuts.

RECOMMENDATIONS

Based on our findings after analyzing the dental survey responses, we make the following recommendations to the Department:

Recommendations Applicable to the CMOs and Dental Subcontractors

- CMOs and their subcontractors should develop protocols to encourage members and support their efforts to attend scheduled appointments to minimize “no shows”. Many of the respondents indicated that “No Shows” were one of the primary reasons that they do not accept new patients.
- CMOs and their subcontractors should ensure that their benefit limitations as well as their reimbursement policies are clearly explained in their provider and member documentation. This includes reimbursement methodologies which can be confusing to the provider community due to their complexity.
- CMOs and their subcontractors should ensure that provider relations staff are knowledgeable and provide clear and concise answers to provider inquiries in a timely manner.
- Because member eligibility can change frequently, it is imperative that eligibility information maintained on the CMO/subcontractor portals be updated in a timely manner. The CMOs/subcontractor should take steps to ensure their portals are updated promptly.
- The CMOs and subcontractors should analyze provider billing activity and exclude providers with no activity when determining network adequacy.
- CMOs and subcontractors should follow-up with any high volume providers, or providers that are located in areas with limited dentists to attempt to resolve any issues that cause the dentist to not accept new patients even when the provider is under contract to provide services.
- CMOs and subcontractors should attempt to streamline policies and procedures, and other dental related functions. As of June 1, 2009, all CMOs use Doral Dental to administer dental benefits. To the extent that policies and procedures can be streamlined, the CMOs and Doral should work together to minimize the administrative burden on dental providers.

Recommendations Applicable to the Department of Community Health

- DCH may want to consider implementing new or additional member accountability measures to reduce the amount of no-shows and late-shows the providers are experiencing.
- DCH may wish to consider contractually outlining the dental provider network adequacy determination and establishing additional minimum measures to ensure all Georgia Families members receive prompt and adequate dental care. This could include, but is not limited to:

- a. Requiring that the CMOs and their subcontractors accurately account for providers who provide less than full-time services or who practice in multiple locations but with limited hours when determining network adequacy.
 - b. Requiring that the CMOs accurately report providers who are included in their provider directories but who have not provided services to Georgia Families members for a period of time and may not have notified the CMO of their intent to no longer accept new CMO GF members or provide services to existing CMO GF members. This may also include ensuring that these inactive providers are not included in the CMOs' calculations of network adequacy.
- DCH may wish to consider requiring all CMOs to use the same policies and procedures for providers. Since all of the CMOs use the same dental subcontractor, this requirement could be accomplished without reducing the CMO's ability to negotiate reimbursement with their contracted providers.

EXHIBITS

EXHIBIT A



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

GEORGIA FAMILIES
Dental Services Survey



BACKGROUND INFORMATION: The Georgia Department of Community Health's (DCH) mission is provide access to affordable, quality health care in our communities; encourage responsible health planning and use of health care resources; and promote healthy behaviors and improved health outcomes. DCH understands and appreciates the vital role that healthcare providers play in helping achieve this important mission. Cooperation and communication between DCH and provider partners will only improve health care in the State of Georgia.

Therefore, as part of DCH's continuing efforts to evaluate the Georgia Families Program with the goal of ensuring quality health care in our communities and responsible use of health care resources, DCH has contracted with Myers and Stauffer L.C., a national certified public accounting and consulting firm that works exclusively with state and federal healthcare and social service agencies, to request, analyze, and compile information regarding the capacity of dental services available to our members. Myers and Stauffer is contacting you to request your assistance to provide information to assist them in their analyses. The Department requests that you provide the requested information to Myers and Stauffer as promptly as possible so they can provide their results to us quickly and efficiently. *Even if you do not participate in the Georgia Medicaid or Georgia Families Programs, we would still appreciate receiving your information and comments about how we can improve these important programs.*

Questions regarding Myers and Stauffer or any of the activities outlined above may be addressed to Leticia Mayfield, Department of Community Health at (404) 463-1122 or by e-mail at lmayfield@dch.ga.gov.

SURVEY INSTRUCTIONS: Please review the following questions and provide responses to the questions/items by **Friday, June 12, 2009**. Please complete one copy of Pages 2 and 3 of the survey per dentist in the office or group. Please make copies of Pages 2 and 3, as necessary, or you may request additional copies or an electronic version of this document by contacting Beverly Kelly at bkelly@mslc.com or (800) 877-6927. *If you received more than one copy of the survey but have only one dentist in the office, please complete only one survey.*

If additional space is needed or if you have comments/additional information to provide, please check 'Yes' next to 'Comments or additional information has been attached to this survey' and attach the information on a separate sheet(s). When attaching additional information, please include a reference to the item for which you are providing additional information. Please do not submit any Protected Health Information in response to this survey.

Once the information below has been completed, please return the form to Myers and Stauffer via facsimile at (317) 371-8481, via e-mail at bkelly@mslc.com, or by mailing to Myers and Stauffer - Georgia Dental Survey; 9265 Counselors Row, Suite 200, Indianapolis, IN 46240-6419. If you have any questions regarding the survey, please contact Beverly Kelly at (800) 877-6927.

