

# **State Spotlights in Advancing Oral Health Prevention in Primary Care**

## **Center for Medicare & Medicaid Services (CMS) Advancing Oral Health Prevention in Primary Care Learning Collaborative**

**June 29, 2023**

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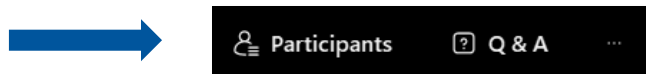
# Technical Instructions

## Welcome to the CMS State Spotlights in Advancing Fluoride Varnish in Primary Care Webinar!

- All participants are muted upon entry
- Closed captioning (cc) and WebEx assistance can be accessed at the lower left of the window



- There will be a Q&A session at the end of the webinar
  - Please submit questions using the Q&A panel throughout the presentation



- Please contact **Derek Mitchell (Event Producer)** through the Q&A panel with any technical issues you may encounter
- There will be a **survey pop-up** at the end of the webinar
  - Please complete this survey before leaving the meeting
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov.
  - We will send an email when these materials are posted

# Agenda

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- **CMS Welcome**
- **Advancing Oral Health Prevention in Primary Care Affinity Group**
- **State Spotlights:**
  - Connecticut's Affinity Group Experience
  - Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP in Louisiana
  - South Dakota Early Childhood Caries Affinity Group
- **Questions & Discussion**
- **Upcoming CMS QI TA Opportunities**

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## **CMS Welcome**

**Natalia Chalmers DDS, MHSc, PhD**

Chief Dental Officer, Office of the Administrator  
Centers For Medicare and Medicaid Services

**Andrew Snyder**

Division of Quality and Health Outcomes  
Center for Medicaid and CHIP Services



# CMCS Quality Improvement Affinity Groups

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- The CMCS QI TA program supports state Medicaid and Children's Health Insurance Program (CHIP) programs and their QI partners with information, tools, and expert knowledge to improve care and outcomes for Medicaid and CHIP beneficiaries.
- As part of the QI TA program, CMCS convenes action-oriented affinity groups (AG) to help states build QI knowledge and skills; develop QI projects; and scale up, implement, and spread QI initiatives.
- Each AG is preceded by a webinar series that includes topical information and state QI success stories.

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# Advancing Oral Health Prevention in Primary Care Affinity Group

Stephanie Reyna, Mathematica

# Why Focus on Oral Health Prevention in Primary Care?



Children enrolled in Medicaid suffer disproportionately from dental disease



Early interventions improve outcomes and have a positive return on investment



Fluoride treatments are effective in preventing and arresting childhood caries



Non-dental providers are essential partners in addressing childhood caries



Care coordination enhances access to care and outcomes

# Advancing Oral Health Prevention in Primary Care Affinity Group



This is a royalty free image that can be used for your personal, corporate or education projects.

- February 2021 – March 2023
- 14 participating states



# Goal and Objectives of the Affinity Group

**Goal: Support state Medicaid and CHIP oral health QI teams to improve the delivery of fluoride varnish to beneficiaries ages 0-5 years by primary care providers**

## **Objectives:**

- Expand state Medicaid and CHIP agencies' knowledge of evidence-based fluoride varnish interventions and best practices for implementation in primary care settings
- Learn from states' experiences implementing interventions to improve the delivery of fluoride varnish by primary care providers
- Use data-driven approaches to identify, test, implement, and evaluate a fluoride varnish QI project
- Support state strategies to work with providers and communities to advance fluoride varnish application in primary care settings
- Improve states' QI skills

# Affinity Group Highlights

## Alaska

Sought to increase fluoride varnish (FV) applications by medical providers for children ages 0 to 3 years.

Partnered with an oral health champion pediatrician and made improvements to a dashboard to track an oral health measure in the State Oral Health Action Plan.

## California

Sought to increase FV applications by a pediatric primary care team at a federally qualified health center (FQHC).

Worked with an FQHC to improve data collection on FV application rates and referrals from primary care to the dental clinic.

## Connecticut

Sought to increase FV applications by medical providers for children ages 0 to 6 years.

Leveraged social media to educate caregivers on available preventive dental services in primary care settings, worked with two pediatric practices to adapt workflows to incorporate FV, explored strategies to recruit additional practices.

## Idaho

Sought to increase the rate of twice-annual FV applications by dental and medical providers for children ages 1 to 6 years.

Trained medical providers at two pediatric practices and implemented a text message intervention focused on service reminders for caregivers and care gap alerts for providers.

## Louisiana

Sought to increase FV applications by primary care physicians (PCPs) for children ages 6 months to 5 years.

Added a requirement for medical managed care organizations (MCOs) to conduct a performance improvement project to increase the number of beneficiaries receiving FV from their PCP.

# Affinity Group Highlights, cont. (2 of 3)

## Massachusetts

Sought to increase FV applications by non-dental providers for children ages 1 to 6 years.

Developed educational resources and trained medical accountable care organizations (ACOs) on FV application. Surveyed dental providers to assess barriers to dentists accepting referrals from PCPs for young children.

## Mississippi

Sought to increase FV applications by non-dental providers for children ages 1 to 5 years.

Partnered with medical MCOs and regional oral health consultants to expand the Cavity Free training program for non-dental providers. Incorporated oral health templates into the electronic medical record system.

## Missouri

Sought to increase FV applications by non-dental providers at women, infant, and children (WIC) agencies.

Analyzed CMS-416 data to determine a baseline and monitor for improvements in the rate of FV applications by non-dental providers.

## New York

Sought to increase FV applications by non-dental providers for children ages 6 months to 6 years.

Partnered with dental hygiene students to train nursing students in FV application at a community college. Provided FV kits, training resources, and technical assistance on billing to school-based health centers.

## North Dakota

Sought to increase FV applications by non-dental providers for children ages 0 to 20 years.

Eased prior authorization requirements and the provider enrollment process to reduce administrative burden. Offered FV trainings to nursing and medical students at a university.

# Affinity Group Highlights, cont. (3 of 3)

## Oklahoma

Sought to increase oral health services delivered by non-dental providers for children ages 6 months to 5 years.

