

Dental Action Plan Template For Medicaid and CHIP Programs

State: North Dakota

Program (please designate): Both Medicaid and CHIP

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In an effort to increase the number of Medicaid and CHIP children who have access to dental care and receive preventive dental services, CMS is working with States to implement two national oral health goals. While some States have undertaken oral health improvement activities in recent years, additional activities are needed to increase access and prevention in order to meet children's needs and these goals. CMS will provide States with technical assistance and opportunities to share best practices to assist them in meeting these goals.

The purpose of this Action Plan is to identify what activities States intend to undertake in order to achieve these dental goals. CMS will share each State's plan by posting them on the CMS website, but CMS will omit posting proprietary dental provider payment data upon State request. In addition, States are asked to provide baseline information on their existing programs, and to identify access issues and barriers to care that they are currently facing so CMS can help address these issues with technical assistance. While CMS is interested in learning about efforts or activities States have already undertaken as well as successes of those efforts and lessons learned, development of the Action Plan will primarily serve to assist States in their efforts to document their current activities and collaborations to improve access and to inform States about where their resources could best be devoted to achieve the goals. This information will also be used to assist other States in their efforts to increase access.

Medicaid and CHIP Dental Health Goals:

- Increasing the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period.

To be phased-in:

- Increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period.

Instructions & Next Steps:

- 1) Each State, including the District of Columbia, is to complete this Dental Action Plan Template in its entirety as a Word document. Please **do not** include graphics or charts in the Template itself, as these items are not compatible for posting on the CMS website. You may attach separate documentation if you want to submit additional information. CMS encourages the Territories to complete a dental action plan but the Territories will not be included in the dental goal.
- 2) If you are undertaking State-wide oral health improvement activities that impact both programs, you may submit one combined dental action plan. Separate dental action plans should be submitted in States that are addressing oral health improvement activities separately in their Medicaid and separate CHIP programs.
- 3) Once you have completed the template, please e-mail this information to your CMS Regional Office within six months of the date of the State Health Official letter.
- 4) CMS Regional Office staff will review the information and send it to CMS Central Office for further review. Regional Office staff will contact you for additional information, if appropriate or necessary.
- 5) After reviewing and compiling this information, CMS plans to post this information on the CMS website.
- 6) CMS Regional Office staff will follow up with States on a regular basis to track the progress of the State Action Plans and achievement towards the goal(s).

If you have any questions when filling out this template, please contact your CMS Regional Office.

Oral Health Program (Background)

Provide information on your current oral health program for children under Medicaid and/or CHIP. Include information about your State's current delivery system(s) (e.g., fee-for-service, managed care, administrative service organization, etc.). If your State has changed delivery

systems in recent years, explain the reason for the change and the impact on access to dental services. Also include information on provider participation rates (including dental specialists and other providers, such as physicians, dental hygienists and other newer model mid-level practitioners) and issues with access to oral health services in underserved areas.

“Underserved areas” would include areas of your State that you know are rural, frontier or where it is difficult to recruit providers as well as designated Dental Health Professional Shortage Areas (DHPSAs).

- *Access Issues/Barriers to Oral Health Services (please provide information on issues/barriers that you are aware of that impede access to providing oral health services to children through Medicaid or CHIP in your State generally, as well as in underserved areas, and any steps you have taken to address those issues or barriers):*
 - *In State fiscal year 2011, North Dakota had 16 out of 53 counties, without a Medicaid enrolled dentist. In State fiscal year 2011, there were also 28 out of the 53 counties without a Medicaid billing dentist who served 50 or more children.*

- *Current Dental Delivery System (e.g., fee for service, managed care, use of administrative service organization or combination dental programs). If you have a combination dental delivery system, provide the number of children served by each system:*
 - *Currently, North Dakota children on Medicaid are in a fee for service program while the children in CHIP are in a managed care program. As of September 2012, there were 38,747 children on Medicaid and 3,996 children in CHIP.*

- *Provider (Dentist) Participation Rates (For the most recent year data is available, include the number of dentists licensed in your State, the number of Medicaid and/or CHIP participating dentists (any claims filed), and number of active dentists (billing \$10,000 or more in a year. Please specify the time period the data represents as well as the specialty of the dentist):*
 - *For State fiscal year 2011, Medicaid had 245 and CHIP had 318 dentists with at least one paid claim. The number of dentists with paid claims \geq \$10,000 was 134 for Medicaid and 20 for CHIP. The number of dentist who served 50 or more children was 106 for Medicaid and eight for CHIP. The number of dentists who served 100 or more children was 67 for Medicaid and three for CHIP.*

- *Non-Dentist Provider Participation Rates: (Describe the participation of other providers, e.g., pediatricians, dental mid-level providers, dental hygienists, in your State to improve access to dental services for children. In addition, for the most recent year data is available (please specify), please provide the number of Medicaid and/or*

CHIP non-dentist providers, by provider type, participating in your Medicaid and/or CHIP programs. "Participating" is defined the same as for dentists (any claim filed).)

