U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
Region VIII

FINAL REPORT

North Dakota EPSDT Review Report
Dental Services
March 18 – 20, 2008 Site Visit

Executive Summary

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help children use them effectively. With a focus on dental service, representatives from Region VIII and the Central Office of the Centers for Medicare & Medicaid Services (CMS) conducted an on-site review of North Dakota's EPSDT program in March 2008. The purpose of the review was to determine what efforts North Dakota has made to address the rate of children's dental utilization in the State, and to make recommendations on additional actions North Dakota can take to increase these utilization rates. Specifically, we interviewed State staff, an EPSDT Regional Coordinator as well as a sample of four providers. We also conducted an extensive document review in the areas of informing, periodicity, access, diagnosis and treatment services, support services and coordination of care.

As reported to CMS on the 416 report, there were 44,868 children under the age of 21 eligible for Medicaid during 2006. All of these children were eligible to receive dental benefits. Approximately 19 percent of total Medicaid eligible children received any dental service in 2006, as reported to CMS by the State and approximately 16 percent of total Medicaid eligible children received preventative dental services in 2006. Currently, North Dakota has 245 enrolled dental providers that are actively billing Medicaid.

This report addresses the EPSDT key areas, with the exception of screening services. The CMS review team identified one promising practice. The narrative is limited primarily to information related to findings and recommendations. The promising practice and recommendations are listed below.

Promising Practice:

The State has been very successful in ensuring that children participating in the Head Start program receive dental services by assisting with coordination between the Head Start program and providers. We suggest the State explore other areas where this type of coordination may provide increased access to dental services for children who participate in other programs.

Recommendations:

- The State should include detailed dental information on dental services for children in the Medicaid member handbook, written in an appropriate cultural and linguistic style for easy understanding, including information on the importance of preventive and routine dental care, age-appropriate dental services, how to access dental providers and a listing of participating dentists.

- The State should ensure that EPSDT transportation benefits are clearly understood by Medicaid beneficiaries and providers. The State should utilize a variety of media such as the client handbook, State website, provider manual, and outreach brochures and posters to highlight the availability of transportation services for clients.

- The State should conduct an assessment of each EPSDT Regional Coordinator's informing procedures and provide training to each EPSDT Regional Coordinator to ensure consistency across all counties.

- The State should ensure that any EPSDT Regional Coordinator vacancy is filled promptly since they play an important role in informing and coordinating care for their clients.

- The State should implement internal controls to track that the enrollee is actually seeking dental services at the recommended age. Often times families need reminders to make the appointment and the State does not have a process in place by which clients are prompted to make their first dental appointment.

- The State and/or Regional Coordinators should monitor the number of dentists accepting new patients by geographic area and actively recruit new providers when possible in order to better ensure that dental benefits are provided to eligible EPSDT beneficiaries who request them.

- The State may want to implement incentives such as enhanced reimbursement to encourage provider participation particularly in geographical areas with no Medicaid dental providers.

- The 2006 CMS 416 report indicates that 13,161 children out of 34,613 eligible recipients received at least one initial or periodic screen from a medical provider. The State should utilize this information and take steps to connect these children to dental care.

- The State should ensure that their contractor is capturing all appropriate data including information from FQHCs and RHCs for its CMS 416 annual submittal.

General Recommendation:

- The State should ensure that recipients receive reminders regarding the need for periodic dental services either from the State Medicaid Agency as part of the annual EPSDT informing requirement or directly from dental service providers.

I. Background

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program for children enrolled in Medicaid is intended to assure the availability and accessibility of required health care resources and to help children and their families use them effectively. Dental services are included in the EPSDT program coverage and there is an increasing national interest in the provision of dental services to children covered by Medicaid.

CMS has conducted on-site reviews of children's dental services in 16 states. The States reviewed were selected based on the dental utilization rates reported by States to CMS on the CMS-416 annual report, which is used to report EPSDT program information. All States reviewed had less than a 30 percent dental utilization rate for children. These reviews were performed to determine what efforts States have made to address the rate of children's dental utilization in their State, and to make recommendations on additional actions States can take to increase these utilization rates and ensure compliance with Federal Medicaid regulations.

