

CMS Learning Lab: Improving Oral Health Through Access Keep Kids Smiling: Promoting Oral Health Through The Medicaid Benefit For Children & Adolescents

January 30, 2014

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Keep Kids Smiling: Promoting Oral Health Through The Medicaid Benefit For Children & Adolescents

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Laurie Norris, JD
Senior Policy Advisor, CMS

Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents

- One of a series of strategy guides to help states improve child health services delivered through Medicaid and CHIP
- Additional strategy guides address adolescent health, care coordination, outreach, and coverage.
- Keep Kids Smiling provides:
 - An overview of the children's dental benefit in Medicaid,
 - Support for evidence-based policies at the state level, and
 - Details of successful strategies with state examples.



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Strategy 1: Improve state Medicaid program performance through policy changes



- Align the dental periodicity schedule to clinical recommendations
- Use dental delivery system contracts to improve dental program performance
- Reimburse medical providers for preventive oral health
- Incentivize dental providers through new payment models
- Address Form CMS-416 & core measure data collection

Strategy 2: Maximize provider participation

- Reduce the administrative burden for providers
- Help general dentists feel more comfortable treating young children
- Maximize the capacity of the dental workforce



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Strategy 3: Directly address children and families

Think Teeth

Keep up good dental habits at every age.



You can help your child prevent cavities! Here's how:

- **Get regular dental check-ups**, starting at age 1.
Ask about dental sealants that prevent tooth decay.
- **Brush twice a day for 2 minutes** using fluoride toothpaste.
- **Limit foods and drinks with sugar.**

Your child could be eligible for dental care through Medicaid and CHIP. Services include teeth cleanings, check-ups, x-rays, fluoride, dental sealants and fillings.

To enroll or find a dentist, call **1-877-KIDS-NOW** or visit **InsureKidsNow.gov**.

Visit **HealthCare.gov** to learn more about affordable health coverage for your family.

NOTES:

Health Insurance Marketplace



CMS Product No. 11774-E

- Address missed patient appointments
- Educate children and families about oral health

Available at <http://www.InsureKidsNow.gov> in both English and Spanish

Strategy 4: Partner with oral health stakeholders

- Partner with the state's Office of Oral Health
- Incorporate stakeholder perspectives in program planning
- Partner with Title V agencies



Partnering With Oral Health Stakeholders: Virginia's Medicaid Dental Advisory Committee

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Patrick W. Finnerty
Former Virginia Medicaid Director

Background on Virginia's Medicaid/CHIP Dental Program

- Prior to 2005, Virginia's Medicaid/CHIP dental program had been experiencing low provider participation (only 11% of licensed dentists)
 - Of those contracted providers, fewer than 50% were submitting any claims
 - Significant provider dissatisfaction with the Medicaid/CHIP dental program
- Utilization of services by eligible Medicaid/CHIP children also was low
 - 24% of children ages 0-20 received a dental service in fiscal year 2005
 - 29% of children ages 3-20 received a dental service in fiscal year 2005
- Virginia's Medicaid/CHIP agency, the dental community, and other stakeholders committed to work together to improve the dental program

A Totally New Dental Program Is Launched With Significant Involvement of the Dental Provider Community

- Smiles for Children
 - Streamlined program with one delivery system including administration, authorizations, networks, and payment
 - Single dental benefits administrator (DBA)
 - Significant rate increase
 - Strong support from Governor and legislature
 - Modeled after commercial insurance
 - “Not the same old Medicaid Program”
- Medicaid/CHIP Dental Advisory committee
 - Composition of Committee expanded to include greater diversity; specialty representation, geographic balance, and greater participation by organized dentistry
 - Virginia Dental Association, Old Dominion Dental Society, VCU School of Dentistry, Virginia Community Healthcare Association, Virginia Department of Health, private practice dentists



