

2007 DRAFTING REQUEST

Bill

Received: **01/02/2008**

Received By: **rryan**

Wanted: **As time permits**

Identical to LRB:

For: **Julie Lassa (608) 266-3123**

By/Representing: **Jessica Kelly**

This file may be shown to any legislator: **NO**

Drafter: **rryan**

May Contact:

Addl. Drafters:

Subject: **Health - medical assistance**

Extra Copies: **DAK**

Submit via email: **YES**

Requester's email: **Sen.Lassa@legis.wisconsin.gov**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

MA managed care dental pilot

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?				_____			State
/1	rryan 02/20/2008	wjackson 02/20/2008	pgreensl 02/21/2008	_____	cduerst 02/21/2008		State
/2	dkennedy 03/12/2008	wjackson 03/12/2008	jfrantze 03/12/2008	_____	sbasford 03/12/2008	lparisi 03/12/2008	

FE Sent For:

→ At
Intro.

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Jb
3/12
Jb/NN
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/?	rryan	1 WLj 2/20					State
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FE Sent For:

<END>

Ryan, Robin

From: Kelly, Jessica
Sent: Friday, December 21, 2007 1:02 PM
To: Kennedy, Debora; Ryan, Robin
Subject: Healthy Kids Dental

Attachments: Dental Legislation Scan.pdf

We are looking into doing legislation to allow a private dental provider to treat kids on Medicaid under the age of 21, and the state would reimburse the provider what they regularly get a reimbursement from private pay/non-Medicaid insurance. The state of Michigan has done this for kids in 22 counties of their Medicaid population, and it has been a great success.

Michigan put out a request to contract with a private provider and in that state, Delta Dental responded and is currently working with the "Healthy Kids Dental" program in Michigan. Delta in Wisconsin seems to be very interested as well, as they submitted an RFI to DHFS back in July that outlines the MI program. I'm not sure if we can statutorily allow Delta to be "the provider" or if we have to bid it out. As an aside, both Julie and I have spoken with Delta's Vice President Denny Peterson, who is very excited about this possibility.

Unfortunately, while this program exists in Michigan, there doesn't seem to be any model language to copy. I contacted my cousin who works for HFS in Michigan about it, she contacted an analyst there who said:

'There was no legislation that created Healthy Kids Dental. There was boilerplate language in the FY00 budget that provided us additional monies to help increase access to oral health services, especially those in rural counties. With that, we used the monies for different initiatives. Some to help build dental clinics and the other half to contract with a carrier to provide dental care. We published a draft bulletin announcing our intent to contract and Delta responded.'

I also had LRB Reference look into Michigan's program a bit more and got the following from Lauren Jackson:

Healthy Kids Dental is a program funded with a mix of federal and state money through the Michigan Department of Community Health. It is part of MICHild, the state's S-CHIP program. On the Michigan Legislature's Web site, I was able to find three Public Acts that contain language related to MICHild and Healthy Kids Dental.

This appears to be the 1998 appropriation for MICHild, Michigan's S-CHIP program, of which Healthy Kids Dental is a part:

<http://www.legislature.mi.gov/documents/1997-1998/publicact/pdf/1998-PA-0054.pdf>

Section 1696 of this 2000 appropriation act provides for the expansion of Healthy Kids Dental:

<http://archive.legislature.mi.gov/documents/1999-2000/publicact/pdf/2000-PA-0296.pdf>

Section 1633 of this 2001 act provides for the expansion of Healthy Kids Dental:

<http://archive.legislature.mi.gov/documents/2001-2002/publicact/pdf/2001-PA-0060.pdf>

Attached here is a paper that details some of the history of MICHild and the Healthy Kids Dental program:

<http://www.cdhp.org/downloads/07StateSummaries/Michigan%20State%20Summary.pdf>

Please let us know if you need further assistance with this request.

Lauren Jackson

Legislative Analyst

Wisconsin Legislative Reference Bureau

(608) 266-5510

I have attached a copy of Delta's RFI and a copy of an ADA study on the plan if they're at all helpful. I don't know which one of you will be working on this, but obviously feel free to contact me.

Thanks!



Dental Legislation
Scan.pdf (5...

<http://jada.ada.org/cgi/reprint/134/11/1509.pdf>

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

From: Malaise, Gordon
Sent: Thursday, December 20, 2007 3:12 PM
To: Kelly, Jessica
Cc: Kennedy, Debora; Ryan, Robin
Subject: RE: Healthy Kids Dental

Jessica:

No, our MA drafters are Debora and Robin.

Gordon

From: Kelly, Jessica
Sent: Thursday, December 20, 2007 3:10 PM

To: Malaise, Gordon
Subject: Healthy Kids Dental

Gordon,

Would you be the correct drafter to work with in order to draft legislation allowing the state of Wisconsin to contract with Delta Dental to treat kids on Medicaid?

Jessica Ford Kelly
Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

Ryan, Robin

From: Kelly, Jessica
Sent: Wednesday, January 09, 2008 1:21 PM
To: Ryan, Robin
Subject: Healthy Kids Dental

Attachments: PROP Bulletin for Dental contract 05012000.doc; FY 2007 HKD Delta Dental contract - final.doc



PROP Bulletin for FY 2007 HKD Delta
Dental contr... Dental contr...

I found a copy of MI's contract with Delta...this is the only thing MI has to govern this program

Jessica Ford Kelly
Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

-----Original Message-----

From: Chris Farrell [mailto:farrellc@michigan.gov]
Sent: Wednesday, January 09, 2008 1:20 PM
To: Kelly, Jessica
Subject: HKD contract

Jessica,

The first attachment is the announcement that MDCH sent out announcing the request to contract with a carrier. the second is the contract with Delta Dental. This is a contract and Delta Dental is the dental plan carrier.

