

2010-2011 Report

Impact of Cuts to Medicaid and
Commonwealth Care Adult Dental Coverage on
Massachusetts Community Health Centers



About the Massachusetts League of Community Health Centers

Established in 1972, the Massachusetts League of Community Health Centers (“the League”) is a statewide association representing and serving the needs of the state’s 52 community health centers through grassroots advocacy; technical assistance with state and federal health regulatory and policy issues; training and education for administrators, clinicians and board members; help with health center information technology development; and work with local health and advocacy organizations seeking to open health centers in their communities. The League also serves as an information source on community-based health care to policymakers, opinion leaders and the media.

For more information about the Massachusetts League of Community Health Centers, visit our website: www.massleague.org

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Executive Summary

Community health centers in Massachusetts have long been viewed as leaders in the delivery of primary and preventive care services for patients across the Commonwealth, and have increasingly included oral health services as an important component of comprehensive health care.

In 1999, after acknowledging a crisis-level shortage in the number of private dentists accepting Medicaid patients, state leaders asked health centers to expand their oral health services to more low-income patients in need. Since then health center dental capacity has increased by 100 percent and today, three-quarters of the community health centers (33 of 52) offer dental services at 48* sites. Last year, the state's health centers provided dental exams, preventive cleanings, fillings, restorative services and dentures to more than 130,000 adult and pediatric patients.

In spite of this success, funding for the expansion of dental services for low-income adults in Massachusetts has been fraught with starts and stops. Subsequent to 1999, amid state economic woes, dental benefits for the adult Medicaid population were eliminated in 2002 only to be restored again in 2006 as part of state health reform. However, in 2010, these same cuts were revisited and applied to both the Medicaid and Commonwealth Care programs in the face of a severe fiscal crisis (see Appendix A).

The effect of the most recent cuts was partially mitigated by a Budget provision that allowed the Executive Office of Health & Human Services the discretion to continue coverage for preventive services and extractions by all participating dentists (including health centers), and to permit Health Safety Net (HSN) payment to be made for restorative services (fillings, crowns, dentures, etc) provided at community health centers and hospital licensed health centers. The HSN reimburses hospitals and community health centers for medically necessary services provided to low income individuals, and has historically recognized dental services as medically necessary.

These changes have had three primary effects on the state's community health centers:

- **Ninety-six percent of community health center dental practices (46 of 48) experienced an increase in new adult patients between July 2010 and December 2010.** New patients totaled 22,047, with an average increase of 760 per site.
- **Community health centers increasingly have taken on more intensive and time-consuming dental cases.** Over the last year, adult Medicaid visits made up the largest proportion (47 percent) of total dental visits (381,000) provided by the state's community health centers. Of those visits, 40 percent represented adults seeking restorative services.
- **Ninety percent of health centers experienced an increase in patient emergencies and walk-ins between July 2010 and December 2010.** The total average increase was 498 per site.

Community health centers have continued to respond to changes in state dental policies over these last 12 years with a range of strategies aimed at meeting the shifting demand for their services. Health centers have opened new sites, increased hours of operation, hired additional staff and redesigned their clinical protocols and same-day appointment scheduling to better accommodate dental emergencies. In some cases, health centers have formed partnerships with local private dentists to ensure continuity of care for their patients.

* Subsequent to this survey, the number of Massachusetts health center dental sites expanded to 52.

Although these efforts have helped to preserve dental access for thousands of Massachusetts' low-income patients, there are many more residents who do not live in or near communities served by health centers. As a result, many of our state's residents are encountering considerable hardship in obtaining oral health services.

2010 Survey of Massachusetts Community Health Centers' Dental Practices

During December 2010, a survey questionnaire was sent to all community health center Dental Directors and Executive Directors in order to assess the impact of recent payment policy changes to Massachusetts' Medicaid and Commonwealth Care adult dental programs between July and December 2010. Responses were obtained from all 48 health center dental sites. The survey results revealed: 1) level and nature of demand for health center dental services; 2) strategies employed by health centers for meeting that demand; and 3) significant remaining gaps in access to dental services for the Commonwealth's adult Medicaid and Commonwealth Care populations.