Smiles For Children
Improving Dental Care Across Virginia

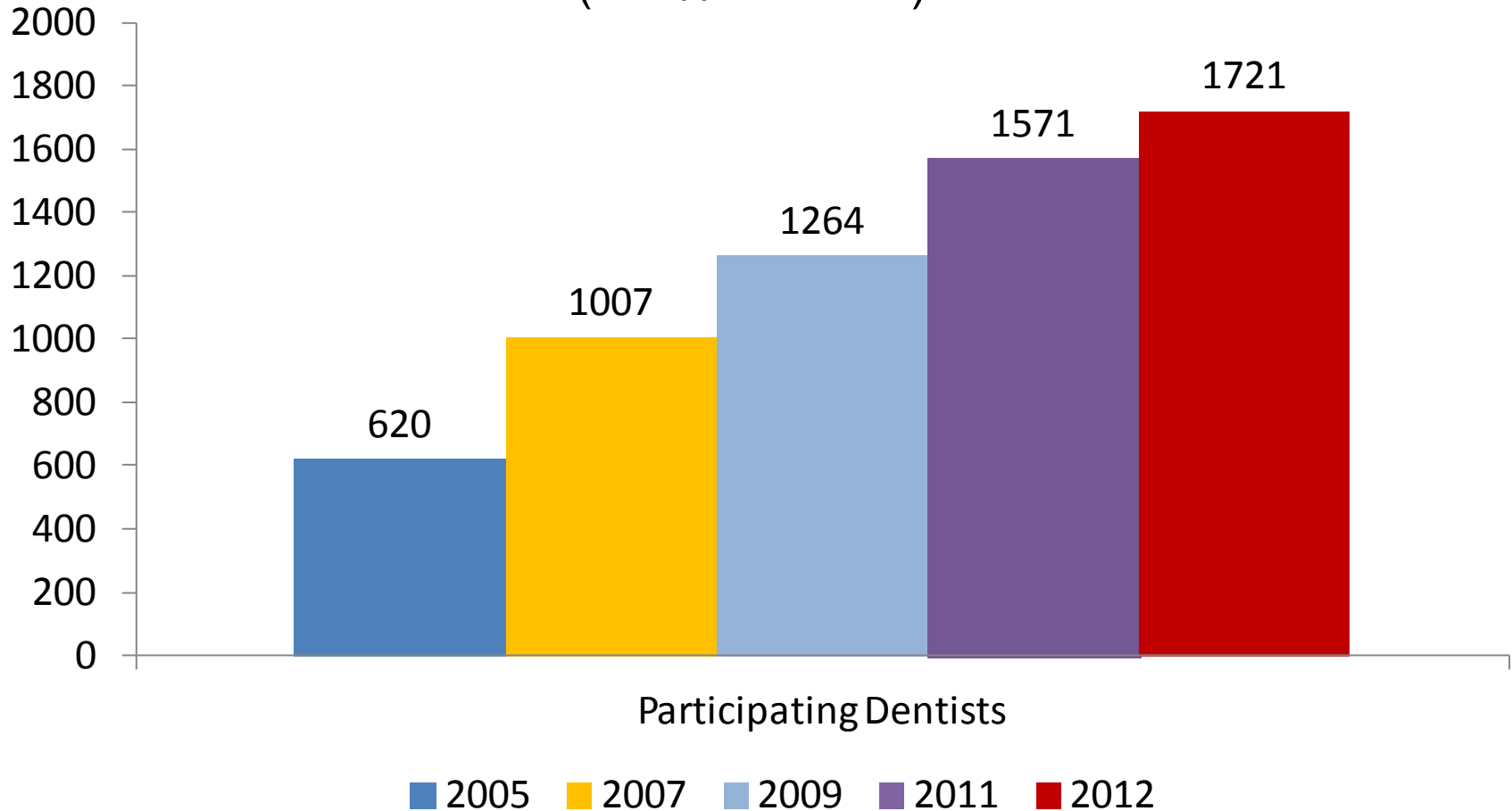
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Dental Advisory Committee: Involvement & Commitment

- Participates in major program decisions
 - Initial program design and ongoing modifications/enhancements
 - Administrative structure and processes (e.g., prior authorizations, billing, payment methods, etc.)
 - Procurement of dental benefits administrator
 - Allocation of rate increase across various dental codes/specialties
 - Quality measures
 - Program efficiencies/savings
- Supports and promotes program among colleagues, stakeholders and legislators
 - Network development
 - Assistance in urgent cases
 - Critical partner in efforts to increase utilization of services and improve quality
 - Program “Champion”

Results Have Been Impressive!

Number of Participating Dental Providers
(177% Increase)