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!





Dentist's Name:			
Group/Office Name:			
Office Address:			
Office Telephone Number:		Office Fax Number:	
Dentist's GA License Number:		Hours/Week Dentist Is At This Location:	

	Question No.	A. Medicaid Fee-For-Service (*Traditional Medicaid)	B. AMERIGROUP - Doral (Georgia Families)	C. Peach State Health Plan - Avesis (Georgia Families)	D. WellCare - Doral (Georgia Families)	E. Commercial / Private / Other
Currently Treating Patients:	1	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to No. 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to No. 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to No. 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to No. 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to No. 6.
Accepting NEW Patients:	2	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Provider ID:	3					
Approximate Percent of Business per Payor Source:	4					
Hours / Week This Dentist is Available to See Patients Covered by Payor (In This Office):	5					
Dentist is NOT Accepting Patients Because (Attach additional information to survey, if necessary):	6	<input type="checkbox"/> No Show Patients <input type="checkbox"/> Rates Inadequate <input type="checkbox"/> Application Declined <input type="checkbox"/> Payment Issues <input type="checkbox"/> Other Reasons	<input type="checkbox"/> No Show Patients <input type="checkbox"/> Rates Inadequate <input type="checkbox"/> Application Declined <input type="checkbox"/> Payment Issues <input type="checkbox"/> Other Reasons	<input type="checkbox"/> No Show Patients <input type="checkbox"/> Rates Inadequate <input type="checkbox"/> Application Declined <input type="checkbox"/> Payment Issues <input type="checkbox"/> Other Reasons	<input type="checkbox"/> No Show Patients <input type="checkbox"/> Rates Inadequate <input type="checkbox"/> Application Declined <input type="checkbox"/> Payment Issues <input type="checkbox"/> Other Reasons	<input type="checkbox"/> No Show Patients <input type="checkbox"/> Rates Inadequate <input type="checkbox"/> Application Declined <input type="checkbox"/> Payment Issues <input type="checkbox"/> Other Reasons



Dentist's Name:	
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	Question No.	A. Medicaid Fee-For-Service ("Traditional Medicaid")	B. AMERIGROUP - Doral (Georgia Families)	C. Peach State Health Plan - Avesis (Georgia Families)	D. WellCare - Doral (Georgia Families)	E. Commercial / Private / Other
Dentist Works in Other Offices:	7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dentist Provides Mobile Dentistry Services:	8	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', attach service area map / schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', attach service area map / schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', attach service area map / schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', attach service area map / schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', attach service area map / schedule

Comments or additional information attached to this survey:	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

<i>I do hereby attest that the information provided on this survey is true and correct to the best of my knowledge.</i>	
Signature of Person Completing Survey:	Date Survey Completed and Returned:

EXHIBIT B

Provider responses, as submitted, are included on the following pages.

Bennett & Maxwell Family Dentistry, LLC.
2415 Andover Dr.
Valdosta, GA 31602
(229) 671-1900

Dear Sir:

I am dissatisfied with the whole Medicaid system. Since the CMO's have taken over the problems have increased. It is a job just keeping up with all of the changes. Changing age limits for services, bundling services to pay at a lower rate, eliminating services allowed, lower fees, just to name a few. I am wondering what is the hidden agenda? Do the leaders of our state want to do away with the Medicaid system at this gradual pace or would it be better to end it altogether quickly. I believe the latest drastic drop in fees will cause some major changes for those in need of dental care. The day the new fees went in to effect there were dentists in our area who stopped being providers and patients called our office in hopes that we would see them. We were told that they called other offices and were told that these offices were no longer accepting new patients with Medicaid. I don't see how dentists can survive while only seeing Medicaid patients and if the fees remain as low as they are now I foresee numerous other dentists dropping out of the program. When this happens where do you want the patients to go? The emergency room? Is the plan to drop fees on all the CMO's? Is the plan to try and get dentists to stop being providers? I think a lot of dentists are seeing the game being played and will act accordingly. I have been a provider since I graduated from dental school in 1996 but with the changes that continue to occur I don't know how long I can continue. I am concerned that the dental health of the less fortunate in our state will decrease if changes are not made.

Please feel free to contact me if you have further questions.