Level, Nature of Demand for Community Health Center Dental Services

Increasing Patient Demand



Ninety-six percent of community health center dental practices (46 of 48) experienced an increase in new adult patients between July 2010 and December 2010. New patients totaled 22,047, with an average increase of 760 per site. The number of new adult patients per site varied considerably across the state: several of the smaller centers reported seeing 40-175; while larger centers reported substantially

higher numbers, ranging from 304 patients for Family Health Center of Worcester to over 1,600 at both Lynn Community Health Center and Holyoke Health Center. Cambridge Health Alliance reported a 30 percent increase in patient visits per day, growing from an average of 35 to 45 per day. All community health centers saw an increase in the number of new adult patients. The four sites reporting the greatest increase in patients were Holyoke Health Center (1,632); Lynn Community Health Center (1,623); Community Health Connections, Fitchburg (1,568); and Harvard Street Neighborhood Health Center, Dorchester (1,440).

Most of the sites reported information based on the volume and nature of calls. On average, the health centers reported receiving 8 calls per day from patients seeking appointments for services that their private dental provider could no longer provide without the patient paying out of pocket. Based on this, we estimate that health centers were getting an average of 240 new appointment requests for adult dental patients per month. Even East Boston Neighborhood Health Center, which serves only pediatric patients, reported a substantial number of adult patients calling them every day seeking restorative care.

On July 1, 2010, the date the cut occurred, health centers began to see more patients who had previously been cared for by private dentists:

- Most centers reported anywhere from 20 percent to 100 percent of new patients were formerly seen by private providers or dental school clinics.
- Roxbury Comprehensive Community Health Center reported that more than 50 percent of new patient appointments were coming directly from private offices.
- Greater New Bedford Community Health Center reported that during the first 3 months after the dental cut, they were receiving about 50 patients per month who previously had been seen by private practices.
- All centers reported an increase in the number of patients calling for new appointments beginning on or around July 1.
- Two community health centers stated they had experienced a 20 percent increase in calls from adult patients looking to schedule a new appointment.

- Community Health Center of Franklin County and Community Health Program Health Center (Great Barrington), which represent the only oral health programs in their western Massachusetts counties, stated patient call volume for patients requesting new appointments had increased to over 10 calls a day.

This increase in patient call volume has presented some challenges to the workflow of the health centers since many employ only one staff person to handle patient registration, billing, scheduling and the phone system. As one center said “the phone never stops ringing with new patient requests.”

Wait Lists

Twenty-four respondents reported that they are maintaining an existing waiting list or have developed one since the dental cut. Respondents that are maintaining waitlists report that the wait times are between one to six months for certain procedures. Since the centers have different ways of maintaining their wait lists — some have wait lists for certain procedures such as dentures, and others for all procedures — it is difficult to produce a single answer to this question. One center that has always maintained a long waiting list reported that during the last five months they experienced a dramatic increase, adding 1,000 patient names to the list. Two centers reported that the demand for services is so high they considered creating a no new patient policy (with the exception of emergencies) to allow them to treat the backlog of current patients.

More Intensive Case Mix

In addition to an increase in volume, all 48 dental sites reported that lack of access to early treatment of cavities for MassHealth and Commonwealth Care patients led to an increase in the number of patients requiring more intensive dental restorative services. In order to maintain their function and ability to work, adults often require dentures, crowns (caps) and root canals treatments. Each of those dental services requires multiple longer visits to complete and often include dental laboratory costs. Provision of more intensive multi-visit care impacts the ability of the sites to provide early treatment of caries in a timely manner.

Patient, Provider Confusion Regarding Regulatory Changes

Several dental directors commented on the “state of panic and confusion” that many patients felt as a result of the simultaneous cuts to MassHealth and Commonwealth Care. Many patients, including those already served by health centers, thought they had lost all dental benefits and had to be educated on what services they could still receive. Several centers assumed additional responsibility for explaining which services were covered by MassHealth and Commonwealth Care. One center noted that, “Just trying to explain the changes takes at least 15-20 minutes. This has impacted patient flow as well as our dental schedule. Patients are not happy with the MassHealth and Commonwealth Care decision; however it is the dental practice that is receiving all of the complaints and hostile patients.” One center noted that many of their patients cancelled scheduled appointments in June and July. When questioned, patients stated that they thought the communication from MassHealth meant that they had lost all dental coverage — including at the community health center.

