

Dental Public Health Activity Descriptive Summary

Practice Number: 18001
Submitted By: Bureau of Oral and Health Delivery Systems, Iowa Department of Public Health
Submission Date: October 2001
Last Updated: September 2011

EPSDT Exception to Policy

Iowa is largely rural, and many counties have a limited number of dentists. The past several years, 65-75 percent of the state's 99 counties have qualified as dental Health Professional Shortage Areas (HPSA) based on geographic, Medicaid-enrolled, and low-income population to dentist ratios.

In 1997, due to a significant dental access problem and the need to make preventive oral health care more available to low-income families, 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.

IDPH contracts with regional public and private non-profit agencies to provide Title V Maternal and Child Health (MCH) health services. The EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) Exception to Policy allowed the regional Title V Child Health contractors to request to be reimbursed for oral screenings and fluoride varnish applications provided by dental hygienists to Medicaid-enrolled children. These services were provided in settings such as public health clinics, WIC clinics, preschools, day care facilities, schools, and Head Start centers. Regional Title V Child Health contractors were required to illustrate need by identifying the number of dentists in each county who would/would not take low-income clients and the age of the clients able/unable to be seen in dental practices. The Exception to Policy also eventually extended to Title V Maternal Health contractors for Medicaid-enrolled pregnant women. Reimbursement for services was based on agency cost to provide the service (not to exceed Medicaid-allowable rates).

In 2001, one-third of Iowa counties had dental services reimbursed through the EPSDT Exception to Policy. That year, 860 fluoride varnish applications were billed to Medicaid by Title V contractors, one and a half times as many from the prior year and growing to nearly 3,600 in 2002. Due to the success of the EPSDT Exception to Policy in helping low-income children access preventive care, DHS made the oral health services an EPSDT standard of care in March 2002 – contractors no longer needed to request an Exception to Policy to be reimbursed for the direct dental services provided by dental hygienists. In November 2004, the same standard of care was applied to Title V Maternal Health programs.

Iowa's standard Medicaid policy now allows Title V Maternal and Child Health contractors to bill Medicaid for oral screenings, fluoride varnish applications, sealant applications, prophylaxes, radiographs, and counseling services provided by a dental hygienist. In addition, as part of the current I-Smile™ dental home initiative, registered nurses may be trained by I-Smile™ Coordinators and are then allowed to provide billable oral health screenings, fluoride varnish applications, and counseling services. The Title V contractors are no longer required to demonstrate proof of an access problem, reducing paperwork related to billing for the services.

All Iowa counties have had increases in EPSDT dental services for children as a result of improved participation by dentists as well as the services within Title V Child Health settings.

- FY1999 EPSDT any dental services ages 1-20: 35.6%
- FY2010 EPSDT any dental or oral health service ages 1-20: 53.7%

Lessons Learned:

The collaborative working relationship between the Iowa Department of Public Health and the Department of Human Services is critical in the ability to implement policy changes. Evaluation of the success of the Exception to Policy was determined through IDPH oversight of regional Title V

contracts, DHS claims data, and increases in the rates of children receiving EPSDT dental services each year.

Another result was the realization that the dental hygienists involved in providing direct preventive services through the Title V child health programs were responsible for improving dental-specific care coordination services for families as well as building relationships with dental offices for referrals. This served as the foundation for Iowa's former Access to Baby and Child Dentistry program and the current I-Smile™ Dental Home initiative.

Contact Person(s) for Inquiries:

Tracy Rodgers, RDH, BS
Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-7715
Fax: 515-242-6384
Email: tracy.rodgers@idph.iowa.gov

Bob D. Russell, DDS, MPH
Public Health Dental Director
Bureau of Oral and Health Delivery Systems
Iowa Department of Public Health
321 E. 12th Street
Des Moines, IA 50319-0075
Phone: 515-281-4916
Fax: 515-242-6384
Email: bob.russell@idph.iowa.gov