Trained medical assistants at one pediatric clinic to provide instruction on FV application and on integrating the service into the well-child visit (WCV) workflow.

## Oregon

Sought to increase FV applications for children ages 1 to 5 years in participating coordinated care organizations (CCOs).

Convened a learning collaborative of CCOs to offer technical assistance in using PDSA cycles to improve performance on the topical fluoride and preventive dental state quality metrics.

## South Dakota

Sought to increase FV applications in non-dental settings for children ages 1 to 5 years.

Trained medical clinics and FQHC staff, and nursing students in FV application. Collaborated with the South Dakota's Infant Well-Child Affinity Group team on a social media campaign to promote FV application during WCVs.

## Washington

Sought to increase the number of children ages 0 to 3 who receive FV, oral health evaluation and education by medical providers.

Launched a Maintenance of Certification program with a health system to identify successful FV integration models. Added a FV reporting requirement and performance targets for 1- to 3-year-olds to medical MCO contracts.

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# Connecticut's Affinity Group Experience

Kate Parker-Reilly | Jessica McMullin  
Connecticut Dental Health Partnership





# Connecticut At-A-Glance

**900,000+**

- 1 in 4 CT Residents have HUSKY Health Insurance
  - 1 in 6 Adults
  - 1 in 3 Children (plus 4 in 10 births)

**568**

- 1 Primary Care Dentist for every 568 Members
- Comprehensive Adult Coverage

**49.8%**

- Percentage of Eligible Children who received preventive dental services (FFY 2020 CMS-416)

**1**

- Administrative Service Organization (ASO) Model
- 1 Contract, 1 Provider Network, 1 Fee Schedule
  - Oral Health Navigation
  - Community Engagement Team
  - Risk Stratification Member Engagement Model
  - Focus on Health Equity and CLAS Standards

## Access to Baby Care (ABC) Program

- Children up to age 7 eligible
- Oral Health Assessment Reimbursement \$25
- Fluoride Varnish Reimbursement \$20
- Must be certified (SFL or In-Person)
- x1 FTE ABC Program Trainer



**Got Doc?**  
Ask your pediatrician about fluoride treatments for your child

### 2020 Baseline – Start of Affinity Group



**Providers**

Providers trained and certified to bill ABC Services



**Children**

Continuously enrolled children received ABC Services (OHA/FV)

**Strategy: Go Wide. The more providers trained, the more children served**



# Connecticut Aim Statement

Increase the annual number of fluoride varnish applications by non-dental medical providers for HUSKY Health (Medicaid/CHIP) children up to 7 years by 2% or more by June 30, 2022.  
Baseline is SFY 2020 data

- Aligned with Medicaid ASO Performance Improvement Contract Metric with the Connecticut Dental Health Partnership (CTDHP)
- Modest increase to be realistic to pandemic influenced barriers
- Account for leadership changes within CTDHP



SFY 2020



Goal: SFY 2022

# Practice Specific Interventions

*Can working with pediatric practices help improve their rates of fluoride varnish application?  
Can that approach be scaled and replicated statewide?*

## The Plan

*(What we thought we were going to do)*

- Work with CT Children's Network Medical Director to identify 4 practices to test PI improvement tactics
- Structured in-person observations
- Develop best practice workflows
- Dedicated time with practice champions
- Dug in to EMR workflows for automation

## The Reality

*(What we actually did and got support along the way)*

- Worked with CT Children's Network CMO and worked with **1 practice** (Pediatric Associates of Western CT)
- Loss of staff @ CTDHP = smaller test
- COVID = No Observations
- Catch Dr. Alon (champion) on her lunch break
- **DUG** into claims data, then refined, got feedback, refined more, got more feedback
- Stepped back and asked ourselves hard questions about our program strategy





# Where we started...

## Spring 2022

### May 2022 Monthly Report to AG

Dr. Alon: *But out of how many HUSKY kids?*

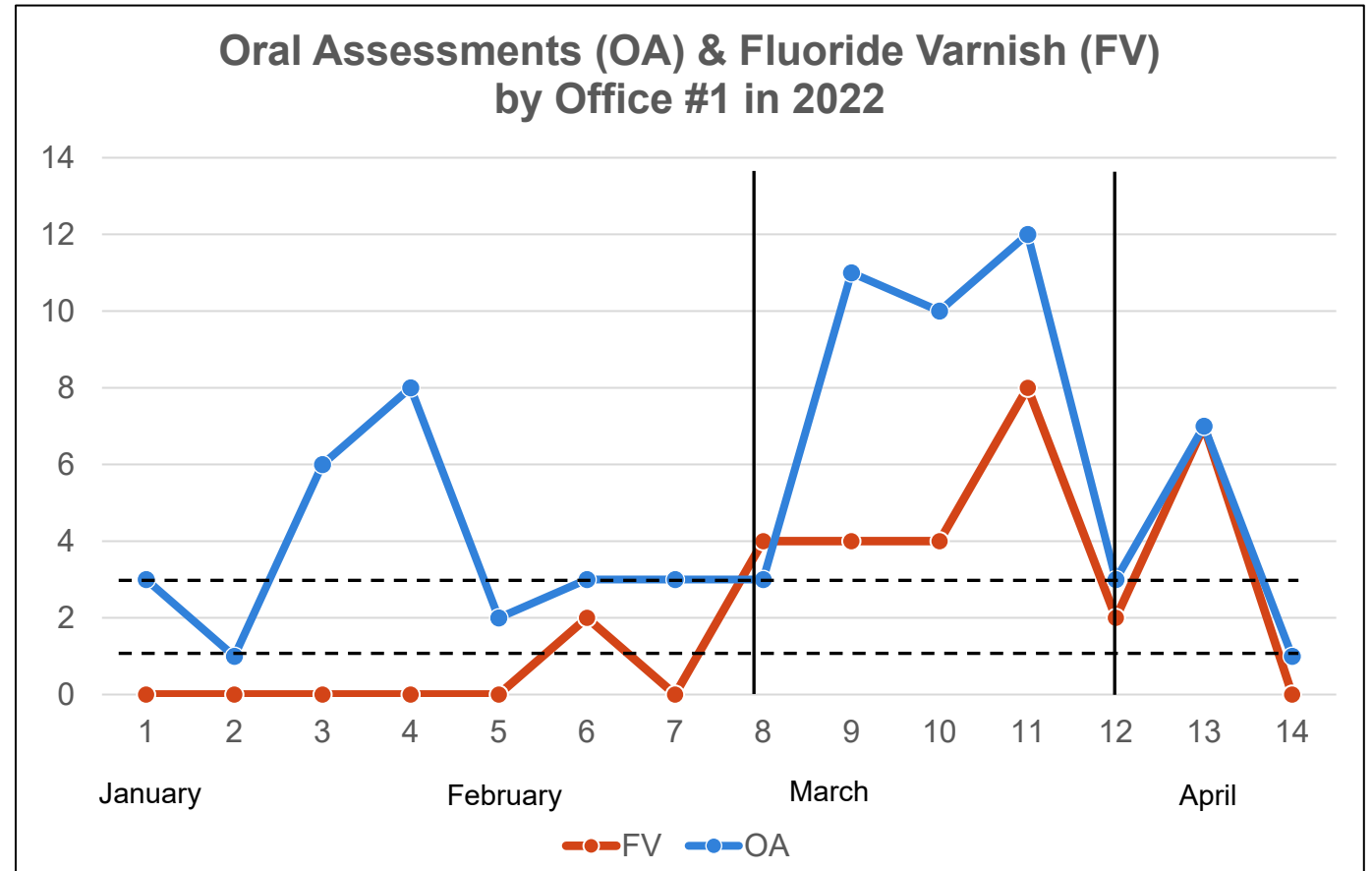
Dr. Krol: *How does this compare to other practices?*