Confusion also occurred among private dentists. Although the majority of private dentists tried to initiate or complete restorative treatment according to the MassHealth guidelines, in a number of cases this was not done or the required paperwork was not filed by the July 1 deadline. Consequently, many patients who had their teeth pulled in preparation for dentures came to health centers needing extensive dental work and full mouth dentures. In one extreme circumstance Allcare Dental and Dentures a national chain with an office in Chicopee abruptly closed its doors in January 2011 leaving all of their adult dental patients (many of which were on MassHealth) without access to their records

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We felt it was in everyone's interest to meet the needs of the dental patients as quickly as possible, and that's what we did

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and treatment. Holyoke Health Center, Inc. (HHC, Inc.) worked with the state Attorney General's office, and the Chicopee Mayor's Office to transfer these patients records, unfinished dentures and treatment plans immediately to HHC, Inc.'s five locations in Holyoke, Springfield, Chicopee and Westfield. Even while experiencing their own struggles with increased patient volume due to the MassHealth cut, the executive director of HHC, Inc. Jay Breines felt "it was in everyone's interest to meet the needs of the dental patients as quickly as possible, and that's what we did."

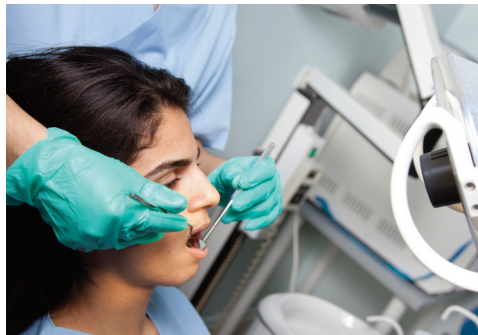
Increase in Patient Emergencies and Walk-Ins

Ninety percent of the health centers have experienced an increase in patient emergencies and walk-ins since July 1, 2010. For the 20 centers that were able to quantify the number of emergency walk-ins seen from July 1 to December 31 2010, the average was 498 per center.

Forty-four dental sites (90 percent) noted that they had experienced an increase in emergency patients, with two to ten patients per day presenting with emergent or urgent care needs. Brookside Community Health Center, Holyoke Health Center and Edward M. Kennedy Community Health Center reported treating over 1,000 emergency patients. One respondent, Cambridge Health Alliance, has witnessed a 30 percent increase in emergencies since July 1 and a 121 increase in new patient emergencies over the same period during the previous year.

In addition to genuine emergencies, health centers began to experience a "trend" of patients walking into their clinics requesting to be seen on an immediate basis for non-urgent conditions (e.g. denture realignment). At the same time, two centers reported an influx of adult emergency patients coming directly from the local hospitals. The hospitals had developed the practice of giving patients presenting at the ER with dental problems pain relief treatment and sending them to the local health center for emergency treatment. As Fran Anthes, CEO of Family Health Center of Worcester stated "The dental emergency walk in clinic at Family Health opens at 7am Monday through Friday. By 6:30 every morning the dental waiting room is full with adult patients waiting for those first emergency appointments. The need and demand for services is at an all time high."

The Massachusetts League of Community Health Centers and our dental providers are



concerned about the number of patients who do not live or work near a health center and who may seek dental care in emergency rooms. Evidence shows that accessing care in emergency room settings is more costly than in a community setting. While the number of dental emergencies in Massachusetts hospitals is not currently known, other states have shown increases in emergency department

utilization for dental conditions when Medicaid benefits were cut. When Maryland eliminated Medicaid reimbursement for adult dental services in 1993, emergency room visits rose by 21 percent in one year.ⁱ Similarly, California, who eliminated their adult dental benefits in 2009, reported that on average, their emergency departments logged more than 80,000 visits a year for preventable dental conditions.ⁱⁱ Further research is needed to understand the impact these cuts are having on emergency room visits.

Strategies Employed by Health Centers for Meeting Increased Demand

Expanded Hours, Days

Thirty-one health centers expanded their hours of operation to accommodate new patients. Expansions included adding weekday evening hours, weekend hours and weekend evening hours. Prior to the dental cut, 27 of the 48 dental sites had at least one weeknight session and/or a half-day Saturday session. After the cut, 19 of these centers increased services to include more weeknight and weekend hours. In addition, four centers that did not have evening or weekend hours previously, added them. One health center noted that being open late four nights a week was still not sufficient for keeping up with demand.