- *In State fiscal year 2011, North Dakota Medicaid had 25 non-dentist providers that provided fluoride varnish with three being pediatric clinics and two were Head Start programs. The North Dakota Medicaid program paid for 1,431 fluoride varnish applications. The North Dakota Children's Health Insurance Program does not currently reimburse non-dental providers for fluoride varnish.*
- *Additional information about program (please provide any additional information that is relevant or that you would like to share about your dental program):*
 - *North Dakota recently received a Ronald McDonald care mobile that is serving children in the western part of the state. The Care Mobile is serving children that are eligible for Medicaid and CHIP. North Dakota Medicaid and CHIP recently launched a Non-profit clinic dental access project. In January of 2013 North Dakota will be awarding its first grant. The project will award funding to non-profit dental clinics so they are able to assist new dentists with dental school loan payments.*

Activities to Achieve Goal

Describe the activities you have underway and/or plan to implement in order to achieve the new dental goal(s). If you would like to share any of your activities/initiatives as a "promising practice" with other States, please refer to the CMS website (<http://www.cms.gov/MedicaidCHIPQualPrac/MCPPDL/list.asp#TopOfPage>) for instructions on how to submit the information for posting on the CMS Quality webpage.

Provide details on these activities, along with potential barriers, in the space provided (add additional space if needed). Examples of activities underway, or to be undertaken, to improve access and achieve the dental goals may include:

- *Collaboration with dental schools and dental hygiene programs; Currently North Dakota does not have a dental school in the state.*
- *Education/outreach to dentists, dental hygienists, and State/National dental associations; Each year the Department sends a letter to all licensed dentists throughout the State of North Dakota encouraging their participation.*
- *Education/outreach to pediatricians, family practitioners, and State/national medical associations January of 2011 a mailing went out to all pediatricians in North Dakota informing them of their ability to apply fluoride varnish and be reimbursed for this service. In the fall of 2012 a campaign started throughout the State of North Dakota encouraging pediatricians, family practitioners, and nurses to take the Smiles for Life curriculum. This project is being funded through a Denta Quest grant.*

- *Education/outreach to beneficiaries; Each family receives a dental fact sheet when they apply for Medicaid (bright pink insert). KAT communication developed an oral health curriculum for all tribal schools in the state in which students will learn the importance of taking care of their teeth. Blue Cross and Blue Shield of North Dakota also prepares a postcard mailing to children and families that are eligible for CHIP, that have not been seen by a dentist within the last year. Medicaid children that have an EPSDT screening are also referred to a dentist, if they have not been seen by one in the last six months; appointment assistance is also offered along with fact sheets on the importance of regular dental checkups.*
- *Coordination with Federally Qualified Health Centers; Currently there are three FQHC's that provide dental services to both Medicaid and CHIP children. The Department of Human Services recently had a State Plan Amendment approved which no longer requires the Department to cost settle with the FQHC dental clinics. The Department of Human Services is currently offering a dental loan repayment for all nonprofit dental clinics that are willing to increase their capacity for Medicaid and CHIP recipients, the first applicant was awarded in January of 2013. The FQHCs are eligible for the dental access project described in the "background" schedule.*
- *Undertaking administrative simplifications; The Department reviews the Medicaid Dental Provider Manual on a regular basis to make sure that CDT codes are current and that administrative and billing requirements are not a burden to providers.*
- *Using electronic health records and supporting Dental providers in their efforts to qualify for meaningful use incentive payments; Please see below in the Electronic Dental Records section*
- *If a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstrations;*
- *Changing/increasing payment rates; See below*
- *Coordination with Maternal and Child Health (MCH) Title V programs (Title V is the Federal grant program focused solely on assuring the health of all mothers and children). The EPSDT and CHIP Administrator works closely with the Oral Health Program within the MCH division. The administrator is active on the oral health coalition, Ronald McDonald Care mobile Advisory Committee, Data committee, and the Oral Health Policy committee.*

Additional Background

Provide additional information on your current oral health program for children under Medicaid and/or CHIP.

Oral Health Improvement Initiatives: Has your State undertaken any initiatives within the last 5 years to increase the number of children covered under the Medicaid and CHIP program who

receive access to oral health services? As of June 1, 2008 children on Medicaid are allowed 12 months continuous eligibility. If so, please describe those activities.

- What impact did those initiatives have? We have seen the number of children steadily increase in the Medicaid program. Do you consider those activities to have been successful? Yes, If so, please describe. Children no longer are falling off the program, they are remaining on allowing them access to services for a longer period of time.
- If the activities did not achieve the results that you had expected, please describe the lessons learned. These lessons can be a learning opportunity for other States.