Sincerely,

J. Dell Bennett



MICHAEL R. CARR, D.M.D., P.C.
Brett C. Scott, D.D.S.
84 COURT STREET
CUTHBERT, GEORGIA 39840

May 28, 2009

Myers and Stauffer
Georgia Dental Survey
9265 Counselors Row, Suite 200
Indianapolis, IN 46240-6419

RE: Georgia Survey

The Medicaid population that this office serves is in a desperate situation. Our office is located in the rural area of Southwest Georgia and many of our Medicaid patients are very poor and uneducated. We serve patients from all surrounding counties. We are the only dental office in this county and we have previously treated all Medicaid covered patients. We have the only oral surgeon (part-time) to treat these patients within a 60 mile radius. Many times we have to complete forms for the patients due to their limited abilities to read and write. Most patients that live within the city limits walk to the office and those outside the city have to schedule transportation for a ride to the office. Since the notice from Avesis that they would no longer be the administrator for Peach State, our office made the decision to stop treating Peach State patients as of May 8, 2009. It had become a real issue of collecting payment from Avesis for treatment already performed. We were afraid that Avesis would leave the state with no intention of paying outstanding claims. After receiving the letter stating that Peach State would be reducing dental fees as of June 1, 2009, it was decided to stop seeing Peach State patients all together. The CMO's (WellCare & Peach State) have dropped the fees so much within the last couple of years, it has been difficult to continue treating our Medicaid patients. The latest fee cut from Peach State has force this office to stop treating this population. We find ourselves in the position that it is too costly and we can no longer afford to treat them. The dental network is not presently treating these patients due to the drastic fee cuts. If Well Care should make another cut in their fees, we will not be able to treat those patients as well. We are denying patients daily that have Peach State coverage and I am not sure how long they can go without dental

treatment. Their only recourse is to go to the local hospital emergency room for treatment. The treatment which they will receive will only be a temporary treatment and it will not solve the ultimate problem, which only a dentist can provide.

I hope this information helps to portray the urgency of this situation.

Sincerely,

Beverly M. Carr

Beverly M., office manager

June 1, 2009

Myers and Stauffer
Georgia Dental Survey
9265 Counselors Row, Suite 200
Indianapolis, IN 46240-6419

Re: Georgia Survey

Operating as a dentist has been extremely difficult (if not impossible) with the complex policies and poor fee structure of the C.M.Os. Amerigroup's 25% reduction in fees has decreased greatly the number of providers in North and Northeast and now Peachstate reduction in fees will drive almost all dentists in the Southwest region out of the program. My fear is that they will never return after this! Access will be eliminated.

Administrative policies of the C.M.Os border standard of care issues. The following are the most problematic:

1. bundling of x-rays
2. one restorative procedure per tooth for 12 months (what happens if child breaks that tooth?)
3. refusing to approve 3rd molar extractions
4. denying 95% orthodontic claims
5. downcoding
6. fear of terminations
7. closed network

Out of the 30 years of practicing and seeing Medicaid recipients, the last 3 years have been the most detrimental to my practice. Something has to change and soon!

Sincerely,

Michael R. Carr, D.D.S.

Dr. Michael Carr

TO: Commissioner
RE: Survey

My biggest problem was getting a medical # to be enrolled in program. I started in Dec 2008 and did not get a number until May 2009. Very disappointed in the system of DCH Management. Truly a bureaucratic ineptness to say the least. It only took a matter of days to become a Doral & Aresis provider. I guess because of my being an oral surgery/dental provider. They are in such demand by the Card's.

Charles Clarke, DMD

06/02/2009

DCH DENTAL SURVEY

Locations for Mobile Dentistry Services:

East Clayton Elementary
2750 Ellenwood Rd.
Ellenwood, Ga. 30294

Mount Zion Elementary
2984 Mt. Zion Rd.
Jonesboro, Ga. 30236

Suder Elementary
1400 Lake Jodeco Rd.
Jonesboro, Ga. 30236

Swint Elementary
500 Highway 138
Jonesboro, Ga. 30238

Schedule:

This service has been suspended due to Clayton County Board of Education Accreditation issues.

Comments:

At this time Clayton County Board of Health has no funding for a Dental Hygienist. This severely limits the amount of patients that can be seen due to Dr. Morris having to see everyone in clinic.

E. Parker H. Cudd, D.M.D.
2431 Peach Orchard Rd. Ste D
Augusta, GA 30906

Fax Transmittal

Date: 6/1/09
Fax number: 317 571 8481
To: Myers + Stauffer
From: Terene
Number of pages including cover: 3
Re:

We would like to see a medicaid
fee schedule if you can send
one. 😊

TO: Myers and Stauffer

Dr. Duke has a passion for the people of our community. Unfortunately, it appears that there is not enough money to fund these programs in a way that is feasible for Dr. Duke to administer dental care in such a way that will allow him to at the very least break even.

When we received the notification that Avesis will no longer administer their policy and that Doral would take it over, we thought it might possibly work. It was to our dismay that we were notified of even lower fees for us.

I believe it is the policy of some offices to cut dental care time shorter than cash paying patients were given. Dr. Duke did not believe in that work ethic and has provided the exact same time, quality, service and care to anyone on Medicaid, Wellcare or Peachstate. Unfortunately, we are suffering financially for this and are looking to one day moving to a total self pay/insurance based practice.

We had to make the decision to no longer see our Avesis patients and are deliberating in the future discontinuing seeing Wellcare and Medicaid. If reimbursement rates continue to plummet, we will have no other choice but to move our practice in that direction.

In the meantime, we are not taking new patients with these type insurances.

^{have}
What good is a dental health plan if you do not any providers?