Expanded Staff, Facilities

Three centers that did not increase their hours of operation each reported that they hired an additional hygienist so that their dentists could focus on more restorative treatments. The South End Community Health Center was fortunate to be under expansion when the cut was enacted. They added an operatory and a full time dentist as well as two part time dentists on Saturdays. Given the current demand for treatment, they said “they will probably need 2 more operatories if this continues.”

As patient demand increases, many centers do not have the space to accommodate new dental chairs and staff. Even during these challenging fiscal times, several health centers sought federal and private grant funding to provide capital for new dental expansion projects. Seven community health centers plan to open a new dental site within the next two years. In some cases this will expand dental to over 5 satellite sites for some community health center organization (Edward M. Kennedy, Holyoke). Six additional community health centers have plans to move their dental operations into new buildings which will accommodate more dental chairs and therefore more dental staff and patients. Five existing dental sites will be adding additional dental chairs into their centers, such as Brockton Neighborhood Health Center who will expand from 10 to 22 dental chairs by 2013. Lowell Community Health Center plans to open up their first dental site by 2013, bringing the total number of health centers with dental expansion projects to over 20. For a complete list of dental expansion projects and details please see Appendix B.

Management of New Patient Influx

While centers created expansion plans for the future, many of them had to find ways to handle the new patient influx immediately. In order to accommodate walk-in patients with non-urgent conditions, while still triaging and prioritizing patients with true emergencies, many centers revamped their clinical protocols and developed new walk-in times and emergency scheduling. Several centers also expanded hours and increased providers to make room for these appointments as well as the increase in general patient volume.

Of the health centers that reported not having a waitlist, many identified other methods for managing the increase in patients. One center reported they have been able to maintain their scheduling system by utilizing a 30-day scheduling policy, allowing patients to call on the first of the month when new appointments open while still accepting walk-ins and never turning away emergencies. Another center stated that they addressed the increase in demand by working with local private dental providers to take care of hygiene, cleanings, and x-rays so only patients in need of restorative work are being seen at the health center, ensuring that as many patients as possible are getting comprehensive care. This local partnership also means the private providers send the treatment notes and x-rays for every patient directly to the center, avoiding gaps in clinical treatment for patients and providers. Unfortunately, this has not been the experience of the majority of centers; many centers

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The phone never
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patient requests
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reported difficulty in obtaining necessary treatment notes and x-rays from patients who have received preventive work from private providers and who are now coming to the health center for restorative care.

Significant Remaining Gaps in Access to Dental Services for the Commonwealth's Adult Medicaid and Commonwealth Care Populations



Geographic-Based Disparities

While community health centers are an essential point of dental care for MassHealth enrollees, the majority of Medicaid-eligible adults received preventive, restorative and specialty dental services through private dental offices prior to the July 2010 cuts. Many of these individuals may not live or work near communities served by community health centers.

As a result, many state residents are encountering considerable hardship in obtaining oral health services. In addition, there are significant shortages of dentists in certain regions of the state — most notably in western Massachusetts and on the Cape and Islands. In terms of regional impact, Berkshire, Plymouth and Norfolk County have only one community health center each. Community Health Program Health Center in Great Barrington reported that patients drove over an hour from North Adams because they were the only place that MassHealth and Commonwealth Care patients could receive restorative care. Centers in Bristol, Franklin and Hampshire counties, which have two dental sites each, also reported distance as a problem. Martha's Vineyard and Nantucket have no community health center dental sites, meaning that patients' only options for care were to travel to the three health centers on the Cape, travel to Boston, or seek emergency services at a hospital. Appendix C provides a map of community health center dental locations.

Specialty Services, Special Populations

Although they perform minor dental surgery on site, the majority of health centers are not licensed to provide the general sedation necessary for many oral surgery procedures. Prior to the dental cuts, health centers were able to contract with local dental specialists to provide additional services, including orthodontics and oral surgery under Medicaid regulations. However, under the HSN regulation, reimbursement is provided only for on-site services; as a result, people in need of off-site specialty services continue to be unable to access care. This HSN regulation has posed a considerable hardship to the centers that were providing in-depth dental services through MassHealth at local nursing homes in their communities. These patients are often disabled and too fragile to transport directly to a health center for dental treatment. Consequently, these elderly patients are not able to get the dental treatment they have come to depend on, leaving a population without access to care.

