Testimony on SB 2343
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Senate Human Services Committee
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Good morning Chairman Lee and members of the Senate Human Services Committee, my name is William Sherwin, Executive Director of the North Dakota Dental Association. We greatly appreciate the opportunity to offer our suggestions about how to assure high quality, cost-effective care, and maintain access to North Dakota Medicaid patients either through traditional fee-for-service administered by the ND Department of Human Services(DHS) or any new Medicaid managed care model that may be considered for dental services.

From the perspective of dental services, many states have made the transition from state-administered fee-for-service (FFS) Medicaid models to managed care with improved outcomes and some have had difficulties. Based on those experiences, we can share some of the key points to consider if transitioning dental to a managed care model. North Dakota has had some limited experience with dental managed care, as the Healthy Steps S-CHIP program has had Delta Dental of Minnesota as its Dental Benefits Manager since inception.

The following is a list of important considerations when considering a transition to dental Medicaid managed care:

1. The dental benefits model should be a "carve-out" from the medical model so that cost-savings and prevention can be better targeted and incentivized and risk can be minimized for the state and providers.

2. A single vendor should be selected which will simplify the list of covered services, fee schedule, and contract for less administrative friction.

3. Require the Managed Care Organization (MCO) or Dental Benefits Manager (DBM) to establish evidenced-based policies that promote prevention, establish a dental home, and adhere to EPSDT periodicity guidelines for children.

4. Maintain fee-for-service (FFS) model (with reimbursement rates no lower than current rates) as opposed to capitation models that create disincentives for providers.

5. The state should compensate the MCO or DBM using actuarially sound per member per month rates.

6. Require adequate reporting metrics so that value-based reimbursement and incentives can be utilized where possible.

7. Use state-of-the art administration of claims, eligibility status access, and support systems that are timely and accurate for providers.

8. Ensuring services sufficient in amount, duration, and scope to meet the purpose of the Medicaid Program.

In regard to SB 2343, we feel these eight considerations are the most important for your committee to consider when reviewing any new Medicaid managed care model that may be selected for dental services. In addition to these eight considerations we are committed to working with any and all entities outlining detailed concerns and detailed recommendations when developing an RFP for dental managed care plans.

In summary, the NDDA has a neutral position on SB 2343. We feel that if a contracted managed care system is built into North Dakota's dental Medicaid program, the best, cost-effective outcomes will only be achieved with the input of dentists in North Dakota throughout the design and implementation process. If the state decides to implement a dental "carve-out," we look forward to working with DHS to improve the oral health of ND Medicaid recipients. Currently, we are very satisfied and happy with our current FFS system as administered by DHS but will always welcome the conversation and direction of the department to further the outcome of ND Medicaid recipients in our state. As we have always stated, the NDDA is committed to working with our ND Department of Human Services to assure high quality, cost-effective care, and maintain access to North Dakota Medicaid patients in whatever system is deemed most appropriate by DHS and the state.