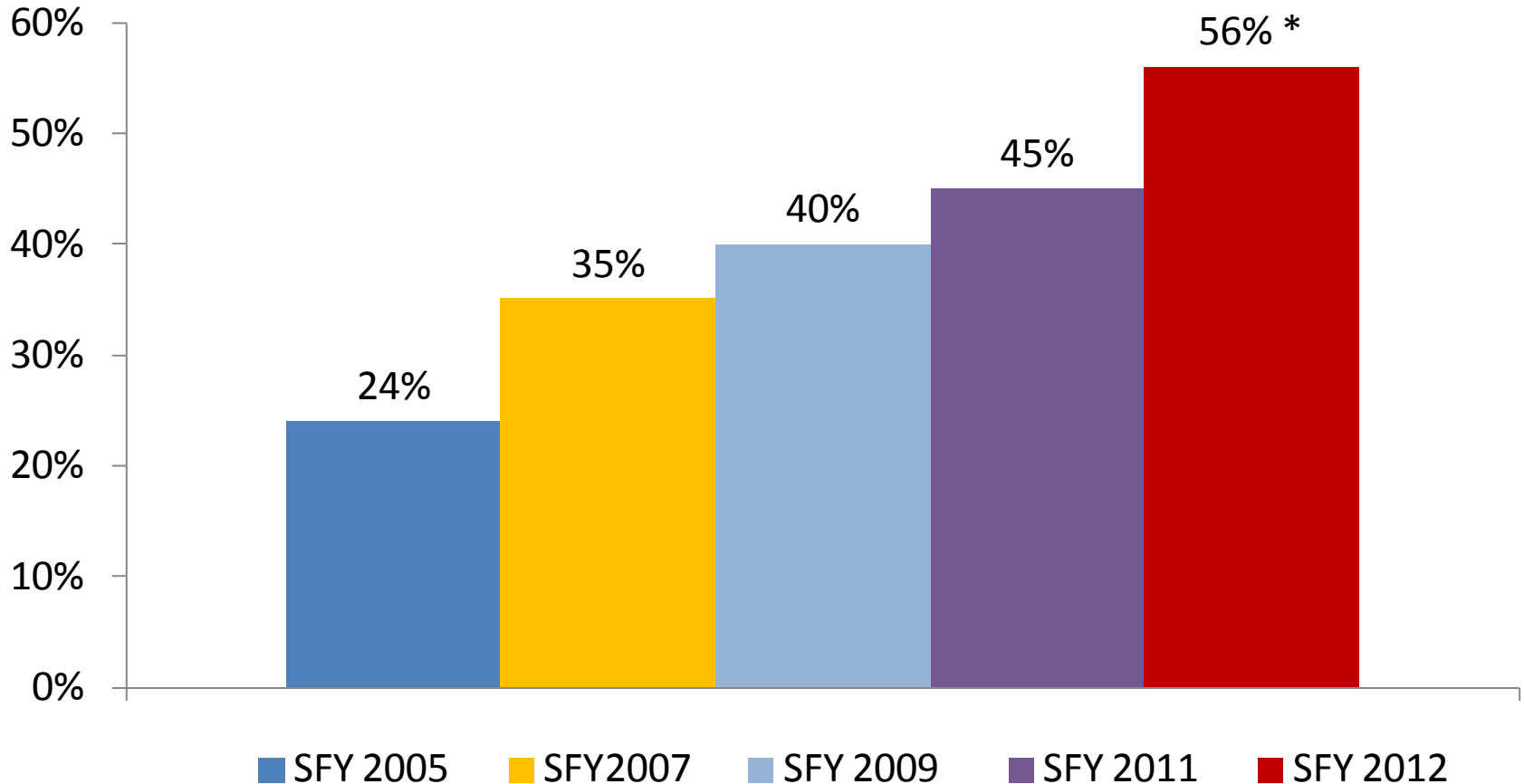


Source: Virginia Department of Medical Assistance Services
"2012 Annual Report on *Smiles for Children*," December 7, 2012

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And...More Children Are Receiving Dental Services

Percentage of Medicaid/CHIP Children (Ages 0-20) Receiving Dental Services

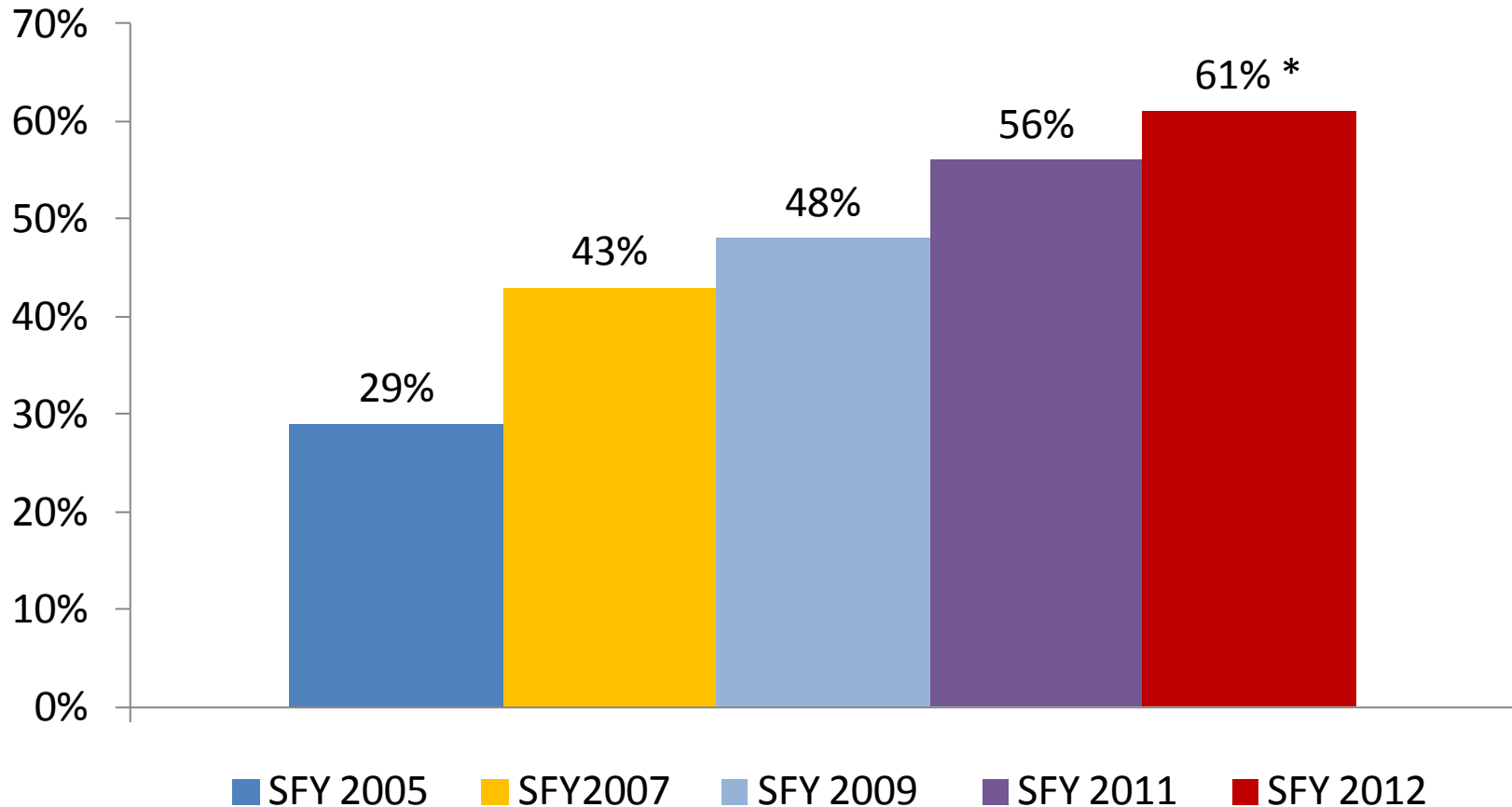


Source: Virginia Department of Medical Assistance Services (DMAS) "2012 Annual Report on *Smiles for Children*;" Based on CMS416 Reports. DMAS report produced on State Fiscal Year reporting timeframe.