In addition, Congress has requested that CMS collect information regarding dental service utilization and delivery systems from all states. While CMS has conducted a number of onsite dental reviews in some states, we are collecting more limited dental information by telephone from all States.

II. Scope of Review

The EPSDT program consists of two mutually supportive operational components:

- Assuring the availability and accessibility of required health care resources, and;
- Helping Medicaid beneficiaries and their parents or guardians effectively use them.

The purpose of the review was to examine what efforts North Dakota has taken to address the utilization rate of dental services in the State and to make recommendations on additional actions that North Dakota can take to ensure compliance with the regulations and increase the rate of dental services.

North Dakota's review was performed by CMS representatives from Region VIII, as well as the national EPSDT Coordinator from Central Office, on March 18 – 20, 2008. During this on-site review CMS representatives met with the State Medicaid Director, the Assistant Medical Services Director, State EPSDT Lead, an EPSDT Regional Coordinator, State policy staff from the Department of Human Services (DHS) dental program and a sample of four providers to gain a better understanding of how State staff ensure children receive the dental benefits to which they are entitled. The providers interviewed see between 15 percent and 80 percent Medicaid patients as part of their

practice. One provider was no longer taking new Medicaid patients but was continuing to see his current Medicaid patients.

III. Introduction to North Dakota Services for Children

The North Dakota Department of Human Services, Division of Medical Services is the single state agency that administers the Medicaid program. County Social Services offices are the first point of contact for recipients. These offices determine Medicaid eligibility, inform Medicaid applicants and recipients about EPSDT benefits, provide information regarding transportation services, and will assist in scheduling an appointment with a provider. Each county also has an EPSDT Regional Coordinator responsible for assisting clients. At the time of the on-site review there was one vacant Regional Coordinator position which affected nine counties. Since the review that Regional Coordinator position has been filled. When there is a vacancy in a Regional Coordinator position, the County Social Services office continues to serve as the point of contact for recipients. State staff is also available for any EPSDT dental related questions including locating dental providers in the absence of a Regional Coordinator. The State's 800 telephone number is located in the member handbook provided to all recipients as well as the State website.

In North Dakota, Health Tracks (formerly EPSDT) is a preventive health program that is free for children age 0 to 21 that are eligible for Medicaid. Health Tracks provides screenings, diagnosis, and treatment services to help prevent health problems and ameliorate chronic health conditions. Health Tracks also pays for orthodontics, glasses, hearing aids, vaccinations, counseling and other important health services. Some services require prior authorization; these services are specified in the provider handbook.

As reported to CMS on the FY 2006 CMS-416 report, there were 44,868 children under the age of 21 eligible for Medicaid during 2006 in North Dakota. All of these children were eligible to receive dental benefits. Approximately 19 percent of total Medicaid eligible children received any dental service in 2006, as reported to CMS by the State, and approximately 16 percent of total Medicaid eligible children received preventative dental services in 2006. Currently, North Dakota Medicaid has 245 enrolled dental providers.

North Dakota processes all of their claims in-house for their dental fee-for-service program. Additionally, the State has a dental consultant on staff who evaluates prior authorizations requests for dental services.

IV. Review Descriptions, Findings and Recommendations

Key Area I - Informing Families and Providers on EPSDT Services

Section 5121 of the State Medicaid Manual provides the requirements for informing Medicaid beneficiaries of the EPSDT program, including dental services, in a timely manner. Based on section 1902(a)(43) of the Act, States are to assure there are effective

methods to ensure that all eligible individuals and their families know what services are available under the EPSDT program; the benefits of preventive health care, where services are available, how to obtain them, and that necessary transportation and scheduling assistance is available. Regulations at 42 CFR 438.10 require the State, its contractor, or health plans to provide information to all enrollees about how and where to access Medicaid benefits that are not covered under the managed care contract. No methodology is mandated to states to determine the "effectiveness" of their methods, nor are States required to measure "effectiveness" of their informing strategies. Informing is particularly important with respect to dental services since many families do not see dental services as a priority and may need additional information on these important services.

