

## NORTH DAKOTA

### *Medicaid/SCHIP Dental Care for Children: Overview*

#### Eligibility and Dental Benefits

North Dakota expanded its Medicaid program under the State Children's Health Insurance Program (SCHIP) to cover uninsured children in the following age categories:

- Birth to age six from families with income up to 133% of the federal poverty level (FPL), and
- Ages six to 19 from families with income at or below 100% of the FPL.

Children ages 19 to 21 receive Medicaid benefits if they meet the state's Medicaid eligibility requirements. Comprehensive dental services are covered for children, as required under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service.

North Dakota also operates a separate SCHIP, called Healthy Steps, covering children in the following age categories:

- Birth to age five from families with income between 133% and 140% of FPL, and
- Ages six through 18 from families with income between 100% and 140% of FPL.<sup>1 2</sup>

The Healthy Steps benefit package is equivalent to that available to North Dakota State Employees, enhanced by the addition of preventive services and a dental and vision package. Specific dental benefits include exams, X-rays, prophylaxes, fluoride application, sealants, emergency care, restorative services, crowns, and temporomandibular joint services (with lifetime limits). Space maintainers are included, but no other orthodontic services.<sup>3</sup> No patient cost-sharing is required for the receipt of dental services.

#### Dental Administrative and Organizational Structure

The North Dakota Department of Human Services administers both the Medicaid program and Healthy Steps.<sup>4</sup> Children in the Medicaid program enroll in the North Dakota Access and Care program, under a 1932(a) State Plan Option.<sup>5</sup> This option

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<sup>1</sup> Healthy Steps children's health insurance plan. North Dakota Department of Human Services. Available at: <http://www.state.nd.us/childrenshealth/>. Accessed June 2003.

<sup>2</sup> North Dakota Title XXI program: Fact sheet. Centers for Medicare & Medicaid Services. Available at: <http://cms.gov/schip/chpfsnd.pdf>. Accessed June 2003.

<sup>3</sup> Forum for State Health Policy Leadership. State Children's Health Insurance Program Chartbook 2001. National Conference of State Legislatures. Washington, DC, 2001. The SCHIP Chartbook is available at: <http://www.ncsl.org/programs/health/chiphome.htm#n>. Accessed June 2003.

<sup>4</sup> Information about the Department, its services and budget. North Dakota Department of Human Services. Available at: <http://lnotes.state.nd.us/dhs/dhsweb.nsf>. Accessed June 2003.

<sup>5</sup> Section 1932(a) state plan option for managed care: Fact sheet/North Dakota. Centers for Medicare & Medicaid Services. Available at: <http://cms.hhs.gov/medicaid/1932a/nd1932fs.asp>. Accessed June 2003.

operates statewide and allows eligible beneficiaries to select a capitated managed care entity or primary care case manager responsible for arranging basic health services and facilitating referrals for all necessary specialty services. Dental services are not included in managed care, do not need a referral from the primary care provider, and are delivered on a fee-for-service basis by dentists enrolled with the state.

Children enrolled in Healthy Steps obtain all health services through a health insurance carrier indemnity program, Blue Cross Blue Shield Plan of North Dakota. Providers, including dentists, receive a fee-for-service payment.

Enrolled Children under Age 21 Receiving an Annual Medicaid Dental Visit

	1998	1999	2000	2001
Number with any Dental Visit	2,374	3,787	11,106	11,417
Number Enrolled	32,386	31,564	31,552	36,575

Pediatric Medicaid Dental Reimbursement

The following table compares North Dakota’s 2002 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.

Procedure Code	Procedure Description	ND 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
<b>Diagnostic</b>						
D0120	Periodic Oral Exam		\$ 19.70			
D0150	Initial/Comprehensive Oral Exam			\$ 29.75		
D0210	Complete X-rays, with Bitewings		\$ 56.85			
D0272	Bitewing X-rays – 2 Films		\$ 18.60			
D0330	Panoramic X-ray Film	\$ 48.40				
<b>Preventive</b>						
D1120	Prophylaxis (cleaning)-Child		\$ 25.55			
D1203	Topical Fluoride (excluding prophylaxis)			\$ 17.05		
D1351	Dental Sealant	\$ 20.25				
<b>Restorative</b>						
D2150	Amalgam, 2 surfaces, permanent tooth	\$ 58.50				
D2331	Resin, 2 surfaces, anterior tooth	\$ 69.65				
D2751	Crown, porcelain fused to base metal					
D2930	Prefabricated Steel Crown, primary tooth		\$ 97.90			
<b>Endodontics</b>						
D3220	Removal of tooth pulp			\$ 63.80		
D3310	Anterior Endodontic Therapy		\$ 284.15			
<b>Oral Surgery</b>						
D7110	Extraction, single tooth	\$ 52.15				