Any questions, please contact me.

Chris Farrell

Christine M. Farrell, RDH, MPA
Program Specialist
Medical Services Administration
Michigan Department of Community Health
400 S. Pine Street
PO Box 30479
Lansing, Michigan 48909-7979

(517) 335-5129
(517) 335-5136 FAX
farrellc@michigan.gov

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July 23, 2007

Kay Lund
Office of Policy Initiatives and Budget
1 West Wilson Street, Room 618
PO Box 7850
Madison, WI 53707-7850

RE: RFI, Plans to Design and Manage A New Service Delivery System
For Family Medicaid Dental Benefits

Dear Ms. Lund:

Delta Dental of Wisconsin is very pleased to respond to the Request for Information for Plans to Design and Manage A New Service Delivery System for Family Medicaid Dental Benefits. We applaud the Department of Health and Family Services Office of Policy Initiatives and Budget and Division of Health Care Financing for its interest in advancing solutions that will lead to better oral health for all.

This is an interest we share. As a not-for-profit service corporation, our mission was clearly established at our inception. That is, Delta Dental has an obligation to expand access to quality dental care for the citizens of our state. We do that primarily by offering cost-effective dental benefit programs to the businesses headquartered in our state. We also support a significant number of charitable oral health initiatives by awarding grants. We recognize these efforts as a key part of our mission, a mission we take very seriously.

We endeavor to ensure that oral health is viewed as an important health concern. To achieve that goal, we:

- Make prevention a priority.
- Promote oral health education programs and activities that empower individual action.
- Focus on underserved populations.
- Support programs and research which advance the science of dentistry, delivery of oral care, and improvement of oral health.
- Evaluate the effectiveness of our efforts and share the results with the public.
- Strike a balance between delivery of oral health services, education, and advocacy.
- Support innovative, practical, sustainable solutions.

We work closely with Wisconsin's only dental school at Marquette University, and with the state's technical college system, to ensure that tomorrow's dental professionals enter the workforce well-trained and able to take on the challenges of the future. And, we partner with local dentists across the state in support of several clinics that provide much-needed services to low-income persons. Among those, Delta has developed significant relationships with several of the Federally

Corporate Office
2801 Hoover Road, P.O. Box 828
Stevens Point, WI 54481
Phone: 715-344-6087
Phone: 800-236-3713 (toll-free)
Fax: 715-344-9058

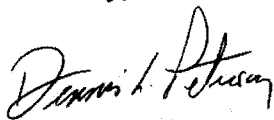
Qualified Health Centers (FQHCs) through philanthropic granting of financial support. In addition, we have a long standing working relationship with both the Children's Health Alliance of Wisconsin and the Wisconsin Oral Health Coalition. We will look to them for advice and analysis on improving and assessing the impact of the program being presented in our response.

Delta Dental has an excellent reputation for cost savings and service to the groups we insure. At the same time, we take pride in our long-standing positive relationship with the dental community, evidenced by the very high percentage of dentists who have chosen to affiliate with Delta Dental's dentist network.

The problems associated with delivering quality oral care to Wisconsin's Medicaid population at an affordable cost are many and there is likely no single best solution. This is a highly diverse population with diverse access issues and oral care needs. Just as there is no single best solution, there is no single organization that can provide a comprehensive approach to a solution. Our proposal addresses a specific and large portion of the Medicaid population with a solution that will require a close working collaboration between Delta Dental, the Department of Health and Family Services, organized dentistry, the public health community, and many private and public organizations. We feel we can assemble the much-needed collaboration and look forward to putting it into action.

These factors, we believe, make Delta Dental of Wisconsin uniquely able to partner with the State of Wisconsin in the development of a solution for meeting the oral health needs of Medicaid families that provides an excellent value and greatly enhances access to care. It is in that spirit that we offer our response to your request for information, and we look forward to continuing to work with you to develop innovative solutions to meet these challenges.

Sincerely,



Dennis L. Peterson
Executive Vice President

Enclosure



July 23, 2007

Mr. Dennis Peterson, Executive Vice President
Delta Dental of Wisconsin, Inc.
2801 Hoover Road
PO Box 828
Stevens Point, WI 54481

Dear Mr. Peterson:

As president of the Wisconsin Dental Association, it is my pleasure to inform you of WDA's support for the "Request for Information" (RFI) dental Medicaid proposal Delta Dental will soon be submitting to the state of Wisconsin. The WDA has long urged the state to prioritize funding in such a manner as to substantially improve access to quality oral health care for the state's Medicaid population.

WDA supports Delta Dental's proposals for many reasons. First, we have long advocated that the state can learn from other states that have already implemented a program which has successfully addressed the problem. In that vein, your proposal creates a pilot that would mirror a very successful Michigan program which the WDA has referenced as a success when speaking with policymakers in this state. We believe the Michigan data speaks for itself by documenting (at least in the counties where it currently exists) an increase in access to care, a reduction of administrative burdens and a removal of the stigmas associated with the dental Medicaid program.

Second, your proposal is clear that market-based reimbursement and streamlined administrative paperwork are two key components of a successful program. The Michigan Dental Association has been a lead advocate of the Michigan county-based program and has indicated the necessity for any state association to be a real partner in the implementation of such a plan in their respective states. The establishment of fair market rates has clearly been a key factor of success achieved in the Michigan program and the WDA believes a similar situation must occur in Wisconsin if this proposal expects to truly improve access to dental care for this most vulnerable population. This proposal clearly identifies the establishment of market-based rates and provides a level of certainty in what, exactly, that means.