Sue & AG Group: *Think run charts! Small tests can grow!*

Dr. Balaski: *Lets find the universe of claims for denominator.*

Kate: *If we know num/denom we know \$\$s left!*

Oral Assessments (OA) & Fluoride Varnish (FV) by Office #1 in 2022



# Where we went...

## Summer & Fall 2022

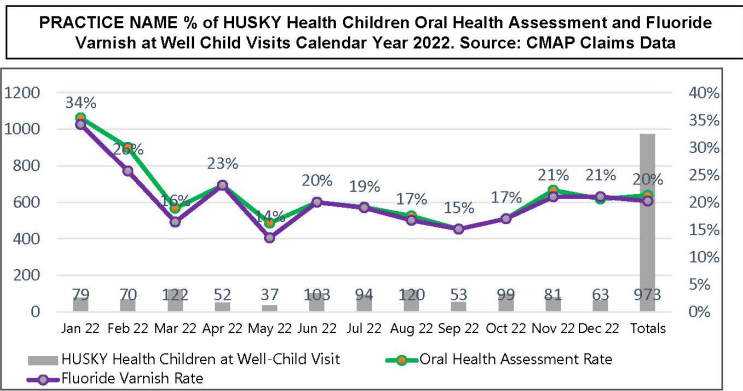


### Access to Baby Care Program (ABC Program) Utilization and Revenue Review: XXXXXXXXXXXXXXXX

**ABC Trained and Certified Providers** Based on CT Dental Health Partnership records the following providers associated with the practice have been trained and certified on ABC Program Services are able to be reimbursed through HUSKY Health. Please contact CTDHP if there are errors or missing providers that need to be trained in order to receive reimbursement.

- XXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX
- XXXXXXXXXXXXXXXX

**ABC Service Rate by Practice.** Based on claims analysis from January-October 2022 the practice has an average 20% fluoride varnish rate and a 21% oral health assessment rate for HUSKY Health children.

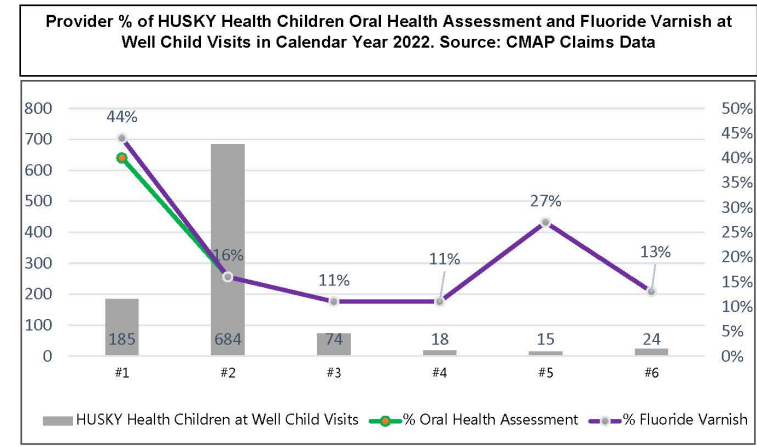


**Missed Revenue Opportunity.** The following analysis of missed revenue is based on the number of well-child visits without oral health assessment or fluoride varnish (or both) services for Calendar Year 2022. Analysis concludes that a missed revenue opportunity of \$35,705 existed during this time frame.

Month	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
Oral Health Assessments (\$25 per Visit)	\$1,275	\$1,225	\$2,475	\$1,000	\$775	\$2,600	\$1,900	\$2,475	\$1,125	\$2,050	\$1,575	\$1,250
Fluoride Varnish (\$20 per Visit)	\$1,040	\$1,040	\$2,040	\$800	\$640	\$2,080	\$1,520	\$2,000	\$900	\$1,640	\$1,280	\$1,000
<b>Total Missed Revenue Opportunity</b>	<b>\$35,705</b>											

### Access to Baby Care Program (ABC Program) Utilization and Revenue Review: XXXXXXXXXXXXXXXX

**Individual Provider Rates.** The following analysis of the number of children who have received well-child visits and the percentage who received an oral health assessment and fluoride varnish service by provider. Any provider missing from table did not bill for services.



