Strategies to Increase Oral Health Care Access for Children in Medicaid: Lessons from Pioneering States

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For webinar audio, dial: (877) 702-9054, Passcode: 903528

The Medicaid Oral Health Learning Collaborative and this webinar are funded by the DentaQuest Foundation.
Questions?

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Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
I. Overview of the *Medicaid Oral Health Learning Collaborative (OHLC)*

II. Update on the Centers for Medicare & Medicaid Services (CMS) Children’s Oral Health Initiative

III. Arizona’s Strategies for Increasing Oral Health Access for Children

IV. New Hampshire Women, Infants, and Children (WIC) Pay for Prevention Project

V. Highlights of Other State Approaches to Meeting the CMS Goals
About the Center for Health Care Strategies

A non-profit health policy resource center dedicated to advancing access, quality, and cost-effectiveness in publicly financed health care.
Current/Recent CHCS Oral Health Initiatives

- New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Young Kids (2007-08)
- Healthy Smiles – Healthy Families: Improving Oral Health in CA’s Healthy Families Program (2010-11)
- **Medicaid Oral Health Learning Collaborative** (2012-present)
- TA provider to advance dental service access and outcomes for Medicaid-enrolled adults (2014-present)
- Subcontractor on CMS Oral Health Initiative (2014-present)
- DentaQuest Foundation Regional Oral Health Connection Team (2014-present)
Use of Dental Services by Medicaid-Enrolled Children

- Dental care is covered by EPSDT, but fewer than half of Medicaid-enrolled children nationally receive any dental service each year
  - Even fewer receive a preventive dental service
- Rates of preventive dental service utilization have been increasing slowly, but vary widely by state
  - Ranging from 21% in Ohio to 60% in Connecticut
- States that have achieved increases in utilization often grapple with how to improve beyond a certain point
CMS National Oral Health Initiative Goals

Goal #1
- Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a **preventive dental service**

Goal #2
- Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a **sealant on a permanent molar tooth**
Medicaid OHLC: Technical Assistance

- Support for seven states working toward the two CMS national oral health goals
- Quality improvement concepts and tools, peer learning opportunities, and tailored TA
- All-state and individual state TA calls and convenings
Focus of Aims to Support Goal #1

- Increasing the percentage of:
  - Oral health providers delivering a preventive dental service
  - Non-dental providers delivering fluoride varnish with a dental referral
  - All children (or specific ages) who receive a preventive dental service
  - Pregnant women ages 19-21 served by WIC who receive a preventive dental service
  - Children who have a dental home

- Reducing age of first dental visit
- Increasing use of alternative providers
- Improving rates and accuracy of billing and reporting
- Tracking referrals to dental care
Range of Interventions: Goal 1

**Providers**
- Dental gap reports and peer comparisons
- Continuing education for online oral health training
- Messages about oral health care in provider forums, mailings, calls
- Reimbursement to PCPs for fluoride application
- Incentives for provider performance and reporting; expanded office hours

**Families/Members**
- Calls and letters to families with last dentist visited; help to schedule appointment
- OBGYNs educate pregnant women about importance of oral health
- Oral health messages in educational materials for pregnant women
- Plan newsletters with oral health messages
- PSAs in customer service hold times and social services waiting rooms
Focus of Aims to Support Goal #2

- Percentage of children ages 6-9 who receive dental services from a dental home
- Percentage of *providers* applying sealants to children ages 6-9
- Plan encouragement of sealant application
- Number of *schools* with sealant programs
- Percentage of children ages 6-9 receiving a sealant in a particular setting
### Range of Interventions: Goal 2

<table>
<thead>
<tr>
<th>Providers</th>
<th>Families/Members</th>
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<tbody>
<tr>
<td>• Require assignment of a dental home</td>
<td>• Educate members about importance of sealants</td>
</tr>
<tr>
<td>• Incorporate messages about sealants in provider education</td>
<td>• Call members with no dental history to help schedule a dental visit</td>
</tr>
<tr>
<td>• Train non-dental providers in sealant application</td>
<td></td>
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<tr>
<td>• Educate school nurses on importance and availability of sealants</td>
<td></td>
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<tr>
<td>• Allow hygienists providing services in public health programs to bill Medicaid</td>
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State Efforts and Progress

- Variety of state objectives and key stakeholder engagement strategies underway
- Active sharing of expertise and resources among states
- Early self-reported “outcomes” include:
  - Elevated visibility of oral health care within state
  - Enhanced strategic planning capabilities
  - Access to tools and best practices of other states
Cross-Cutting Challenges