While the WDA supports the proposal, I must also inform you that WDA does have a couple of key concerns regarding the implementation. First, WDA is concerned about the exclusion of adults from this proposed pilot project and we hope the state does not overlook the needs of the adult Medicaid population when proposing programs to improve "access to dental care". Second, the WDA remains concerned that the only way a dentist could see Medicaid children and pregnant women under this proposed plan would be as one of Delta's participating providers. We would like for all dentists in the state to have the option to treat Medicaid patients under this pilot, regardless of their individual arrangements with the commercial Delta plans.

Third, we applaud your documentation of specific medical-based cost savings that can and will result if access to oral health care is improved. The WDA is an advocate of public education on the link between oral disease and overall health status. WDA applauds your efforts to utilize data collected in this endeavor to further the understanding among policymakers and the public about the link between oral health and overall health.

Finally, your proposal mentions the necessity to partner with a wide variety of groups, including the Wisconsin Dental Association, should this proposal be chosen for implementation. We believe that the best success stories have occurred in states where the dental Medicaid administrator, the state dental association, patient advocates and the state health department have formed supportive relationships with one another. WDA stands ready to serve in this capacity.

Thank you for sharing the draft of your proposal with the WDA. We look forward to following this issue through the RFI process and working with Delta Dental of Wisconsin and any other appropriate partners should this proposal be chosen for implementation in the near future.

Sincerely,



Eva C. Dahl, DDS, MS
President

Cc: Dr. Fred Eichmiller, Delta Dental of Wisconsin, Inc.

Request for Information

Plans to Design and Manage A New Service Delivery System for Family Medicaid Dental Benefits

Issued by:

The State of Wisconsin

Department of Health and Family Services

Office of Policy Initiatives and Budget and Division of Health Care Financing

Responses Due:

July 25, 2007

Respondent:

 **DELTA DENTAL**

Delta Dental of Wisconsin, Inc.

2801 Hoover Road

PO Box 828

Stevens Point, WI 54481

Contact: Dennis Peterson, Executive Vice President

715.344.6087, ext. 17612; F 715.344.9058

dpeterson@deltadentalwi.com

Our approach will be to initiate the program in Wisconsin within a defined geographic area in order to give the State of Wisconsin an opportunity to evaluate the success of the program in improving access, and to evaluate the cost impact such an approach will have.

The area targeted will be determined in concert with state input. For purposes of responding to this RFI, a sample area of the state was chosen. It provides an example of how a service area could be determined and what information should be considered, such as the number of eligibles residing within the area, the number of current Medicaid providers, and the number of Delta providers.

For purposes of this example, we selected a [redacted] that covers the northern two-thirds of the state. [redacted]

48/72

[redacted] and cost were determined. Please note that services can be received from any Delta provider in the state. Recipient's eligibility is determined by the county of residency.

[redacted] There are [redacted] (though it - in 48 or 72 counties?) should be noted that many of these providers may not currently be accepting new Medicaid patients). [redacted]

↖ almost double

Here is a breakdown of the data by county:

County	# Children	Medicaid DDS	Delta DDS
Adams	1,688	2	2
Ashland	1,782	11	15
Barron	3,656	14	30
Bayfield	1,051	2	4
Brown	13,060	85	143
Buffalo	822	6	10
Burnett	1,228	0	1
Chippewa	4,547	19	30
Clark	2,269	7	10

← not good for Adams

Door	1,466	5	15
Douglas	3,305	7	17
Dunn	2,591	6	21
Eau Claire	6,013	42	61
Florence	303	0	8
Forest	800	6	3
Green Lake	1,030	3	9
Iron	528	2	2
Jackson	1,460	5	13
Juneau	1,918	2	2
Kewaunee	894	3	4
LaCrosse	6,040	42	62
Langlade	1,788	7	10
Lincoln	1,592	2	17
Marathon	7,521	31	66
Marinette	3,140	11	13
Marquette	996	2	3
Menominee	905	4	5
Monroe	2,899	9	21
Oconto	2,139	4	7
Oneida	2,430	6	30
Outagamie	6,879	54	160
Pepin	408	1	3
Pierce	1,228	10	19
Polk	2,684	14	25
Portage	3,407	25	40
Price	1,405	4	6
Rusk	1,325	8	10
Sawyer	1,971	6	22
Shawano	2,657	10	29
St. Croix	2,583	9	34
Taylor	1,340	1	5
Trempeale	1,544	7	8
Vernon	1,907	5	13
Vilas	1,148	1	6
Washburn	1,635	3	8
Waupaca	2,686	11	13
Waushara	1,474	5	13
Wood	5,352	35	53
Total	121,494	554	1,101

Who to limit
it to? → 2.

Describe strategies to insure that comprehensive dental care is available and

~~comprehensiveness/effective use of available resources~~ [comprehensiveness/effective use of available resources]

Because the HKD participants will be Delta Dental subscribers, our contracted providers will be expected to accept HKD patients just as they would any other Delta Dental subscriber. [REDACTED]

[REDACTED] This is a crucial factor in the potential success of the program. As the project in Michigan showed, significant access improvement occurred because of the broad number of general and specialty providers participating. Now operating in 59 Michigan counties, access to care has continued to increase. In 2005, those children with 12 months of eligibility receiving at least one dental visit during the year reached 53.1% of enrollees. That compares quite favorably to average utilization within a commercially insured population, where 65 to 70% of subscribers access dental services at least once a year (Delta Dental of Wisconsin data). [REDACTED] quite convincingly that [REDACTED] There is capacity within the dental services delivery system for patients to be seen and comprehensive services provided.

