In 2014, the American Dental Association (ADA) reported that 83% of North Dakota dentists were participating in Medicaid for child dental services compared to 42% of dentists nationally. However, in 2015, North Dakota dentists self-reported that only 56% were accepting at least a limited Medicaid patient base. Only 17% reported accepting any and all Medicaid patients requesting dental care. It is likely that the ADA over-estimates participation by tracking all dentists who apply for a Medicaid billing number, as opposed to those who provided direct patient care.

North Dakota has one of the highest Medicaid reimbursement rates (63%) in the U.S (identified as Medicaid dollars paid divided by Medicaid dollars billed over a five-year period). North Dakota Medicaid Enrollees: Children

In 2015, 51,281 North Dakota youth were eligible for the early and periodic screening, diagnostic and treatment (EPSDT) benefit. This benefit provides coverage for children under age 21, enrolled in Medicaid. Among these children, 72% went without a preventive dental visit. See Figure 1.

While 2015 State data are presented above, only 2013 data are available for national comparison. In 2013, only two other states had a lower preventive dental visit rate than North Dakota (29%). Similarly, North Dakota had the third lowest rate of dental treatment (14%). See Figures 2-3. North Dakota's rank has likely experienced little change between 2013 and 2015 because the State utilization rates did not significantly improve in that time period.

Low rates of preventive dental care, treatment services, and sealant placement increases the risk of tooth decay among these children.
North Dakota Medicaid Enrollees: Elderly

Roughly 48% of North Dakota nursing home residents surveyed in 2015 were Medicaid enrollees. Compared to those nursing home residents with private, third party, Medicare, or no insurance, residents with Medicaid were more likely to: be edentulous (without any teeth); have substantial tooth loss (less than 20 teeth); have untreated decay; experience gingivitis; need periodontal care; and, have less teeth (on average). The disparities were statistically significant among edentulism, and substantial tooth loss. See Figure 4.

Figure 4. ND nursing Home Residents’ Oral Health Status by Insurance Type

Dental Care Access

Poor oral health status among Medicaid recipients is a result of poor dental access, low utilization, and low oral health literacy among enrollees. In 2013, 21 of the 249 dental practices (8%) billing Medicaid in North Dakota provided care to 52% of all Medicaid enrollees who received dental services. Conversely, 145 of the dental practices billing Medicaid (58%) accounted for care provided to only 10% of enrollees utilizing dental services. See Table 1.

Table 1. ND Dentists Seeing Medicaid Patients, 2013

<table>
<thead>
<tr>
<th># of Medicaid Recipients Seen in 2013</th>
<th># of Dental Practices</th>
<th>Cumulative % of Medicaid Patients that Saw a Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>900+</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>301-525</td>
<td>15</td>
<td>52%</td>
</tr>
<tr>
<td>101-300</td>
<td>44</td>
<td>79%</td>
</tr>
<tr>
<td>51-100</td>
<td>39</td>
<td>90%</td>
</tr>
<tr>
<td>11-50</td>
<td>94</td>
<td>100%</td>
</tr>
<tr>
<td>2-10</td>
<td>34</td>
<td>100%</td>
</tr>
<tr>
<td>1</td>
<td>17</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Note: These rates do not account for those practices that saw no Medicaid patients, and does not include the percent of Medicaid enrollees who did not see a dentist in 2013.

Conclusions

North Dakota has the third lowest rate of both preventive dental visits and dental treatment services nationally, a lower rate nationally of dental sealants among EPSDT enrollees, and one of the highest reimbursement rates. Older adults on Medicaid also have worse oral health than those with private insurance, on Medicare, or uninsured. A majority of the dentists who do see Medicaid patients in North Dakota see a very small percentage of those utilizing services.

Recommendations

North Dakota should identify models of care to ensure that Medicaid patients both have access to, and utilize, oral health services. Growing the number of providers accepting Medicaid patients will increase utilization, but significant improvement also requires overcoming additional barriers experienced among Medicaid enrollees. These barriers include, but are not limited to, poor oral health literacy, inability to make appointments, and costs associated with a dental visit. Dentists, other health professions, and organizations serving Medicaid patients need to collaborate and identify opportunities to reach the 37,009 youth receiving the EPSDT benefit who had no preventive visit in 2015, as well as the 48% of nursing home residents who are on Medicaid and experience poor oral health.

Data

Data were derived from the ADA Health Policy Institute, the State Department of Health and Human Services Medicaid file, the North Dakota Department of Health’s Older Adults Basic Screening Survey (2016) and The North Dakota Dental Workforce Survey data which were collected through a Cooperative Agreement between the Centers for Disease Control and Prevention and the North Dakota Department of Health (CDC-RFA-DP13-1307). The content of this publication is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control and Prevention or the official views of the North Dakota Department of Health.

2. ND DoH. (2016). North Dakota Dental Workforce Survey. Provided by the ND DoH.
5. ND DoH. (2016). North Dakota older adults basic screening survey. Provided by the ND DoH.

For more information

Visit the CRH webpage for additional oral health publications and information. ruralhealth.und.edu/what-we-do/oral-health

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