The following statements are a summary of how we feel about the current Georgia Families Program/Dental Services:

Breaking the program into multiple provider groups has been the greatest disaster ever to hit this program. All the provider groups have different manuals, rule, reimbursements and regulations. To make matters worse, the patients can change from one group to another between visits without notice to us.

The manuals are inaccurate and confusing. It is hard to get information directly from the provider groups. My staff and I get frustrated because rules can change without notice. Some provider groups have co-pays, others certain limitations on specific procedures or no coverage for procedure covered by other providers. My staff members are covered up in paper work, notes and manuals trying to find out what is or is not covered. We are really near the breaking point.

The fee schedule is inadequate from all the provider groups. One provider group expects us to provide quality health care and reimburse us less than it cost to provide that service. Many of us have dropped that provider. Others will be forced to soon. Businesses cannot stay in business very long loosing money on services.

Our overhead is going up. Provider fees are going down. Access to affordable, quality dental health care is in jeopardy. We do not want to see our communities without healthcare. Drastic measures are needed to save the program before all providers are forced to leave. What good is a Quality Dental Health Plan if you do not have providers?

Changes needed:

Go back to one or two provider groups. Have guidelines that are clear. Make all reimbursements reasonable.

have

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The manuals are inaccurate and confusing. It is hard to get information directly from the provider groups. My staff and I get frustrated because rules can change without notice. Some provider groups have co-pays, others certain limitations on specific procedures or no coverage for procedure covered by other providers. My staff members are covered up in paper work, notes and manuals trying to find out what is or is not covered. We are really near the breaking point.

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Our overhead is going up. Provider fees are going down. **Access to affordable, quality dental health care is in jeopardy.** We do not want to see our communities without healthcare. Drastic measures are needed to save the program before all providers are forced to leave. What good is a Quality Dental Health Plan if you do not have providers?

Changes needed:

Go back to one or two provider groups. Have guidelines that are clear. Make all reimbursements reasonable.

*update portals more quickly -
portal shows patient eligibility but then
will not cover services due to lapse
of patient - this is a big problem
as well as changing groups without
notice - Thanks*

This information is provided to inform the Department of Community Health of the current condition of the Georgia dental Medicaid program from a dentist's perspective that has been treating medicaid patients for 19 years. Before the CMO's were the administrators, the program was good. ACS was the administrator. There was not an overabundance of wasted time with pre-approvals, claims were paid in a timely manner, the patients and providers thought the system worked. The CMO's were then mandated to be the administrators of Georgia's dental Medicaid system. The providers were told that everything would remain the same under the CMO's. Everything in fact did remain the same...for about 3 months. The CMO's have the ability to change, at will, anything about the dental Medicaid system as long as they can show the patients have access to care. The key here is that the CMO's can make up any data they need for illustration purposes. Soon after the CMO's took control they began to change the program. These changes increased the financial advantage of the CMO but decreased services that were able to be provided to recipients and decreased the reimbursement rates to providers for services rendered. It is widely know that these CMO's are for-profit companies. They are in the business of making money. It happens to be that one of the ways they produce higher profits is to decrease the amount of dollars they pay to providers. Even though the CMO's have always been paid all monies promised to them by the citizens of Georgia, they have continually cut reimbursement rates to providers and eliminated needed services to recipients of the state of Georgia since shortly after being awarded the contract. We could understand a cut in reimbursement if the State of Georgia did not pay the CMO's all the money due to them. But this is not the case. The CMO's also have "closed the network" to new providers. This means that if you are not a providing dentist presently, then you cannot sign up to be a dentist who provides services to Medicaid recipients. If the CMO's were really concerned with the recipients being able to receive care, they would want and welcome every dentist in the State to be a provider. This is one more way of reducing the amount of money the CMO pays and increases the amount of money they get to keep. Many dentists that previously provided services to Medicaid recipients are no longer doing so. The dentists have not written to DCH or the CMO to formally take their name off the list as a provider because once your name is taken off, there is no way to get back on because of the closed network. Even though these providers are not treating Medicaid recipients, the CMO can count the dentist as a provider when verifying access because the provider's name is still listed but he may not be treating Medicaid patients. In addition to eliminating many needed services for recipients the CMO's have "bundled" other services. This is where they take service A,B, and C and instead of reimbursing individually \$10 for service A, \$10 for service B, and \$10 for service C, the CMO pays a "bundled" fee of a lesser amount than the \$30 the fees would add up to. After several rounds of reimbursement reductions, the providers received notification recently that further cuts would take effect June 1, 2009. These are on the scale of 22-30% across the board of all fees. This will be the straw that breaks the camels back. Until now the cuts have hurt but we dental providers have been able to survive. This latest round of cuts will ruin what was once one of the best dental Medicaid systems in our country. Again, many dental providers will not formally write and withdraw from the list of providers so their name will still be used when the CMO's prove access by providing a list of names, but the dentists will not be providing at all or will be providing services to far less Medicaid recipients then before. We dental

