

State of Nebraska

Medicaid Dental Review

October 2010

EXECUTIVE SUMMARY

The Centers for Medicare & Medicaid Services (CMS) is committed to improving pediatric dental care in the Medicaid program reflecting broad national interest and ensuring the appropriate provision of medically necessary dental services to children covered by Medicaid. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit for children under the age of 21 enrolled in Medicaid is intended to assure the availability and accessibility of health care services for children and to help beneficiaries effectively use them. The EPSDT benefit includes coverage of dental care.

As part of an ongoing effort to identify best practices and opportunities for improvement in children's Medicaid dental programs, CMS conducted a review of the State of Nebraska's Medicaid Dental program during the week of January 18, 2010. The review focused on discovering practices and program innovations that have successfully increased dental utilization. The review team consisted of staff representing the CMS Chicago, Kansas City and San Francisco Regional Offices and the Baltimore Central Office. The review team interviewed representatives from the Nebraska Department of Health and Human Services, the Nebraska Dental Association, the University of Nebraska Medical Center's (UNMC) College of Dentistry, and four dental providers.

The intent of this review was to examine the utilization of the State's policies and procedures in fulfilling the requirements of the State's EPSDT benefit, with the focus on current practices that have contributed to Nebraska's higher than average utilization of dental services.

This report highlights the following practices and innovations identified during the CMS review:

- The Office of Rural Health, the Department of Public Health, and the UNMC College of Dentistry each have initiatives to serve low income children and increase providers in underserved locations, and these programs positively impact access for the Medicaid population.
- Oral health has a visible presence within Nebraska's public health system. Local departments have dentists on their boards and public health nurses are available to follow up with patients on missed dental appointments.
- The Department of Health and Human Services consults with the Nebraska Dental Association when considering how to implement rate increases and targets specific procedure codes as recommended.

These practices work together to promote greater access to dental services for Nebraska's Medicaid-enrolled children. CMS looks forward to working with Nebraska on children's dental issues.

INTRODUCTION

Background

In 2008, at Congressional request, CMS conducted on-site reviews of children's dental services in 16 States with dental utilization rates for children of less than 30 percent based on data from the EPSDT CMS 416 annual report. These reviews were performed to determine what efforts States have made to improve children's dental utilization in their State, and to make recommendations on additional actions States can take to increase utilization rates and ensure compliance with Federal Medicaid regulations. Results of these 16 reviews were presented to Congress in 2009.

As a follow-up to that effort, CMS conducted reviews of States that reported higher dental utilization rates. The States were selected based on a CMS review of State data and external partners' identification of Medicaid dental programs with promising initiatives in oral health. All of the States selected had an average utilization rate for children of at least 37 percent, with the national average being 38 percent. Eight States were reviewed, and information from those reviews is available to States for the purpose of improving the overall delivery of dental services.

Medicaid's Coverage of Dental Services

Through Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, Medicaid eligible individuals under the age of 21 are provided coverage for preventive and comprehensive health services. The benefit entitles eligible individuals to regular check-ups and all medically necessary health services in order to ensure that their health and developmental needs are met. The EPSDT benefit includes screenings, dental services, vision services, hearing services, and other services necessary to correct or improve health conditions discovered through screenings. The benefit consists of two mutually supportive, operational components which States and the Federal government are responsible for ensuring: the availability and accessibility of medically necessary health care and assisting Medicaid enrollees and their parents or guardians to effectively use the services. CMS is committed to improving pediatric dental care in the Medicaid program and ensuring the appropriate provision of medically necessary dental services to children.

Overview – Nebraska's EPSDT Dental Program

The Nebraska Department of Health and Human Services is the State agency that administers the Medicaid program, *Kids' Connection*,¹ which provides EPSDT services, including dental services, to children from birth through 20 years of age. *Kids' Connection* provides regular medical and dental checkups to babies, children, teens, and young adults at no cost to eligible families.

According to the State's 2008 CMS-416 report, just over 163,000 children age 20 years and younger were eligible for Medicaid in Nebraska. Dental preventive and treatment services were provided for 75,073 children, indicating a utilization rate of 46 percent. Almost 50 percent of Medicaid-covered children are enrolled in managed care for their medical care, and most of these enrollees reside in the urban areas of Lincoln and Omaha. Dental benefits are carved out of

¹ The name given to the Nebraska Medicaid Program.

the managed care benefit package and are provided on a fee-for-service basis without the need for a referral from a primary care provider.

Nebraska has a large rural population. The State is fortunate to have two dental schools, and providers interviewed characterized Nebraska as close-knit, with an active dental community committed to providing dental care to patients across the income spectrum. The Department of Public Health is structured in a way that focuses attention on dental care at the local level, and both the UNMC College of Dentistry and the State's Office of Rural Health have initiatives that increase the dental provider base in rural areas. These initiatives focus on rural access, not the Medicaid population, but benefit the Medicaid population.