Well Child Codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99188, 99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395, 99461, D1206, D1208, G0438, G0439, S0302, 20000, 20001, 200110, 200111, 200121, 200129, 2002, 2003, 2025, 2761, 2762 Oral Health Assessment Codes: All Codes with a D/A Modifier- 99201-99205 for E/M-New, 99201-99205 for E/M-New, 99211-99215 for E/M-Established, 99381-99383 for Prevention-New, 99391-99393  
Fluoride Varnish Codes: 99188

**Suggested Next Steps**

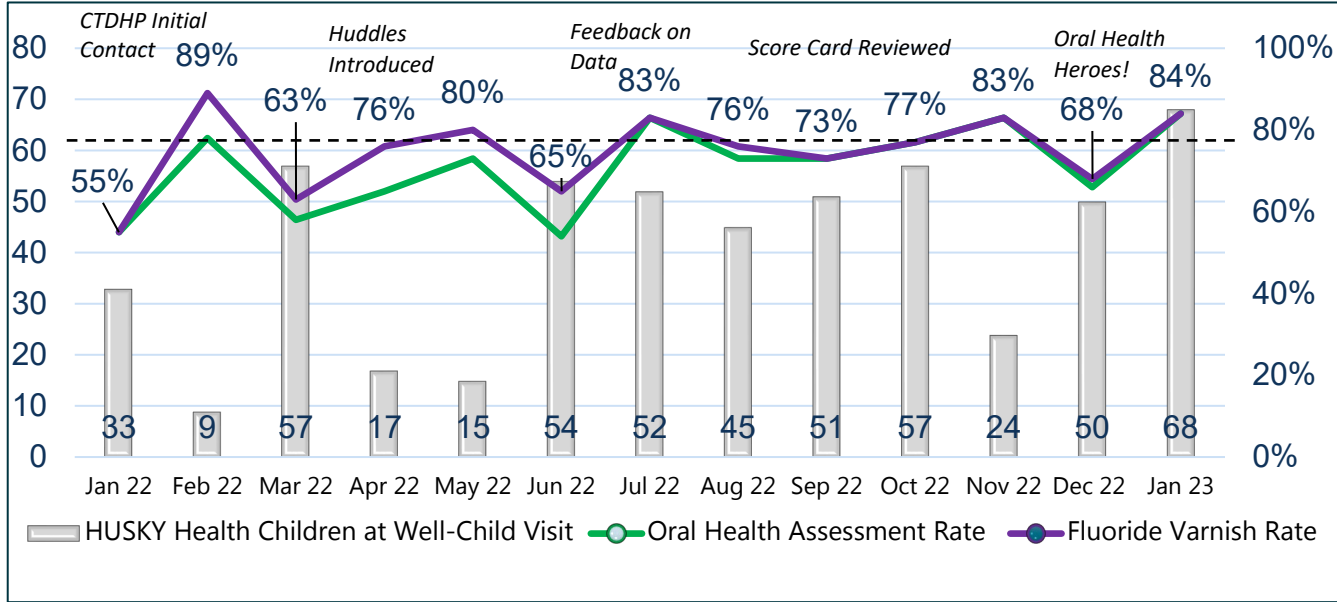
- Identify the general workflow of operations to understand how oral health assessment and fluoride varnish can become standardized or “hard wired” into processes. Consider workflow changes to support fluoride varnish application by RNs or MAs as the last service in the visit.
- Explore EMR barriers to documentation to improve billing.
- Within existing communication channels and meetings raise Oral Health Assessment/Fluoride Varnish as clinical standard of care.

**CTDHP Can Help! We can:**

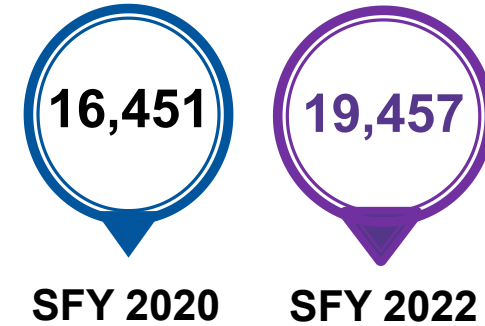
- Train and Re-train in person on the practice on the ABC program to become certified and bill/receive reimbursement.
- Develop small performance improvement tests using the PDSA cycle model to see if there is improvement in rates.
- Send updated reports to see what if any improvements have been made and review with staff.

# Where we are now...Where we are going....

## Outcomes: Pediatric Associates of Western CT



## Aim Statement Statewide Outcomes



- Goal: 2% increase Outcome: 18% Increase
- Same number of practices from SFY 21 to SFY 22 billing
- Started with 534 Providers – as of May 2023 667 Providers
- Only ~3.5% of HUSKY Children

## New Strategy: Go Deep. Providers who are trained and supported to improve rates over time will serve more children.

### Staffing Model (March 2023)

- x1 FTE Practice Specialist
- x3 Contracted RDH Trainers
- Partner w/ Medical ASO
- Partner w/ ACO-like Networks



Practice with high missed revenue opportunities    SFY 24: High Volume Medicaid Pts. Within PMCH Program

SFY 24: Automating the workflow and URR Report



Centers for Medicare & Medicaid Services  
**Medicaid & CHIP**  
 Oral Health  
 Quality Improvement

# Reflections and Sustainability

## *Reflections on the Affinity Group*

- 1 Model for Improvement and Plan/Do/Study/Act forces a focus on disciplined planning for measuring outcomes *before* the intervention AND leaves room for organic shifts
- 2 Incremental changes and tests “feel” manageable and help prioritize efforts in a sea of competing priorities
- 3 Small changes lead to larger strategic conversations and institutionalizing processes
- 4 Affinity group lends itself to idea sharing and space to ask questions at multiple levels – tactical, operational, and strategic/policy levels

## *Sustainability*

- 1 Thoughtful transitioning of staff includes documented processes and institutional memory sharing
- 2 Change is constant- effectuating change requires sponsorship and a culture of creativity
- 3 State contracting can (should?) lend itself to MFI

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# Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP in Louisiana