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

## *State Medicaid Dental Innovations*

### Infrastructure Developments

In April 2000, the Oral Health Program within the North Dakota Department of Health conducted a dental summit with funding support from the federal Health Resources and Services Administration. Practitioners, dental professional associations, consumers, representatives of Head Start, Native American organizations, and other stakeholders attended the summit to map out future oral health improvement strategies for the state.<sup>6</sup> Subsequent to the summit, the North Dakota Dental Association developed a dental mentoring program in which North Dakota residents attending dental school in Minnesota have an option to work with a North Dakota dentist/mentor as part of their training experience.<sup>7</sup> The summit is credited with leading to additional coalition development in the state's Red River Region, reinstatement of a dental extern program in which North Dakota hosts dental students from the University of Minnesota, development of a Tri-State dental task force (Minnesota, North Dakota, and South Dakota), and legislative initiatives.<sup>8</sup>

North Dakota's Oral Health Program provides information to the public and state policymakers about the dental workforce in the state, water fluoridation status, and preventive and educational services. The North Dakota Dental Association has conducted additional dental workforce surveys.<sup>9</sup> Other reports, beginning as early as 1992, have provided information of value to policymakers concerning North Dakota's Medicaid oral health access problems,<sup>10</sup> dental access issues of Head Start children,<sup>11</sup> the importance of oral health in well-child programs,<sup>12</sup> and regional dental access issues.<sup>13</sup>

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<sup>6</sup> North Dakota dental health summit—Oral Health Access: Shaping the future. Proceedings. April 14, 2000. Bismarck, North Dakota. North Dakota Oral Health Program. Available at: <http://www.health.state.nd.us/ndhd/prevent/mch/dental/>. Accessed June 2003.

<sup>7</sup> Epstein CA. States' approaches to increasing Medicaid beneficiaries' access to dental services. Centers for Health Care Strategies. November 2000. Available at: <http://www.chcs.org/publications/pdf/ips/DENTAL.pdf>. Accessed June 2003.

<sup>8</sup> Sutherland J, Raisl D. North Dakota oral health summit: Synopses of events and outcomes. (A memorandum provided by the Maternal and Child Health Program. Health Resources and Services Administration).

<sup>9</sup> Legislative Issues. North Dakota Dental Association. Available at: <http://www.nddental.com/legislative/workforce.shortage.html>. Accessed June 2003.

<sup>10</sup> Holman, BL, North Dakota 1992. Summary of 15 state reports. Children's Dental Health Project. Available at: [http://www.childent.org/Publications/State\\_Surveys.htm#North%20Dakota](http://www.childent.org/Publications/State_Surveys.htm#North%20Dakota). Accessed June 2003.

<sup>11</sup> North Dakota: Child and family services reviews-final assessment. April 12, 2002. The Administration for Children and Families. Available at: <http://cb1.acf.dhhs.gov/programs/cb/cwrp/staterpt/nd.htm>. Accessed June 2003.

<sup>12</sup> Gallagher J, Mathis S, Kyere D. North Dakota parents' perceptions and behaviors concerning the utilization of preventive and well-child services for children and adolescents. September 2001. CompCare. Available at: [http://www.compcareta.net/pdf/html/ND\\_Final\\_rpt.htm](http://www.compcareta.net/pdf/html/ND_Final_rpt.htm). Accessed June 2003.

<sup>13</sup> Apple Tree and the Bush Foundation help create dental access solutions in Bismarck, North Dakota. Apple Tree Dental. Available at: <http://www.appletreedental.org/Comm.htm#bismarck>. Accessed June 2003.