INNOVATIVE PRACTICES

I. Access to Dental Providers

The State Medicaid agency, the UNMC College of Dentistry, and community health centers are working together to encourage dental students to participate in rural areas as Medicaid providers. The UNMC's College of Dentistry maintains a satellite location at the Panhandle Community Health Center, a clinic in Gering, Nebraska. Dental students train for four weeks at this satellite in western Nebraska, providing dental care and learning to successfully incorporate Medicaid patients in the private practice of dentistry. The program prepares the State's dental workforce to address the specific oral health needs of the rural Medicaid population, many of whom have complex dental conditions that have gone unaddressed for years. In 2005, the State implemented an enhanced payment for Medicaid dental services provided by or supervised by the College in this setting.² The rate helps the College continue to invest in this rural outreach and education program and assists the State Medicaid agency in ensuring access in underserved rural areas of the State through a reliable dental workforce. While the College does not take credit for Nebraska's higher than average Medicaid dental utilization rates, officials believe that exposing student dentists to the oral health needs of the lower-income, rural population increases the likelihood they will serve the needs of this population upon graduation. According to the UNMC officials, most of their graduates choose to set up practices in Nebraska and the College has noted an increase in the number of graduates establishing practices outside the State's urban areas.

While the State struggles with an unequal geographic distribution of dental providers, they have taken action to attempt to counteract this disparity in access. In addition to the enhanced rate described above, the State Office of Rural Health has two long established programs for medical professionals, including dentists who practice in underserved areas. Dental students who participate in the Nebraska Student Loan program receive up to \$20,000 a year for up to four years if they agree to practice in a shortage area upon graduation. Actual loan amounts are determined annually based on State funding. The Nebraska Loan Repayment program requires a three-year commitment to practice in a shortage area upon graduation. Providers who participate with both the Student Loan and Loan Repayment programs are required to accept Medicaid patients. It is possible that graduating with less student debt influences new dentists to participate as Medicaid providers even after their commitment has been satisfied. Additionally,

² CMS approved a State plan amendment submitted by the State of Nebraska, effective 7/1/10, to make the necessary adjustments to their payment methodology.

in 2008 the Nebraska Legislature passed a bill which added dental hygienists as a class of provider subject to State licensing requirements. This change provides the Medicaid agency with the option of permitting this provider type to bill directly for services within their scope of practice, thereby creating an opportunity to increase the number of potential dental service providers, as well as access to dental services.

In addition to these initiatives that impact access, Nebraska has a higher than average number of dentists, which appears to translate into a higher than average ratio of Medicaid dental providers. Nebraska has one dentist for every 1000 persons residing in the State, a rate which is slightly higher than the national average of .8 dentists for every 1,000 persons.³ The State Medicaid agency reported 1,478 active dentists licensed to practice in Nebraska, and confirmed 1,141 dentists participating as Medicaid providers, resulting in a provider participation ratio of seventy-seven percent.

II. Role of Public Health

Nebraska Medicaid began a Public Health Nurse Outreach program in 1995 that links Medicaid enrollees to dental and medical services at the local level. Public health nurses are employed by local health departments, which contract with Medicaid to perform a variety of outreach activities. One activity is to make contact by telephone or in person with new enrollees to inform families of benefits, educate them on the importance of utilizing Medicaid benefits, and offer assistance in accessing benefits. Nurses at local departments also act as liaisons with providers (including dentists), developing strategies to reduce the number of missed appointments and following up with families who have missed Medicaid appointments.

This follow-up activity serves as a support for providers, who are often reluctant to reschedule a patient who was a “no-show” for an appointment, particularly one involving a long block of time. As in most other States, providers interviewed for this review noted challenges in serving the Medicaid population, including missed appointments. Providers report that they often compensate for missed appointments by double or triple booking patients or employ other follow-up strategies. One provider interviewed indicated she reports “no show” appointments to the local public health department. Despite no formal affiliation between the provider and the health department, a public health nurse follows-up with families in an effort to educate families about the importance of dental care. Medicaid agency staff confirmed that this is within the scope of expectations for the public health nurses.

Additionally, Nebraska State law requires that each local public health department have a governing board, and this board must include a dentist. This gives oral health a visibility within public health at the local level that is not always present in other States. It expands the opportunity for partnerships with local dentists and enhances the likelihood that privately practicing dentists and the public health department can work together as in the example above to address the challenges of serving low-income and Medicaid populations.

III. Consultation for Rate Increases

³ Kaiser State Health Facts, 2008.

Nebraska's Medicaid agency regularly requests and utilizes input from key stakeholders on administering rate adjustments. The State agency reported that they consult annually with the Nebraska Dental Association (NDA) on rate increases. NDA member dentists that are active both in the Association and in providing Medicaid services are able to make recommendations on how to implement the rate changes most effectively. NDA has used this opportunity to provide input, specifically recommending targeted rate changes to codes that are frequently billed. While NDA representatives reported that they would like to expand this consultation to include feedback on rate reductions as well, representatives from both the State and NDA indicated how helpful they found this input into the rate setting process.

CONCLUSION

While the State enjoys a higher than average number of dentists, several stakeholders have dental initiatives that promote access, participation and utilization. The State's willingness to work with the UNMC College of Dentistry to secure an enhanced rate and the reinvestment of these funds in rural outreach and education helps assure a reliable dental workforce in rural areas of the State. Likewise, the efforts of the Office of Rural Health to create incentives for providers to serve Medicaid and areas that are typically underserved positively impacts access for the Medicaid population. The involvement of public health departments in outreach and in promoting oral health at the local level further supports access and utilization for the Medicaid program. CMS looks forward to working with Nebraska on increasing access to children's dental services in Medicaid.