

MINNESOTA

Medicaid/SCHIP Dental Care for Children: Overview

Eligibility and Dental Benefits

Minnesota's Medicaid program, as expanded under the State Children's Health Insurance Program (SCHIP) and an 1115 waiver from the federal Centers for Medicare and Medicaid Services,¹ provides Medicaid benefits to the following individuals:

- Pregnant women and children under age two from families with income at or below 280% of the federal poverty level (FPL), and
- Children ages two through 18 from families with income to 170% of the FPL.²

In addition to these children, those ages 19 to 21 who meet the state's eligibility requirements are eligible for Medicaid's comprehensive health and dental services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service, known in Minnesota as the Child and Teen Checkups program.³

Dental Administrative and Organizational Structure

In Minnesota, the Department of Human Services (DHS) oversees the Medicaid program, which is known as Medical Assistance.⁴ The Medical Assistance program is the largest of the three related health care programs managed by DHS, the other two being General Assistance Medical Care (GAMC), a 100% state-funded program that covers low-income Minnesotans who do not qualify for Medical Assistance or other state and federal health care programs, and MinnesotaCare, a program for working Minnesotans who do not have access to affordable health care coverage.

The Medical Assistance program functions under a statewide 1115 demonstration waiver (called Prepaid Medical Assistance Plus) that mandates managed care enrollment for most pregnant women and children, among others, in most counties.⁵ Under this program, the state pays a capitated rate to managed care organizations to provide medical care for Medical Assistance beneficiaries. The managed care organizations, in turn, contract with or employ providers to provide care to Medical Assistance recipients.

The Prepaid Medical Assistance Plus program also includes prepaid dental care. By January 2003, most Medicaid beneficiaries in 70 of the state's 87 counties were enrolled

¹ Minnesota Title XXI program: Fact sheet. Centers for Medicare & Medicaid Services. Available at: <http://cms.hhs.gov/schip/chpfsmn.pdf>. Accessed June 2003.

² More kids can get health care coverage. DHS Newsroom. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/newsroom/facts/session/sfscovkids.htm>. Accessed June 2003.

³ Child and Teen Checkups program. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/healthcare/ctc/>. Accessed June 2003.

⁴ Medical Assistance (MA): (Minnesota's Medicaid Program). Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/HealthCare/asstprog/mmap.htm>. Accessed June 2003.

⁵ Minnesota health reform demonstration: Fact sheet. Centers for Medicare and Medicaid Services. Available at: <http://cms.hhs.gov/medicaid/1115/mnfact1.pdf>. Accessed June 2003.

in managed care contracts,^{6 7} with the remaining beneficiaries enrolled in a traditional fee-for-service program. Under subcontracts with managed care health plans, Delta Dental of Minnesota provides the preponderance of dental services to Medical Assistance beneficiaries, with three other dental subcontractors also providing some care.

In 2001, the state received a waiver to contract with county-based systems to purchase health and dental services in nine counties. In February 2003, 11 other counties were planning such systems.⁸ Some of these counties are subcontracting, or plan to subcontract dental services; others are developing new networks and models for dental services. Each current dental subcontractor has its own administrative requirements, prior authorization requirements, and credentialing (not required for fee-for-service). Since January 2001, as a pilot program to assess whether dental access increases, five counties have been permitted to operate without dental managed care (see Administrative Policies and Procedures, below).⁹

Many Medical Assistance recipients are still covered by the Medicaid fee-for-service program, including those with disabilities and residents of some rural counties where managed care has yet to be implemented.¹⁰ In this traditional program, dentists and other providers enrolled with the state are paid directly for services provided.

Enrolled Children under Age 21 Receiving an Annual Medicaid Dental Visit

	1998	1999	2000	2001
Number with any Dental Visit	83,184 ¹¹	110,946	104,342	101,072 ¹²
Number Enrolled	341,091	326,138	328,090	?

Pediatric Medicaid Dental Reimbursement

The following table compares Minnesota's 2002 *fee-for-service* Medicaid program dental fees for 15 common pediatric dental services with fees reported by dentists in the West North Central Region who participated in the ADA's 2001 survey of dental fees.