Findings

In summary, the loss of MassHealth and Commonwealth Care benefits:

- Led to a substantial increase in new adult patients at 46 of 48 total health center dental sites with an average increase of 760 patients per center.
- Disrupted continuity of care for patients seen at dental schools and private providers. One hundred percent of the health centers reported patients seeking restorative services because they could not afford to be seen by their private dental provider or dental school for restorative treatment. Community health centers received an average of 240 new appointment requests for adult dental patients per month.
- Highlighted an increase in emergency appointments for 90 percent of the health centers, with an average number of 498 additional new adult emergency patients per health center. This increase might suggest that without additional outlets for treatment, patients' oral health conditions are deteriorating and leading to more emergency cases.
- Contributed to an overwhelming demand for care at community health centers. One hundred percent of the health centers surveyed reported an increase in patient call volume. Fifty percent are experiencing a significant increase in wait times for adult patients seeking restorative care. Even though 65 percent of health centers have expanded their hours of operations to accommodate more adult patients, the reality is it's simply still not enough.

Recommendations

As Massachusetts moves forward with both national and state health reform initiatives, we urge the Executive Office of Health and Human Services to consider the following policy recommendations:

- **Fully restore all adult dental benefits for Medicaid and Commonwealth Care enrollees.** Previous experience and data indicate that eliminating adult dental benefits does nothing but negatively impact patients' ability to access and utilize care. With the enactment of Chapter 58 that established Commonwealth Care and reinstated MassHealth adult dental benefits in 2006, the Commonwealth demonstrated a commitment to *whole body health*. At that point, health centers were encouraged to expand their services, and efforts were made to recruit more private providers into the MassHealth program. Although health centers continue to strive to see increasing numbers of persons who otherwise would not receive dental care, hundreds of thousands of Medicaid patients are unable to access care.
- **If it is not feasible to fully restore benefits, continue HSN coverage for community health center and hospital licensed health center restorative services.** As noted in this report, health centers have risen to the challenge caused by the cut by adding capacity and will continue to do so. We believe that caring for a person's oral health is essential to insuring their overall health. Without the HSN coverage, Medicaid adult patients will have no options for receiving restorative dental services in the Commonwealth. We believe a total loss of benefits will lead to an increase in untreated dental problems, resulting in pain and diminished self-esteem as well as higher rates of emergency room use and the negative effects on employment and finances for MassHealth adults.
- **Continued Support for Community Health Center Dental Programs.** Community health center dental programs have always provided treatment for the most vulnerable populations in the Commonwealth regardless of their ability to pay. Despite low reimbursement from Medicaid and consistent cuts to adult dental benefits the

majority of the health centers continue to look for ways to expand their dental programs because the need is so great. As the true safety net providers of the state we urge the administration to keep investing and supporting these programs.

- **Expand HSN authority to allow health centers to provide off-site services directly** and under contract. MassHealth regulations [130 CMR 405.410] allow health centers to contract with community dentists to provide care to their MassHealth patients. Several centers had been actively engaged with local dentists under this regulation, and it has allowed their patients access to surgical care that is not within a center's scope of practice. However, HSN regulations [114.6 CMR 13.03(4) (a) 2.] require that services be provided "on site" in order to be reimbursed. This provision also prevents health centers from being reimbursed for services provided to nursing home patients. If services are to be continued to be reimbursed by the HSN, we request that the regulation be amended to allow for payment for services provided under contract by a community provider, and for services provided by health centers staff using portable dental equipment to care for nursing home patients.
- **Assess the cost to the overall system.** Data in this report showed an increase in emergency appointments since the adult dental cut at 90 percent of the health centers. Given that the health centers have been experiencing this much of an increase, it is reasonable to assume that hospital emergency rooms are experiencing a comparable increase in parts of the state not served by health centers. Other states have reported increases in emergency room utilization due to adult dental cuts. If adult dental benefits continue to be eliminated we urge the Administration to commission a study on ER utilization related to dental care - particularly in areas where no community health center dental resources exist.