• Prioritizing strategic approaches
• Given limited financial resources, identifying meaningful non-financial incentives to drive provider behavior
• Raising the visibility and prioritization of oral health among PCPs
• Engaging contractors most effectively
• Facilitating accurate and complete reporting
Update on the Children’s Oral Health Initiative

Laurie Norris, JD
Senior Policy Advisor
Centers for Medicare & Medicaid Services
• Goal #1 – Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 1 to 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 to 9 (enrolled for at least 90 days) who receive a **sealant on a permanent molar** tooth
  • CMS is working to operationalize this goal
FFY 2011 – FFY 2013: Two-Year Progress Toward Goal #1

Percentage point difference in use of preventive dental services by children, age 1-20, enrolled in Medicaid for at least 90 days who received a preventive dental service (12b)

Source: FFY 2011-2013 CMS-416 reports, Line 1b, 12b
Note: *FFY 2013 data for Missouri and FFY 2011 data for Florida are not available. Data for both states have been substituted with FFY 2012 data. Estimates for these states are also included in the National figure.
Percentage of children, age 6-9, enrolled in Medicaid for at least 90 days who received a sealant on a permanent molar, FFY 2013 (12d)

Source: FFY 2013 CMS-416 reports, Line 1b, 12d
Note: Data reflects updates as of 10/22/14.
Overview of CMS OHI Technical Assistance Project

1. Establish a learning collaborative for states to develop and implement State Oral Health Action Plans
2. Develop web-based training module for reporting Form 416 dental data to CMS
3. Develop an oral health performance improvement project template and manual
4. Create a Medicaid dental contracting toolkit for states
5. Create a primer for policymakers to disseminate learnings from early childhood caries pilot projects
6. Organize and deliver webinars on important oral health topics
7. Help make CMS oral health resources more accessible online
Arizona’s Strategies for Increasing Oral Health Access for Children

Jakenna Lebsock, MPA
Quality Improvement Manager
Arizona Health Care Cost Containment System
Arizona Overview

• Arizona Health Care Cost Containment System (AHCCCS) currently serves over 1.6 million members, over half of which are children

• 90%+ are in managed care
  o 15 managed care organizations
  o American Indian Health Plan (fee-for-service)

• AHCCCS-driven interventions
  o Dental Work Group convened to focus on CMS initiative
  o Ongoing monitoring and oversight
State Objectives and Interventions to Advance CMS Goal #1

Increase by 25% the number of dental providers applying fluoride varnish for Medicaid/CHIP enrolled children ages 0-3

- Gap reports of members without a fluoride application
- Educate dental providers
- Online trainings for PCPs related to dental care and fluoride varnish
- Mailings, phone calls, and forums for general and pediatric dentists

Increase the number of Medicaid/CHIP enrolled children ages 0-3 receiving fluoride varnish application from a dental provider

- Mailings and phone calls to families
- Educational material given to OB/GYN patients
- Modify well-child and immunization outreach calls to incorporate oral health
State Objectives and Interventions to Advance CMS Goal #1

Increase the number of children who receive fluoride varnish application and dental referrals from their AHCCCS PCPs

- Policy change allowing reimbursement to PCPs for fluoride services
- Provider forums for PCPs and dentists (policy changes, best practices resources, etc.)
- Monthly gap reports to PCPs
- Refer PCPs to complete online training on dental care and fluoride varnish

Increase preventive dental utilization for children ages 1-2 who have not had a dental visit in the last 12 months

- Modify well-child and immunization outreach calls to incorporate oral health
- Modify existing dental notification to be more persuasive and informative
- Educate dental providers
- Outreach to case managers
- Educational material given to OB/GYN patients
State Objectives and Interventions to Advance CMS Goal #1

Increase preventive dental utilization for children ages 15-21 who have not had a dental visit in the last 12 months

- Modify well-care outreach calls to incorporate oral health
- Modify existing dental notification to be more persuasive and informative
- Educate dental providers
- Outreach to case managers

Increase the number of Medicaid enrollees who have selected a dentist

- Policy change to allow dental home assignment
- Member education and dental home assignment
- Provider education
State Progress Toward CMS Goal #1: Successes

- Medical policy change allowing application of fluoride varnish by PCPs
- Medical policy change allowing contractors to assign members, 0 to 21 years of age, to a dental home
- Health plan contract change requiring contractors to submit an annual EPSDT Dental Plan and Dental Evaluation
  - Effectiveness of the developed plans are required within a quarterly report deliverable
- Performance Measure Sanctions – up to $100,000 per measure
  - Annual Dental Visit (HEDIS®)
  - EPSDT Dental Participation
- Development of Dental Work Group
  - Meets bi-monthly
  - Sharing of data and best practices
State Progress Toward CMS Goal #1: Challenges