Amanda Dumas | Kevin Guillory  
Louisiana Department of Health

# Background

- **Medicaid covers about 1.8 million people, or 40% of the population**
  - 60% of births
  - 50% of all children <18yo
- **Louisiana is a Managed Care State**
  - 6 managed care organizations (MCOs) cover 90% of all Medicaid members
  - 2 dental benefit program managers
- **Implemented reimbursement for fluoride varnish (FV) in the medical home in 2011**
  - Rates of FV application during well-child visit was around 5% prior to 2020
  - About 160 medical providers were billing for FV applications

# Project Aim

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- **Aim:** Increase fluoride varnish applications in the medical home by March 2023
- **Target population:** Members 6 months through 5 years of age
- **Goals included:**
  - Increase the number of providers who are billing for fluoride varnish by 3%
  - Increase the number of unique beneficiaries who have received fluoride varnish at least once per calendar year from their medical home by 5%

# Strategies and Interventions

- **Performance Improvement Project (PIP) to increase FV delivery by PCP**
  - Created a Member Fluoride Varnish Care Gap Report that identified members who had not had FV from either a PCP or dentist in previous year
  - Conducted member outreach on FV, identified member medical homes, scheduled appointments
  - Conducted outreach to each PCP with patients on the Member Fluoride Varnish Care Gap Report to educate on the report and on how to provide and reimburse for FV
- **Provider outreach initiatives through the state's Lean Six Sigma project**



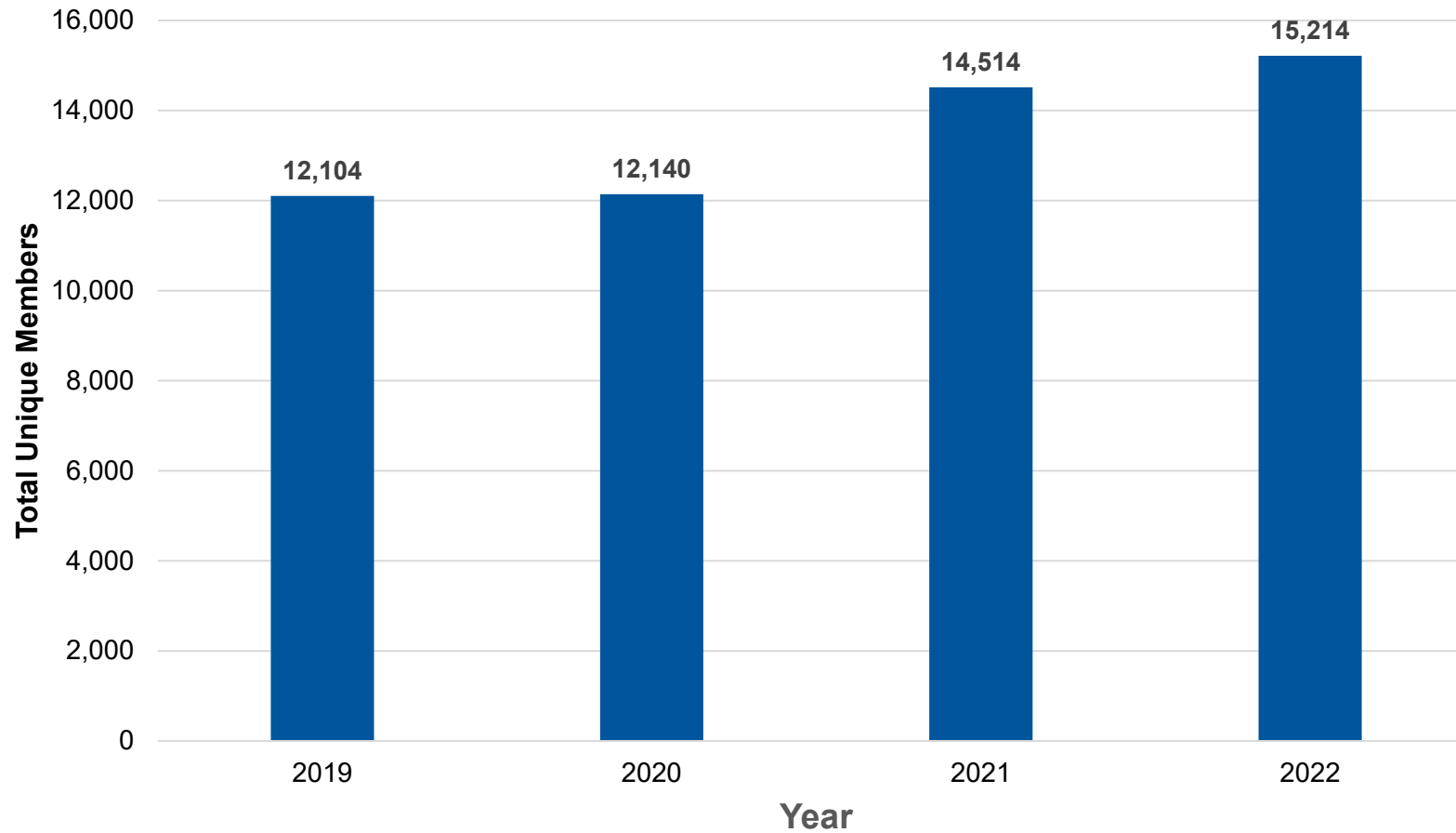
# Strategies and Interventions cont.