Conclusion



Despite the abundance of research highlighting the connection between oral health and overall health, adult dental benefits continue to be a first target of cuts made to the state's Medicaid and Commonwealth Care programs. Moreover, according to a 2005 Kaiser Report, the adult dental eliminations in 2002 provided only minimal savings to the state and shifted costs to other parts of the

health care system that may be subject to lower federal cost-sharing. Massachusetts' health centers are grateful for the ability to continue in their provision of care to these populations through the Health Safety Net regulation. However, notwithstanding the strategies and expansion efforts employed by health centers, there are still significant gaps in access among patients who do not live in close proximity to communities served by them and for those with special needs. Consequently, many of these low-income patients may be forced to endure pain, suffer diminished economic circumstances and seek care through costly emergency rooms. Restoration of cuts made to these critically important programs is the best remedy for addressing health needs and for directing patients away from more expensive care. Regardless, maintenance of the HSN regulation for health centers as well as continued support for their dental programs is essential to stopping further erosion of access to oral health care for Massachusetts' low-income residents.

Appendix A: Background on Dental Cuts, 2002-2010

In March 2002, Massachusetts reduced coverage for a number of benefits in its Medicaid program, including most dental services for adults. In January of 2003, the state made further reductions to the program and adult enrollees lost coverage for preventive dental services, including dental cleanings and periodic exams; periodontal treatment for gum disease; and restorative treatments such as fillings, root canals and crowns. While tooth extractions were still covered by MassHealth, dentures to replace missing teeth were not.

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We are in regular communication with private dentists and other healthcare organizations confirming that we are still willing and able to take patients on MassHealth

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During that time, community health centers received reimbursement from the Uncompensated Care Pool (Pool) for dental services provided to MassHealth patients. The Pool was funded by a combination of contributions from hospitals and insurers, statutorily required state funding, and supplementary state funding that varied from year to year. The Pool reimbursed acute care hospitals and community health centers for a portion of the uncompensated care they provided to eligible uninsured and underinsured patients. At that time health centers and hospitals could receive pool reimbursement for services provided to MassHealth enrollees that were not covered by MassHealth. Therefore, following the adult dental cut, community health centers continued to deliver dental services and were reimbursed by the Pool. Dental school clinics and private dental offices were not eligible for reimbursement through the Pool, so health centers were one of the only places where MassHealth enrollees could continue to receive majority of their dental services at no additional cost.

The effects of the dental cut were devastating on many levels. Dental Directors at community health centers reported having long waiting lists and insufficient facilities and staff to meet all the demand. Private dentists who were actively enrolled in the MassHealth dental program dropped out of the program due to the lack of reimbursable services, providing less and less access for patients. MassHealth enrollees described living with pain, diminished self-esteem and negative effects on employment and their families' finances due to dental problems.ⁱⁱⁱ

This cut to adult dental was in effect from 2003-2007 when services were reinstated as part of the health reform act, which also made dental benefits available to adults up to 100 percent of the federal poverty level (FPL) who were enrolled in the new Commonwealth Care. Following restoration, health centers continued to build infrastructure and capacity to promote better access to dental care. Meanwhile having suffered a major decline in the numbers of private providers participating in MassHealth during the dental cut (15 percent decline), the Massachusetts Dental Society started an ambitious campaign to increase the level of private providers engaged in the program. In 2009 the number of private providers enrolled as a MassHealth provider was 34 percent.^{iv}

In May 2010, MassHealth recipients received notification that their dental benefits were being restructured through MassHealth. The letter stated that effective July 1, 2010 MassHealth would only cover the following services for members 21 and over:

- Diagnostic services (exams and X-rays);
- Preventive services (cleanings);
- Extractions (removing teeth);
- Emergency care visits; and
- Some oral surgery, such as biopsies and soft-tissue surgery

Restorative services such as (fillings) endodontic (root canal); periodontic (deep scaling); crowns; dentures (full, partial, or repair); and surgical procedures related to full or partial dentures were no longer to be covered by MassHealth. MassHealth made an exception for members who were eligible for Department of Developmentally Services (DDS),

however, this did not account for the thousands of MassHealth members who had physical and mental disabilities who were not eligible for DDS services. No exceptions were made for HIV patients, pregnant women or individuals with disease such as heart or cancer ailments.

The letter further stated that if members got a prior authorization (PA) for services no longer covered as of July 1, 2010, MassHealth would still pay for the procedure, but only if it had been started before July 1st and only if it was completed by the earlier of the date on which the PA expired or September 30, 2010.