It is important to note that specialty care will be accessible as well. Within the six specialties of oral surgery, periodontics, endodontics, pedodontics, prosthodontics, and orthodontics, 427 Wisconsin providers currently participate in a Delta Dental network. Most important to this proposal, 72 pedodontists participate, providing significant access opportunities for children with special needs.

3. Describe how this approach will be better able to provide comprehensive dental care to the targeted population than the current service delivery system. Identify the number of individuals anticipated to have access to comprehensive dental care under the proposed plan. *[access/target population]*

Our proposed approach utilizes an existing network of dentists already actively engaged in treating Delta subscribers. [REDACTED] - [REDACTED] children and pregnant women to their practices will be seamless. No separate paperwork, no separate fee schedules will be utilized. We anticipate our entire network of practicing Wisconsin providers, [REDACTED] will have their practices open and accessible. That

compares with the current [REDACTED], many of whom are not taking additional Medicaid subscribers.

As a result, we anticipate that the area developed should see the same significant increases in access improvement that has occurred in the HKD program in Michigan, where over 53% of eligible subscribers received care within the past year. The actual number of individuals we anticipate receiving care will be determined by the size of the service area. [REDACTED] our area example, we project 121,494 individuals will be eligible for the program. Based on the experiences in Michigan, we expect 32% of these eligibles will utilize the program in the first year. Each user is expected to utilize \$422 in benefits in the first year, for a total program projected cost of \$16,406,246. This is inclusive of the cost of the current benefits utilized by this population.

4. Describe how the system would use evidence-based best practices and will make the most effective use of scarce resources. *[comprehensiveness/effective use of available resources]*

Delta Dental of Wisconsin is a leader in application of evidence-based-dentistry to dental benefits. An example is our Evidence-Based Integrated Care Plan (EBICP), that provides customized benefits to individuals with diabetes, periodontal disease, or who are pregnant. This program focuses upon three goals: increasing oral and systemic health through improved oral health and awareness; providing individualized benefits based upon scientific evidence and individual risk; and promoting health care decisions based upon demonstration of efficacy and cost effectiveness.

Our plan is to use the same goals and many of the same tools to integrate the latest scientific findings into the Wisconsin HKD program. An example would be allowing pregnant women to enroll in the current EBICP program, where they will be eligible for an additional maintenance cleaning during the term of their pregnancy. Prevention of just one pre-term or low birth weight child can save more than \$65,000 in associated medical costs (*PEDIATRICS* Vol. 120 No. 1 July 2007, pp. e1-e9 (doi:10.1542/peds.2006-86). Expectant mothers will also

have access to targeted oral health information that is specific to pregnancy, such as folic acid supplements and cleft lip/palate, professional and home dental care during pregnancy, nutrition and developing teeth, and relationships between oral health and adverse pregnancy outcomes. In addition, they will have access to information related to oral care for newborns such as guidelines for reconstituting infant formulas, infant oral home care, reducing the transmission of oral bacteria from caregiver to child, and many other topics. This program will seek to improve the oral health of the mother during and hopefully after pregnancy, as well as improve the future oral health of the child.

Diabetic children and pregnant women will also have additional maintenance benefits and access to tailored information related to the effects of oral health on their diabetic condition. Oral health improvement in diabetics is cost-effective in and by itself, but it has also been shown to potentially reduce medical costs by more than \$500/year (*J Periodontology*. 2001 Jun;72(6):774-8). Diabetics will be eligible for four maintenance visits per year under EBICP and the HKD program will directly address Type I and gestational diabetes in this population with this evidence-based approach.

While periodontal disease is not prevalent in the HKD population, the EBICP may apply in rare occasions to children and adolescents with rapid and destructive juvenile periodontitis. Pregnant women with a history of periodontal disease would also benefit from this approach. Under this evidence-based approach, providers will be able to identify patients with periodontal disease or juvenile periodontitis and enroll them for additional maintenance visits as well as fluoride varnish treatments to prevent increased decay related to this condition.

Another example of our use of evidence is for pit and fissure sealants, where a combination of literature and Delta claims data shows a 70% reduction in first time cavities in sealed permanent molars. Sealants will be encouraged by actions such as providing educational information to subscribers on the procedure and benefits, and reminders sent to both subscribers and providers

when age and claim data indicate sealants have not been provided but may be warranted.

The most important aspect of any evidence-based approach is knowledge and awareness. To that end, all HKD subscribers will have access to the oral health information available through the innovative SmileSuite™ application on our website. This HIPAA-compliant, secured site contains a large database of oral health, network and personal plan information. Subscribers can search for their closest network provider or sort the available providers by name, practice type or driving distance. SmileSuite also provides personalized oral health tips, information on eligibility, claims history, and claims status. The *Benefits Tracker* shows both treatment and payment history, the *Oral Health Advisor* summarizes individual and family oral health suggestions, and the *Personal Profile* looks at individual care history and gives individualized oral health suggestions based upon the care history.

For subscribers without Internet access, telephone inquires are connected with a Benefit Advisor who responds in an average of less than 30 seconds. More than 99% of inquiries are resolved on first contact and the Benefit Advisor can answer questions about benefits, eligibility, claim status and network providers. Automated phone features can also be used to get names, addresses and phone numbers of network providers in a subscriber's local area. Translation services are also available for non-English speaking subscribers.

Delta Dental of Wisconsin keeps abreast of the latest evidence-based science via a number of different means. We are a member of the Delta Dental Plans Association, which provides quarterly updates on the latest science via both its internal and external scientific advisory groups. The Association also provides guidance on implementation of plan design based upon this science. Internally, Dr. Frederick Eichmiller, our VP & Science Officer, brings more than 20 years of research experience to help monitor, develop and implement the latest science into our plans. Our organization is uniquely positioned to integrate the latest science with our large database of claims in order to

provide the most efficacious, cost-effective and efficient use of plan resources.