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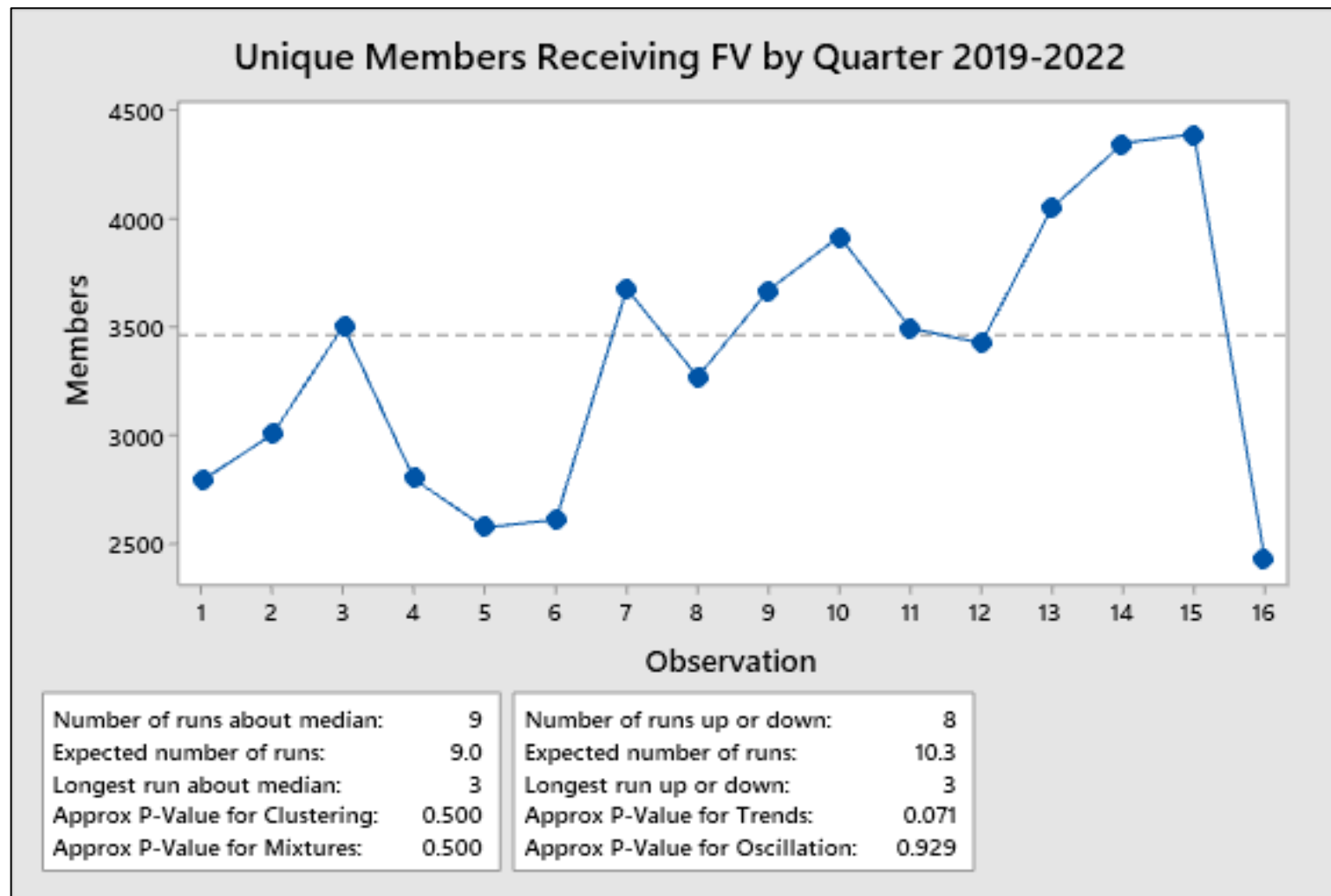
- **Partnerships with other stakeholders**
  - LA Chapter of the American Academy of Pediatrics
  - Office of Public Health's Well-Ahead Campaign
- **Example activities**
  - Consultation with state subject matter experts (SMEs)
  - Webinars with providers
  - MCO outreach to over 30,000 families

# Measures and Data

## Total Utilization of Fluoride Varnish Administered by a PCP



## Measures and Data cont. (2 of 3)



**Observation**  
**1-4:** Q1-Q4 2019  
**5-8:** Q1-Q4 2020  
**9-12:** Q1-Q4 2021  
**13-16:** Q1-Q4 2022

**Note:** The sharp decline at observation 16 is due to claims run-out.

## Measures and Data cont. (3 of 3)

### Growth in Unique Member and PCP FV Utilization

Year	Total Unique Members	Percent Change	Total Unique PCPs	Percent Change
2019	12,104	--	73	--
2020	12,140	0.29%	77	5.5%
2021	14,514	19%	81	5.2%
2022	15,214	5%	94	16%

# Reflections and Sustainability

## Reflections

- Partnerships (AAP, OPH, MCOs, state SMEs, etc.) provided momentum, resources, and expansion
- MCOs need more guidance on where to focus efforts – member outreach numbers look good but have questionable effectiveness
- Progress is slow and requires a champion

## Sustainability

- Expanded the PIP for a full 3 years
- Continue engaging Louisiana AAP Chapter on oral health topics

AAP: American Academy of Pediatrics

OPH: Office of Public Health

MCOs: Managed care organizations

SME: Subject matter experts



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# South Dakota Early Childhood Caries Affinity Group

Cori Jacobson | Connie Halverson

Delta Dental of South Dakota Foundation

Renae Hericks, SD Department of Social Services





# South Dakota



- Medicaid fee for service
- 64% children
- 65% of counties Dental HPSA



# South Dakota Aim Statement



*The South Dakota team intends to increase the percent of fluoride varnish applications for children ages 1 thru 5 years-old by non-dental providers by 50% by June 30, 2023.*