In North Dakota, Health Track is the State term for EPSDT benefits and requirements. When a child becomes eligible for Medicaid, the child's parents or guardian receives a Medicaid handbook that includes Health Track information. The Health Track Regional Coordinator calls each new enrollee and informs the family that they should contact either their Primary Care Provider or Public Health clinic for services. The Regional Coordinator will also inform them of dental providers that are accepting Medicaid patients in their respective counties. Enrollees receive an updated member handbook every year and the State provides non-emergency transportation if the client needs assistance getting to the provider. However, during our provider interviews the providers consistently mentioned that clients often cancel appointments because of lack of transportation. Additionally, the providers indicated that they are not aware of any transportation resources available to the client.

Further, in some counties Medicaid eligibility staff, not the EPSDT Regional Coordinators, provides the EPSDT information and notification. The State must track and assure that the clients in those counties receive the same information and services as those provided by the Regional Coordinators.

Recommendation #1: The State should include detailed dental information in the Medicaid member handbook on dental services for children, written in an appropriate cultural and linguistic style for easy understanding, including information on the importance of preventive and routine dental care, age-appropriate dental services and how to access dental providers.

Recommendation #2: The State should ensure that EPSDT transportation benefits are clearly understood by Medicaid beneficiaries and providers. The State should utilize a variety of media such as the client handbook, State website, provider manual, and outreach brochures and posters to highlight the availability of transportation services for clients.

Recommendation # 3: The State should conduct an assessment of each EPSDT Regional Coordinator's informing procedures and provide training to each EPSDT Regional Coordinator to ensure consistency across all counties.

***Recommendation #4*:** The State should ensure that any EPSDT Regional Coordinator vacancy is filled promptly since they play an important role in informing and coordinating care for their clients.

Key Area II - Periodicity Schedules

Section 5140 of the State Medicaid Manual provides the requirements for periodic dental services and indicates that distinct periodicity schedules must be established for each of these services. Sections 1905(a)(4)(B) and 1905(r) of the Act require that these periodicity schedules assure that at least a minimum number of examinations occur at critical points in a child's life.

The State follows the "Bright Future Schedule" for EPSDT screening services. The State dental periodicity schedule recommends that children see their first dental provider at age three or earlier if necessary. The State will pay for cleanings twice a year without prior authorization. When a family applies for Medicaid they are given a member handbook that explains dental coverage, however the State does not employ a tracking system to ensure that enrollees receive care in accordance with the State's dental periodicity schedule.

***Recommendation #5**:* The State should implement internal controls to track that the enrollee is actually seeking dental services at the recommended age. Often times families need reminders to make the appointment and the State does not have a process in place by which clients are prompted to make their first dental appointment.

Key Area III- Access to Dental Services and Interperiodic Services

The State must provide, in accordance with reasonable standards of dental practice, dental services to eligible EPSDT beneficiaries who request them. The services are to be made available under a variety of arrangements, in either the private or public sector. States are to assure maximum utilization of available resources to optimize access to EPSDT dental services, with the greatest possible range and freedom of choice for the beneficiaries and encouraging families to develop permanent provider relationships. When dental services are provided through a managed care arrangement, regulations require states to include contract language with plans to monitor over- and under-utilization, and to maintain and monitor a network of providers sufficient to provide adequate access. For all States, section 42 CFR 440.100 specifies that dental services are to be provided by, or under the supervision of, a dentist qualified under State law to furnish dental services. States may also utilize other oral health resources coverable under the Medicaid program.

The State oversees the Medicaid dental program as a traditional fee-for-service Medicaid program. Providers are enrolled upon request. The State recently sent a letter to non-Medicaid providers encouraging them to participate as dental providers. This marketing effort resulted in two new providers enrolling with Medicaid. According to the State

there was no additional follow-up to the letters but the State EPSDT coordinator did receive and respond to calls from providers for additional information.

North Dakota Medicaid has approximately 245 enrolled dental providers that have billed for services to Medicaid clients in the past year. There are 53 counties in North Dakota, 15 of which do not have a Medicaid dental provider, and 13 counties with only one Medicaid dental provider. There is a Private non-profit dental clinic in Bismarck, the state capital, staffed by two dentists. However, they will only accept Medicaid clients who reside within a 50-mile radius of the clinic.