* Represents new CMS guidelines – unduplicated individuals who have been continuously enrolled for 90 days versus previous enrollment of 1 day.

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Performance Improvement Through Policy Change

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Dental Program Manager
Bayou Health
LA Department of Health and Hospitals

2008 CMS State Dental Review

- In 2008, the Centers for Medicare & Medicaid Services (CMS) conducted 16 State onsite dental reviews to obtain information on dental services provided to Medicaid beneficiaries to further enhance national initiatives to improve oral health care.
- A final report was produced discussing issues where it was found a need for general improvement, along with practices to address those issues. Areas of concern or issues were identified through the review and were included in individual State reports.
- These issues were presented in the reports as either a “finding” or a “recommendation.”

Dental Review Findings

- CMS made recommendations to every State that received an onsite visit.
- Louisiana received four State specific recommendations and one general recommendation to improve dental access and utilization.
- Identification of several overarching policy issues that impact access to dental services.

AAPD Pediatric Dental Periodicity Schedule Recommendations

- The American Academy of Pediatric Dentistry (AAPD) publishes a recommended dental periodicity schedule.
- Guidelines on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents
http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf
- State Dental Periodicity Schedules
http://www.aapd.org/advocacy/state_periodicity_schedules/

LA Medicaid Dental Periodicity Schedule

- Utilized resources from AAPD and other states to compile a draft version
- Included all recommendations that fall within the benefits and services of the LA Dental Program
- Collaborated with dental stakeholders such as state dental school and members American Academy of Pediatrics
- Created and released on October 19, 2009

Louisiana Medicaid Dental Periodicity Schedule

The Louisiana Department of Health and Hospitals Medicaid Program follows the American Academy of Pediatric Dentistry (AAPD) Periodicity Schedule oral health recommendations. These recommendations are designed for care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health needs.

AGE	6-12 MTHS	12-24 MTHS	2-6 YEARS	6-12 YEARS	12 YEARS AND OLDER
Clinical oral exam including but not limited to the following: ¹	X	X	X	X	X
Assess oral growth & development	X	X	X	X	X
Caries-risk assessment	X	X	X	X	X
Anticipatory guidance/counseling ^{2,7}	X	X	X	X	X
Oral hygiene counseling	X	X	X	X	X
Dietary counseling ²	X	X	X	X	X
Assessment for the need of fluoride supplementation ³	X	X	X	X	X
Injury prevention counseling ¹⁰	Parent	Parent	Patient/Parent	Patient/Parent	Patient
Counseling for non-nutritive habits ¹¹	X	X	X	X	X
Assessment for the need of substance abuse counseling ¹³	.	.	.	X	X
Counseling for intraoral/perioral piercing	.	.	.	X	X
Assessment for pit and fissure sealants ¹³	.	.	.	X	X
Assessment of developing malocclusion ¹²	.	.	X	X	X
Radiographic assessment ⁴	X	X	X	X	X
Prophylaxis and topical fluoride ^{4,6}	X	X	X	X	X
Assessment and/or removal for third molars	.	.	.	.	X
Transition to adult dental care	.	.	.	.	X

¹⁻¹³See next slide for footnotes

http://www.lamedicaid.com/provweb1/Billing_Information/DENTAL_PERIODICITY.pdf

Improving Oral Health Through Access

Louisiana Medicaid Dental Periodicity Schedule continued

Footnotes from previous table:

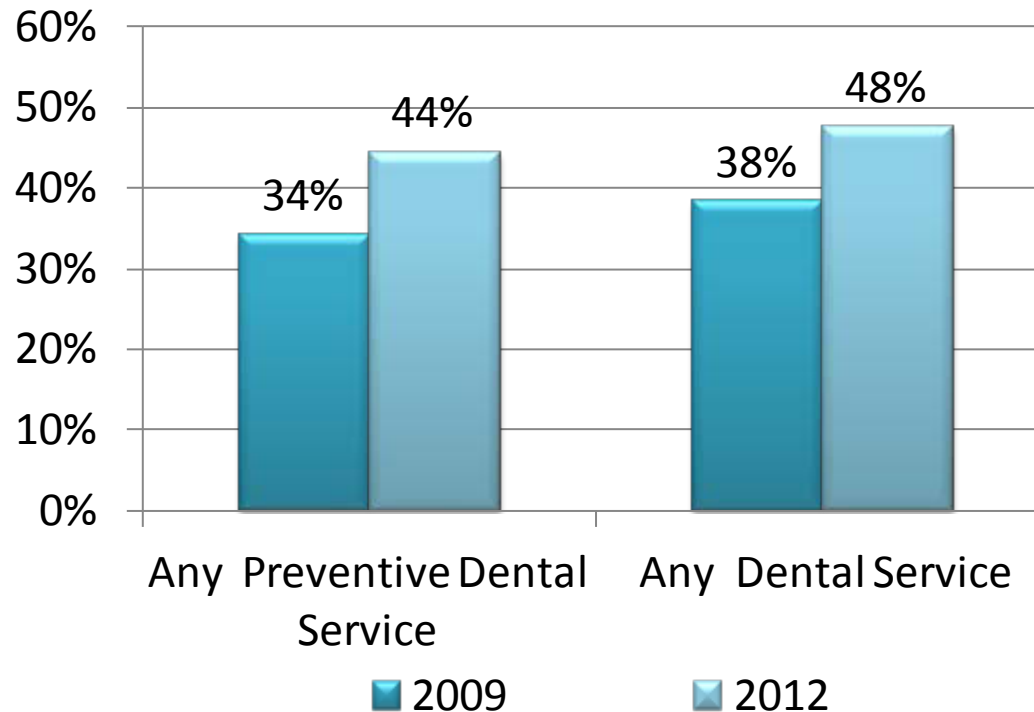
- 1) First examination at the eruption of the first tooth and no later than 12 months. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.
- 2) Required components of Louisiana KIDMED screening
- 3) Begins with a developmental assessment during the KIDMED Screen, then the child must be referred to a licensed physician for treatment if he or she meets the criteria needed for referral.
- 4) Timing, selection, and frequency determined by child's history, clinical findings, and susceptibility to oral disease.
- 5) Fluoride supplementation as indicated including a topical fluoride varnish, as indicated by the child's risk for caries and periodontal disease and the water source.
- 6) Repeat every 6 months or as indicated by child's risk status
- 7) Appropriate discussion and counseling should be an integral part of each visit for care.
- 8) Initially, responsibility of parent; as child develops, jointly with parent; then when indicated, only child.
- 9) At ever appointment; initially discuss appropriate feeding practices, then the role of refined carbohydrates and frequency of snacking in caries development and childhood obesity
- 10) Initially play objects, pacifiers, car seats; then when learning to walk, sports and routine playing, including the importance of mouth guards.
- 11) At first, discuss the need for additional sucking: digits vs. pacifiers; then the need to wean from the habit before malocclusion or skeletal dysplasia occurs. For school-aged children and adolescent patients, counseling regarding any existing habits such as fingernail biting, clenching, or bruxism.
- 12) For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as a soon as possible after eruption.
- 13) For caries-susceptible primary molars, permanent molars, premolars, and anterior teeth with deep pits and fissures; placed as soon as possible after eruption.

Effective October 19, 2009

LA Medicaid Dental Program Changes

- Created Dental portal on Medicaid website that allows users to access an all inclusive site of the dental program including all dental related materials such as policy changes, provider manuals, fee schedules, etc.
<http://www.lamedicaid.com/provweb1/DentalLink/DentalHomePage.htm>
- Dental portal allows Provider Manual updates as well as new policy briefs
- Created regular communications for dental providers

LA Medicaid EDPST Dental Statistics, 2009 and 2012



The bar graph above shows the percentages of children enrolled in Medicaid that received at least one dental service or at least one preventive dental service in 2009 and 2012. In both categories, access to dental care was improved by at least 10 percent. Children receiving preventive dental services increased from 34% in 2009 to 44% in 2012 and children receiving any dental service increased from 38% in 2009 to 48% in 2012.

Arizona's Approach To Maximizing Provider Participation

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Jakenna Lebsock, MPA
Quality Improvement Manager
Arizona Health Care Cost Containment System
(AHCCCS)

Arizona's Delivery Structure

- Managed Care – 90%+ of 1.3 million members
 - Began managed care model in 1982 (inception of AHCCCS)
 - Membership expected to grow by 300,000-400,000 members by end of 2014 due to expansion
- 15 MCOs as of April 1, 2014 (Acute, Long Term Care, Children's Rehabilitative Services and Integrated Behavioral Health Care)
 - Contractually bound; competitive bidding process every five years
 - Contractors are required to cover dental services and manage the utilization and related expectations of those services
- Agency oversight of contractual requirements and performance

Managed Care Organization (MCO) Requirements

- Must have a dental director
- Must have an accessible network of providers
- Must meet minimum performance standards for dental care measures
- Ongoing data analytics and quality improvement efforts
 - Appointment availability
 - Missed appointments
 - Member outreach
 - Utilization profiles
 - Referral follow-up
 - Stakeholder collaboration (AZ Dept. of Health Services)

MCO Requirements, continued

- Fee-for-service payment structure with providers
 - Cannot capitate payments
- No wrong door for dental care as long as it is with a network provider
 - Basic services do not require a referral or prior authorization

Provider Registration and Contracting

- Any provider in the state who meets minimum qualifications can register to be an AHCCCS provider
 - Online process
 - Provider Registration unit within AHCCCS
 - Average turn-around time is 15 working days
- Contractors have authority over their provider networks and can accept or term providers as they deem necessary
 - Must submit annual reports to AHCCCS on their Network
 - AHCCCS can intervene if access to care is a concern
 - AHCCCS can also term providers for quality of care concerns

