



Dental Public Health Activities & Practices

Practice Number: 18001
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SECTION I: PRACTICE OVERVIEW		
Name of the Practice: EPSDT Exception to Policy		
Public Health Functions: Policy Development – Collaboration & Partnership for Planning & Integration Policy Development – Oral Health Program Policies Assurance – Building Linkages & Partnerships for Interventions Assurance – Building Community Capacity for Interventions Assurance – Access to Care and Health System Interventions		
HP 2010 Objectives: 21-1 Reduce dental caries experience in children. 21-2 Reduce untreated dental decay in children and adults. 21-10 Increase utilization of oral health system. 21-12 Increase preventive dental services for low-income children and adolescents.		
State: Iowa	Region: Midwest Region VII	Key Words: Access to care, policy, dental hygienist, screening, fluoride varnish, EPSDT, Medicaid
Abstract: Due to a significant dental access problem and the need to make preventive oral health care more available to low-income families, in 1997 the Iowa Department of Public Health (IDPH) partnered with the Department of Human Services (DHS) to implement the EPSDT (Early and Periodic, Screening, Diagnosis, and Treatment) Exception to Policy program. The EPSDT Exception to Policy allowed regional Title V Child Health contractors to be reimbursed by Medicaid for oral screenings and fluoride varnish applications provided by a dental hygienist to Medicaid-enrolled children in areas of the state with a demonstrated lack of access to dental providers. In 2001, 32 of the state's 99 counties had programs implementing the EPSDT Exception to Policy, and EPSDT dental participation rates increased in several of those counties. The Exception to Policy also extended to some Title V Maternal Health Programs for Medicaid-enrolled pregnant women. As of March 1, 2002, DHS has made the services of the EPSDT Exception to Policy a standard of care and Title V Child Health contractors no longer need to apply for the Exception to Policy. In November 2004, the same standard of care was applied to Maternal Health Programs.		
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SECTION II: PRACTICE DESCRIPTION

History of the Practice:

The Iowa Department of Public Health (IDPH) Oral Health Bureau partnered with the Department of Human Services (DHS) to develop and implement the EPSDT (Early and Periodic, Screening, Diagnosis, and Treatment) Exception to Policy in 1997. Two Title V agencies attempted to receive funding from Medicaid to cover these services within screening centers prior to 1997. They were finally able to implement the Exception to Policy on a county-by-county basis, based upon a county showing proof of need and proof of an access problem. There was little opposition to the program due to the great need for oral health services for children in the state, especially children under the age of three. The services provided by a dental hygienist are within the scope of practice for hygienists in Iowa. Hygienists provide screenings and fluoride varnish applications with general supervision from a local dentist. The Iowa Dental Association was informed of the practice prior to its implementation.

Justification of the Practice:

Access to dental care for low-income families has been a significant problem in the state. Because Iowa is largely rural, many counties have few dentists and many of the dentists in those counties are nearing retirement age. In 2001, of the state's 99 counties, 72 full counties and one partial county qualified as a dental Health Professional Shortage Area (HPSA). In 2005, it appears that approximately 79 full counties will qualify based on geography, Medicaid, and low-income populations. Furthermore, in Iowa many dental practices do not accept Medicaid-enrolled or Title V patients or limit the number they will see. Of particular concern is the number of dentists unwilling to see children under the age of three. During FY 2004, only 43 percent of the children enrolled in Medicaid received any dental treatment. The EPSDT Exception to Policy was created in an effort to make preventive oral health care more available to children from low-income families. The expansion and success of the reimbursement program impacted DHS' decision to make payment for hygienist services a standard of care—no longer requiring an exception to policy.

Administration, Operations, Services, Personnel, Expertise and Resources of the Practice:

Prior to 2002, the EPSDT Exception to Policy allowed reimbursement to Title V Maternal and Child Health agencies for oral screenings and fluoride varnish applications provided by dental hygienists. In FY06, 44 of the 99 counties have screening/fluoride varnish programs. These counties are also noticing increases in EPSDT dental participation rates.

Screenings and fluoride varnish applications are provided in public health clinics, WIC clinics, preschools, day care facilities, schools, and Head Start centers. Provision of screenings, fluoride varnish applications, and education allows opportunities for children and their caregivers to learn about oral health and how to achieve optimal oral health, provides limited preventive care for families that may otherwise have no access to any dental services, and facilitates dental referrals. Many of the dental hygienists act as "gatekeepers" by referring children to local dentists for needed treatment, assisting with treatment planning, coordinating care, assisting with appointment scheduling, sending reminders to keep scheduled appointments, providing families with education on the importance of oral health care, and meeting with area dentists to recruit them as providers for Title V referrals. The dental hygienists' efforts support building oral health infrastructure within the community.

Effective March 1, 2002, DHS adopted a new policy that accepts the services formerly requiring the EPSDT Exception to Policy as a standard of care for Child Health Centers and the same for Maternal Health Centers in November, 2004. This policy is a result of the continued problem of accessing dental care and the demonstrated success of the EPSDT Exception to Policy. The new policy will allow all state EPSDT screening centers to bill Medicaid for oral health screenings, fluoride varnish applications and sealant applications provided by a dental hygienist, eliminate the need for the screening centers to provide proof of an access problem, and reduce the paperwork related to billing for these services.