⁶ Dental access for Minnesota health care program beneficiaries: Report to the 2001 Minnesota Legislature. January 15, 2001. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/HealthCare/PDF/2001DentalAccessreport.pdf>. Accessed June 2003.

⁷ Kennedy M. Minnesota Department of Human Services. Written personal communication to JB Bramson. February 19, 2003.

⁸ Kennedy M. Ibid.

⁹ 2001 model PMAP/PGAMC/MinnesotaCare contract. Section 4.1.5. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/HealthCare/pdf/2001Model.pdf>. Accessed June 2003.

¹⁰ PMAP/Medicaid Equalization: Meeting the cost of caring in rural Minnesota. Minnesota Primary Care Association. Available at: <http://www.mnruralhealth.org/state/equalization.htm>. Accessed June 2003.

¹¹ Kennedy M. Ibid. Data in this cell provided by T. Fields.

¹² Kennedy M. Ibid. Data in this cell provided by T. Fields.

Procedure Code	Procedure Description	MN Medicaid Fee (shown) in Relation to ADA 2001 West North Central (WNC) Region Fee Percentiles				
		9th %-ile or below	10th - 24th Percentile	25th-49th Percentile	50th-74th Percentile	75th %-ile or above
Diagnostic						
D0120	Periodic Oral Exam	\$ 12.22				
D0150	Initial/Comprehensive Oral Exam	\$ 15.93				
D0210	Complete X-rays, with Bitewings	\$ 38.75				
D0272	Bitewing X-rays – 2 Films	\$ 11.20				
D0330	Panoramic X-ray Film	\$ 35.69				
Preventive						
D1120	Prophylaxis (cleaning)-Child	\$ 18.34				
D1203	Topical Fluoride (excluding prophylaxis)		\$ 14.00			
D1351	Dental Sealant	\$ 17.30				
Restorative						
D2150	Amalgam, 2 surfaces, permanent tooth	By Report				
D2331	Resin, 2 surfaces, anterior tooth	\$ 48.95				
D2751	Crown, porcelain fused to base metal	\$ 409.76				
D2930	Prefabricated Steel Crown, primary tooth	\$ 76.51				
Endodontics						
D3220	Removal of tooth pulp	\$ 40.80				
D3310	Anterior Endodontic Therapy	\$ 178.55				
Oral Surgery						
D7110	Extraction, single tooth	\$ 33.66				

WNC = IA, KS, MN, MO, NE, ND, SD

State Medicaid Dental Innovations

Infrastructure Developments

As required by statute, the DHS developed a number of legislative reports analyzing dental access problems and possible solutions. The first report, completed in 1999, described a number of efforts beginning in the early 1990s to identify access barriers with a focus on reimbursement and specify a number of possible solutions for expanding access in public programs.¹³ A follow-up report that same year compared utilization rates among managed care and non-managed care enrollees of the state's public programs.¹⁴

In December 1999, per legislation passed earlier in the year, DHS convened a dental access advisory committee. The group helped to develop a report that was presented to the legislature in January 2001, containing numerous recommendations for policy and legislative change, a number of which subsequently have been implemented.¹⁵ During this same period of time, a state delegation participated in a National Governors

¹³ Dental services access report. Expanding access to dental services for recipients of the Medical Assistance, General Assistance Medical Care, and MinnesotaCare Programs. March 1999. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/HealthCare/pdf/dental.pdf>. Accessed June 2003.

¹⁴ Dental services access report-addendum. May 1999. Minnesota Department of Human Services.

¹⁵ Dental access for Minnesota health care program beneficiaries: Report to the 2001 Minnesota Legislature. Available at: <http://www.dhs.state.mn.us/HealthCare/PDF/2001DentalAccessreport.pdf>. Accessed June 2003.