Credentialing Requirements

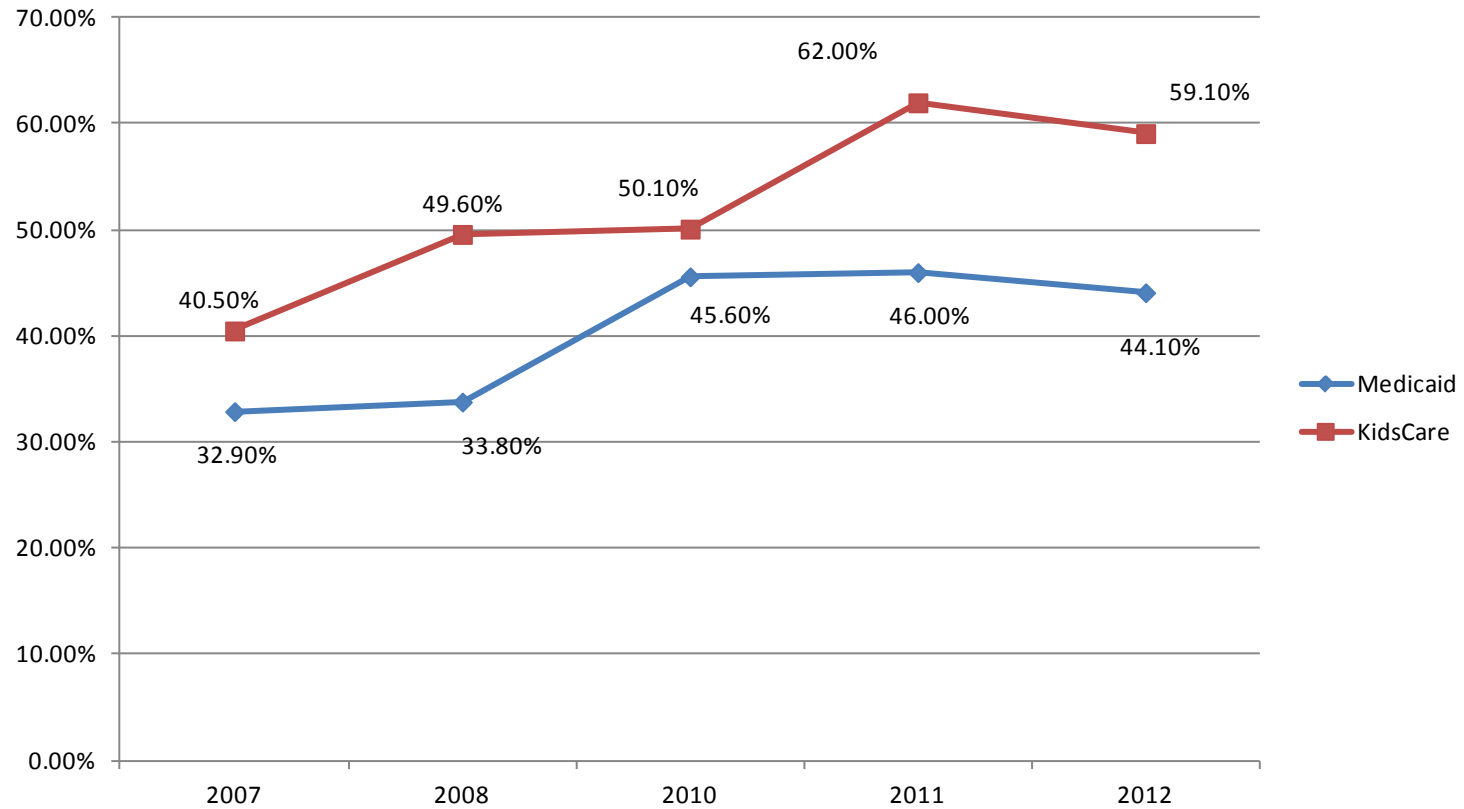
- Credentialing alliance represents all AHCCCS Contractors
 - Allows for providers to go through one process rather than individual processes for each Contractor
- Credentialing timeframes are tracked separately for dental providers to ensure timely approval
 - Timeframes are outlined in MCO contract
 - Goal is ≤ 30 days; average is approximately 15 days
 - Monitored on a quarterly basis

Prior Authorization Requirements and Collaborative Efforts

- Annual review of prior authorization (PA) processes required
 - Services that are rarely not approved should be removed from PA requirements to streamline access
- Some contractors partner with Dental Networks for their claims processing and PA expertise
- AHCCCS works with Contractors and stakeholders to identify continuous improvement efforts and ensure members have appropriate access to care
 - Ongoing, multi-faceted communication
- Monitoring and oversight is key

Arizona's Progress

Five-Year Trend for Preventive Rates:



Cavity Free Kids: Oral Health Education In Early Learning Settings

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Sarah Borgida, Program Manager
Washington Dental Service Foundation

Who We Are: WDS Foundation

- Mission: To prevent oral disease and improve overall health. We do this through innovative programs and policies that produce permanent changes in the health environment so that over the long-term oral disease is prevented
- We partner with agencies, organizations, tribes, and communities to deliver services and make change



Improving Oral Health Through Access

Overview: Cavity Free Kids

- GOAL: Improve oral health of children 0 – 5

Approach:

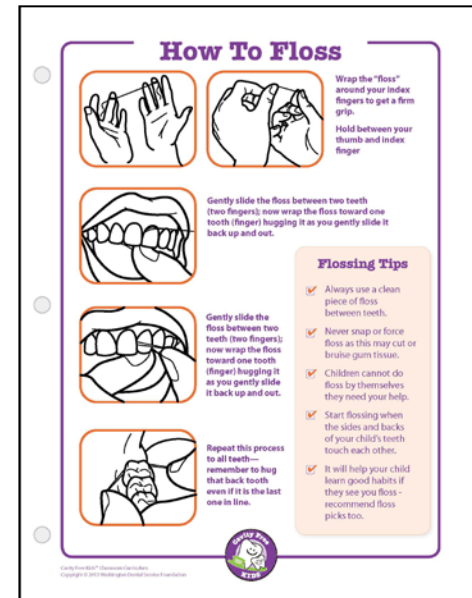
- Address oral health in places where children spend their time: Head Start, Child Care, Home Visiting, WIC, other
- Train early learning providers to help children and families avoid dental decay, understand the lifelong value of good oral health, and connect them with dental care