Budget Estimates and Formulas of the Practice:

- Title V agencies must bill their cost for each procedure for reimbursement. If their cost is greater than the Medicaid-allowable fee, the reimbursement is 100 percent of the Medicaid fee. Agencies must provide a costing report to IDPH annually.
- Previously, billing codes were created specifically for the EPSDT Exception to Policy (W0150 for an initial screening, W0120 for a recall screening, and W2203 for fluoride varnish application). However, in order to be in compliance with HIPPA regulations, dental codes are now universal for screening centers and private dental practices. Fluoride varnish may be billed three times a year.

Lessons Learned and/or Plans for Improvement:

A data collection system is needed to better evaluate the impact of the program. IDPH cannot currently query data for Exception to Policy procedures. For such data, a request to DHS to retrieve the information is required. Interdepartmental collaboration is needed to develop the system. Other plans for improvement include the expansion of the program into all areas of the state having an access problem. The ability for other states to duplicate this program will depend on their practice laws for dental hygienists. Also, it would be beneficial for screening and fluoride varnish codes to be created for universal use in all states.

Available Resources -Models, Tools and Guidelines Relevant to the practice:

- Letters requesting Exception to Policy – Oral Health Bureau, Iowa Department of Public Health.
- Protocol on applying for an Exception to Policy – Oral Health Bureau, Iowa Department of Public Health.

SECTION III: PRACTICE EVALUATION INFORMATION

Impact/Effectiveness

Does the practice demonstrate impact, applicability, and benefits to the oral health care and well-being of certain populations or communities (i.e., reference scientific evidence and outcomes of the practice)?

The statewide participation rate for Medicaid-enrolled children receiving any dental treatment was 43 percent for FY04. EPSDT dental participation rates in Dubuque County increased from 37 percent in FY98 to 59 percent in FY04. This is an indication of the number of children in Dubuque County that have been able to access oral health care, largely due to the Exception to Policy and Access to Baby and Child Dentistry program in that county. Other counties are also noticing similar increases in participation rates. The dental hygienists in the program established by the Exception to Policy are often very successful with building infrastructure within their communities. Many of them meet one-on-one with each dentist in their area to discuss the need for better access to care for children from low-income families and have been successful in obtaining signed agreements from local dentists to accept referrals from the Title V agency. Previous recruitment efforts by "non-dental" professionals had not been as successful.

The success of this program has resulted in the Department of Human Services accepting the services of the Exception to Policy program as standard of care for EPSDT starting March 2002 for Child Health Centers. This now allows any EPSDT screening center to bill Medicaid for limited procedures provided by dental hygienists and there is no longer a need to apply for an Exception to Policy. This is also now standard of care for Maternal Health Centers.

Efficiency

Does the practice demonstrate cost and resource efficiency where expenses are appropriate to benefits? Are staffing and time requirements realistic and reasonable?

Reimbursement from Medicaid for certain clients offsets the cost to a Title V agency for the salaries of dental hygienists. Reimbursement for dental hygienist services fits well with the WIC program, since most of the Title V agencies work with WIC to provide services. The WIC population is an appropriate target, serving pregnant women and children 0-4 years of age. Early prevention of dental disease is more cost-efficient than restorative treatment.

Demonstrated Sustainability

Does the practice show sustainable benefits and/or is the practice sustainable within populations/communities and between states/territories?

Through reimbursement for services, Title V agencies are able to offset the costs of employing hygienists. The reimbursement through Medicaid can be viewed as a sustainable source of revenue for the agencies, helping to secure the employment of dental hygienists in those agencies. Also, the Exception to Policy has changed the dental care delivery system of the Title V agencies by including oral screenings and fluoride varnish applications. Such system changes can be viewed as sustainable changes. Effective fluoride varnish applications, identification of treatment needs, and increasing the families' knowledge of the need for oral health and regular dental visits are all sustainable benefits.

Collaboration / Integration

Does the practice build effective partnerships/coalitions among various organizations and integrate oral health with other health projects and issues?

Development and implementation of the EPSDT Exception to Policy have required the partnering of IDPH/Oral Health Bureau, the Department of Human Services, the University of Iowa, the Iowa Board of Dental Examiners, the Iowa Dental Association, and the Iowa Dental Hygienists' Association. The Title V agencies' dental hygienists are involved in coalitions and community groups. Many have been instrumental in building community infrastructure for oral health by acting as liaisons between dental providers, families in need of dental care, and public health agencies. Also, the dental hygienists participate in efforts related to needs assessments and community evaluations of oral health needs.

Objectives / Rationale

Does the practice address HP 2010 objectives, the Surgeon General's Report on Oral Health, and/or build basic infrastructure and capacity?

The EPSDT Exception to Policy and subsequent "standard of care" practice supports several HP 2010 objectives related to reducing dental caries experience, reducing untreated dental decay, increasing utilization of the oral health system, and increasing preventive services to low-income children and adolescents. Also addressed is the Surgeon General's call for prevention, education, improving oral health for low-income families, decreasing disparities and barriers to oral health care, and improving access to oral health care.

Extent of Use Among States

Is the practice or aspects of the practice used in other states?

The Oral Health Bureau is not aware of a similar EPSDT Exception to Policy implemented in other states.