Association Oral Health Policy Academy in December 2000,¹⁶ and DHS commissioned a 2000 survey of Minnesota's dentists and consumers to assess their attitudes and experiences concerning the state's dental care programs.¹⁷ Additional information on the status of the dental workforce in the state is contained in a 2002 report by the Minnesota Department of Health.¹⁸ Legislation passed in 2001 required DHS to convene another dental access advisory committee to "monitor purchasing, administration, and coverage of dental care services to ensure access and quality" and to prepare a report to be presented to the legislature in 2003.¹⁹

A number of legislative initiatives in 2001 and 2002 created programs to address dental access concerns:

- Dental students are included in a loan forgiveness program providing \$10,000 annually for 14 dentists who agree to serve public program patients.²⁰ This program began in July 2001. All 28 slots have been filled for the program's first biennium. It is estimated that participating dentists will provide more than 20,000 patient visits in this biennium and will have delivered more than 50,000 visits when the program completes its start-up period in fiscal year 2005.²¹
- Dental hygienists and assistants may provide certain services in community facilities without prior dentist examination of the patient, if clinical experience requirements are met and there is a collaborative agreement with a licensed dentist who accepts responsibility for the services.²² Anecdotal reports indicate that there have been very few collaborative agreements since the legislation was passed in 2001. The primary reasons for the low level of participation may be that collaborative agreements largely limit dental hygienists to cleaning teeth. The application of sealants is not permitted, and services can be rendered only in settings other than those where children are likely to be seen.²³
- New expanded duties (limited to reversible procedures) are being developed for dental assistants and hygienists by the Minnesota Board of Dentistry. Rule language is being drafted in 2003.

¹⁶ Minnesota's Application, National Governors Association Oral Health Policy Academy for State Officials, December 13, 2000. (Information about NGA's Oral Health Policy Academy is available at: http://www.nga.org/center/divisions/1,1188,C_ISSUE_BRIEF^D_3915,00.html.) Accessed June 2003.

¹⁷ McRae JA, Fields TR. Perspectives of dentists and enrollees on dental care under Minnesota health care programs. Minnesota Department of Human Services. St Paul, Minnesota. May 2002; Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/HealthCare/reportsmanuals/MS-2031-ENG.pdf>. Accessed June 2003.

¹⁸ Minnesota dentist workforce profile. Office of Rural Health and Primary Care. February 2002. Minnesota Department of Health. Available at: <http://www.health.state.mn.us/divs/chs/workdata.htm>. Accessed June 2003.

¹⁹ Minnesota Statutes 2002, Section 256B.55. Minnesota State Legislature. Available at: <http://www.leg.state.mn.us>. Accessed June 2003.

²⁰ FY2003 & 2004 guidelines for the Dentist Loan Forgiveness Program. Minnesota Department of Health. Available at: <http://www.health.state.mn.us/divs/chs/dentist.htm>. Accessed June 2003.

²¹ Kennedy M. Minnesota Department of Human Services. Ibid.

²² Minnesota Statutes, 2001. Section 150A-10: Allied dental personnel. Minnesota Office of the Revisor of Statutes. Available at: <http://www.revisor.leg.state.mn.us/stats/150A/10.html>. Accessed June 2003.

²³ Kennedy M. Minnesota Department of Human Services. Ibid.

- A guest license to practice as a dentist, dental hygienist, or dental assistant may be granted if the individual currently is licensed in an adjacent state and seeks to practice in an approved nonprofit public health setting in Minnesota serving indigent and underserved populations at that specific location.²⁴
- Reimbursement may be provided for certain costs of a retired dentist's provision of services for 100 hours in a 12-month period at a community clinic.²⁵
- Foreign-trained dentists may practice as dental assistants or hygienists, and, if they demonstrate appropriate training, they may no longer be disqualified from taking the dental licensure examination²⁶
- A dental practice may be donated to a charitable organization that would maintain the practice and provide services to a percentage of underserved patients.²⁷
- Funds have been set aside for innovative clinical training for dental professionals and programs to address access to dental care for underserved populations.²⁸ The Minnesota Department of Health issued a request for proposals from teaching institutions and clinical training sites. Seven applications were received and in August 2002, five grants, totaling \$806,144, were awarded.

Other legislative initiatives and administrative activities that affect the Medical Assistance program directly have been described by the DHS²⁹ and other entities. These are summarized in the following sections:

Administrative Policies and Procedures

- Effective May 2002, additional prior authorization restrictions based on age and frequency were removed for a number of children's dental services in the fee-for-service program.³⁰
- Effective January 2001, Medical Assistance recipients living in five counties were enrolled in prepaid health plans. However, as a pilot project, dental services were carved out of the prepaid plans and will be provided on a fee-for-service basis.

