2011 MSDA National Medicaid and CHIP Oral Health Symposium
June 27th-28th, 2011 Washington DC

Session 3: New Horizons
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Session Objectives

To show how collaboration between Iowa Medicaid and Iowa Title V Maternal Child Health agencies resulted in policy changes that help to improve oral health for Medicaid and low income residents.
Cathy Coppes

Effective Partnering with
Title V Agencies
What is Title V?

1935 - Title V of the Social Security Act established the Maternal Child Health Program to help ensure the health of mothers, and children

HRSA administers Title V
Funding is Block Grant to the states
Iowa Title V MCH Program

• IDPH, Bureau of Family Health is responsible for administration of the MCH program

• IDPH contracts with public and private Title V MCH agencies for services
Iowa Title V Regions
Problems

• FFY 1992 – 14% of Iowa children received an EPSDT screening

• Solution – EPSDT Outreach and Care Coordination services were transferred from DHS to IDPH and the Title V agencies under an Interagency Agreement
Problems

1992 - Iowa Medicaid adopted the AAPD standard for first dental visit for the EPSDT program

One agency received permission to employ a dental hygienist
Problems

Funding – Medicaid was asked to pay for an oral health screening
Administrative Rules limit what can be paid for

Solutions:
Exception to Policy process
Administrative Rules change
Iowa Administrative Code

441-78.18(8) Payment shall be made for dental services provided by a dental hygienist employed by or under contract with a screening center.
Partners

• Title V agency Director
• State Dental Director, IDPH Oral Health Bureau
• University of Iowa Pediatric Dental Faculty
• Iowa Dental Association Executive Board
• Iowa Dental Board of Dental Examiners
• Iowa Medicaid Policy Specialist
State Medicaid Policy Changes

- Exception to Policy
- Administrative Law Change
- Provider manual update
- Billing issues
- Changes to the claims payment system
Billing

• Local codes initially
• HIPAA mandate
• CPT modifier “DA” (oral health assessment by a licensed health professional other than a dentist) used for screening
• Fees
Codes Currently Allowed

– D0150 – Initial oral screening
– D0120 – Periodic oral screening
– D0145  - Screening and counseling under 3
– D1110 – Adult prophy
– D1120 – Child prophy
– D1206 – Fluoride varnish
– D1310 – Tobacco counsel
– D1320 – Oral hygiene instruction
– D1351 - Sealants
Impact

FFY 1996 – 38% received a dental assessment

FFY 2009 – 50% received a dental service
Wrap Up

OLD Model
- Care coordination and outreach at local DHS offices
- EPSDT screening by nurses
- Low dentist visits

New Model
- Care coordination and outreach by Title V agencies
- Oral health screening by dental hygienists
- Medicaid reimbursement under regular Medicaid policy
- Increased dental access
Contact Information

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THANK YOU

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