Improving Oral Health Through Access

Tools: Training, Curricula, Resources, Website

- Training
 - In-person train-the-trainer
 - Online
- Head start and child care curriculum
 - Flexible, adaptable lessons, activities
 - Aligned with Head Start learning domains, WA early learning guidelines
- Home visiting modules
 - Organized by age, theme
 - Support structure of home visits
- Resources to share with parents
 - Tools to support behavior change (tip sheets, videos, tooth brushing charts, dental resource lists)
- Website
 - Resources, for providers, parents



Key Messages for Children and Families

- Baby Teeth are Important
- Get Regular Checkups from a Dentist or Physician
- Brush, Floss, Swish & Swallow
- Drink water and Eat Tooth Healthy Foods – Don't "Graze"

Water Is the Best for Teeth

Take the Healthy Mouth Challenge!

We will drink more water and less sweet drinks like juice, soda pop and sports drinks.

Talk Together

What did you learn today about drinking water?

The Cavity Free Kid says...

- Water is the best drink for our bodies!
- Water helps the body work the way it should.
- Water may contain fluoride, a natural mineral that helps prevent cavities.
- Between meals and snacks, drink water!

Water Drinking Chart

Track how many cups of water your child drinks in a day!

Monday	□ □ □ □ □ □ □ □
Tuesday	□ □ □ □ □ □ □ □
Wednesday	□ □ □ □ □ □ □ □
Thursday	□ □ □ □ □ □ □ □
Friday	□ □ □ □ □ □ □ □
Saturday	□ □ □ □ □ □ □ □
Sunday	□ □ □ □ □ □ □ □

Tips to drink more water:

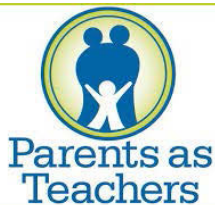
- Each family member has a special water cup or bottle.
- Use a straw.
- Drink water flavored with a lemon or cucumber.

Parent Practice

Courtesy from AHA's™ Community Connections
Copyright © 2011 Washington Dental Services Foundation

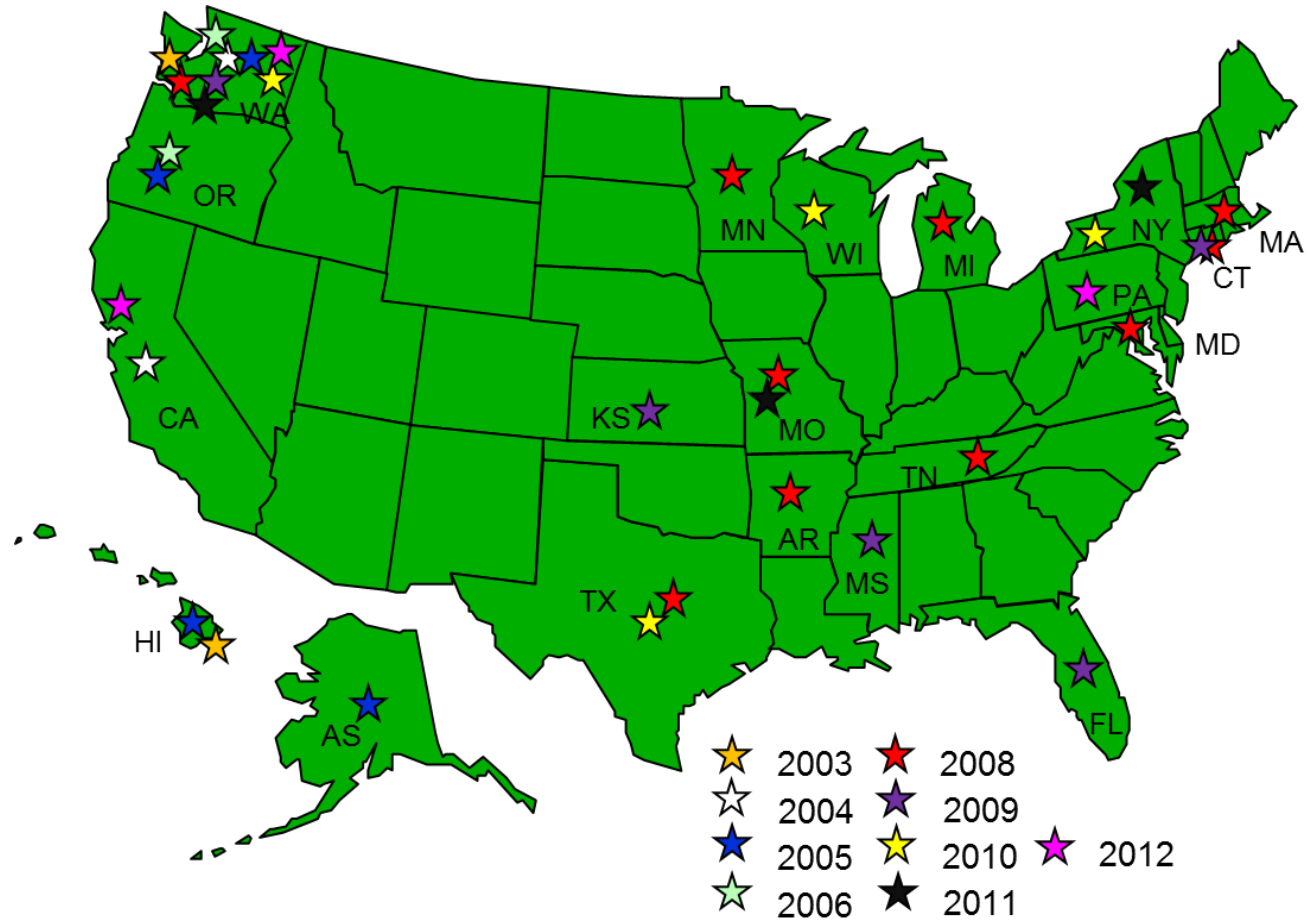
Leveraging Partnerships for Maximum Reach

