

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 incomes up to 133% of the federal poverty level (FPL),
- Ages six to 19 from families with incomes at or below 100% of the FPL, and
- Children ages 19 to 21, if they meet the state's Medicaid eligibility requirements under the Medically Needy Aid Category.

Comprehensive dental services are covered for children, age birth to 21 years, 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 incomes between 133% and 140% of FPL, and
- Ages six through 18 from families with incomes between 100% and 140% of FPL.^{1, 2}

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.³ No patient cost sharing is required to receive dental services.

Dental Administrative and Organizational Structure

The North Dakota Department of Human Services administers both the Medicaid program and Healthy Steps.⁴ Children in the Medicaid program enroll in the North

¹ Healthy Steps children's health insurance plan. North Dakota Department of Human Services. Available at: <http://www.state.nd.us/childrenshealth/>. Accessed November 2004.

² North Dakota Title XXI program: Fact sheet. Centers for Medicare & Medicaid Services. Available at: <http://www.cms.hhs.gov/schip/factsheets/chpfsnd.pdf>. Accessed November 2004.

³ 2003 State Children's Health Insurance Program Chartbook. Forum for State Health Policy Leadership. Available from National Conference of State Legislatures. Washington, DC. 2004.

⁴ Information about the Department, its services and budget. North Dakota Department of Human Services. Available at: <http://www.state.nd.us/humanservices/>. Accessed November 2004.

Dakota Access and Care program, under a 1932 (a) State Plan Option.⁵ This option, which operates statewide, 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

CMS 416 lines 12a/ and 1	1998	1999	2000	2001	2002 ⁶	2003
Number with any Dental Visit	2,374	3,787	11,106	11,417	10,192	11,638
Number Enrolled	32,386	31,564	31,552	36,575	35,328	38,494

Pediatric Medicaid Dental Reimbursement

The following table compares North Dakota’s 2004 state Medicaid payment rates (for 15 procedures) to claims for the same procedures submitted by dentists to commercial insurers and other payers in the state and in the region (IA, KS, MN, MO, NE, ND, SD). For example, column one indicates that in the state, the Medicaid program pays \$19.70 for a periodic oral examination. The second column shows that in the region, 50 percent of dentists’ claims for this procedure (50th percentile) were in an amount equal to or less than \$28.00. The third column shows that in the state, 50 percent of dentists’ claims (50th percentile) were in an amount equal to or less than \$25.00 for this service. The fourth column shows that in the state, 75 percent of dentists’ claims (75th percentile) were in an amount equal to or less than \$29.00 for this service. The last column indicates that the state Medicaid payment rate for this service falls at the 10th percentile when comparing it against claims submitted by dentists to other payers for the same procedure. This indicates that 10 percent of dentists’ claims for the procedure were \$19.70 or less, while 90 percent of dentists’ claims for this service were for a greater amount. (For additional information on the percentile comparison methodology, see Appendix.)

⁵ 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 November 2004.

⁶ Eisenmann CK. Written personal communication to D. Schneider. July 28, 2004. Data for 2002 and 2003 provided.

ND Medicaid Payment Rates for Selected Procedures			Comparisons with Dentists' Claims for Insured Patients in the ADA West North Central (WNC) Region and in the State of North Dakota			
CDT4 Procedure Code	Procedure Description	ND Medicaid Payment Rate	WNC Region 50th Percentile	ND State 50th Percentile	ND State 75th Percentile	State Percentile Corresponding to ND Medicaid Payment Rate
Diagnostic						
D0120	Periodic Oral Exam	\$19.70	\$28.00	\$25.00	\$29.00	10th
D0150	Comprehensive Oral Exam	\$29.75	\$40.00	\$35.00	\$43.00	12th
D0210	Complete X-rays, with Bitewings	\$56.85	\$80.00			1st *
D0272	Bitewing X-rays - 2 Films	\$18.60	\$26.00	\$26.00	\$29.00	< 1st
D0330	Panoramic X-ray Film	\$48.40	\$70.00	\$67.00	\$75.00	< 1st
Preventive						
D1120	Prophylaxis (cleaning)	\$25.55	\$39.00	\$38.00	\$39.00	2nd
D1203	Topical Fluoride (excluding cleaning)	\$17.05	\$22.00	\$22.00	\$25.00	17th
D1351	Dental Sealant	\$20.25	\$31.00	\$29.00	\$31.00	4th
Restorative						
D2150	Amalgam, 2 Surfaces, Permanent Tooth	\$62.30	\$89.00	\$87.00	\$95.00	4th
D2331	Resin Composite, 2 Surfaces, Anterior Tooth	\$74.20	\$109.00	\$102.00	\$113.00	5th
D2751	Crown, Porcelain Fused to Base Metal	\$425.15	\$613.00			2nd *
D2930	Prefabricated Steel Crown, Primary Tooth	\$97.90	\$160.00	\$159.00	\$159.00	< 1st
Endodontics						
D3220	Removal of Tooth Pulp	\$63.80	\$95.00	\$100.00	\$105.00	< 1st
D3310	Anterior Endodontic Therapy	\$284.15	\$424.00			4th *
Oral Surgery						
D7140	Extraction, Single Tooth	\$52.15	\$80.00	\$75.00	\$86.00	23rd

State Medicaid payment rates are based on 2004 state-reported schedules
Regional and state actual, 50th and 75th percentile information is based on 2003 data from the ADA's national claims database.
* Number of procedures for calculation of state statistics is less than 25. The percentile corresponding to the ND Medicaid payment rate (Column 7) is computed for the region. Make comparisons at the regional level only.

This claims data is provided solely to facilitate state Medicaid and SCHIP reform initiatives. It should not be interpreted by dentists as constituting a fee schedule, and should not be used by dentists for that purpose. Dentists must establish their own fees based on their individual practice and market considerations.