In addition, The Division of Health Care Finance and Policy adopted the following Health Safety Net (HSN) policy regarding dental services for individuals covered by MassHealth Standard, MassHealth Basic, MassHealth Essential, MassHealth Commonwealth, MassHealth Family Assistance/Direct Coverage and Commonwealth Care Plan Type 1. For MassHealth members, this policy applies to individuals ages 21 and older who are not developmentally disabled. For Commonwealth Care members, this policy applies to all members in Plan Type 1.

For dates of service on or after July 1, 2010, the Health Safety Net will pay for the following services provided to these individuals by Community Health Centers, Hospital-Licensed Health Centers and acute hospital satellite clinics:

- Restorative (fillings);
- Endodontic (root canal);
- Periodontic (deep scaling);
- Crowns;
- Dentures (full, partial, or repair);
- Surgical procedures related to full or partial dentures.

Providers may bill for allowable service codes as listed in the HSN Community Health Center Billable Procedure Codes and Hospital Covered Codes posted on July 1 or as subsequently amended.

Appendix B: Dental Expansion at Community Health Centers

Dental Expansion Projects

Brockton Neighborhood Health Center	Expanding from 10 to 22 chairs.
Caring Health Center	Expanding to a second dental site and adding 12 additional chairs.
Community Health Center of Cape Cod	Adding 3 new dental exam rooms.
Fitchburg Community Health Center (Community Health Connections)	Expanding from 9 to 13 dental chairs. Moving to a new building. Adding dental staff and providers.
Leominster Community Health Center (Community Health Connection)	Expanding from 2 to 6 dental chairs. Expanding scope of practice from just preventative services to all restorative treatments.
Community Health Programs Health Center	Applied for a New Access Point grant to receive federal funds that would support a new community health center in North Adams to improve access to both medical and dental services.
East Boston Neighborhood Health Center	Moving dental into new building with 6 dental chairs. Adding a digital panoramic x-ray machine, increasing hours of operations, number of staff, and transitioning from paper charts to Electronic Medical Records.
Edward M. Kennedy Community Health Center	Opening a new dental site in Marlborough.
Family HealthCare Center at SSTAR	Dental staff from HealthFirst Family Care Center in Fall River has provided two dental chairs and are delivering dental services to adult patients of SSTAR one day a week (services include both preventative and restorative).
Fenway Community Health Center	Expanding from 6 to 12 dental chairs.
Geiger Gibson Community Health Center (Harbor Health Services)	Expanding from 3 to 6 dental chairs.
Mid Upper Cape Community Health Center (Harbor Health Services)	Expanding from 7 to 10 dental chairs. Moving to a new building.
HealthFirst Family HealthCare Center	Expanding from 4 to 9 dental chairs. Moving to a new building.

Appendix B: Dental Expansion at Community Health Centers

Dental Expansion Projects

Holyoke Community Health Center	<p>Expanded dental care to 3 chairs for veterans at the Soldiers Home. Opened a satellite dental site for adults and children at Springfield Technical College. Developed a new pediatric dental residency program at HHC.</p> <p>Expanding to Western Mass State Hospital (Westfield) with 3 dental chairs to provide full comprehensive dentistry and oral surgery.</p> <p>Expanding services to Baystate Medical Center to provide scheduled OR care for HHC pediatric patients in need of sedation.</p> <p>Former AlCare Dental and Dentures site of Chicopee will be reopened with 8 chairs as a satellite site of HHC providing dentistry to children and adults in July 2011.</p>
Joseph M. Smith Community Health Center, Waltham site	Expanding from 5 to 6 dental chairs.
Lynn Community Health Center	<p>Expanding from 6 to 12 dental chairs. Moving to a new building.</p>
Lowell Community Health Center	Opening a dental site for the first time in 2012/2013.
Mattapan Community Health Center	<p>Expanding from 4 to 8 dental chairs and moving to a new building. Adding new dental staff and providers. Purchasing new equipment.</p>
North Shore Community Health Center	Opening a third dental site at Peabody with 6 new dental chairs.
South End Community Health Center	Expanding to a second dental site and adding more dental chairs.
Whittier Street Health Center	<p>Expanding from 7 to 10 dental chairs. Moving to a new building and transitioning to Electronic Medical Records.</p>

2011 Dental Expansion Grants

The Massachusetts Dental Society (MDS) Foundation recently awarded its first-ever “Expanding Access to Dental Care” grants totaling \$130,000 to six organizations in Massachusetts. Five out of the six awards went to community health centers in MA. The goal of the grants is to improve the oral health of residents of the Commonwealth. The following organizations all received grants.

