

Health Services Committee**Dr. Katie Stewart****North Dakota Dental Association****January 7, 2016**

Madame Chair and members of the Committee, my name is Dr. Katie Stewart and I am President-Elect of the North Dakota Dental Association. There are several key barriers to children receiving adequate dental care. They include limited availability of dental providers, low reimbursement rates, administrative burden for providers, lack of understanding by beneficiaries about dental benefits, missed dental appointments, transportation, cultural and language competency, fear, and lack of knowledge about the importance of oral health. The interplay of these barriers determines how North Dakota measures up in Medicaid utilization, participation of dentists, and access. The job of reducing these barriers will never be complete and takes the collaboration of all stakeholders in the state working together: the dental community, state government, public health entities, and patients.

We are providing a North Dakota summary of a study released from the ADA Health Policy Institute which provides comprehensive oral health data for all 50 states (“The Oral Health Care System in Your State”). The North Dakota metrics are mixed showing comparatively low but increasing utilization of dental services by both Medicaid and insured populations in the last 15 years, high percentage of population receiving fluoridated water, average oral health knowledge and status, comparatively high reimbursement to dentists, and the third-highest percentage of dentists participating in Medicaid. This data makes it clear that understanding cause and effect for oral health status is complex and there is no magic bullet. As we have repeatedly said, improvement will best be achieved by a multi-faceted approach embodied in our “Top Ten Solutions” that we shared with the committee at the last meeting and can be found at

NDActionforDentalHealth.org. These North Dakota solutions address workforce, education, and prevention in a collaborative way.

Specifically regarding Medicaid, the NDDA has several initiatives currently underway to improve the system. Last spring we launched the “Take Five More” program which challenges dentists to see “5 more Medicaid” patients in a week, a month, or a year. Currently 75 dentists have committed. We have also initiated a Medicaid Advisory Committee with dentists from across the state meeting with the Department of Human Services to listen and eliminate any administrative barriers. The recent DHS MMIS transition has required increased communication to reduce provider confusion. The NDDA has spent many hours in consultation with the Department of Human Services to help educate dental offices about the changes. Many hours have also been spent with individual dental offices to troubleshoot issues and help direct support. While we know dental Medicaid utilization numbers will be impacted in the short-term, we are hopeful we can maintain an adequate provider network.

We greatly appreciate the opportunity to share what the dental community is doing to reduce barriers to care. I would be happy to entertain questions. Thank you.

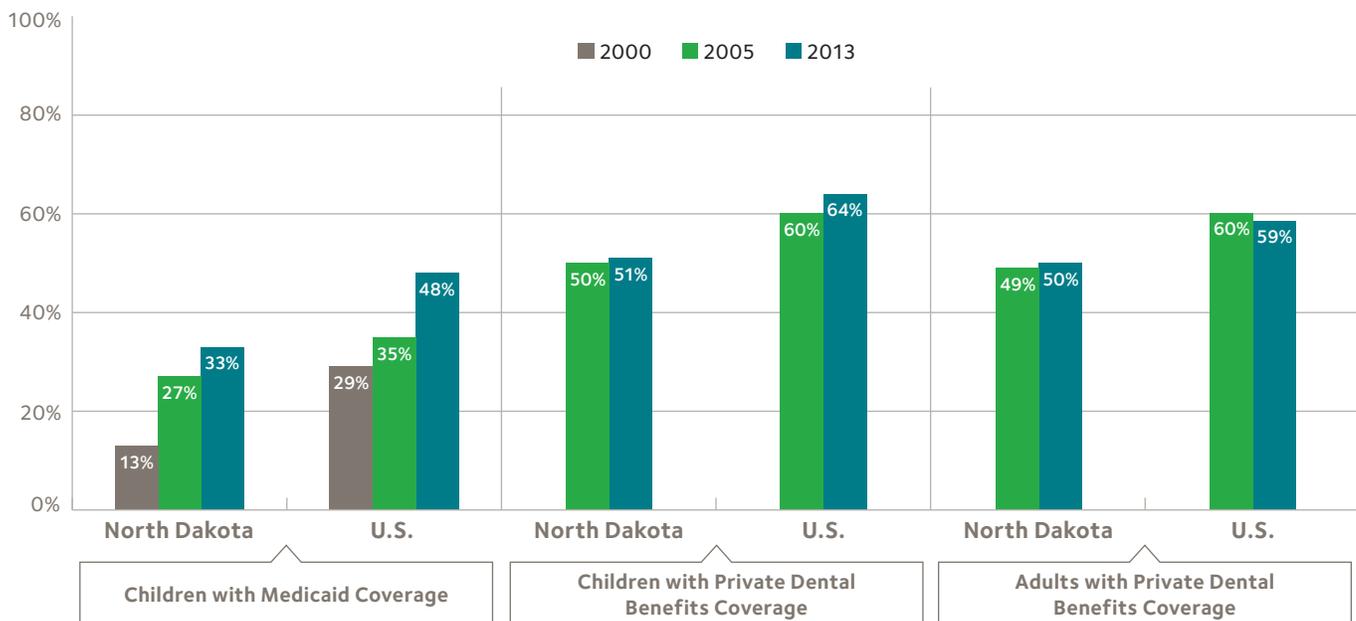
Oral Health Care System: North Dakota

This fact sheet summarizes select data on the oral health care system as of 2015. Topics include dental care utilization; oral health status; attitudes and knowledge of oral health; fluoridation rates; reimbursement rates to providers and the supply of dentists.