While the four providers we interviewed all see Medicaid patients, the common theme expressed by the providers was that the Medicaid population is a difficult one to manage. The providers expressed concern over low reimbursement rates and the high "no show" rate of Medicaid clients. The providers had mechanisms in place to offset the "no shows" which seemed to help the provider "keep the chair filled". Some of the methods include "double booking" Medicaid clients and only treating Medicaid clients when another client cancels, in contrast to a prospectively scheduled appointment. Despite these practices, one dental provider did comment that if Medicaid reimbursement did not increase they would slowly phase out treatment for this population.

North Dakota's EPSDT office actively coordinates with the State's Head Start Program in its efforts to increase dental coverage for children. The State reports that there is a 90 percent initial screening rate for children in Head Start. To assure that Head Start meets its requirement regarding medical screening for enrollment in the program, Head Start staff has developed on-going relationships with dentists in larger communities around the State. Head Start designates an entire day for children to see the participating dentist and provides transportation via a school bus to assure that all the children in need of screening are able to get to the provider. This coordinated effort helps to address providers' concern with missed appointments.

The State has considered approaches to increase provider participation and beneficiary utilization. During the 2007 Legislative Assembly, the State legislature agreed to a dental reimbursement increase in the amount of 4 percent. Another increase of 5 percent is set to take place in July 2008. Additionally, specific dental services rates for children were increased prior to the application of the 4 percent reimbursement increases. However, during the provider interviews, low Medicaid reimbursement was consistently cited as a barrier to providing dental care. Provider feedback included anecdotal information that the average claim was approximately 50 percent of the billed charge. This same issue was heard from the four providers visited.

While the State acknowledges their low utilization rates for children, the State said that due to the rural nature of the State, it is difficult to persuade providers to practice in some of the smaller counties

The State's EPSDT Regional Coordinators are the main point of contact for Medicaid enrollees. These Regional Coordinators are in place to assist clients in finding a dental

home, assist the client in making appointments and assist the client with finding transportation. The Regional Coordinators also maintain and update a list of Medicaid dental providers, although some of the providers may not be accepting new Medicaid clients. In instances were there is no dentist available in a county, the Regional Coordinator will work with the client to assist them with locating a dentist in another county. Where the Regional Coordinator position is vacant, clients may contact the State staff directly using information available in the member handbook and on the State website.

Promising Practice #1: The State has been very successful in ensuring that children participating in the Head Start program receive dental services by assisting with coordination between the Head Start program and providers. We suggest the State explore other areas where this type of coordination may provide increased access to dental services for children who participate in other programs**.**

Recommendation #6*:* The State and/or Regional Coordinators should monitor the number of dentists accepting new patients by geographic area and actively recruit new providers when possible in order to better ensure that dental benefits are provided to eligible EPSDT beneficiaries who request them

Recommendation #7: The State may want to implement incentives such as enhanced reimbursement to encourage provider participation particularly in geographical areas with no Medicaid dental providers.

Key Area IV - Diagnosis and Treatment Services

Children under the age of 21 may receive additional benefits under EPSDT when determined to be medically necessary by the State. EPSDT requires that services for children under age 21 not be limited to services included in the State's Medicaid Plan, but only by what is coverable under section 1905(a) of the Act. Diagnostic services must fully evaluate any dental condition identified, while treatment services must ensure that health care is provided to treat or ameliorate the dental condition. Section 1902(a)(10) of the Social Security Act and regulations found at 42 CFR 440.240 require that services provided be comparable in amount, duration, and scope for all recipients within an eligibility group. Dental benefits are an optional service that states are not required to cover for adults.

The State's provider manual describes EPSDT services and also refers providers to the CMS website for more information, not the State website. The manual includes a list of the screening services which are available to enrollees and also includes the periodicity schedule.

There is also a separate manual for providers of dental services. This manual is comprehensive and includes instructions on such things as:

1. Third Party Liability

2. Developmental Disability (DD) Recipients
3. Request for Extra Time with DD Recipients
4. Orthodontic Procedures
5. General Tips for Billing
6. Procedure Codes
7. Fee Schedules

While some procedures do require a prior treatment authorization (PTAR), providers indicated that they do not have difficulty in obtaining approval from the State dental consultant. Services that require a PTAR are:

1. Clinical Oral Examinations (which exceed frequency limitations)
2. Radiographs (if more than one in a 5 year period is needed)
3. Crowns – unless it is stainless steel

CMS staff reviewed 163 denied dental claims for a 6 month period in 2007. A total of 21 of the denied claims were dental claims for services to children, which is 13 percent of the total dental claims denied.