providers feel we should give back to our communities and are willing to provide treatment to Medicaid recipients at a lesser reimbursement rate than our normal fee schedule, but when the reimbursement rates get to a level where we are losing money almost every time we see a Medicaid recipient, we simply cannot continue. This is what will happen June 1, 2009 when the new fee schedule takes effect. Again, the amount of money the CMO's are receiving from the state of Georgia is not decreasing, these fee cuts and service cuts are only a way these CMO companies, not based in Georgia, can increase their profits and ship money out of the State of Georgia. Our wish as providers is that the Georgia dental Medicaid system would go back to the pre CMO system where the administrator did not get a raise every time the providers and recipients of the State of Georgia got hurt. The ideal system is one of a state administered plan, for the people of Georgia, run by the people of Georgia; not run by a for-profit, out of state company only interested in increasing profits and not caring about the citizens of Georgia that are not receiving the care they deserve. If you have any questions or concerns please contact me.

A handwritten signature in black ink, appearing to read 'Tim Grantham DMD', with a stylized flourish extending from the end.

Tim Grantham DMD

DCR Dental Services Survey Comments

Dr Hurst wanted me to send the following concerns to you regarding the CMO's:

1) He stated that with costs continuing to rise, that it is going to be hard for dentists especially pediatric to continue to see medicaid patients when the reimbursement is only between 50-60%. Especially when the CMO's are cutting the fees as well as limiting procedures more than regular medicaid.

2) Patients don't keep their appts which cost us money and they are not held accountable. We send our patients a reminder card to setup their appts about a month before they need to come in. Then we call them to confirm the appointment 1 to 2 days in advance and they still don't show up and don't even call us to let us know they are not coming. We thought the CMO's were supposed to help with this issue by educating and holding the patients responsible. Commercial insurance patients get charged a fee for missed appointments but we are not allowed to charge a Medicaid patient that same fee.

3) When all the CMO's have different guidelines and age restrictions, it is hard to keep up with it and not lose reimbursement.

4) By contracting with these CMO's which are handled out of the state of Georgia, our money is going to these other states instead of staying right here.

Response to Item #6:

As a Peachcare and Medicaid provider of 15 years, I have weathered changes in administrators, lowering of fees, elimination of dental procedures, and suspension of payments. I have continued to be a provider because of loyalty to my patients, and a commitment to my community, especially the dental health of the children of my community. Cook County is one of the poorest counties in Georgia, and even with my practice seeing 70% state program patients, I cannot meet the demand for services. Patients travel as far as 50 miles to receive care at my office, because they cannot find a provider that is accepting patients. Regardless of what Avesis and Doral are telling DCH, there is an access problem in Georgia, a severe one. The provider numbers for the state that these companies use are skewed, because they include providers who only see a few Medicaid/Peachcare patients a month, or no longer accept new Medicaid/Peachcare patients at all. This makes it look like there is an adequate network of dentists covering the state, when in fact there are only a small percentage of dentists doing a majority of the work; dentists such as myself who have devoted 50% plus of their practice to treating these patients. I find it staggering that DCH continues to be blinded by this blatant misrepresentation of facts. Even a small amount of fieldwork and investigation would reveal the true situation. The state government has forced the few dentists who are still working themselves to death to meet the ever increasing demand to reach the breaking point. As I see it, the programs as they exist today are in a total state of crisis and cannot be sustained without a major overhaul. Never in my career have I seen these programs so close to a state of internal collapse. Since the take over of the state dental program by outside administrators, the reimbursement rates to providers have been slowly slashed until providers have no financial choice but to stop accepting patients. The fees received are well below the amount of money even needed to meet the overhead of a dental office. It is a matter of simple economics. Dentists can simply not afford to see any significant number of Medicaid/Peachcare patients because they will eventually go bankrupt. This is why there are 10% of providers doing 90% of the work for these patients. We are the last core group of providers holding this program together, but we cannot sustain it into the next decade. The state government, especially DCH needs to step in and help us. I think DCH should ask why companies like Avesis and Doral are posting millions upon millions of dollars of profit, while continually cutting fees to providers and eliminating procedures for patients?

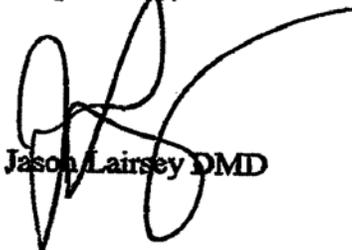
J. Kujala, DMD

06-01-2009

To Whom It May Concern:

This information is provided in addition to the survey to provide a dentist's view on the current CMO programs. I've thought from day one that any "for-profit" CMO system that administrated Georgia's dental Medicaid program would ultimately harm the Medicaid recipients. Simply because every taxpayer dollar withheld from services provided is a dollar kept by the CMO, increasing profits for the CMO. However, since all fees were supposed to stay the same, we felt ok about continuing to provide Medicaid services. As we all know, fees have not stayed the same. In fact, the new Peach State fees are about half of what Georgia Medicaid was paying 5 years ago. When I saw the new fee schedule, I thought anyone proposing these fees for extracting and filling teeth has never done either. The system in place before was not perfect but vastly superior to this CMO system. Let's keep Georgia taxpayer dollars in Georgia and benefiting Georgians. The current CMO system has lost its ability to reimburse providers for services and provide adequate care for the folks they are supposed to insure.