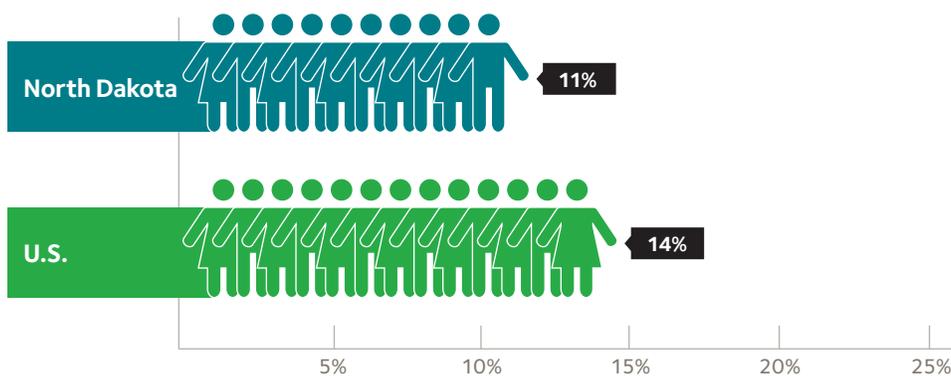
For methods and data sources, please visit ADA.org/statefacts.

For more information on the ADA Health Policy Institute, please visit ADA.org/HPI.

Percentage with a Dental Visit in the Past 12 Months



Percentage of Medicaid Children Who Received a Sealant on a Permanent Molar in 2013



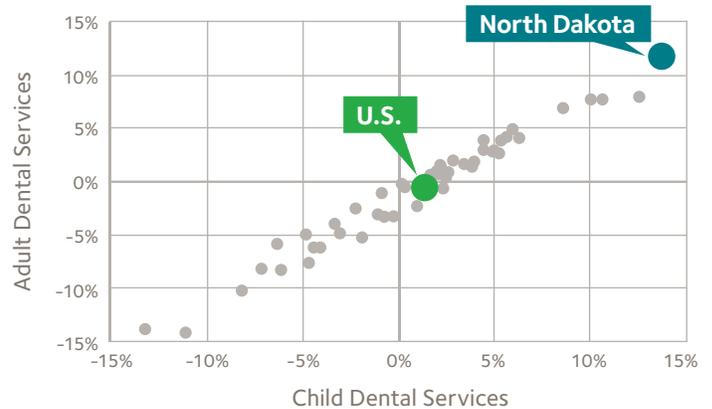

11%
 OF NORTH DAKOTA
 MEDICAID CHILDREN
 6 THROUGH 14 YEARS OLD
 RECEIVED A SEALANT ON
 A PERMANENT MOLAR IN
 2013, COMPARED TO 14%
 NATIONALLY

Oral Health Care System: North Dakota

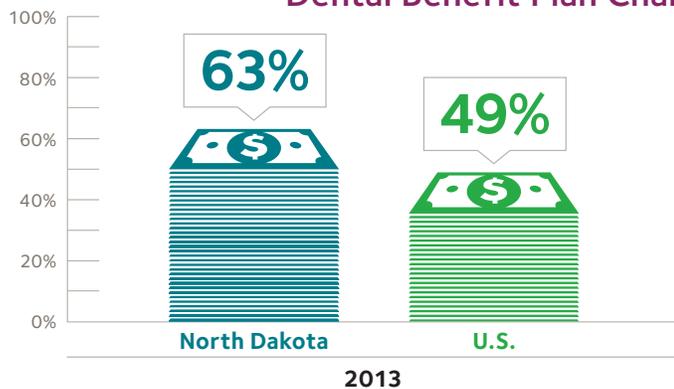
Change in Private Dental Benefit Plan Charges Between 2003 and 2013

CHANGE IN PRIVATE DENTAL BENEFIT PLAN CHARGES BETWEEN 2003 AND 2013

	CHILD	ADULT
NORTH DAKOTA	13.6%	11.7%
U.S.	1.2%	-0.6%

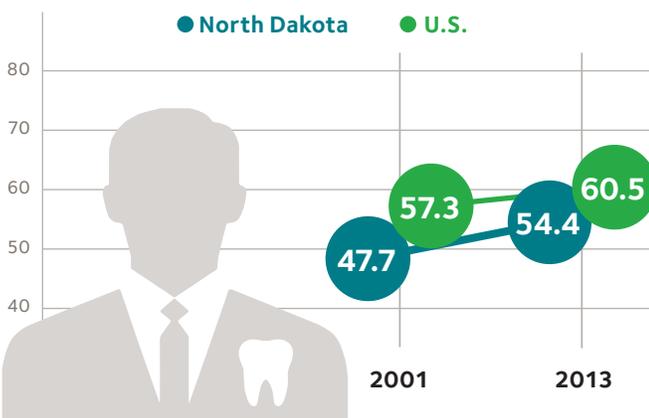


Medicaid Fee-for-Service Reimbursement as a Percentage of Private Dental Benefit Plan Charges for Child Dental Services



IN 2013, MEDICAID REIMBURSEMENT RATES FOR CHILD DENTAL SERVICES WERE **63% OF PRIVATE DENTAL BENEFIT PLAN RATES IN NORTH DAKOTA** COMPARED TO 49% IN THE U.S.

Number of Dentists per 100,000 Population



Percentage of Dentists Participating in Medicaid for Child Dental Services in 2014