²⁴ Chapter 370-H.F.No. 3200: Minnesota Session Laws. Minnesota Office of the Revisor of Statutes. 2002. Available at: <http://www.revisor.leg.state.mn.us/slaws/2002/c370.html>. Accessed June 2003.

²⁵ Minnesota Statutes, 2001. Section 256.958: Retired dentist program. Minnesota Office of the Revisor of Statutes. Available at: <http://www.revisor.leg.state.mn.us/stats/256/958.html>. Accessed June 2003.

²⁶ Minnesota Statutes, 2001. Section 150A.06: Licensure. Minnesota Office of the Revisor of Statutes. Available at: <http://www.revisor.leg.state.mn.us/stats/150A/06.html>. Accessed June 2003.

²⁷ Minnesota Statutes, 2001. Section 256.959: Dental practice donation program. Minnesota Office of the Revisor of Statutes. Available at: <http://www.revisor.leg.state.mn.us/stats/256/959.html>. Accessed June 2003.

²⁸ Establishment of a clinical education innovations pool for dental professionals. 2001 legislative summary. Recent Medical Education and Research Costs (MERC) Trust Fund Legislation. Minnesota Department of Health. Available at: <http://www.health.state.mn.us/divs/hpsc/hep/merc/merclpbg.htm#01summary>. Accessed June 2003.

²⁹ Kennedy MB. Minnesota's Plan of Action. July 27, 2001. (Minnesota's response to CMS's Center for Medicaid and State Operations Director's letter of January 18, 2001, #01-010, Access of low-income children to necessary dental services. Director's letter is available at: <http://cms.gov/states/letters/smd118a1.pdf>. Accessed June 2003.)

³⁰ Dental Provider Update #123. August 16, 2002. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/Provider/upd/update123.htm>. Accessed June 2003.

- Under a 1993 state law, each health care provider who treats state or county employees enrolled in certain public employee health benefit programs must accept Minnesota health care program beneficiaries (such as Medical Assistance enrollees), until 20% of their patients are Minnesota health care program beneficiaries. In 1997, the Legislature lowered the legal threshold only for dental providers to 10% of their patients.^{31 32}
- ADA CDT-3 codes and claim forms are used.³³
- Electronic submission of claims is available.³⁴
- All providers are able to confirm beneficiary eligibility through an Electronic Verification System (EVS) through the telephone system. It is available 24 hours a day, seven days a week.

Workforce Resources

- In February 2000, DHS awarded eight grants to improve dental access.³⁵ As a result of legislative action in 2001, additional dental access grants totaling \$800,000 were made available to community clinics and other nonprofit organizations to improve access to dental care. After delays due to funding freezes, these grants were awarded in the fall of 2002. All of the grantees have contracted to serve mostly Medical Assistance patients.

Education, Communication, and Patient Care Facilitation

- A Dental Access Advisory Committee has been established by DHS to monitor the administration of the state's public dental care programs and to make recommendations for improving access to quality care.³⁶ Membership includes a wide range of stakeholders, including representatives of metro area and non-metro area general dentists, oral surgeons, pediatric dentists, dental hygienists, community clinics, client advocacy, public health, Head Start, health plans, the University of Minnesota's School of Dentistry and its Department of Pediatrics, and the Minnesota Department of Health. The members' terms will run through June 30, 2003.

³¹ Minnesota Statutes, 2001. Section 256B.0644; Participation required for reimbursement under other state health care programs. Minnesota Office of the Revisor of Statutes. Available at: <http://www.revisor.leg.state.mn.us/stats/256B/0644.html>. Accessed June 2003.

³² Dental access for Minnesota health care program beneficiaries. Ibid. Available at: <http://www.dhs.state.mn.us/HealthCare/PDF/2001DentalAccessreport.pdf>. Accessed June 2003.

³³ American Dental Association claim form instructions. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/provider/training/tools/instruct-ada.htm>. Accessed June 2003.

