

## **Executive Summary**

### **Georgia's Dental Medicaid and PeachCare Programs**

### **Recent Audit Reports**

#### **Statement of the problem:**

After reviewing various audit reports and data from CMS, the Georgia Dental Association is concerned about the current status of Georgia's Medicaid and PeachCare for Kids dental programs. Based on information from these reports (see attached documents), it appears that there is data inconsistency and inaccuracy that is compelling the state to make inappropriate decisions. The state must rely on the CMOs to provide encounter and claims data. Based on the state's own audit report and the CMS audit report, the reliability and creditability of this data have been critically questioned. **The state of Georgia cannot perform the appropriate oversight of the Medicaid and PeachCare for Kids Programs and make critical decisions concerning the program's operation without accurate and consistent data.** Data are used to verify that recipients are getting care and to determine if appropriate provider networks are available for children to obtain dental services. In addition, despite the provisions in HB1234 passed in 2008 to ensure a method for appealing a termination, providers (specifically dentists) are being shut out of the program and have no ability to be reinstated after these decisions are made based on flawed data.

**Since the managed care program has been in effect for two and one-half years, it would seem that reliable and accurate data should be available. We have grave concerns that decisions are being made based on flawed and possibly inaccurate data and that children's ability to receive dental services are not being met.**

Consider the following information from several reports that support our concerns:

#### **Area of concern: Provider network issues**

- In conducting the review (Ga. Dept of Audits), the auditors identified **various inconsistencies and errors in data reported to DCH by the CMOs** for the purpose of evaluating member access to healthcare services. After repeated reviews and revisions by the audit team, the quality of the data improved to the point that the audit team believed there is value in reporting the results; however, **the results may overstate access to CMO network providers in some areas of the state.** (Source document 1)
- Compared to other states, GA's geographic and timely access standards are reasonable. **Failure of CMOs to meet the provider benchmarks may be due to a general shortage of providers or unwillingness among existing providers to contract with the CMOs.** (GDA Note: WellCare and PeachState closed GA's Dental Network panels January 2007 - 6 months after inception of the plan. Over 123 dentists were dropped from the plan when the panels were closed. In August 2007 DCH provided the GDA with the most current list of dental network providers. The result of this survey was presented to Commissioner Medows. **The survey data revealed conclusively that the data provided to the state by the CMOs were inaccurate and that the dental provider network was grossly overstated.**) (Source document 1)

- Even though DCH obtains a significant amount of data from the CMOs, the data initially provided to the audit team (GA Dept. of Audits) was often insufficient, incomplete, or not comparable for analysis purposes. **Specifically, the audit team found issues with the Geographic Access Reports, network provider listings, and encounter data, all of which are critical to the accessibility of Medicaid managed care services.** While the data provided improved over time, there still appears to be the potential for duplicate entries and other issues that have the **potential to overstate access as described in the report.**

Following are examples of data limitations identified in the Georgia Department of Audits report:

Network Provider Listing: DCH stated that they verify accuracy of the provider lists through secret shopper phone calls, but **audit team found errors and inconsistencies:**

(a) **physicians incorrectly listed as network providers (audit team’s survey of 368 offices, which included dentists, found that 11% of these stated that they do NOT accept Medicaid.** This inflates the total number of Medicaid managed care providers and can impact the validity of Geographic Access Reports. In addition, 44 provider phone numbers were not accurate. [GDA Note: this information validates the GDA Medicaid survey performed in August 2007 that showed these same issues with dental Medicaid providers.]

(b) **duplicate entries** whereby providers were included multiple times at the same location; again, this impacts the validity of the total number of providers

(c) **regional designation was incorrect;** two CMOs had counties listed in the wrong region which inflates the number of providers operating in a specific region, while diminishing the number in another.