State Innovations Affecting Medicaid/SCHIP Dental Programs

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 and Native American organizations, and other stakeholders attended the summit to map out future oral health improvement strategies for the state.⁷ After 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.⁸ 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.⁹

North Dakota's Oral Health Program within the North Dakota Department of Health¹⁰ 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 also has conducted dental workforce surveys.¹¹ Other reports, beginning as early as 1992, have provided information of value to policymakers concerning North Dakota's Medicaid oral health access problems, dental access issues of Head Start children,¹² and the importance of oral health in a well-child program.¹³

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.¹⁴ In August 2004, a new dental clinic has opened to serve low-income, Medicaid, and underserved populations on a sliding-fee scale in Burleigh (Bismarck) and Morton (Mandan) counties.

⁷ 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 November 2004.

⁸ Epstein CA. States' approaches to increasing Medicaid beneficiaries' access to dental services. Centers for Health Care Strategies. November 2000.

⁹ 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).

¹⁰ North Dakota Oral Health Program. Available at: <http://www.health.state.nd.us/ndhd/prevent/mch/dental/>. Accessed November 2004.

¹¹ Legislative Issues. North Dakota Dental Association. Available at: <http://www.nddental.com/legislative/workforce.shortage.html>. Accessed November 2004.

¹² 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 November 2004.

¹³ 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. Accessed November 2004.

¹⁴ Red River Valley Dental Access Project. Available at: <http://www.rrdentalaccess.com/index.shtml>. Accessed November 2004.

Several recent legislative initiatives also may have an effect on the oral health of Medicaid-enrolled children. One provision, which went into effect in July 2001, allows dental hygienists to provide services under general supervision at satellite clinics of the supervising dentist.¹⁵ A second 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)¹⁶ Professional Student Exchange Program; however, there is no provision to require students to return to North Dakota to practice.

In June 2002, the North Dakota Oral Health Program received a grant from the federal Centers for Disease Control and Prevention (CDC) 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.¹⁷ Continued CDC funding for capacity- and infrastructure-building activities was used to help support formation of the North Dakota Oral Health Coalition, which represents a diverse group of individuals and organizations; the coalition has held productive meetings and is seeking to become self-sustaining.

The Oral Health Program also received State Oral Health Collaborative Systems Grant funding from the federal Health Resources and Services Administration, which supports provision of oral health education for medical providers and Head Start and Women, Infants and Children (WIC) staff members. These funds also were used to conduct a statewide, oral health basic screening survey of third graders in August 2004.

As an active participant in collaborative discussions on oral health issues in the state, the North Dakota Department of Human Services has identified activities that address dental access concerns for Medicaid-enrolled children. These activities, updated in 2004,¹⁸ are summarized in the following sections.¹⁹

¹⁵ Rules and regulations: Hygienists. North Dakota Board of Dental Examiners. Available at: <http://www.nddentalboard.org/>. Accessed November 2004.

¹⁶ Western Interstate Commission for Higher Education. Available at: <http://www.wiche.edu/>. Accessed June 2004.

¹⁷ 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/cooperative_agreements/index.htm. Accessed November 2004.

¹⁸ Eisenmann CK. Written personal communication to D. Schneider. July 28, 2004.

¹⁹ 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 November 2004.

Administrative Policies and Procedures

- Dentists may submit claims electronically.²⁰
- 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. The dental program provider manual became available on the Internet in June 2004.²¹

Workforce Resources

- The loan forgiveness program for dentists, enacted in 2001, supports 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 selecting recipients.²² A provision stipulating that recipients must practice in communities of varying population size was eliminated during the 2003 legislative session.

Education, Communication, and Patient Care Facilitation

- Outreach and case management are provided statewide 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 state-supported local outreach and case management projects are underway (e.g., Red River Valley Dental Access Project).
- The *Project Will Show Program*, developed in 1999 by the state Oral Health Program, has been used to some degree 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; to enhance its utility, it is being retooled and remarketed to better suit the needs of the communities.
- A dentist representative serves on the North Dakota Medical Care Advisory Board, which regularly addresses specific dental issues at its board meetings.

²⁰ HIPAA/Electronic data interchange. Department of Human Services. Available at: <http://www.state.nd.us/humanservices/services/medicalserv/medicaid/edi.html>. Accessed November 2004.

²¹ Provider manual for dental services: Medicaid management information system. Available at: <http://www.state.nd.us/humanservices/services/medicalserv/medicaid/docs/dental-provider-manual2004.pdf>. Accessed November 2004.

²² 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>. Accessed November 2004.

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 were built into the state budget through 2003.
- Reimbursement levels for the Healthy Steps dental program are considered to be somewhat higher than reimbursement levels in the Medicaid dental program.

Reported Results

- Over the years, dentist participation in the Medicaid program has remained stable, neither increasing nor declining.²³ Achieving substantial additional increases in North Dakota dentist enrollment in the Medicaid program may be difficult, as there were only 296 licensed dentists in North Dakota at the end of 2003, and most dentists in the state already participate in the program.²⁴
- The jump in utilization of dental services recorded during October 1999–September 2000 may be attributed to the Medicaid dental fee increase in 1997, in combination with enhancements in the operation of the Medicaid program and concerted efforts by the North Dakota Dental Association to inform its members of program changes and to encourage member participation.²⁵
- In the year ending September 30, 2003, about 61% of children enrolled in Healthy Steps for any part of the year made at least one dental visit.

²³ Beyer MA. Written personal communication to D. Schneider. February 13, 2003.

²⁴ Cichy J. North Dakota Dental Association. Written personal communication to D. Schneider. August 18, 2004.

²⁵ Cichy J. North Dakota Dental Association. Written personal communication to D. Schneider. August 19, 2004.