³⁴ Electronic data interchange. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/provider/edi/default.htm>. Accessed June 2003.

³⁵ Grants will address dental care shortages in state health care programs. DHS Newsroom. February 14, 2000. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/newsroom/news/dental.htm>. Accessed June 2003.

³⁶ Human Services commissioner announces appointments to Dental Access Advisory Committee. March 4, 2002. DHS Newsroom. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/newsroom/news/DentadvNR.htm>. Accessed June 2003.

- The Medical Assistance provider manual was updated in 2002 and is available on the Internet,³⁷ as are a set of dental specific frequently asked questions.³⁸
- A Provider Help Desk is available by telephone to assist fee-for-service dentists with coverage, billing and payment questions.³⁹

Financing and Reimbursement

- In 1992, the payment rate for the Medical Assistance program was set at the 50th percentile of 1989 mean usual and customary charges. This was the first fee increase since 1982.
- During the period from 1992 to 2001, the Minnesota legislature increased the payment rate for dental services several times:
 - In 1997, dental fees increased by 5%.
 - In 1998, dental fees increased by 3%.
 - In 1999, the payment rate for fluorides and sealants was set at 80% of median 1997 billed charges.
 - In 2000, dental reimbursement increased by 3%.
- Effective with the 2001 prepaid health plan contracts, DHS included an incentive program under which additional, retrospective payments may be made to the plan, if the plan is successful in documenting increasing annual dental visits.⁴⁰ Only one of the eight contractors earned this payment for 2001. Data to assess 2002 contract year performance was not available, as of February 2003.⁴¹
- In January 2002, DHS increased payment rates for diagnostic examinations and dental radiographs for children to 85% of median 1999 charges submitted to DHS.
- Also, effective January 2002, Medical Assistance reimbursements to dentists and dental clinics deemed to be critical access dental providers were increased substantially above the normal reimbursement rate.⁴² DHS initially designated approximately 140 dentists as critical access dental providers. These dentists were paid rates 40% higher than the standard Medical Assistance fee-for-service rates. To be selected, the dentists had to have \$50,000 or more in DHS claims payments or estimated health plan claims payments during a 12-month period. In July 2002, DHS expanded the program by approving funds for this purpose to the prepaid managed care contractors. Each plan is responsible for determining the criteria

³⁷ Provider manual. August 2002. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/Provider/manual/default.htm>. Accessed June 2003.

³⁸ Frequently asked dental questions and answers. June 1999. Department of Human Services. Available at: <http://www.dhs.state.mn.us/provider/faqs/dental.htm>. Accessed June 2003.

³⁹ Help desk contact telephone numbers. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/provider/helpdesk.htm>. Accessed June 2003.

⁴⁰ 2001 model PMAP/PGAMC/ MinnesotaCare contract. Dental Care Incentive Section 7.7.1. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/HealthCare/pdf/2001Model.pdf>. Accessed June 2003.

⁴¹ Kennedy M. Minnesota Department of Human Services. Ibid.

⁴² Minnesota Statutes, 2001. Section 256B.76; Physician and dental reimbursement. Minnesota Office of the Revisor of Statutes. Available at: <http://www.revisor.leg.state.mn.us/stats/256B/76.html>. Accessed June 2003.

necessary to become a critical access provider.⁴³ Thirty more providers were designated for fee-for-service rate increases effective January 1, 2003; their designations were based on agreements to provide high volumes of care to the underserved.

- The five-county, pilot carve-out of dental services from managed care, noted above, also includes enhanced reimbursement rates. Dentists will receive reimbursement 40% higher than the standard Medicaid rate. In evaluating the pilot, the aggregate increase in the number of dental visits will be measured for the participating providers.

Reported Results

- Preliminary results of the five-county pilot carve out of dental services from managed care, are expected in 2003.⁴⁴

⁴³ Seeking additional critical access dental providers. Provider Update No. 131. October 21, 2002. Minnesota Department of Human Services. Available at: <http://www.dhs.state.mn.us/Provider/upd/update131.htm>. Accessed June 2003.

⁴⁴ Kennedy M. Minnesota Department of Human Services. Ibid.