(Source document 1)

- Georgia’s standards for geographic and timely access are reasonable compared to other states. The ability to access services differs according to the type of provider required and the location of the member (patient). According to the report, the networks for dentists “are generally satisfactory. However, when considering the average distance that a member must drive to reach a provider, the latter provider types (includes dentists) are less accessible.”
- Following are specific comments concerning the dental provider network:
  - (a) dental provider network for each CMO meets the standards set forth in DCH’s contract. However, there are no network dentists in a significant number of counties and there are very few in entire clusters of counties. (This contradicts the state’s response to the CMS audit that there are no counties without a dentist – Document 3 )
  - (b) **all 3 CMOs have counties without dentists, but Amerigroup’s network appears particularly limited. Twenty-eight (30%) of Amerigroup’s 92 counties have no dental provider, compared to 27 (17%) of WellCare’s 159 counties and 15 (17%) of PeachState’s 90 counties. WellCare has a dental provider under contract in 19 of the 28 counties with no network provider for Amerigroup members. (GDA Note: PeachState responded back to DCH and stated that 10 of the 15 counties with no dentists were being serviced by the mobile vans and 5 of the counties were adjacent to counties with a significant supply of dentists. While the GDA believes**

the vans provide an excellent safety-net, mobile vans are not a substitute for a practitioner with an office in the community and is accessible for emergency and after hours care and provides continuity in the care of the patient and should not be included in the Geo-access numbers.)

- (c) Over 90% of each CMO’s population is within 10 miles of a dental provider, but **some plan members must travel more than 15 miles**. All CMOs have counties where members must travel an average distance of more than 15 miles, including two counties where Amerigroup plan members travel more than 25 miles.
- (d) There is evidence that more dentists could be available to contract with the CMOs to bolster the provider network. The audit team compared the CMO networks **to the dental network available to state employees and teachers and found that state employees had more network dentists than at least one of the CMOs in 8 of the 10 counties samples.** [GDA Note: there is no mention in this section of the closed panels, which is germane to this issue.]

DCH responded that the network access review should be based on the GA Families contractual standards, which are one urban area provider per 30 miles or minutes and one rural area provider per 45 miles or minutes.

(Source document 1)

- The audit team selected a sample of “specialty” providers to conduct their research. Dentists were one of these groups. Following is data gleaned from their sample:
  1. Number of providers: DCH provided the audit team with a list of each CMO’s dentists. The CMO data indicated that 0% to 2% of providers were not accepting new patients for PeachState and WellCare (information not available for Amerigroup). The audit team made anonymous calls in September 2008 to a random, non-statistical sample of providers from each CMO and found that nearly all providers were accepting new patients. Two percent of providers in WellCare’s provider list reported not accepting Medicaid at all.

Providers by county: according to their data, there are some counties without a dental provider but according to the audit report, dentists in neighboring counties would likely be able to serve these patients.

| CMO Provider Listing:  | Amerigroup     | Peach State | WellCare      |
|--|----------------|-------------|---------------|
| Number of providers  | 660            | 839         | <b>1,921*</b> |
| Number not accepting new patients  | No information | 0           | 41 (2%)       |
| Dept. of Audits Survey   |                |             |               |
| Providers Called from CMO list   | 100            | 52          | 260           |
| Not Accepting Medicaid   | 0              | 0           | 6 (2%)        |
| Not Accepting New Medicaid Pts.  | 2 (2%)         | 0           | 1 (0%)        |
| Source: Provider lists, DOAA Phone calls   |                |             |               |
| <b>*GDA Note: The highest number of dentists participating as Medicaid/PeachCare providers prior to the entry of the CMOs was never at 1,921. We seriously question that this is an accurate number.</b> |                |             |               |

