

**TESTIMONY BEFORE THE HUMAN SERVICES COMMITTEE**  
**Representative Jeff Delzer, Chairman**  
**July 1, 2008**

Chairman Delzer, members of the committee, I am Erik Elkins, Assistant Director of the Medical Services Division for the Department of Human Services. I appear before you to provide testimony regarding the status of medical assistance recipients' access to dental services pursuant to 2007 House Bill 1246.

2007 House Bill 1246 provided an additional \$160,000 in general funds and \$284,198 in federal funds for a total of \$444,198 which was to be used to increase the fee schedule for Medicaid children's dental services.

In May 2007, the Department met with representatives of the North Dakota Dental Association for the purpose of seeking their input about the allocation of the funds from 2007 House Bill 1246. As a result of the input received, the Department allocated the funds using the following considerations:

- Additional increases to those fees that were in the lower percent range of the fee schedule as compared to billed charges.
- The utilization of services.
- Sixty-percent of the additional funds toward treatment codes
- Forty-percent of the additional funds toward preventative services

The new fee schedule, with the additional funds, and the four-percent inflationary increase, was implemented July 1, 2007. The five-percent inflationary increase has been added and is effective today.

The Department also sent letters to the Dentists in North Dakota informing them of the action taken in 2007 House Bill 1246. For those Dentists already enrolled, the letter provided information on the language in the bill and the new fee schedule. For those Dentists not enrolled, the letter provided information on the legislative action and provided a Medicaid provider enrollment packet.

### **Impact on Utilization**

We had our Decision Support vendor, Thomson Healthcare, run a Contributing Factors Report, which shows the cause for changes in total costs for dental services from one period to another. Thomson Healthcare compared cost and utilization for six months of services incurred on or after July 1, 2007 (the date increases were effective) to six months of services incurred prior to July 1, 2007. The report broke the services into two categories: Services for Children (Age 0 to 21) and Services for Adults (Age 21 and over).

The usage rate for children decreased 1.6 percent in the six month period after July 1, 2007 when compared to the prior six month period. The usage rate for adults decreased 2.96 percent in the six month period after July 1, 2007 when compared to the prior six month period. The overall usage rate decreased 2.24 percent.

We also looked at the number of dental providers enrolled since July 1, 2007. Since July 1, 2007, a total of 11 new dental providers have enrolled through April 2008.

### **Cost Rebasing Effort**

2007 Senate Bill 2012 directed the Department to complete a cost-rebasing study, which included Dental Services. Public Consulting Group was awarded the contract for the work with the physician, chiropractic and dental cost rebasing. Individuals from the North Dakota Dental Association have been involved throughout the review of the proposals and the efforts to collect survey information from the Dentists.

Cost Surveys were sent to 265 North Dakota Medicaid-Participating Dentists. After a variety of attempts to collect the information, including an extension to the deadline for receipt of the surveys, there were 12 dental cost surveys returned to the vendor.

This is not a statistically valid response, and would not provide enough information to be used for making any proposed changes to the fee schedule based on cost.

Public Consulting Group has provided the Department with an alternative source of cost information; however, the Department has had only cursory discussions about the validity of this source.

### **Centers for Medicare and Medicaid Services – Dental Review**

In March 2008 staff from the Centers for Medicare and Medicaid Services (CMS) reviewed the North Dakota Medicaid and SCHIP Dental program. North Dakota was chosen because the Medicaid data shows potential concerns about access to dental care for children. The review is under the auspices of the Early, Periodic, Screening,

Diagnostic and Testing (EPSDT) requirements of the Medicaid program. CMS is conducting these reviews in 15 states. CMS staff spent two days interviewing state staff and, in addition, they visited three dentists (one in Jamestown and two in Dickinson) and interviewed Dr. JoAnne Lugar. (Dr. Lugar is the North Dakota Medicaid Dental consultant and she is also employed at Bridging the Dental Gap in Bismarck.)

Concerns raised by dental providers during the on-site dental visits were (1) no-shows and (2) reimbursement.

The following observations and recommendations were made by CMS during the Exit Conference. No formal report of the review has been received.

Observations:

All state staff are very committed to providing access to dental care.

Providers appear to be willing to provide care within a context of being able to provide a viable practice.

There appears to be support from the Legislature, as there were four-percent and five-percent inflationary increases and the enhanced funding for children's dental services.

ND Medicaid provider enrollment form is very streamlined and efficient.

The North Dakota Oral Health Coalition provides a good support network for increasing access to dental care.

Recommendations:

Provide more specific information targeted at families and providers. This information should discuss the need for regular, routine appointments for children and should also provide information on what EPSDT permits and requires.

Help dental providers understand the transportation resources available to Medicaid clients.

Use marketing items

Use Head Start as a Model

- Group of children at one location

- Parental Involvement

Ensure County and EPSDT consistency

- Make sure families are receiving the same information and referrals in all areas of the state

**Medicaid Medical Advisory Committee**

Finally, the Medicaid Medical Advisory Committee has identified Dental Access as one of the program areas on which they would like to focus efforts. At the most recent meeting (June 6, 2008), it was decided that the committee would explore options for dental benefits management for the overall purpose of improving access and streamlining administrative requirements. Maggie Anderson is

currently preparing a Request for Information that will be released to secure information from organizations which provide dental benefits management services. This information will be discussed at a future Medicaid Medical Advisory Committee meeting.

This concludes my testimony. I would be happy to answer any questions that you may have.