The proposed additional EBICP benefits fall outside of those currently offered through the DHFS. We believe, however, that this approach to prevention and overall wellness is too important to be omitted and Delta Dental of Wisconsin agrees to assume the costs of these additional benefits as part of the program.

5. Describe why you think your approach is feasible. Be sure to include background information about the proposed strategy, including whether it is based on an existing model of success, or whether it is something that has never been tried before.
[feasibility]

This proposal is based upon what has been cited by the American Dental Association and the Pediatric Dental Association as the most successful children's dental program in the United States, the Michigan Healthy Kids Dental program. The Michigan program has more than six years of experience with continued growth in enrollment and access. Our close relationship with Delta Dental of Michigan has allowed us to draw upon their experience in dealing with issues of plan design, implementation, professional relations, network communications, cost management, adjudication and review, metrics and reporting. We can capitalize upon their experience by taking advantage of plan elements that have been successful and avoiding or modifying those that have been problematic. The Michigan program demonstrated that providing remuneration at commercial plan levels, eliminating pre-authorizations and the stigma associated with medical assistance coverage increased provider participation by nearly 300% and patient access by more than 140% over the past six years (WDA Improving Medicaid patients' access to dental care, June 2007). Travel distance for Michigan HKD participants has dropped to levels at or below the insured Delta population and most importantly, the number of 12-month enrolled HKD children experiencing two preventive visits per year has steadily increased to more than 31% and is approaching the level of the insured population. This metric indicates that these children have found a dental home in the participating practices. Anecdotal reports from participating offices indicate that HKD patients perceive themselves as being

“Delta” subscribers rather than “MA” patients. The number of children treated per dentist has also steadily increased from 31.6 to 38.4 over five years, indicating that providers are increasing, rather than limiting their participation in the program.

The Michigan HKD program has been endorsed by the American Dental Association, the Pediatric Dental Association, and has been referenced in congressional testimony as a model system for delivering care to underserved populations. The six years of success and growth that has occurred in Michigan proves it is both a sustainable and scalable program. We believe we can deliver a similar program of equal or greater success for Wisconsin.

- 6. Describe how the plan would use the existing dental infrastructure or the infrastructure that will need to be developed under the proposed strategies. [partnerships/feasibility]**

We are confident that the current dental infrastructure and the 2,400 dentists contracted with Delta Dental of Wisconsin are adequate to address the vast majority of the population of Medicaid patients. Within the sample area alone, the number of participating providers with Delta is double the current number of Medicaid dentists (1,101 vs. 554). In addition, the vast majority of those dental practices are open to new patients whereas few Medicaid providers accept new patients.

What's more, turnover within the Delta networks has historically been 1% to 2% annually. We anticipate this trend to continue. With a field staff of five individuals routinely meeting with dental practices around the state, the majority of issues can be addressed quickly. When necessary, those same field representatives can be called upon to do recruitment of additional dentists in areas where access is deemed less than satisfactory.

Key to maintaining a strong network will be a collaborative effort with the Wisconsin Dental Association to promote and communicate the HKD program. The HKD program has been officially endorsed by the Wisconsin Dental Association, the American Dental Association and the American Academy of

Pediatric Dentistry as a model program. These strong endorsements will be key to broad acceptance and continued growth of the dental networks.

7. Describe any outreach efforts, including how referrals will be processed, and potential partnerships with community-based organizations for recruitment and assistance in ensuring access to dental care. *[partnerships]*

One of the keys to success that was communicated by the Michigan HKD organizers was the close working relationship that developed between the state dental association, the state medical assistance administration office and Delta Dental of Michigan. Our plan includes working hand-in-hand with the Department of Health and Family Services (DHFS) and Wisconsin Dental Association (WDA) to promote awareness and communicate the administrative details of the Wisconsin HKD program to our network providers. All communications sent to providers and subscribers will contain endorsement from Delta Dental of Wisconsin, the DHFS and the WDA. Handbooks will be developed for providers detailing the covered procedures and frequency limitations, and the need for reporting on specific procedure codes. Eligibility, claim filing and review will mirror existing policies and procedures familiar to all Delta providers. Referral within our networks will follow existing patterns, and general dentists will have access to a list of all in-network specialists. This list will be much larger than just the service region, since all network providers can be accessed throughout the state.

Subscriber handbooks will describe how to use HKD, what it covers, answer questions related to finding a provider, the importance of making appointments, emergency treatment, complaints and grievances, term and termination of coverage, and other common questions related to the plan design. Smaller brochures will be produced for use by county and community social workers to introduce eligible participants to the program. Brochures will also be distributed to churches, schools, governments and community health clinics in the service regions where the HKD children and pregnant women reside. Area 211 Call Centers, the Wisconsin Maternal and Child Health Hotline, ACCESS Wisconsin, Wisconsin Rural/Frontier Women's Health Coordinating Center, Wisconsin Public Health Association, Wisconsin Parish

Nurses Association and other agencies deemed appropriate will be provided with information relating to HKD eligibility, enrollment and provider locations. Many of these organizations will be asked to help promote and increase awareness of the program in the service area.

8. **Identify the types of partnerships that might be formed, e.g., with safety-net clinics, schools, health departments, providers, Federally Qualified Health Centers, existing dental practices. [feasibility/partnerships]**

Along with the partnerships described in the previous section, we will also consult with the Marquette University School of Dentistry to bring public health expertise and analysis to the HKD program. Faculty with background in public health will be consulted to assist in developing metrics and methods of analysis to track and document the HKD program. By accessing and comparing data from the state Medicaid program, HKD and our commercial business, we should be able to monitor and publish the relative performance of this program based upon access, utilization, treatment patterns, distance traveled, practice load, and costs. There is also the opportunity to do more in-depth research looking at behavior changes in participants, the effect of access on dental emergency room utilization, changes in utilization as it relates to enrollment longevity, prevention and its affect on utilization, and much more. The potential for combining dental and medical Medicaid data could provide a unique opportunity to investigate areas of oral system interactions, such as oral care and diabetes.