- **Boston Health Care for the Homeless Program** in Boston received a grant to support its dental clinic at Jean Yawkey Place. The funds will support the salary of a dentist and a dental assistant as they work to ensure that homeless patients in need receive dental care.
- **Caring Health Center, Inc.**, of Springfield will use the funding to implement a comprehensive program of oral health education, retention and dental treatment for refugee dental patients in the Springfield area, including the distribution of dental health information in foreign languages.
- **Community Health Programs Health Center**, of Great Barrington will hire a second full-time dental hygienist to help meet the dental needs of approximately 1,470 additional patients at its Community Health Programs Dental Center.
- **Greater Lawrence Family Health Center** in Lawrence will use the funding to train and educate physicians and dentists on positive oral health care practices for pregnant women and their children.
- **HealthFirst Family Care Center, Inc.**, in Fall River will apply the grant funding toward the construction of a new facility that will house nine dental operatories, therefore increasing access to care among the underserved residents of the city.

APPENDIX C: Community Health Center Dental Sites by Massachusetts City and Town



Dental Programs by Site

Boston Health Care for the Homeless Program
 Brockton Neighborhood Health Center
 Brookside Community Health Center – Jamaica Plain
 Cambridge Health Alliance – Windsor Street Health Center
 Caring Health Center, Inc. – Springfield
 Codman Square Health Center – Dorchester
 Community Health Center of Cape Cod – Mashpee
 Community Health Center of Franklin County – Orange
 Community Health Center of Franklin County – Turners Falls
 Community Health Connections Family Health Center – Gardner
 Community Health Connections Family Health Center – Leominster
 Community Health Connections Family Health Center – Fitchburg
 Community Health Programs Health Center – Great Barrington
 Dorchester House MultiService Center
 East Boston Neighborhood Health Center
 Edward M. Kennedy Community Health Center – Clinton
 Edward M. Kennedy Community Health Center – Framingham
 Edward M. Kennedy Community Health Center – Worcester
 Family Health Center of Worcester
 Fenway Community Health Center – Boston
 Greater New Bedford Community Health Center
 Greater Roslindale Medical & Dental Center
 Harbor Health Services (Ellen Jones Dental Center) – Harwich
 Harbor Health Services (Geiger Gibson Community Health Center) – Dorchester
 Harbor Health Services (Mid Upper Cape Community Health Center) – Hyannis
 Harvard Street Neighborhood Health Center
 HealthFirst Family Care Center – Fall River
 Hilltown Community Health Centers – Huntington
 Hilltown Community Health Centers – Worthington

Holyoke Health Center
 Holyoke Health Center – Chicopee
 Joseph M. Smith Community Health Center – Allston
 Joseph M. Smith Community Health Center – Waltham
 Lynn Community Health Center
 Mattapan Community Health Center
 North End Waterfront Health
 North Shore Community Health, Inc. – Gloucester Family Health Center
 North Shore Community Health, Inc. – Salem Family Health Center
 Outer Cape Community Health Center – Wellfleet
 Roxbury Comprehensive Community Health Center
 South Boston Community Health Center
 South Cove Community Health Center – Boston
 South Cove Community Health Center – Quincy
 South End Community Health Center – Boston
 The Dimock Center – Roxbury
 Upham's Corner Health Center – Dorchester
 Whittier Street Health Center – Roxbury

* All 48 programs participated in the League's Dental Cut Impact Survey (n=48)

Endnotes

- ⁱ Cohen LA, Manski RJ, Hopper FJ. Does the elimination of Medicaid reimbursement affect the frequency of emergency department dental visits? *Journal of the American Dental Association* 1996; 127 (5) 605-609.
- ⁱⁱ Diringer J, Hughes D. *Adult Dental Medi-Cal Cuts: Costs and Consequences*. California Primary Care Association. May 2008
- ⁱⁱⁱ Monopoli M, Pryor C. *Elimination Adult Dental Coverage in Medicaid: An Analysis of the Massachusetts Experience*. September, 2005
- ^{iv} Massachusetts Department of Public Health Office of Oral health, *The Status of Oral Disease in Massachusetts*. Boston, MA. November 2009.



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