- Geographic Access: DCH contract with the CMOs requires the dental provider network to ensure that members have at least one provider within 30 miles for urban counties and 45 miles for rural counties. Since this standard is so broad, 100% of the members in all but one county have geographic access regardless of which CMO they select. The exceptions are Charlton County's Amerigroup (85%) and WellCare (88%) networks. [GDA Note: according to a December 2008 list of dental licensees from the GA Board of Dentistry, there is only 1 dentist listed as having a mailing address in Charlton County for licensure purposes. However, this does not address neighboring counties.]
- 4. Average Distance to Providers: While almost all members are within the geographic access standards of one dentist, the average distance to the nearest provider is more than 25 miles for members in only two counties in Amerigroup, representing 879 plan members. As with the other specialties, a majority of plan members can reach the nearest provider within an average of 20 miles. (Source document 1)
- Despite the low participation rates, all three MCOs are losing or terminating providers. All three MCOs are terminating far more providers/provider locations than they are adding at a time when dental participation is already extremely low, including in areas that are already underserved. Between January 1 and June 11, 2008 all three MCOs lost more providers than they enrolled. (Source CMS Audit document 2) [GDA Note: During the week of February 2, 21 practices with 56 providers were notified that they were being terminated from Wellcare effective March 4, 2009.]
- The State is responsible for ensuring that each MCO "maintains and monitors a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all services covered under the contract." **"With participation under 30 percent, MCOs should carefully weigh whether or not to terminate a provider. Further the State must ensure that the MCOs maintain the required provider to patient ratio, not just in aggregate, but in all geographic areas."** (GDA Note: On February 7, 2008 WellCare via Doral notified 56 dentists at 21 locations that they were being terminated from the dental network at the end of 30 days. On February 9, 2008, it was noted that WellCare failed to go through DCH and the appropriate process to make these terminations and rescinded the term letters until that process is complete. WellCare continues to terminate what appear to be high-volume practitioners and practices.) (Source CMS Audit document 2)
- (State Response: DCH has not established a specific member to provider ratio in its CMO contracts... **To date, DCH has not identified areas of network insufficiency. (Page 9 paragraph 3 document 2)** The State refutes the number of WellCare terminations based on information provided by WellCare. The State cites the passage of HB1234 which prohibits closing panels to a provider that meets their credentialing criteria if: 1) the provider is under a loan forgiveness program; or 2) the provider is practicing in a dental shortage area, as defined by HRSA; or 3) the CMO has failed to demonstrate that they have adequate access for their membership in that area. DCH has required modifications to CMO policies to comply with this law and will monitor the CMO credentialing and contracting process to assure compliance. (GDA Note: **Attempts by providers who believe they meet the specified criteria to be credentialed as a provider in the CMOs' plans in areas that fit that criteria have been stalled and there does not**

**appear to be any movement on behalf of the State to help facilitate the process.)**  
**(Source document 2)**

- “There are two mobile dental units in Georgia – one public and one private. These units bring screenings and treatment to children, usually in conjunction with schools, in underserved rural areas of the State. In some cases, however, children who have received services from the mobile units, i.e. x-rays or fillings, need follow-up treatment before the unit returns to their community.” Page 11 – last paragraph document 2). (GDA Note: The mobile dental vans may provide a needed supplemental service; however they are not a substitute for a local dentist in the community on a day-to-day basis. Dentists providing dental services through the mobile vans should not be counted in the geo-access since they are not in that community on a daily basis and spend very limited time within a community on an annual basis.) (Source document 2)
- Number of enrolled Medicaid and SCHIP Dentists 1/1/2007 to 12/31/2007:
  - Rendering dentists (actually perform the service): 1103
  - Billing dentists (entity that bills the program for reimbursement and may be an individual, a corporation or dentist employing additional dentists): 879(Source State Audit document 3)
- **Number of Medicaid and SCHIP billing dentists with claims >\$10K: 437 (Source document 3 -CMS 416 report)\*\***
- **Number of billing dentists with claims for 100 or more child beneficiaries: 499 (Source document 3)\*\***
- **Number of counties without any dentists submitting claims for 50 or more child beneficiaries: 7 (Source document 3)\*\***
- **\*\*GDA note: Based on these numbers, as reported by the state, the actual provider network is closer to 499 dentists despite the fact that they list 1,103 dentists providing care.**

**Key points to draw from this information:**

1. **Provider networks may be overstated due to duplicate entries, inaccuracies, and inclusion of mobile vans in the Geo access count.**
2. **Decisions about providers are being made with flawed data. Specifically there are inconsistencies related to the number of providers in each CMO.**
3. **Provider panels are closed even though audit data indicate access could be problematic.**

**Area of concern: Utilization and access to care issues**

- Geographic Access Reports: CMOs’ quarterly reports to DCH imply greater access to care than truly exists. Problems found included:
  - (a) weakness related to **reliance on unverified data** and as stated previously, there are issues with these reports that overstate accessibility;
  - (b) **reports overstate access** due to the inability for these reports to account for part-time locations. Many providers, including dentists, may practice at a location only 1 day/week but this is listed as a valid provider. (GDA note: Other providers are faculty members who treat patients one half day per week. The inclusion of specialists, such as oral surgeons, in the Geo access distorts the actual number of providers available to provide basic preventative and restorative care.)