Recommendation #9: In conjunction with Recommendation #1, the State should consider including additional information on its website such as the list of Regional Coordinators and a list of participating dentists (by county/region).

Key Area V- Support Services

Section 5150 of the State Medicaid Manual indicates that the State is required to ensure that beneficiaries have adequate assistance in obtaining needed Medicaid services by offering and providing, if requested and necessary, assistance with scheduling appointments and non-emergency transportation. This includes the regulatory requirement of 42 CFR 431.53 mandating an assurance of transportation.

In North Dakota, county social services offices are responsible for coordinating non-emergency transportation for Medicaid clients. If a client needs out-of-state transportation the State staff will coordinate this for the client. The EPSDT Regional Coordinators also play a role in transportation and are available to assist the client in obtaining necessary transportation. However, during our provider interviews a common theme was that clients often cancel appointments citing "lack of transportation" as their reason.

Observation: As noted in the discussion in Key Area I, there appears to be a lack of consistency as to how to access non-emergency transportation services for dental appointments, which contributes to the confusion on the part of both clients and providers. Providers were consistently not aware of where to direct clients for help with transportation. See Recommendation #2.

Key Area VI - Coordination of Care

Regulations found at 42 CFR 438.208 require the coordination of health care services for all managed care enrollees. Section 5240 of the State Medicaid Manual describes the use of continuing care providers which encourages coordination of care.

The State indicated that there is no coordination or referrals between a child's primary medical doctor and their dental provider. During our provider interviews, one provider noted that if they were going to treat the child they would send a letter to the primary medical doctor detailing what was going to be done. The other three providers interviewed stated that they do not coordinate with the child's medical provider, nor do they receive referrals from the medical provider. When the child first visits their primary medical doctor, the physician has the opportunity to counsel the client on required screening which included dental appointments.

***Recommendation #10*:** The 2006 CMS 416 report indicates that 13,161 children out of 34,613 eligible recipients received at least one initial or periodic screen from a medical provider. The State should utilize this information and take steps to connect these children to dental care.

Key Area VII - Data Collection, Analysis and Reporting

Part 2 of the State Medicaid Manual, section 2700.4, delineates the EPSDT reporting requirements, including the annual CMS-416 report requiring the State to report the number of children receiving dental services. The CMS-416 includes three separate lines of data including: the number of children receiving any dental service, the number of children receiving preventative dental services and the number of children receiving a dental treatment service. The services are defined using the CDT codes. The CMS-416 report is to be submitted no later than April 1 after the end of the federal fiscal year. The Centers for Medicare and Medicaid services uses this report to monitor each State's progress in the provision of improving access to dental services.

The State of North Dakota has complied with the requirement to submit their CMS-416 report to CMS. The State contracts with Thompson Health Care, who is responsible for gathering the data and reporting it to the state staff. There is no "look behind" or review by the State agency unless there is a significant change in the data. State staff were not sure if the CMS-416 report captured information on Federally Qualified Health Centers (FQHCs) or RHCs.

According to the CMS-416 report for the fiscal year 2006, there were 44,868 total individuals eligible for EPSDT services.

***Recommendation #11**:* The State should ensure that their contractor is capturing all appropriate data including information from FQHCs and RHCs for its CMS 416 annual submittal.

Conclusion:

North Dakota State staff, including the State EPSDT program administrator, Regional Coordinator, policy staff and Medicaid Director are clearly committed to improving access to dental care for Medicaid children. In discussions with the State, staff indicated they have already initiated plans to implement changes to client informing and notification. Based on information from the North Dakota State Data Center, North Dakota, like other Great Plains states, has experienced significant rural depopulation. That on-going trend coupled with an out-migration of young adults and young families and an increasing proportion of elderly residents will present an additional challenge as the State seeks to attract new dental providers.

The CMS review team made recommendations in the areas of informing and monitoring, periodicity schedules, access to dental services, and support services, noting specific actions the State of North Dakota should take to increase utilization of dental services by children.