- Coordinating schedules while establishing dental work group
  - Decision-makers not always at the table (provider relations, directors, managers should be involved)
- Resistance
  - Contractor adoption of policy changes
  - Delayed implementations
Plans to Improve Rates of Preventive Dental Service Utilization in the Year Ahead

Increase the number of members assigned to a dental home
- Contractors to share methods of implementation
- AHCCCS to approve contractor-developed member outreach materials

Increase the number of PCPs trained in, and applying, fluoride varnish to children
State Objectives and Interventions to Advance CMS Goal #2

Increase the number of children 6-9 who receive dental services from a dental home

• Policy change to allow dental home assignment
• Contractors to educate members and providers on importance of dental sealants
• Contractors to hold education sessions with providers with limited/no sealant claims
State Progress Toward CMS Goal #2 and Future Plans

Interventions/approaches still in development phase

- Contractors currently working to assign members to dental homes
- AHCCCS and contractors currently pulling utilization data on dental providers and rate of sealant applications
- AHCCCS dental work group plans to focus primarily on dental providers to improve sealant rates
Monitoring and Oversight

• Quarterly reporting
  o Preventive care rate
  o Sealant rate
  o Dental home assignments
  o Oral health screenings
• Annual plan deliverable
• Ad hoc reporting
• Internal data runs for analysis/comparison
New Hampshire Women, Infants, and Children (WIC) Pay for Prevention Project

Nancy Martin, RDH, MS
NH Department of Health and Human Services
Division of Public Health Services
Oral Health Program Manager
Project Objectives

- Improve oral health of pregnant women, infants, and children enrolled in NH WIC
- Obtain baseline oral health data
- Take valuable preventive dental services to where this high risk population seeks other health related services
- Utilize findings for future oral health program planning and funding
- Demonstrate sustainability
Methodology

3 WIC sites participating for the 12-16 month project period

- Concord, Keene, Pittsfield
- Services provided by a Registered Dental Hygienist (RDH) under public health supervision
- Dental clinics held at regular intervals, up to 1x week

Utilize a customized electronic patient record software installed on iPads

Facilitate referrals to local dental offices

Robust evaluation to determine the “value” of on-site treatment and referrals

ITR’s by certified RDH’s
Partnering with NH WIC

Oral health education messages from dental hygienist and dental assistant align with WIC nutrition education messages:

- Eliminating sugar sweetened beverages
- Reducing consumption of fruit juice
- Eating more fruits and vegetables
- Smoking cessation for pregnant women

Quarterly revisits provide opportunity to:

- Reinforce oral health messaging
- Provide preventive dental services regularly
WIC PAY FOR PREVENTION DENTAL PROGRAM
CONSENT FORM

Child's First Name: ___________________________ Child's Last Name: ___________________________

Child's Date of Birth: ________________________ Parent/Guardian Name: _______________________

Parent/Guardian Address: ______________________

* Does your child have any allergies? [ ] Yes [ ] No

* Has your child ever had any serious health problems? [ ] Yes [ ] No

* Does your child have a congenital heart defect that requires them to take antibiotics before a dental treatment? [ ] Yes [ ] No

Do you/does your child...

Brush your child's teeth twice a day with a small smear of fluoridated toothpaste [ ] Yes [ ] No

Limit sugary snacks and drinks? [ ] Yes [ ] No

Visit your dentist once a year? [ ] Yes [ ] No
Patient's Name: ___________________________ Date: 05/09/2014

Today you received: □ Cleaning □ Sealants □ Temporary Fillings
☑ Oral Hygiene Instruction ☑ Fluoride Varnish ☑ Toothbrush & Toothpaste

It is recommended that you:
☐ Continue to see a dentist every six months.
☐ See a dentist soon for a full exam & possible fillings.
☑ See a dentist immediately due to pain and/or infection.

URGENT CARE is needed on Tooth Numbers: 16

Circled Tooth = Tooth has possible caries and/or needs urgent care.
Shaded Tooth = Sealant or temporary filling placed on tooth by program.

Remarks on patient's oral health:
Possible cavities requiring attention were found on one or more teeth.
Tooth brushing needs improvement.
Please schedule a dental appointment as soon as possible with Pittsfield Family Dental Center at (603)435-8030 for a full exam and treatment for your dental problem. Take this form with you to your next dental visit. Today you were screened and treated by Mary Davis, RDH.