There is also a considerable amount of data and expertise in public health analysis available through the Federally Qualified Health Centers (FQHCs) in Wisconsin and organizations such as the Wisconsin Oral Health Coalition and the Children's Health Alliance of Wisconsin. Wisconsin FQHCs are already a part of our provider networks and we have developed working relationships with several through philanthropic granting of financial support. We also have a history of supporting the Children's Health Alliance and these relationships will continue not just as points of delivering dental care, but as resources for advice and analysis on improving and assessing the impact of the HKD program.

9. Explain the strategies for sustaining the new service delivery approach over the long term, particularly given the constraints of public funding. [*sustainability*]

There is no doubt that the HKD program will increase costs on a per child or per pregnant woman basis over what is being spent currently, as our sample program's costs projections identify. The important point is that access improvement is achievable. Children and pregnant women will be seen and oral health needs will be addressed early, saving significant costs over the long run. As has been the case in the Michigan HKD program, the Medicaid populations of patients, when treated under the HKD program, proved to be no more expensive than similar populations within the commercial marketplace.

10. For more targeted plans, describe if the approach could be expanded statewide and if so, what would be the time frame for statewide implementation. [*statewideness/sustainability*]

The HKD program can be expanded simply and with limited lead time. Because of the support for the program and the widespread familiarity with Delta Dental as an administrator, the State of Wisconsin can select appropriate counties for expansion at any time. With Delta's actuarial support, costs ramifications by county can be estimated.

As referenced earlier, if the \$8.8 million increase to Medicaid spending recently approved was applied entirely to the HKD pilot program, the HKD pilot area could grow to include 121,494 eligibles in 48 counties.



State of Wisconsin
2007 - 2008 LEGISLATURE

LRB-3741?

RLR:.....

WLj

Please Edit by Thurs 5PM
wanted Fri

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

RMR

JN

Gen Cat

1 AN ACT ...; relating to: dental services under the medical assistance program.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers the Medical Assistance (MA) program, which provides health care benefits for certain low-income individuals. This bill requires DHFS to establish a pilot project to provide dental services to MA recipients under a managed care system. The bill requires DHFS to identify 15 to 25 counties as the pilot area. Under the bill, DHFS must contract with an entity to provide dental services, for a capitated monthly payment, to MA recipients who are under 21 years of age and ^{who} reside in the pilot area. The entity must have a network of dentists ^{that} serve the pilot area, and must allow each MA recipient in the pilot area who is under 21 years of age to select any dentist in the entity's network. The entity must pay dentists in its network the same rate for serving an MA recipient who is under age 21 as for serving an individual who is not an MA recipient. The bill ends the requirement that DHFS administer the pilot project on January 1, 2014.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

2 SECTION 1. 49.45 (54) of the statutes is created to read:

1 49.45 (54) DENTAL MANAGED CARE PILOT. (a) The department shall contract with
2 an entity to provide, for a monthly capitated rate, dental services under ~~s. 49.45~~ ^{sub} (2)

3 (b) 1. to all recipients of medical assistance who are under 21 years of age and ^{who} reside
4 in the pilot area under par. (b).[✓]

5 (b) The department shall identify 15 to 25 counties that shall be the pilot area
6 under this subsection.[✓]

7 (c) The entity with which the department contracts under this subsection shall
8 satisfy all of the following conditions:

9 1. The entity shall have an agreement with a least one dentist in each county
10 in the pilot area under par. (b) [✓] to participate in the entity's network of dentists.

11 2. The entity shall allow each medical assistance recipient who is under 21
12 years of age and is a resident of a county in the pilot area under par. (b) [✓] to obtain
13 dental services from any dentist who participates in the entity's network of dentists.

14 3. The reimbursement rates that the entity pays a dentist ^g in its network for
15 providing dental services under ~~s. 49.45~~ ^{sub} (2) (b) 1. to a medical assistance recipient
16 who is under 21 years of age and resides in the pilot area shall be the same as the
17 rates that the entity pays a dentist in its network to provide the same services to an
18 individual who is not a medical assistance recipient.

19 (d) The department shall enter into a contract under this subsection by
20 January 1, 2010.

21 (e) This subsection does not apply after December 31, 2013.[✓]

22

23 (END)

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3741/1dn

RLR:.....

WJ

Date

Jessica Kelly:

1. This bill establishes a managed care dental pilot for MA recipients who are under 21 years of age. The Delta Dental program description that you provided proposes to cover pregnant women as well as children. Do you want the bill to apply to pregnant women who are MA recipients?
2. Do you want to provide DHFS any guidelines for selecting the pilot area? For example, do you want the pilot counties to be contiguous, or can they be all over the state? Do you want to exclude the counties in which HMOs currently provide dental services under MA?
3. Do you want to require that the entity who wins the dental contract have more than one dentist in each county in the pilot area?

Robin Ryan
Legislative Attorney
Phone: (608) 261-6927
E-mail: robin.ryan@legis.wisconsin.gov

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-3741/1dn
RLR:wlj:pg

February 21, 2008

Jessica Kelly:

1. This bill establishes a managed care dental pilot for MA recipients who are under 21 years of age. The Delta Dental program description that you provided proposes to cover pregnant women as well as children. Do you want the bill to apply to pregnant women who are MA recipients?
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3. Do you want to require that the entity who wins the dental contract have more than one dentist in each county in the pilot area?