Dental Data Measurement: Does your State compute or report the National Committee for Quality Assurance’s (NCQA) HEDIS dental measure or a modification of it? NO (Dental care: percentage of members 2 through 21 years of age who had at least one dental visit during the measurement year.”) If yes, describe how that data compares with the data submitted on line 12.a of the CMS-416 and/or Section III, G.1.a. of the CHIP Annual Report (Total Enrollees Receiving Any Dental Services). If the HEDIS measure result differs from the result reported on CMS-416, line 12.a, or the CHIP Annual Report, Section III, G.1.a., please explain why you think there is a difference. If you use a modification of the HEDIS measure, please describe the modification. (NOTE: You are not required to report this data on the Template.)

Reimbursement Strategies: What are your current reimbursement rates for the following 10 procedures for services provided to children eligible for Medicaid and CHIP?

Diagnostic:	D0120	Periodic Oral Exam	\$27.11
	D0140	Limited Oral Evaluation, problem focused	\$40.27
	D0150	Comprehensive Oral Exam	\$40.48
	D0210	Complete X-rays with Bitewings	\$84.87
	D0272	Bitewing X-rays – 2 films	\$26.11
	D0330	Panoramic X-ray film	\$65.44
Preventive:	D1120	Prophylaxis (cleaning)	\$34.86
	D1203	Topical Fluoride (excluding cleaning)	\$23.77
	D1206	Topical Fluoride Varnish	\$23.18
	D1351	Dental Sealant	\$27.81

Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years.

- On July 1, 2008 the dental providers received a five percent increase in the dental fees.
- On July 1, 2009 the dental fees were set to the average of 75% of average billed charges. Many of the children's fees were already above this level therefore those fees saw no increase in reimbursement.
- On July 1, 2010, the dental fees increased six percent.
- On July 1, 2011, the dental fees increased three percent.
- On July 1, 2012 the dental fees increased three percent.

Efforts Related to Dental Sealants: Do you encourage or plan to encourage dental providers in your State to provide dental sealants? If so, how do you communicate that information? Have you seen an increase in the number of children receiving sealants? Does your State support active school-based or school-linked dental sealant programs? If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? How many sealants were placed in these programs in the past year? Are you continuing to see increases in the number of children served by these programs? Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? Please describe. North Dakota Medicaid currently allows dental sealants for children and reimburses at the rate of \$27.81, as of July 1, 2012. North Dakota currently does not have a school-based sealant program. According to the State's Basic Screening Survey for Third Grand Children 2009-2010, 60% of children had a dental sealant.

Collaboration with Dental Schools: Do you have a dental school or dental hygiene school in your State? North Dakota currently has a dental hygiene school. If yes, do you have any arrangement with the dental school or dental hygiene school to treat Medicaid beneficiaries, serve in rural areas, provide educational opportunities, etc.? Please describe. North Dakota currently does not have a dental school. The dental hygiene school in our state does provide services to children and adults enrolled in Medicaid.

Electronic Dental Records: Describe the use of electronic dental records in your State for your Medicaid and CHIP population. What is the take up rate by dental providers? We have not conducted a survey of dentists to assess their use of electronic dental records, but the ND Health Information Exchange will be conducting a survey of all providers, including dentists, before the end of calendar year 2012. What we know anecdotally is that most urban dentists and some rural dentists are using electronic dental records, although most of these records are not currently certified.

Is the dental record integrated with the medical record? Again, anecdotally, we understand that there are very few if any dentists who had a dental record integrated with

the medical record. The two exceptions might be the Indian Health Service and the Veterans Administration facilities in the state.

Will the State support dental provider efforts to qualify for meaningful use incentive payments? Yes. The Medicaid EHR Incentive Program has shared information with dentists through the ND Dental Board newsletter and has received some interest. The greatest barriers seem to be the ability to meet the eligible professional 30% Medicaid volume in order to qualify for incentive programs and the ability to obtain a certified electronic dental record, as the availability of certified products is limited. North Dakota, along with other states, have shared concerns with the Office of the National Coordinator for Health Information Technology (ONC) and have been told that ONC is working on increasing the number of available certified dental records. North Dakota has stressed the ability to certify products that already are existing, as those dental practices that are using electronic dental records have moved to an electronic platform relatively recently compared to other professionals and has made a substantial investment, so it is unlikely that they would replace their systems with something new.

Technical Assistance

CMS would like to provide ongoing technical assistance to States to assist in them in meeting the national dental goals. If you have specific areas and/or topics requiring technical assistance, please identify them here.

If you would like to submit copies of materials or provide links to relevant websites for additional information, please do so.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 65 hours per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Cindy Ruff at cynthia.ruff@cms.hhs.gov.