Respectfully,



Jason Lairsey DMD

Concerns with accepting and treating dental patients with Traditional
Medicaid and Georgia Families.

Dr. A. John L. ...

- Patients fail to keep appointments adding to the overhead of dental offices. This is not an issue only to carriers.
- Rates for reimbursement are poor and have not kept up with economic times.
- Benefits are limited and have become more limited or restricted with times.
- Rates of reimbursement discriminate and penalize dental offices pending on the county of practice.
- Too much concern with access of care. Former Surgeon General of the United States reportedly stated the access to care has approximately 85% of the population to health care. Approximately 80% related to individual choices and lifestyles.
- Little assistance with fraud and substance abuse.
- Patients generally not interested in practicing healthy lifestyles.
- Patients feel little value in their benefits because it is free for them. They have no investment in the system.
- Who believes the program is the right time to receive increased dental benefits? We have had several patients inform our office that they became pregnant in order to get their teeth fixed.
- Why do they estimate 75% of health care costs being absorbed by the cost from carriers?

Bennett & Maxwell Family Dentistry
2415 Andover Dr.
Valdosta, Ga 31602

Dear Sir,

I'm very dissatisfied with the current CMO system for Georgia Medicaid. The CMO's repeatedly decrease fees, change policies regarding covered services, bundle procedure codes and deny treatment. Frequently no notice is given before a policy change. I don't know who to blame for the low reimbursement rates- the CMO's, DCH or legislature. It is professionally rewarding treating these patients, since they typically have the greatest need for dental services in the community. Financially, my practice is only able to continue seeing these CMO patients because we have traditional insurance patients to subsidize them. Please contact me if you have further questions.

Sincerely,

Douglas Maxwell



RENÉE B. PARRISH, D.M.D.
GENERAL DENTISTRY
602 S. BROAD STREET
THOMASVILLE, GEORGIA 31792

May 27, 2009

To Whom It May Concern:

I have been involved as a solo dental provider for the state of Georgia for almost 18 years. I have always strived to provide all my patients with the best up to date care that I can render.

However, I have reduced the number of Medicaid patients in my office by approximately ½ since the CMO's came into power! In only 2 years I have been forced to reduce the number of Medicaid patients due to the low fees. As of May 31, 2009, I will no longer be seeing any CMO covered Medicaid patients due to the LOW fees DORAL is proposing. I will continue to see TRUE MEDICAID covered by the state only.

Reasons being:

- (1) Fees LOWER than "regular" Medicaid
- (2) Prior approval slow and many times never approved—and approval fees are many times not paid in full or denied after the service has been rendered.
- (3) Having to pass an in office inspection (other insurance companies do not require on site inspections)
- (4) Inspectors/Auditors do not know the protocol for HIPA, RED FLAG, and ECT issues that as a dentist I take continuing education, training, and a very personal responsibility to enforce and to stay up to date for the state of Georgia.
- (5) The ability for the CMO's to reduce fees at will
- (6) The ability for the CMO's to terminate a provider with out just cause and to recoup fees already paid for services rendered
- (7) A sliding fee scale depending on the location of the practice Rural VS Metro areas—supplies are the same any region in Georgia
- (8) A Georgia Dental License in good standing is not enough credentialing for the CMO's. However, it is for all the other insurance companies I deal with in my practice.
- (9) CMO's disrupt and cause inconsistency in dental care—Parents, patients, and I live in limbo from month to month because WE never know what the CMO's are doing or going to do!

The experience I have had for the last 2 years with the CMO's has resulted in consuming resources, time, and money. It has increased stress for my dental families, staff and myself 2 fold! My first 10 years in practice were a breeze compared to my experience in the last 2 years with the CMO's

At the present all I can do is say a prayer for the children of the state of Georgia. Please find attached a "life vita" as I want there to be no doubt I do take my profession very seriously!

Renée B Parrish DMD



Additional comments for the section Dentist is NOT Accepting Patients Because:

Prior to the change to the CMOs, about 25% of my practice was Medicaid patients. It is now down to about 3% because I did not sign on with the CMOs. I am the ONLY pediatric dentist in Floyd County. My office receives at least 10-15 calls a day from patients with either Wellcare or Amerigroup. These patients have to travel out of county to be treated by a pediatric specialist.

I decided not to sign on with these CMOs because I did not believe it would be as great as their executives said and from all I have seen and heard since they have been in place, it is terrible.

I accept Medicaid because I want to help these children not because my bottom line depends on it. I was not going to sign a contract with a CMO so they could tell me how to run my practice and treat my patients. In my opinion, it is Georgia's neediest children who are suffering under the administration of these CMOs.