**Baseline:** 17.53%

**Goal:** 26.25%

**Current status:** 20.25%  
(as of June 30, 2022)



# Strategies & Interventions: Data



# Strategies & Interventions: EHRs & Billing



# Strategies & Interventions: Marketing

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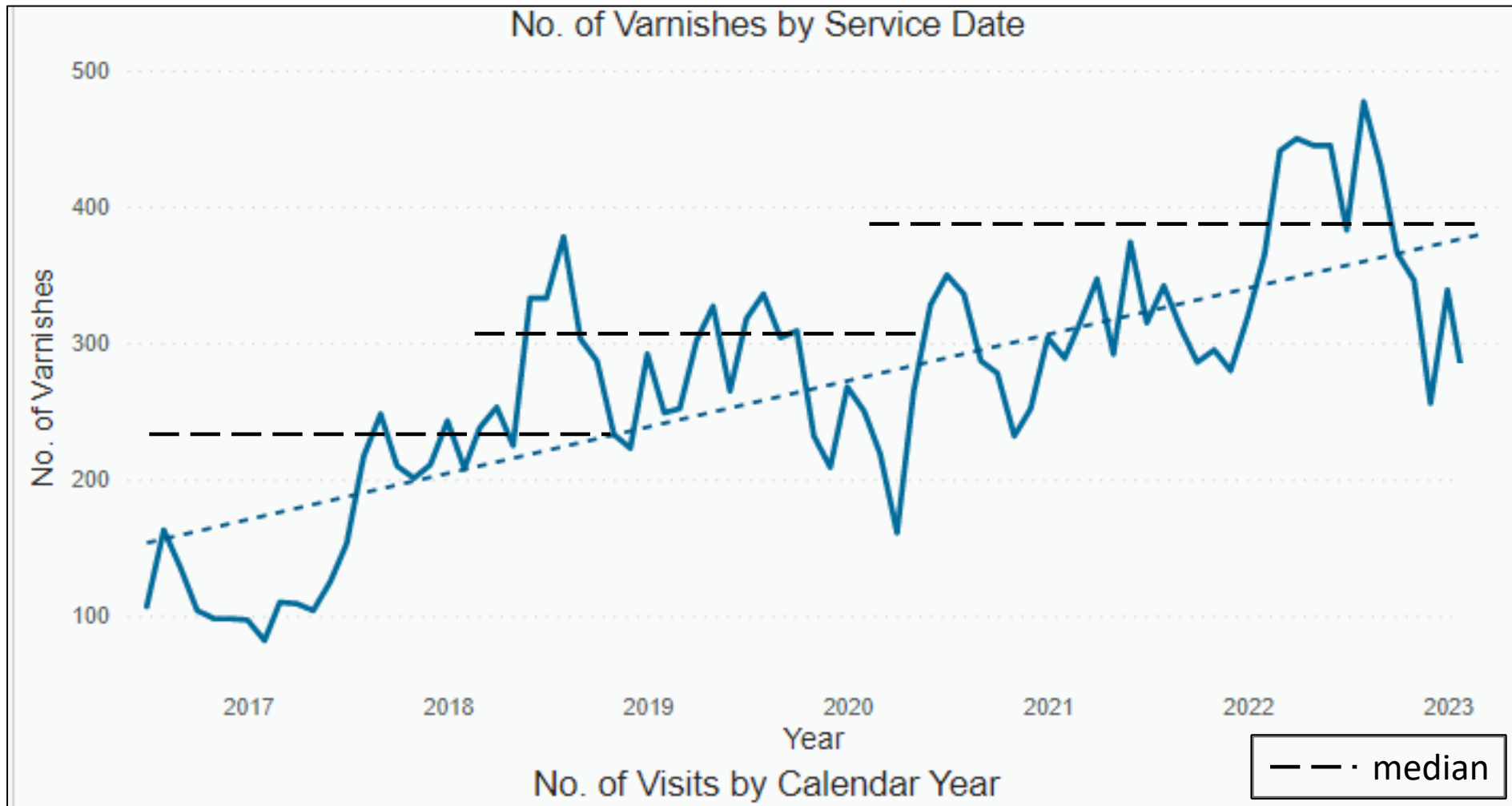
## The Rule of 7

Prospects need to see your brand or hear your message at least 7 times before they “buy” from you.

# Strategies & Interventions: Training



# Fluoride Varnish Applications: January 2017 - February 2023



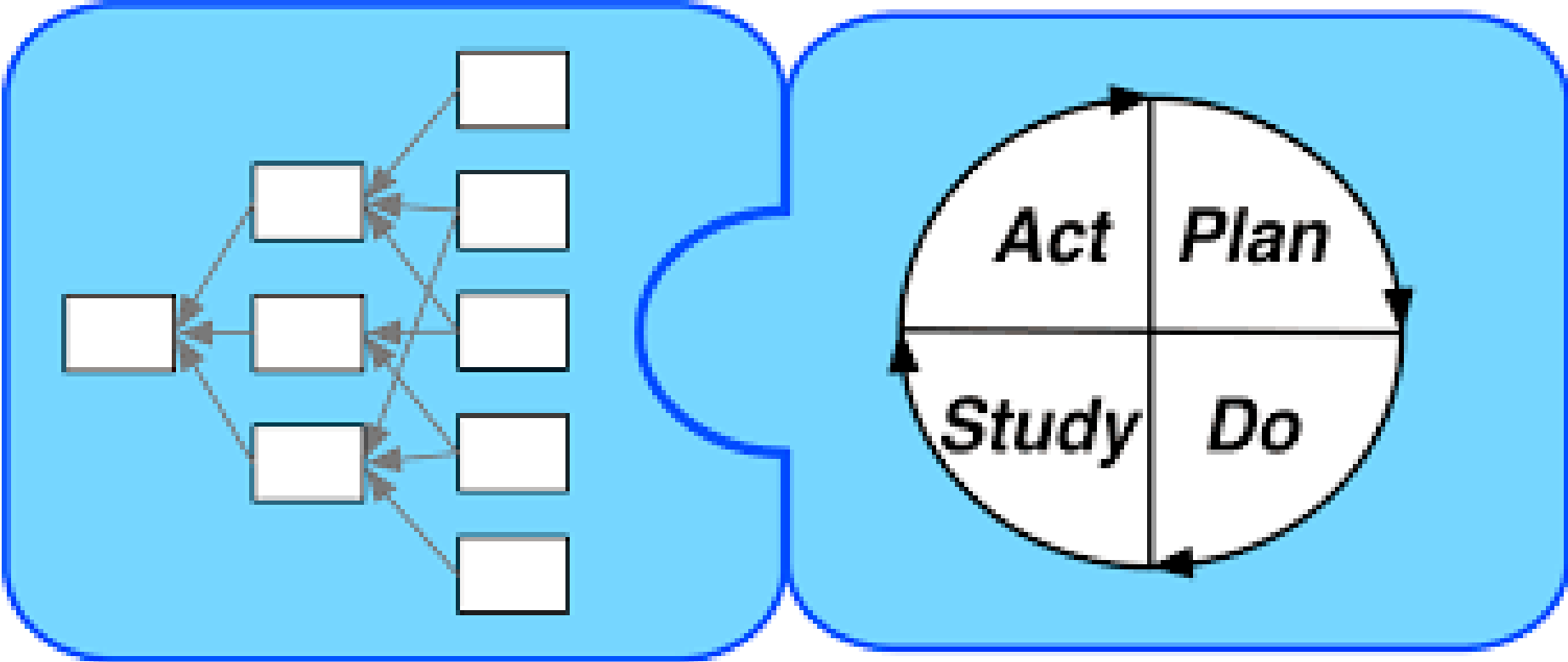


# Reflections



- **Do again?**
  - Standardizing data through the Power BI dashboard
- **Do differently?**
  - Increase time spent on project management activities
    - Tracking documents
    - Plan-Do-Study-Act cycles