If you have any questions, please contact: Nancy Martin (603) 271-4535

Fluoride varnish strengthens tooth enamel. You should hold off on brushing and flossing until tomorrow morning, and please avoid eating hard, crunchy foods for the rest of the day. Calculus is a hardened form of dental plaque, also known as tartar. It cannot be removed by regular brushing. You should schedule an appointment at a dental office within the next 6 months for a cleaning.
Project Partners

- NH Medicaid
- Community Action Program Belknap Merrimack Counties, Inc.
- Southwestern Community Services, Inc.
- Jessie B. Cox Charitable Trust Fund
- HNH Foundation
- Local dental offices
National Recognition

children’s dental health project

CMS

American Dental Hygienists’ Association
## Early Numbers (7 months): Children

<table>
<thead>
<tr>
<th>Description</th>
<th># (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total screened</td>
<td>375 (100%)</td>
</tr>
<tr>
<td>Total screened ≤ 1 year old</td>
<td>210 (56%)</td>
</tr>
<tr>
<td>Untreated decay</td>
<td>28 (7.5 %)</td>
</tr>
<tr>
<td>Non-Urgent Referral</td>
<td>27 (7%)</td>
</tr>
<tr>
<td>Urgent Referral</td>
<td>2 (0.5%)</td>
</tr>
<tr>
<td>Fluoride Varnish Application</td>
<td>304 (81%)</td>
</tr>
<tr>
<td>Dental Sealants Placed</td>
<td>50 (13%)</td>
</tr>
</tbody>
</table>
# Early Numbers (7 Months): Pregnant Women

<table>
<thead>
<tr>
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<th># (%)</th>
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</thead>
<tbody>
<tr>
<td>Total screened</td>
<td>59 (100%)</td>
</tr>
<tr>
<td>Untreated decay</td>
<td>43 (73%)</td>
</tr>
<tr>
<td>Non-Urgent Referral</td>
<td>25 (42%)</td>
</tr>
<tr>
<td>Urgent Referral</td>
<td>20 (34%)</td>
</tr>
<tr>
<td>Fluoride Varnish</td>
<td>52 (88%)</td>
</tr>
<tr>
<td>Dental Sealants Placed</td>
<td>37 (63%)</td>
</tr>
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Temporary fillings – October 2015!
81% of WIC children and pregnant women in Keene are enrolled in Medicaid
87% of WIC children and pregnant women in Concord/Pittsfield are enrolled in Medicaid

* Data provided by New England Software Systems (NESS) accessed 12/4/14
Challenges

With the clinics in Concord, Keene, and Pittsfield, we are only reaching 14% of the NH WIC population.

- Similar dental health issues most likely exist throughout the state for WIC mothers and children.

The response has been so positive and needed by WIC families – we need to consider how to financially sustain the services after 2015.

- Miscommunications between dental personnel and WIC clients.
Using the PPMT Tool for Planning and Monitoring

- Case management
- iPad software revisions
- Interdepartmental communication and collaboration
Questions?

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Increasing Dental Service Utilization Among California’s Low-Income Children

Eileen Espejo
Director, Media and Health Policy
# Strategies to Increase Dental Utilization Among Children in CA

<table>
<thead>
<tr>
<th>STRATEGIES</th>
<th>APPLIED TO:</th>
</tr>
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<tbody>
<tr>
<td>Identify children who have not been to dentist</td>
<td>• Engage the Child Health and Disability Prevention Program (CHDP)</td>
</tr>
<tr>
<td>Share lists of “non-utilizing children” with relevant programs and providers working with these children</td>
<td>• Promote/strengthen medical-dental collaboration in Los Angeles County</td>
</tr>
</tbody>
</table>
Though the CA Department of Health Care Services’ Office of Legal Services (OLS) says that:

• For the LA pilot, it is okay to share the lists of non-utilizing children with the assigned primary care provider of the child

• For the LA pilot, it is okay to share the dental utilization rate of participating practice sites

• For CHDP, furnishing list of non-utilizing children to local CHDP programs and coordinators violates HIPAA
Minnesota Project Update

Judith A. Gundersen, DDS, MPH
Initial Objectives

1. Increase by 10% the number of dentists contracted to serve Medicaid-enrolled children in counties with preventive dental services utilization rates below the state average.

2. Increase by 10% the preventive dental services utilization rate among Medicaid-enrolled children who reside in counties with utilization rates below the state average.