Dr. Alicia M. Rix

June 8, 2009

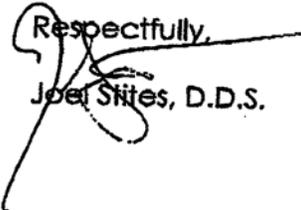
To Whom It May Concern:

This letter is in regard to our state's current situation in the field of dentistry from a dentist who for the past seven years has been treating our children's needs. This perspective is not only from the dentist, but also from a child's perspective. We have most certainly found out that our children have no voice, so we will tie our perspectives together since we and our children are on the same team.

We thought that surely the money that our state gets would go to our state (and the children that live here). No one could have imagined that a CMO from outside our state would receive our tax money and withhold it from us for its own gain. Over the last three years, the CMO climbed to keeping over half of our state's money. We dentists understand that we will not see normal fees and we're okay with obtaining seventy percent of what others were making...but less than fifty? How would anyone like to be told he or she will earn half of what he or she is worth? Do our children deserve this? Are they worth less?

We dentists are trying to continue to see our children and meet their needs, but it is becoming nearly impossible from a business standpoint. Every day, dentists are being forced to give up and the trend will continue. Our children are our future, and people who do not live in Georgia are taking advantage of them and denying their needs. Access to care is diminishing, and as it does, more money will be spent in emergency rooms treating symptoms, instead of the disease. Let's face it, treating children's dental needs are tough and few want to do it...let alone for less money. The few dentists that are still hanging on for our children's behalves are disappearing. These children are losing more than just teeth; they are missing more time from school. Every year across the nation, more than 52 million hours of school are missed due to the effects of poor oral health. Less time in school results in poor standardized test scores and grades. Toothaches are no fun when you are an adult, think about having several as a child. We are fighting a losing battle with these out of state for-profit CMO's.

We, as dentists, on behalf of our children, only ask for what we had five years ago. There are at least 16 other states that have carved out their own dental budget. The only solution is to have a non-profit system in our state that disburses every penny of our taxpayer's money to whom it is intended. Imagine your state's leaders in twenty years not having teeth. Let's be the voice for our children.

Respectfully,

Joe Sites, D.D.S.

Mark, D. Thebaut, D.D.S.
Diplomat, American Academy of Pediatric Dentistry
609A Beaver Run Road Ste A
Lilburn, Georgia 30047

June 10, 2009

Myers and Stauffer
Georgia Dental Survey
9265 Counselors Row Suite 200
Indianapolis, IN 46240-6419

Gwinnett Children's Dentistry
609 Beaver Run Road Suite A
Lilburn, Ga. 30047

RE: **Georgia Dental Services Survey**
Dr. Mark Thebaut Provider #

To Whom It May Concern:

~~Dr. Thebaut will be terminating his contract with Peach State Health Plan the end of June, due to fee reductions that took place on 6/1/09.~~

Dr. Thebaut's contract with Wellcare was terminated back in February without cause, and subsequently was reinstated one week later. Wellcare informed us they were "trimming the dental provider network" by 3%. In reality, Wellcare terminated 21 practice locations, most of whom, were staffed by Pediatric Dentists. As Pediatric Specialists, we are the doctors that must treat the children no one else can, and through Wellcare's actions, these patients would have much less access to care than Wellcare contends.

The fear of this situation occurring again forces him to consider terminating participation with all Medicaid.

Sincerely,



Mark D. Thebaut, D.D.S.

Mark, D. Thebaut, D.D.S.
Diplomat, American Academy of Pediatric Dentistry
609A Beaver Run Road Ste A
Lilburn, Georgia 30047

June 10, 2009

Myers and Stauffer
Georgia Dental Survey
9265 Counselors Row Suite 200
Indianapolis, IN 46240-6419

Gwinnett Children's Dentistry
609 Beaver Run Road Suite A
Lilburn, Ga. 30047

RE: **Georgia Dental Services Survey**
Dr. Faith Drennon Provider #

To Whom It May Concern:

~~Dr. Drennon will be terminating her contract with Peach State Health Plan the end of June, due to fee reductions that took place on 6/1/09.~~

Dr. Drennon's contract with Wellcare was terminated back in February without cause, and subsequently was reinstated one week later. Wellcare informed us they were "trimming the dental provider network" by 3%. In reality, Wellcare terminated 21 practice locations, most of whom, were staffed by Pediatric Dentists. As Pediatric Specialists, we are the doctors that must treat the children no one else can, and through Wellcare's actions, these patients would have much less access to care than Wellcare contends.

The fear of this situation occurring again forces her to consider terminating participation with all Medicaid.

Sincerely,



Mark D. Thebaut, D.D.S.

Mark, D. Thebaut, D.D.S.
Diplomat, American Academy of Pediatric Dentistry
609A Beaver Ruin Road Ste A
Lilburn, Georgia 30047

June 10, 2009

Myers and Stauffer
Georgia Dental Survey
9265 Counselors Row Suite 200
Indianapolis, IN 46240-6419

Gwinnett Children's Dentistry
609 Beaver Ruin Road Suite A
Lilburn, Ga. 30047

RE: **Georgia Dental Services Survey**
Dr. Azad Faris Provider #

To Whom It May Concern:

~~Dr. Faris will be terminating his contract with Peach State Health Plan the end of June, due to fee reductions that took place on 6/1/09.~~

Dr. Faris' contract with Wellcare was terminated back in February without cause, and subsequently was reinstated one week later. Wellcare informed us they were "trimming the dental provider network" by 3%. In reality, Wellcare terminated 21 practice locations, most of whom, were staffed by Pediatric Dentists. As Pediatric Specialists, we are the doctors that must treat the children no one else can, and through Wellcare's actions, these patients would have much less access to care than Wellcare contends.