Robin Ryan
Legislative Attorney
Phone: (608) 261-6927
E-mail: robin.ryan@legis.wisconsin.gov

Ryan, Robin

From: Kelly, Jessica
Sent: Monday, March 10, 2008 3:46 PM
To: Ryan, Robin
Subject: Hey

Importance: High

How quickly can you update 3731 to give access to pregnant women? The pilot counties can be all over the state - the poorest counties... exclude counties where HMOs provide dental services under MA. The provider definitely should have more than one dentist in each pilot county.

Thanks.

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

3/12 Redraft - wants to introduce today - 3741/1

From Jessica Keely:

Laura Rose is to send up on federally
"low" areas for dentistry - based on
Mich. plan, but Mich. plan would
exclude Milwaukee

Kennedy, Debora

From: Kelly, Jessica
Sent: Wednesday, March 12, 2008 9:58 AM
To: Kennedy, Debora
Subject: FW: Hey

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

From: Kelly, Jessica
Sent: Tuesday, March 11, 2008 12:53 PM
To: Ryan, Robin
Subject: RE: Hey

I have a call put into MI...they will call me back today.

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

From: Ryan, Robin
Sent: Tuesday, March 11, 2008 12:40 PM
To: Kelly, Jessica
Subject: RE: Hey

Jessica, do you want to specify in the bill that DHFS pick poor counties for the pilot, and if so, what constitutes poor?

Robin

From: Kelly, Jessica
Sent: Monday, March 10, 2008 3:46 PM
To: Ryan, Robin
Subject: Hey
Importance: High

How quickly can you update 3731 to give access to pregnant women? The pilot counties can be all over the state - the poorest counties...exclude counties where HMOs provide dental services under MA. The provider definitely should have more than one dentist in each pilot county.

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Kennedy, Debora

From: Kelly, Jessica
Sent: Wednesday, March 12, 2008 9:58 AM
To: Kennedy, Debora

Attachments: Cosponsorship memo.do.doc



Cosponsorship
memo.do.doc (34 ...)

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797

To: All Legislators
From: Senator Julie Lassa
Date: March 9, 2008
Re: Co-sponsorship of LRB 3741 relating to dental services under the Medical Assistance program.

Co-sponsorship Deadline: Thursday, March 13, 2008

Oral disease among low income children in Wisconsin is a silent epidemic, especially among children on Medicaid. In 2007, only 24% of Wisconsin children visited a dentist. Thirty percent of Wisconsin 3rd graders have untreated tooth decay.

Low Medicaid reimbursement rates in Wisconsin have created dental access problems. In many areas, there are waiting lists over 1 year long to make an appointment. While access to oral health care is a problem in less affluent populations, it is particularly a problem for poor children. Dental disease in children can interfere with normal growth and development, poor weight gain, weight loss, sleepless nights, chronic pain and poor concentration in school. Dental health intervention is extremely cost effective in children – the opportunity for prevention and health promotion is the greatest when children are young. Good dental hygiene and prevention in children also reduces future dental service costs as these children age.

LRB 3741 creates a “Healthy Kids Dental” program in Wisconsin similar to Michigan’s Healthy Kids Dental program which has been in existence for 6 years. The Michigan program is a highly successful public partnership with a private dental provider which has increased access to dental care, reduced administrative burdens and the stigma of Medicaid.

Healthy Kids Dental requires the Department of Health and Family Services to contract with a Wisconsin private dental provider using private fee schedules in 15-25 counties in a designated pilot area for pregnant women and children under the age of 21. The pilot areas will focus on counties with individual most in need or at highest risk who need priority for care and treatment.

Over the past 6 years, the Michigan Healthy Kids Dental program has increased provider participation by 300% and patient access over 140%. During the first year of Healthy Kids Dental in Michigan, the number Medicaid children who visited the dentist increased by 32% and an increase of 236 providers over those who treated MA children the year before. Additionally, the Michigan model decreased travel time to the dentist for Medicaid-enrolled children from an average of 25 miles to 12 miles.

I hope that this legislation will continue discussions in the legislature on the importance of dental hygiene and how we can best resolve the problem that Wisconsin has with access to care.

If you would like to co-sponsor LRB-3741 please contact Jessica Ford Kelly in the Lassa office at 266-3123 by March 13th.

Currently, the Department of Health and Family Services (DHFS) administers the Medical Assistance (MA) program, which provides health care benefits for certain low-income individuals. This bill requires DHFS to establish a pilot project to provide dental services to MA recipients under a managed care system. The bill requires DHFS to identify 15 to 25 counties as the pilot area. Under the bill, DHFS must contract with an entity to provide dental services, for a capitated monthly payment, to MA recipients who are under 21 years of age and who reside in the pilot area. The entity must have a network of dentists who serve the pilot area, and must allow each MA recipient in the pilot area who is under 21 years of age to select any dentist in the entity's network. The entity must pay dentists in its network the same rate for serving an MA recipient who is under age 21 as for serving an individual who is not an MA recipient. The bill ends the requirement that DHFS administer the pilot project on January 1, 2014.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

Kennedy, Debora

From: Rose, Laura
Sent: Wednesday, March 12, 2008 10:06 AM
To: Kelly, Jessica
Cc: Kennedy, Debora
Subject: RE: Dental Legislation

<http://www.hpsafind.hrsa.gov/HPSAsearch.aspx>

You go to this link; type in "Wisconsin"; choose "ALL COUNTIES"; then choose "Dental" for the discipline. This will bring up the dental HPSAs for Wisconsin.

Debora, please give me a call if you want to talk about this some more.