3. Increase the number of dental hygienists with a collaborative agreement by 10%, and the number of dental therapists and advanced dental therapists who are enrolled in the Minnesota Health Care Program (MHCP) by 10%. 
Baseline

- **Access overview** – In 2013:
  - Less than half of MHCP recipients visited a dentist in the last year
  - 36% of children received a preventive visit
  - 17% received any dental treatment
  - On these measures Minnesota is ranked well below the national average

- **Workforce:**
  - 3,000 dentists
  - 4,000 hygienists
  - 43 dental therapists
Minnesota is focusing on a major revision of the Medicaid dental reimbursement and delivery system.

Began with stakeholder meetings.


http://archive.leg.state.mn.us/docs/2014/mandated/140261.pdf
Three Major Recommendations

1. The legislature should increase base payment rates for dental services; refine payment structure to encourage provider participation in Minnesota Health Care Programs; and give the Department of Human Services (DHS) the flexibility to tie rate increases to access or quality outcomes.
Three Major Recommendations

2. DHS should collaborate with other entities to support an evidenced-based, integrated service delivery system that uses preventive services, portable delivery systems, teledentistry, a comprehensive adult benefit set, and an expanded workforce to increase access and cost effectiveness.
Three Major Recommendations

3. To improve administrative structures, the state should adopt elements of the single administrative model that have been successful in other states — streamlining administrative process and strengthening efforts to prevent fraud and abuse.
Progress in 2014

- Legislature required DHS to make a legislative proposal aimed at expanding access to dental care for MHCP recipients
- In recent months, we have met with stakeholders to aid in crafting legislation to move these recommendations forward
Pursuit of the CMS Oral Health Goals within the Medicaid Oral Health Learning Collaborative

Jacqueline Wake
Virginia Outreach Coordinator
DentaQuest/VA Smiles For Children
CMS Goal #2 – Objective 1

Increase by 10 percentage points the number of children ages 6-9 enrolled in Medicaid or CHIP who are receiving a sealant on a permanent tooth in a dental setting.

**Interventions**

- Virginia Department of Health (VDH) hygienists will target elementary schools in VA with more than 50% of children receiving free lunch
- Hygienists, along with assistants, will apply fluoride varnish and sealants on students who return signed permission slips
- Preventistry sealant information targeting providers regarding when to place sealants
- Provide information on accessing provider sealant reports
- Attend the school nurse conferences in the fall and summer
- Set up a booth with educational information and look into presenting oral health information
State Progress Toward CMS Goal #2

**Progress in Implementation**

- Sealant report cards allow provider to target their patients who still need sealants
- Partnerships with school nurses and schools provide opportunity to educate school nurses and parents on the importance of sealants
- Learned that we need to do a better job of educating the parents on sealants and that their child still needs to visit a dentist

**Outcomes from the School-Based Sealant Program**

- # of children assessed for sealants and fluoride varnish: 3,982
- # of children sealed: 1,746 (includes any reseals)
- # of teeth sealed: 6,109 (average # of sealants per child: 3.5)
- # of follow-up visits for sealant retention rate from prior year: 89% sealant retention rate
Plans for Continued Improvement

- Expanded outreach to dental providers
  - Webinar
  - Continued Sealant Reports to providers
- Explore expanded member outreach around sealants
- Postcard mailing to members still needing sealants

Oral Health Matters
Working together to improve your oral health

SEAL OUT DECAY
The first step in having healthy teeth is preventing tooth decay. Sealants can protect your child’s teeth against cavities.

What is a Sealant?
A sealant is a thin plastic coating that is placed on the chewing surface of the back teeth. Sealants keep food and bacteria away from the grooves of these teeth. Sealants will protect the teeth from plaque and acids. Plaque can change the sugar and starch from food into harmful acids that attack the teeth and cause cavities. Sealants protect the grooves of the back teeth by sealing out the plaque, food, and acids.

Who Should Get Sealants?
All children should have sealants placed on their back teeth as soon as the tooth erupts. Sealants can only be placed on teeth that do not have cavities. That is why it is important to take your child to the dentist every 6 months so that the sealants can be applied as soon as the back teeth erupt.

How Are Sealants Put Onto Teeth?
Your dentist will place sealants on your child’s teeth. Sealants are easy to apply and it only takes a few minutes. After cleaning the tooth, the sealant is painted onto the grooves of the back teeth and it hardens. Sometimes a special light is used to help harden the sealant. This procedure is not painful.

Give Your Child the Best Chance for Healthy Teeth by Sealing Out Decay!
If you need help finding a dentist & have Medicaid, FAMIS Plus, or FAMIS call Smiles For Children Customer Service at 1-888-912-3456.
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