CMS Oral Health Update

American Association of Community Dental Programs
April 26, 2015

Laurie Norris, JD
Senior Policy Advisor
Centers for Medicare & Medicaid Services
What We’ll Cover

• Update on CMS Children’s Oral Health Initiative
• Core sets of quality measures—dental
• Tips for working with Medicaid managed care
• Integrating oral health into primary care
• Resources available from CMS
Update on CMS Children’s Oral Health Initiative
Medicaid & Children’s Oral Health

Any dental service, ages 1–20

- 2001—28.8%
- 2007—37.1%
- 2008—39.0%
- 2010—46.4%
- 2011—47.3%
- 2012—48.0%
- 2013—48.5%

Events

- 2001—CMS announces reviews of states with dental utilization < 30%
- 2007—Deamonte Driver’s death followed by Congressional hearings
- 2008—CMS announces reviews of states with dental utilization < 30%
- April 2010—CMS announces Oral Health Initiative
- 2011—CMS reviews eight innovative states
- April 2013—CMS sets Oral Health Initiative baselines and goals for preventive dental services
Steady Progress in Access to Dental Care

FFY 2000—FFY 2013

Source: FFY 2000-2013 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c.
Note: *FFY 2012 data for Connecticut is not available and was substituted with FFY 2011 data. Data reflects updates as of 10/22/14.
CMS Oral Health Initiative—Goals

- Goal #1—Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 1–20 (enrolled for at least 90 days) who receive a **preventive dental service**.
  - Baseline year is FFY 2011. National baseline is 42%.
  - Progress in FFY 2013. National rate is 44%.
  - Goal year is FFY 2015. National goal is 52%.
  - Every state has its own baseline and goal. 

- Goal #2—Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 6–9 (enrolled for at least 90 days) who receive a **sealant on a permanent molar** tooth.
  - CMS is working to operationalize this goal.
Percentage of Children, Age 1-20, Who Received Any Preventive Dental Service, FFY 2013

Source: FFY 2013 CMS-416 reports, Line 1b, 12b
Note: Data reflects updates as of 10/22/14.
Percentage of Children, Age 6–9, Who Received a Sealant on a Permanent Molar, FFY 2013

Source: FFY 2013 CMS-416 reports, Line 1b, 12d
Note: Data reflects updates as of 10/22/14.
FFY 2011–FFY 2013 Progress on Preventive Services Goal

Source: FFY 2011-2013 CMS-416 reports, Line 1b, 12b
Note: *FFY 2011 data for Ohio and Florida are not available. Data for Florida has been substituted with FFY 2012 data. Data for Ohio has been excluded. Estimates for Florida are included in the National figure. Data has been rounded.
States with CMS Oral Health Action Plans

- CA
- AZ
- WA
- ND
- NE
- MO
- TN
- AL
- PA
- ME

Oral Health Action Plan received by CMS
States in Learning Collaboratives

Center for Health Care Strategies (funded by DentaQuest Foundation)

CMS Learning Collaborative
Tools to Help States Improve

• Oral Health Performance Improvement Project (PIP) Handbooks for managed care
  – Introductory webinars May 6, May 20
• Issue briefs on addressing early childhood caries
  – Introductory webinar May 27
• Web-based learning modules on how to report dental data on the Form CMS-416
  – Will be released in July
• Medicaid dental contracting toolkit
  – Will be released in October
CMS’s core sets of quality measures—oral health
• ACA requirement: quality measures reporting program
• To help states and CMS monitor the quality of health care provided to Medicaid and CHIP enrollees, and to drive improvement
• Two cores sets:
  – Child (24 measures)—launched in 2010
  – Adult (26 measures)—launched in 2013
• Annual reports available:
Oral Health Measures in Child Core Set

- **PDENT**—preventive dental service (since 2011)
  - Ages 1–20
  - Enrolled in Medicaid or CHIP for at least 90 continuous days
  - Received a preventive dental service from a dental professional (prophylaxis, fluoride, sealant)

- **SEAL**—sealant on a permanent molar (begins 2015)
  - Ages 6–9
  - Enrolled in Medicaid/CHIP for at least 180 continuous days
  - At elevated risk
  - Received a sealant on a permanent molar
Tips for working with Medicaid managed care
Partnering with Medicaid MCOs

• Relationship building
  – Make sure MCO leadership knows you and your organization (your mission, your locations, who you serve, your accomplishments)

• What you can offer the MCOs
  – A connection to their enrollee communities
  – Knowledge of effective outreach approaches
  – Opportunities to collaborate on messaging
  – An emphasis on prevention: sealants are cheaper than surgery
  – Opportunities to model medical/dental integration
  – Opportunities to fold oral health messaging into efforts to educate around issues such as nutrition and healthy weight

• What to ask the MCOs for
  – Specific MCO contacts for community collaborations, care coordination, billing and coverage
  – Periodic leader-to-leader conversations
Integrating oral health into primary care
Percentage of Children, Age 1–5, Who Received Any Oral Health Service Provided by a Medical Provider, FFY 2013

Source: FFY 2013 CMS-416 reports, Line 1b, 12f
Note: Data reflects updates as of 10/22/14.
The Triple Aim* and Early Childhood Caries

• Triple Aim
  – Better care for individuals
  – Better health for populations
  – Lower per capita costs

• Dimensions to consider
  – Models of care
    • What are we doing clinically, who is doing it, to whom and when
  – Benefit designs
    • What is covered by insurance, how frequently, for whom
  – Payment methodologies
    • What do we pay for, how much, to whom, when, how do we track results
  – Health system redesigns
    • Who provides care, in what settings, who do we collaborate with

• CMS early childhood caries issue briefs for state policymakers

* A framework developed by the Institute for Health Care Improvement
Resources available from CMS
CMS Learning Labs

- Quarterly technical assistance webinars, targeted primarily to state Medicaid programs but open to all
- Successful Beneficiary Outreach Strategies
- Quality Improvement Processes: An Introduction for Medicaid and CHIP Dental Programs
- Engaging More General Dentists to Care for Young Children: Access to Baby and Child Dentistry (ABCD) in Washington and South Dakota
- Dental Sealants: An Effective State Strategy to Prevent Dental Caries in Children
- State Medicaid and CHIP Program Support of Sustainable Oral Health Care Delivery Models in Schools and Community-Based Settings
- Building a Partnership Between Medicaid and Head Start: the Pennsylvania Model
Insure Kids Now Dentist Locator


Use the Dentist Locator Tool: Go here [http://www.insurekidsnow.gov/state/index.html](http://www.insurekidsnow.gov/state/index.html) then click on your state
Think Teeth!

• Three free materials:
  - For babies and toddlers up to age 3
  - For children of all ages
  - For pregnant women

• English/Spanish
• Can be bulk-ordered for free from CMS

Dental Care for Children with Special Needs

If your child has a developmental disability, a behavioral issue or a physical limitation, it’s important for you to find a dentist who can give dental care while accommodating your child’s unique situation. Children with special needs — like mild anxiety disorders, Down syndrome and cerebral palsy — may need extra time or support when seeing a dentist.

Supports for Special Needs at the Dentist

- Flyer for parents of children with special needs
- How to find a dentist suitable for your child
- English/Spanish
CMS Oral Health Resources

- CMS 416 data, by year and by state: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html