# Model for Improvement





# Affinity group experience



# Sustainability



Training nursing programs in South Dakota



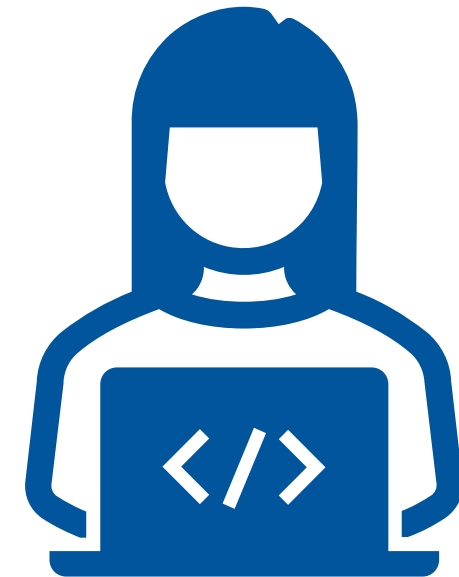
# Questions and Discussion

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# Upcoming CMS QI TA Opportunities

# New! On-Demand QI TA

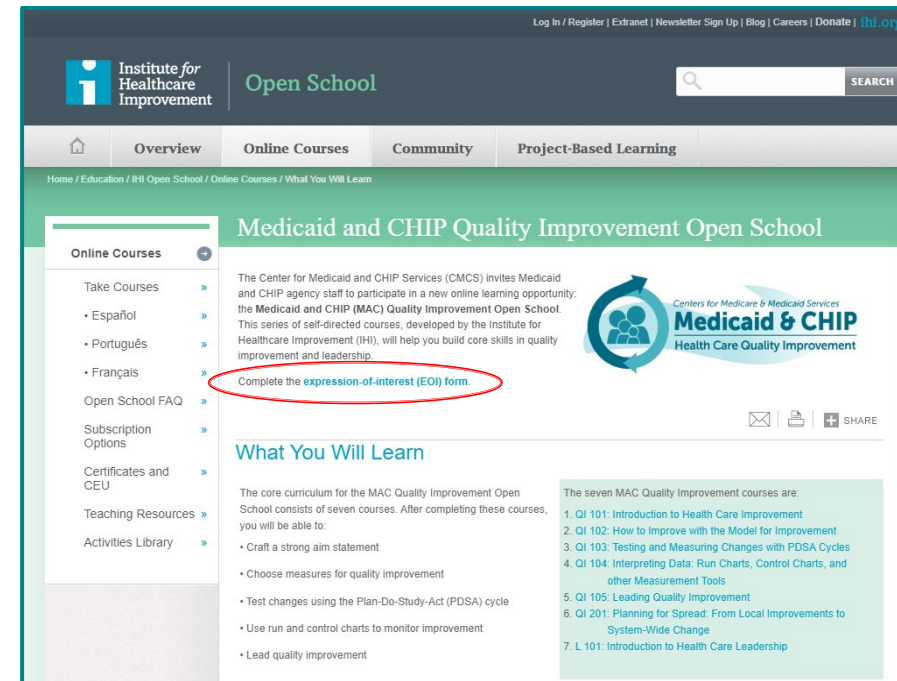
- **On Medicaid.gov**
  - QI tools to begin and implement QI projects
    - Driver diagram with evidence/experience-based change ideas
    - Measurement strategy
    - “Getting Started with QI” short video
    - Highlights from the AG
    - Previously presented topical webinars
  - Additional 1:1 support
    - [MedicaidCHIPQI@cms.hhs.gov](mailto:MedicaidCHIPQI@cms.hhs.gov)
- **Topics currently available**
  - Asthma
  - Improving Tobacco Cessation
  - Improving Postpartum Care
- **Topics under development**
  - Advancing Oral Health Prevention in Primary Care
  - Managed Care QI TA
  - Improving Timely Health Care for Children and Youth in Foster Care
  - Improving Behavioral Health Follow-up Care
  - Improving Infant Well-child visits, 0-15 months



# Medicaid and CHIP QI Open School

**MAC QI Open School** courses will help QI staff develop, strengthen, and use QI skills, including:

- Understanding and applying the Model for Improvement
  - How to craft an effective aim statement
  - How to choose and use measures for QI
  - Using PDSA cycles to develop strong programs and policies
- Access to the Institute for Healthcare Improvement's extensive resource library



To get started fill out an Expression of Interest (EOI) form at [www.ihl.org/MACQuality](http://www.ihl.org/MACQuality)

Questions? Email [MACQualityImprovement@mathematica-mpr.com](mailto:MACQualityImprovement@mathematica-mpr.com)

# MAC QI Office Hours



## MAC QI Office Hours

- Offered **three times** every month with an Improvement Advisor
- Offered **once a month** with Division of Quality and Health Outcomes, Center for Medicaid and CHIP Service staff
- There is no need to sign-up in advance
- Bring your QI questions

To learn about upcoming Office hours, join the Office Hours distribution list by emailing

[MACQualityImprovement@mathematica-mpr.com](mailto:MACQualityImprovement@mathematica-mpr.com)

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To learn more, contact CMS at  
**[MedicaidCHIPQI@cms.hhs.gov](mailto:MedicaidCHIPQI@cms.hhs.gov)**