The fear of this situation occurring again forces him to consider terminating participation with all Medicaid.

Sincerely,



Mark D. Thebaut, D.D.S.

06-01-2009

I have been the office manger in a large dental practice which is about 60% Medicaid recipients, for the past 15 years. We provide quality dental care to the children, special needs patients, and adults who have been offered the Georgia Medicaid program. Our patients come from all over the southern half of Georgia because very few providers will take their dental plan. Our practice accepts everyone regardless of their dental coverage, for the sake of the above mentioned recipients we hope to keep it that way.

I have been witness to various changes within the Medicaid program, the worst being the transition to the CMO program. It was always a challenge adapting when Medicaid switched from one payer to another but heaven help us when the CMO's took over. Where we once had one payer to deal with we now have three, that within each of their programs have different programs, got to tell you I found myself throwing my arms in the air with total frustration on many occasions. Trying to figure out who was covered under what program, what fee could we expect to receive for the service rendered and is the treatment within the limitations set forth by people who apparently have never provided these services. Ridiculous, I thought I had pretty much seen it all UNTIL the CMO's took over and then all chaos broke out. I have an employee who does our billing and one who handles our hospital cases both of which also do prior authorizations, do you have any idea what it took to keep them coming back to work every day? Daily I would have to beg them to please hang in there and I promised things would get better. I really didn't know what to tell them as we continued to try and figure out each program and then relay what we knew to our doctors, with the confidence that we actually did know what we were doing. Now I remind you I have dealt with the Medicaid program for 15 years and thought I had pretty much, seen it all, been through it all and knew it all. At this point even I was extremely aggravated with a situation that was totally out of our control. Some how we managed to bring it all together, climb down off the ledge, worked it all out and we saw a light at the end of the tunnel or so we thought....WRONG!!!! Now to add insult to injury the program is changing once again, not for the better I might add. Doral is taking over the recipients that were once covered under the Avesis program, this being Peach State. I admit I was excited that they are narrowing down the payers. Then the fee schedule for the Peach State recipients was released. They are cutting the fees, once again, that will be paid for services rendered. This current cut has to be well below any average in any state within the United States. This is a cut to fees that have already been cut, several times. They are asking providers who have hung in there through all the Medicaid ups and downs to accept payment for services that barely cover the supplies to provide them much less pay the employees and cover daily expenses to run a dental practice. Has anyone considered that the Georgia tax payer's money which goes into these programs is making out of state CMO's wealthy, this is happening at the expense of the provider and the recipients. If the ultimate goal is to cut out the Medicaid dental program, then just do it and quit misleading the people that their tax dollars are staying in the state of Georgia to fund programs that provide quality, available care to the Medicaid recipients. Quit misleading the tax payers that their hard earned money is going to the providers who care for the Medicaid recipients. The Georgia tax payer needs to know that their hard earned tax dollars are indeed going to making wealthy CMO's that aren't even within the state of Georgia. Why would any state do that? We would love to say that we are happy to go along with the CMO's fattening their wallets while we attempt to continue providing care to their recipients, but the question we are asking ourselves, on a daily basis, how long can we continue to see the Medicaid recipients and keep our dental practice thriving?? Why not put it all back in the hands of a payer who has everyone's best interest in mind and back within the state of Georgia where it belongs?

EXHIBIT C

Dentists Who Received Surveys but Did Not Respond

	Total Unique Dentists	Percent of Total Unique Dentists		Traditional Medicaid		AMGP		PSHP		WellCare		Total	
				Claims	Dollars	Claims	Dollars	Claims	Dollars	Claims	Dollars	Claims	Dollars
Dentists surveyed	1,357	100%		184,479	\$34,264,722	278,113	\$28,777,994	200,999	\$30,884,359	353,542	\$49,302,769	1,017,133	\$143,229,844
Dentists who did not respond AND submitted one or more FFS or Georgia Families claims in SFY 2009	14	1%		269	\$52,178	246	\$16,938	226	\$40,675	528	\$75,326	1,269	\$185,117
			Percent of Total	0.15%	0.11%	0.09%	0.04%	0.11%	0.09%	0.15%	0.10%	0.12%	0.09%

Note 1: As previously noted in this report, dental claim payments for Georgia Families are based on encounter claim submissions supplied to ACS by the CMOs. As of September 2009, the average encounter submission completion rates for SFY 2009 dental encounters were 91% for AMGP, 74% for PSHP, and 75% for WellCare.

Note 2: 178 providers (13 percent of those surveyed) did not respond.