- To reach large numbers of providers, WDS Foundation delivers Cavity Free Kids through:
 - Head Start grantees
 - State and regional child care organizations
 - Departments of Early Learning
 - Home visiting programs – Parents as Teachers, Nurse-Family Partnership



Cavity Free Kids – State and National

- Launched in 2001
- Trained in 20 states and American Samoa



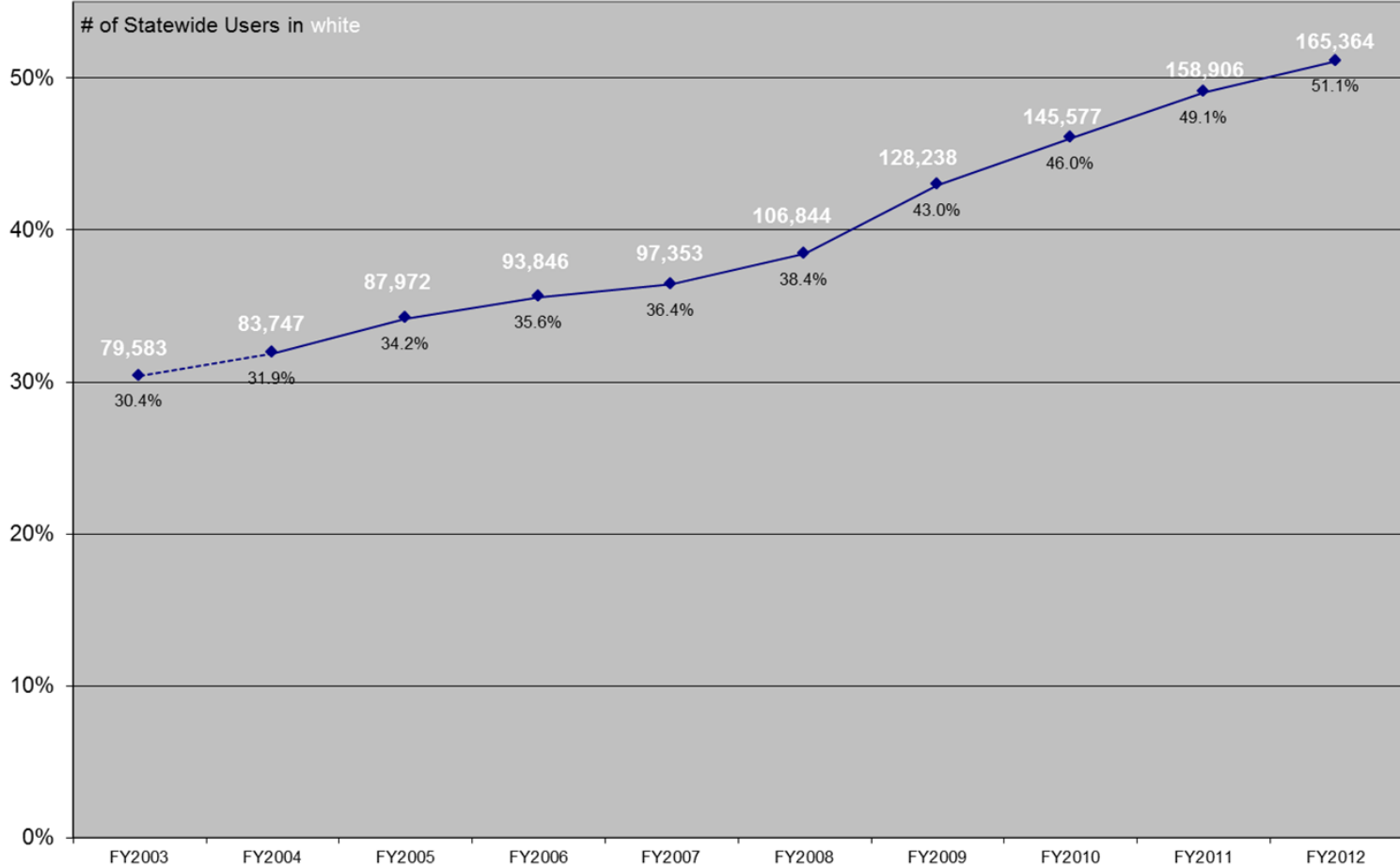
Impact

- Health Foundation of Western and Central New York Commissioned an evaluation of Cavity Free Kids in 2012 and found oral health knowledge and practices increased
 - Parents learned that snacking throughout the day can increase the chance of cavities and children should visit the dentist by first tooth or first birthday
 - Children's oral health knowledge, attitudes, and behaviors changed positively because of Cavity Free Kids
 - Children were more likely to be eating fruits and vegetables, using fluoride toothpaste, and drinking water with fluoride

Impact

- Since 2003, WA's dental Medicaid utilization has increased from 30.4% to 51.1%

Statewide Dental Medicaid Utilization



Contact List

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