Addressing Caries in AI/AN Children: Medicaid Considerations

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Medicaid Considerations

- Coverage
- Provider Types
- Payment
- Service Locations
Coverage

• Is D1354 covered?
• How often?
• Any restrictions by age, tooth, etc.?
• Any prior authorization requirements?
Coverage Example: North Carolina

- Limited to beneficiaries ages 1 to 5
- Allowed once per beneficiary per six calendar month period for the same provider
- Limited to a total of four applications prior to age 6
- Allowed once per date of service
- Recommended for beneficiaries who are deemed to be at risk for progression of disease to pulpal infection
- Since the potential for staining of carious enamel and dentin exists, providers must obtain informed consent from the beneficiary’s parent or caregiver prior to rendering the service
- Reapplication of the caries arresting medicament at recall visits is only indicated if the carious lesions do not appear arrested
- Treated carious lesions can be restored after treatment with a caries arresting medicament
- Reimbursement rate is $24.18

Where to look: State Medicaid Provider Manuals, State Medicaid Provider Bulletins, [www.insurekidsnow.gov/coverage](http://www.insurekidsnow.gov/coverage) (choose a state, then click on dental benefits link)
## More Coverage Examples

<table>
<thead>
<tr>
<th>State</th>
<th>Is D1354 Covered?</th>
<th>Details</th>
<th>FFS Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arizona</td>
<td>yes</td>
<td>Ages 0-20 with prior authorization</td>
<td>By report</td>
</tr>
<tr>
<td>Michigan</td>
<td>yes</td>
<td>6 times per lifetime</td>
<td>$13.23</td>
</tr>
<tr>
<td>Montana</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oregon</td>
<td>yes</td>
<td>2 times per year</td>
<td>$12.97</td>
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<tr>
<td>South Dakota</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Washington</td>
<td>Not sure</td>
<td></td>
<td>$3.00?</td>
</tr>
</tbody>
</table>

**Where to look:** State Medicaid dental fee schedules
Provider Type

- Who can deliver it? (rendering provider)
- Who can bill for it? (billing provider)
- What are the supervision requirements?
- Tele-dentistry?

Where to look: State Dental Practice Acts (scope of practice and supervision requirements), Billing Code specifications (rendering providers), Medicaid state plans (who can be the billing provider, tele-dentistry), state law (tele-dentistry)
Payment

• How much will a facility be paid for SDF, or a dental service?
• What are the implications in a managed care system?
• When can the state receive 100% FMAP?
• When can a facility get paid for a dental service provided off-site?

Where to look: Medicaid State Plan, CMS guidance documents (see Resources slide)
Payment: How much will a facility be paid?

- All Tribal facilities are enrolled in Medicaid either as a “facility” or as an FQHC.
- A Tribal facility enrolled as a “facility” is reimbursed according to the “clinic services” payment methodology in the Medicaid state plan.
- A Tribal facility enrolled as an FQHC is paid according to the FQHC payment methodology in the Medicaid state plan, which is either:
  - Prospective Payment System (a per visit rate that must cover reasonable costs)
  - Alternative Payment Methodology (must be at least as much as the PPS rate; can be the IHS All-Inclusive Rate)

Where to look: Medicaid State Plan, Section 4.19 and Attachment 4.19-B
Payment Example: Arizona

• Facilities in Arizona are reimbursed for “clinic services” at the FFS rate, so SDF would be paid “by report.”

• FQHCs in Arizona are reimbursed through a PPS methodology. Each FQHC has its own per visit rate. For example, the per visit rate at the Native American Community Health Center is $325.33.
Payment Example: Michigan

- Tribal facilities in Michigan may choose to be reimbursed according to one of three options:
    - Pays $13.23 for an application of SDF
  - FQHC payment methodology (PPS)
  - IHS All-Inclusive Rate https://www.federalregister.gov/documents/2017/01/18/2017-01075/reimbursement-rates-for-calendar-year-2017
    - Pays $391 per visit in 2017
Payment: What about in a managed care system?

• Tribal members are exempt from managed care, but may choose to enroll in an MCO
• Tribal facilities are exempt from managed care, but may choose to contract with MCOs
• States must ensure that all FQHCs, including Tribal FQHCs, are paid the PPS rate or higher by
  – Putting a provision in MCO contracts, or
  – Making wrap-around payments to the FQHCs

Where to look: CMS State Health Official Letter #16-006
Payment: When is 100% FMAP available?

• The state can get 100% FMAP for covered services they have paid for when the service:
  – Is an authorized IHS service
  – Is included in the Medicaid state plan*
  – Is provided at the facility (or “outside-the-four-walls” of a Tribal facility enrolled as an FQHC)

*All Medicaid state plans include children’s dental services. So essentially all children’s dental services provided at Tribal facilities to Medicaid-eligible Tribal members are eligible for 100% FMAP.

Where to look: CMS State Health Official Letter #16-002
When can a Tribal facility get reimbursed for services provided off-site?

- If the Tribal facility is enrolled as an FQHC, it can get reimbursed for all services provided “at or through” the facility, including those provided “outside-the-four-walls.”
- If the Tribal facility is enrolled as a “facility” it can be reimbursed only for off-site services provided to homeless beneficiaries.

Medicaid Resources: Payment


• State Medicaid Director Letter #16-006, FQHC and RHC Supplemental Payment Requirements and FQHC, RHC, and FBC Network Sufficiency under Medicaid and CHIP Managed Care, April 26, 2016 [https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16006.pdf](https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16006.pdf)

Thank you!

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