(c) **inconsistent reporting methods** make it difficult to compare the CMOs. For example, one CMO listed portions of Lee County as urban and portions as rural while another listed Lee County as entirely urban. (Source document 1)

- **Encounter Data:** CMOs must indicate the number and type of provider/patient encounters to DCH on a regular basis. **Although encounter data has been captured for more than two years, DCH's managed care officials stated that they had not yet begun to review it to gauge whether providers are seeing patients and the types of services being provided to members. DCH staff could not provide a report to the audit team showing the number of encounters for each Medicaid provider. The audit team recommends that DCH strengthen its oversight of data needed to assess the portions of the CMO contracts related to access. The team also stated that DCH should continue to work with the CMOs to improve the reliability of the encounter data and use the data to determine if network providers are, in fact, providing services and if plan members are receiving the services that are appropriate.** (Source document 1)

DCH responded to the issues listed above and acknowledged that the data received from the CMOs could be improved. DCH also stated that when data does not meet DCH's standard, the CMOs are placed on corrective action. The department also noted that it is currently developing a comprehensive policy and procedures manual for the managed care program that will document its monitoring activities.

- **In FFY 2007 DATA from CMS Audit (Source document 2)**
  - WellCare reported having 608,248 recipients\*\* under the age of 21, of whom 154,794 (25%) received dental services from 2,315 providers\* for a total of \$53,408,855.20 in claims.
  - AmeriGroup reported 271,310 recipients\*\* under 21, of whom 75,140 (28 %) received dental services from 1964 providers\* totaling \$24,768,984.75 in claims
  - PeachState reported 368,665 recipients\*\* under the age of 21, of whom 97,214 (26 %) received services from 1,756 providers for \$24,209,933.68 in claims.

\* **The data likely does not indicate the exact number of providers but rather is reported by Medicaid number and that is not the same as providers.**

GDA Note: Each office must have a separate Medicaid provider number. Therefore one dentist with three offices would have three (3) different provider numbers and in this audit would have been counted three times as an individual provider.

\*\* GDA Note: These figures do include an unknown number of overlapping recipients. The CMS audit is purported to only cover the recipients under the Medicaid program; however when you look at the total number of recipients reported by the three CMOs (1,248,223) it appears that this may have been the combined Medicaid and PeachCare program recipients.

\*\*\*GDA Note: The State reported for FY07 1,069,682 EPSDT Medicaid recipients. The CMOs reported during that same period of time they had 1,248,223 recipients under the age of 21 in the three plans and paid out total claims of \$102,387,803.63. Calculating a statewide average of paid premium per recipient (Medicaid only) the average is \$148.19 per month or \$1,778.28 per year. Assuming

that the dental portion of the premium is \$13 per month or \$156 per year (\$156 x 1,248,223), the CMOs would likely have received **\$194,722,748 in premium dollars.**

Dr. Jerry Dubberly reported on January 8, 2009 at the Managed Care Committee Meeting prior to the DCH Board Meeting that about 92% of every \$100 paid in rates goes toward health benefits. **Approximately \$11 of every \$100 goes toward the CMO's profit, administrative costs and any other expenses, which is twice the industry standard and equates to approximately \$21.4 million in state funds.**

(All of this information in this bulleted item is from Source document 2)

- “Of note was WellCare’s provider participation serving the largest Medicaid populations of the three MCOs. **Despite having only 25% beneficiary utilization in FFY 2007, WellCare was in the process of terminating their largest group provider, Kool Smiles, which has a presence throughout the State.** WellCare reported adding 33 providers during the period of January 1 – June 11, 2008, and losing 40 providers. But its list of providers/locations indicated a loss of 341 providers, and did not include 155 additional Kool Smiles providers/locations that were scheduled to be terminated as of July 1, 2008. (Page 7 – paragraph 6) With dental utilization currently below 30 percent in the State, there is concern about the effect that the loss or termination of providers and provider locations may have on Medicaid eligible children. (Page 8 paragraph 2)” (Source document 2)
- CMS Statement: Page 13 - In addition to consulting GA’s 2007 CMS 416 report, the team reviewed other data sets to compile this report; **the team found variation in the utilization data among the reports.** As a part of the review, an ad hoc report from each MCO was run with the number of recipients per county (supplied by the State) and the unduplicated number of recipients who received services in FFY 2007. The participation rate from this report for FFY 2007 would be 26 percent. It seems unlikely that the small number of fee for service recipients could account for the difference between that rate and the 36 percent participation rate reported on GA’s FFY 2007 CMS 416 report.
- **CMS:** Of concern is that all the MCOs are losing providers at a greater rate than they are adding them. Further, providers interviewed discussed being forced to write off services they have performed, either because recipients who are eligible for Medicaid are not recognized as such by their MCO or because of erroneous information given to providers about what services have previously been provided and when.