The Red River Valley Dental Access Project was created in 2000 to address regional-based dental access issues in Fargo, North Dakota and Moorhead, Minnesota. The project is a collaboration between the North Dakota and Minnesota state health and human service agencies, private dentists, community health centers, local public health units, and other community stakeholders that focuses on developing a strategic plan to improve preventive dental education, increase the dental workforce, create and improve funding for dental programs, and provide emergency access to dental care for indigent patients.<sup>14</sup>

Several recent legislative initiatives also may have an effect on the oral health of Medicaid enrolled children. One provision, which was effective July 2001, allows dental hygienists to provide services under general supervision at satellite clinics of the supervising dentist.<sup>15</sup> Another provision provided state funds to increase the number of slots available for North Dakota dental students in the Western Interstate Commission for Higher Education (WICHE)<sup>16</sup> Professional Student Exchange Program; however, there is no provision to require students to return to North Dakota to practice.

In June 2002, North Dakota received a grant from the federal Centers for Disease Control and Prevention to develop and implement a state oral health surveillance system, assist communities to develop and implement oral health improvement plans aimed at increasing access to care, enhance staffing in the state's Oral Health Program, and conduct health communications activities to increase awareness of the importance of oral health among the public and policymakers.<sup>17</sup>

The North Dakota Department of Human Services, as an active participant in collaborative discussions on oral health issues in the state, has identified activities that address dental access for Medicaid enrolled children. These activities are summarized in the following sections:<sup>18</sup>

#### Administrative Policies and Procedures

- Electronic submission of claims is available for dentists.
- Prior authorization requirements have been reduced and the Medicaid dental provider manual has been updated to include explanations of those services that still require prior approval.

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<sup>14</sup> Red River Valley Dental Access Project. Available at: <http://www.rrdentalaccess.com/index.shtml>. Accessed June 2003.

<sup>15</sup> Rules and regulations: Hygienists. North Dakota Board of Dental Examiners. Available at: <http://www.nddentalboard.org/>. Accessed June 2003.

<sup>16</sup> Western Interstate Commission for Higher Education. Available at: <http://www.wiche.edu/>. Accessed June 2003.

<sup>17</sup> Cooperative Agreements: CDC funds seven states to strengthen oral disease prevention programs. State-by-State Reports. Centers for Disease Control and Prevention. July 1, 2001. Available at: [http://www.cdc.gov/OralHealth/state\\_reports/funding.htm](http://www.cdc.gov/OralHealth/state_reports/funding.htm). Accessed June 2003.

<sup>18</sup> Zentner DJ. June 25, 2001. North Dakota Department of Human Resources. (North Dakota'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.

## Workforce Resources

- The loan forgiveness program for dentists, enacted in 2001, will support up to three dentists per year serving in underserved and rural areas of the state for four years per recipient, with an award total not to exceed \$80,000 per recipient. Willingness to accept Medicaid beneficiaries is a criterion for selection of recipients.<sup>19</sup> Another program provision that stipulates that recipients must practice in communities of varying population size is being considered for elimination by the legislature (as of 2003).

## Education, Communication, and Patient Care Facilitation

- Outreach and case management is provided on a statewide basis by regional EPSDT coordinators who work closely with dental providers and conduct scheduling and patient follow-up for dental appointments. Coordinators also assist families in arranging for transportation to the dental office and educating on the importance of keeping dental appointments. Several local outreach and case management projects supported by the state are underway (i.e., Red River Valley Dental Access Project).
- The “will show” project, developed in 1999 by the state Oral Health Program, is used by referral agencies to provide Medicaid families with information (through a brochure and a video) about the importance of dental preventive services and not missing appointments.
- A dentist representative serves on the North Dakota Medical Care Advisory Board, and specific dental issues are regularly addressed at board meetings.

## Financing and Reimbursement

- In 1997, the state added \$2 million for dental reimbursement rate increases, with enhancements for specific dental procedures made on the basis of recommendations from the North Dakota Dental Association.
- Fee enhancements to correct for inflation have averaged about 2% in each year since 1997), and these cost-of-living increases are built into the state budget through 2003. The increase did not occur in 2002 due to state budget constraints.

## Reported Results

- Over the years, dentist participation in the Medicaid program has remained stable, neither increasing nor declining.<sup>20</sup>

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<sup>19</sup> Dentists' loan repayment program. Chapter 385. Occupations and Professions. 2001 Session Laws. North Dakota Legislative Branch. Available at: [http://www.state.nd.us/lr/assembly/57-2001/session\\_laws/documents/OCCPT.pdf#CHAPTER385](http://www.state.nd.us/lr/assembly/57-2001/session_laws/documents/OCCPT.pdf#CHAPTER385). Accessed June 2003.

<sup>20</sup> Beyer MA. Written personal communication to D. Schneider. February 13, 2003.