Laura

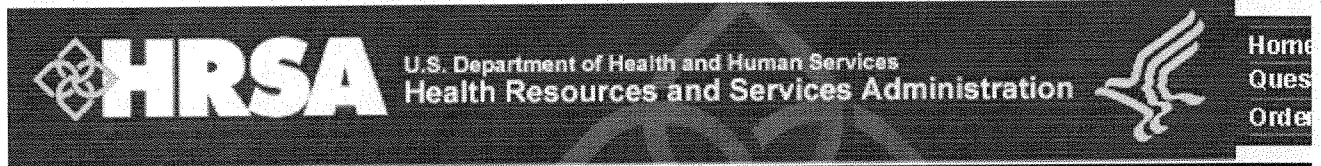
From: Kelly, Jessica
Sent: Wednesday, March 12, 2008 10:04 AM
To: Rose, Laura
Cc: Kennedy, Debora
Subject: Dental Legislation

Laura,

I spoke with Debora about the underserved areas. Can you please cc: her on the email to me with that list? I am going to be running around like a chicken with my head cut off today. ;-)

Jessica Ford Kelly

Office of Senator Julie Lassa
State Capitol, Room 323 - South
P.O. Box 7882
Madison, WI 53707-7882
608-266-3123
1-800-925-7491 toll-free
608-267-6797



GRANTS | FIND HELP | SERVICE DELIVERY | DATA | HEALTH SYSTEM CONCERNS

Health Professional Shortage Areas

Find HPSAs

- [Shortage Designation Home](#)
- [Dictionary](#)
- [Designation Criteria](#)
- [Frequently Asked Questions](#)

Health Professional Shortage Areas (HPSAs) have shortages of primary medical care, der geographic (a county or service area), demographic (low income population) or institutions qualified health center or other public facility).

HPSAfind data errors experienced March 3-6 have been resolved. If you have questions about comments@hrsa.gov

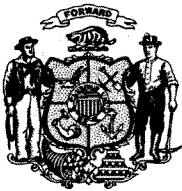
Find a Designated HPSA: Choose a State, County & Discipline

State	Wisconsin
County	ALL COUNTIES Adams Ashland Barron Bayfield Brown
Discipline	Primary Medical Care Dental Mental Health

[HRSA](#) | [HHS](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Free Acrobat](#)
[Health Professions](#) | [Healthcare Systems](#) | [HIV/AIDS](#) | [Maternal and Child Health](#) | [Primary](#)

HPSAs - Health professional shortage areas - have shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population), or institutional (comprehensive health center, qualified health center or other public facility)

designated by the Health Resources and Services Administration of the federal Department of Health and Human Services



Now

Stays

2007 BILL

Regen

from a federal listing of counties with health professional shortage areas for dental care

pregnant or

managed care pilot program

1 AN ACT to create 49.45 (54) of the statutes; relating to: dental services under
2 the Medical Assistance program.

Analysis by the Legislative Reference Bureau

Currently, the Department of Health and Family Services (DHFS) administers the Medical Assistance (MA) program, which provides health care benefits for certain low-income individuals. This bill requires DHFS to establish a pilot project to provide dental services to MA recipients under a managed care system. The bill requires DHFS to identify 15 to 25 counties as the pilot area. Under the bill, DHFS must contract with an entity to provide dental services, for a capitated monthly payment, to MA recipients who are under 21 years of age and who reside in the pilot area. The entity must have a network of dentists who serve the pilot area, and must allow each MA recipient in the pilot area who is under 21 years of age to select any dentist in the entity's network. The entity must pay dentists in its network the same rate for serving an MA recipient who is under age 21 as for serving an individual who is not an MA recipient. The bill ends the requirement that DHFS administer the pilot project on January 1, 2014.

providing the same services to

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

BILL

1 SECTION 1. 49.45 (54) of the statutes is created to read:

2 49.45 (54) DENTAL MANAGED CARE PILOT. (a) The department shall contract with
3 an entity to provide, for a monthly capitated rate, dental services under sub. (2) (b)
4 1. to all recipients of medical assistance who are under 21 years of age and who reside
5 in the pilot area under par. (b). *and are pregnant or under 21*
years of age

6 (b) The department shall identify 15 to 25 counties that shall be the pilot area
7 under this subsection.

8 (c) The entity with which the department contracts under this subsection shall
9 satisfy all of the following conditions:

10 1. The entity shall have an agreement with *more than* a least one dentist in each county
11 in the pilot area under par. (b) to participate in the entity's network of dentists.

12 2. The entity shall allow each medical assistance recipient who is *pregnant or* under 21
13 years of age and is a resident of a county in the pilot area under par. (b) to obtain
14 dental services from any dentist who participates in the entity's network of dentists.

15 3. The reimbursement rates that the entity pays a dentist in its network for
16 providing dental services under sub. (2) (b) 1. to a medical assistance recipient who
17 is *pregnant or* under 21 years of age and resides in the pilot area shall be the same as the rates
18 that the entity pays a dentist in its network to provide the same services to an
19 individual who is not a medical assistance recipient.

20 (d) The department shall enter into a contract under this subsection by
21 January 1, 2010.

22 (e) This subsection does not apply after December 31, 2013.

23 (END)

No. 11
including Milwaukee County, from the list of Wisconsin counties with health professional shortage areas for dental care, compiled by the health resources and services administration of the federal department of health and human services of the counties identified by the department

Parisi, Lori

From: Kelly, Jessica
Sent: Wednesday, March 12, 2008 3:58 PM
To: LRB.Legal
Subject: Draft Review: LRB 07-3741/2 Topic: MA managed care dental pilot

Please Jacket LRB 07-3741/2 for the SENATE.