**State’s Response:** DCH agrees there are opportunities for improving access to and the delivery of preventative dental care in GA. However, DCH disagrees with the methodology used to calculate the rates of dental utilization and we believe rates included in the report do not reflect our actual experience. We are confident in our processes for monitoring CMO dental networks and will continue to be vigilant to assure their adequacy.

(Source document 2)

- Measuring Medicaid dental program performance FFY2007 (Source document 2):
  - Number of enrolled Medicaid child beneficiaries: 449,476
  - Number/percentage with any dental service: 449,476 (41.1%)
  - Number/percent with any preventive dental service: 304,708 (27.9%)
  - Number/percent with any dental treatment service: 132,499 (12.1%)

- Measuring SCHIP dental program performance FFY2007 (Source document 2):
  - Number enrolled: 201,616
  - Number/percent receiving at least one dental service: 89,346 (44.3%)

**Key points to draw from this information:**

1. Access to care is not as high as being reported due to unverified and flawed data that overstate accessibility, overlapping recipients, and variations of utilization data among the various reports.
2. Reliability of encounter data is preventing DCH from correctly assessing access to dental services by Medicaid and PeachCare beneficiaries.
3. Since the provider network has been called into question, access is much lower than it should be clinically and will have an effect on children’s care.
4. The CMO program has been in operation since June 1, 2006. As of this date there is no real creditable data that will allow DCH or providers to verify the information reported by the CMO plans. A lack of creditable data prevents DCH from fulfilling their oversight responsibilities and creates a stumbling block to Medicaid and PeachCare recipients seeking dental care due to the termination without cause of multiple dental providers and an ever shrinking dental provider network.

**Baseline Data:**

The following information is helpful for comparison purposes since it represents the data for the dental program prior to the CMOs and after the push to increase the number of dentists providing care.

**April 2002**

|  |                          |
|--|--------------------------|
| <b>Number of Medicaid only eligible: 1,450,160</b> | <b>Under 21: 873,913</b> |
| <b>Received Dental Care: 211,138 (24.16%)</b>      |                          |
| <b>Number of PeachCare eligible: 192,759</b>       | <b>Under 18: 182,852</b> |
| <b>Received Dental Care: 76,044 (41.58%)</b>       |                          |

**Number of Dental Medicaid/PeachCare Providers: 1,511**  
**Number of active licensed dentists in GA: 4,833 with GA address: 3,766**  
**Percentage of active licensed dentists w/GA address providing Medicaid/PeachCare Services 40%**

**This information was collected after the GDA’s Take Five Campaign to recruit more dentists as participants in the Medicaid/PeachCare program. Prior to the GDA’s campaign less than 300 dentists were enrolled as Medicaid/PeachCare providers.**

**Conclusions and Recommendations:**

1. **Data furnished by WellCare, AmeriGroup and PeachState have been identified as being inconsistent and flawed in three separate audits or reports. The state’s ability to provide oversight and management of the Medicaid/PeachCare programs is**

dependent upon accurate encounter and claims data as well as up to date information on provider networks. After two and a half years creditable data is not available. This is unacceptable and prevents DCH from meeting its fiduciary responsibility to the state and the taxpayers and assuring access to oral health care for the children.

**Recommendation:**

The state should require at the CMOs' expense a base line audit (date specific) conducted by an independent auditor of the CMOs' data prior to the submission of the data to DCH. Data is only being audited once it is presented to DCH. This is unacceptable as it requires the state to rely on unaudited information upon which to make their decisions.

2. Provider networks have been overstated by CMOs in numerous ways. Listing practice locations instead of practitioners by specialty simply produces pins on a map but does not speak to the capacity of the practitioners. The requirement that each dentist must have a different Medicaid provider number for each location contributes to the overstatement of providers within a network.

**Recommendation:**

Each CMO provider network should be delineated by specialty, by location and provide an indication of capacity. Providers should be reported based on the unique number of Medicaid and PeachCare recipients treated. Providers who see fewer than 100 patients a year or file claims for less than \$25,000 should be clearly identified as this affects the ability for recipients to access care in all geographic areas. Mobile vans should not be included in any GEO Access reports. The number of dentists who provide care and the number of children who receive dental treatment in mobile vans should be clearly separated and identified to allow DCH to determine the impact of access to care delivered through the use of mobile vans.

3. According to the contracts between the CMOs and DCH (Sections 4.10.2.1 and 4.10.2.2), provider terminations must be reviewed and approved by DCH prior to termination notice. It is obvious from the last set of terminations that this portion of the contract has been ignored by the CMOs and not enforced by DCH unless dentists or other interested advocates call the terminations to their attention.

**Recommendation:**

Before any provider can be terminated, the CMO must provide the state with an explanation and documentation to substantiate a justification for the termination. It is not acceptable for a CMO to make accusations of fraud and abuse without providing substantiating data to prove their accusations to DCH. Any provider who receives a termination notice must be afforded the opportunity to appeal the termination through an outside mediator that may be selected by DCH.

4. Since the implementation of the CMO managed care system in June 2006 the three plans combined have made 24 changes to the contracts entered into with the dental providers. These changes discourage dentists from participating and create chaos within the dental practice in trying to comply with potentially five (5) different sets of rules and or guidelines. The three CMOs do not administer their dental plans;

they subcontract to dental administrators. WellCare and AmeriGroup use Doral Dental and PeachState uses Avesis.

**Recommendation:**

Many states have found that placing the dental component of Medicaid and SCHIP plans in managed care operations has resulted in a lack of access to care and created poor oral health for their children. We recommend that Georgia follow other states, such as Virginia, Tennessee, Connecticut and Texas, and carve out dental from the CMOs. While carving out dental would produce the best results, as an interim step requiring that all three CMOs to use one dental administrator would go a long way toward creating continuity and standardization within the program.

## Source Documents Cited

### Source Document 1:

Georgia Department of Audits and Accounts Performance Audit Operations, “Limited Review of Accessibility for Medicaid Managed Care Members,” Department of Community Health, December 2008 – Summary analysis

### Source Document 2:

Centers for Medicare and Medicaid Services, Region IV, “Georgia EPSDT Review Report Dental Services,” May 20-30, 2008 – Summary analysis

### Source Document 3:

American Dental Association 2008 Compendium Update: A Survey of Medicaid and State Children’s Health Insurance (SCHIP) Dental Programs for Children and Adults (note: the data provided concerning annual dental services provided to Medicaid Child Beneficiaries is from CMS Form 416 Report and shows the number of Medicaid child beneficiaries who received dental services for federal fiscal year 2007 (October 1, 2006 through September 30, 2007)

### Source Document 4:

Georgia Dental Association Provider Survey conducted August 24 to October 19, 2007.

### Source Document 5:

Georgia Dental Association Timeline of changes by the three CMOs since the inception of the plan on June 2006.

### Source Document 6

CMO premiums established at the time of the bid in June 2006 for all three CMOs by region.

### Source Document 7

Medicaid Data collected in April 2002 after the GDA Take Five Campaign to recruit more dentists as Medicaid/PeachCare providers. Serves as a baseline to compare the CMO operations.

### Source Document 8

Testimony of Dr. James J. Crall to Oversight and Government Reform Committee Tuesday, September 23, 2008 providing documentation on the effect of cutting provider fees on provider participation and access to care.

### Source Document 9

American Academy of Pediatric Dentistry Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling and Oral Treatment for Infants, Children and adolescents. This document is provided to establish standard of health care for the treatment of children.

**Source Document 10**

**Results of a GDA Survey of Medicaid Providers to determine participation and specific calls to dentists terminated on February 4 by Doral for WellCare to ascertain information relating to their specific termination circumstances. A blast fax was sent to 558 dentists the GDA has identified as Medicaid participants. The names of those dentists are included for reference. The specific responses from the dentists are included as a part of the document.**

**Source Document 11**

**The US Government Accountability Office Report to Congressional Requesters on Medicaid: Extent of Dental Disease in Children Has Not Decreased, and Millions Are Estimated to Have untreated Tooth Decay – September 2008. The purpose of this document is to establish the extent of dental disease in children and the need for access to care.**

February 10, 2009