Advocating for Healthy Smiles: Children and Oral Health

Connecting Kids to Coverage National Campaign

Webinar Transcript February 9, 2017

Gabby Duran: Welcome everyone to the Connecting Kids to Coverage National Campaign Webinar. Our topic today is Advocating for Healthy Smiles: Children and Oral Health. I'm Gabby Duran, and I work closely with the Connecting Kids to Coverage team to support the enrollment of more children and parents in free and low cost healthcare coverage. February is National Children's Dental Health Month. So today, we will be focusing on children's oral health and how you can use the dental coverage that is part of Medicaid and CHIP to encourage families to enroll. All children enrolled in Medicaid and CHIP are covered for dental services. This includes checkups, x-rays, fluoride treatments, dental sealants, fillings, and more. Many parents are unaware of these benefits or how to connect with dentists who accept Medicaid and CHIP. Our speakers today will discuss strategies to promote the dental benefits covered under Medicaid and CHIP and opportunities to connect children and families to coverage. Thank you again for joining us today. We are going to cover various strategies and tips for engaging eligible families with oral health messages and information. Our speakers will also discuss the importance of oral health for children and how your organization can leverage these benefits when conducting CHIP and Medicaid outreach and enrollment. We will first hear from Dr. Lynn Douglas Mouden who is the Chief Dental Officer at the Centers for Medicare and Medicaid Services who will discuss the importance of oral healthcare. Next, Laurie Norris, Senior Policy Advisor for Oral Health at the Centers for Medicare and Medicaid Services will share ways to promote the importance of oral health for CHIP and Medicaid outreach and enrollment. We will then hear from Donna Behrens from the School Based Health Alliance, who will speak to us about school based oral health initiatives. Then, Georgia Famuliner will share information about her project, Smiles for a Lifetime School Based Dental Program. And lastly, Matt Jacob will share best practices on how to use social media to promote Medicaid and CHIP enrollment. We will then go over the Connecting Kids to Coverage Campaign resources, highlighting our Think Teeth materials and how to use these materials in your outreach efforts. We will also address questions at the end of the webinar, so please use your chat box throughout the webinar to submit your questions to our speakers.

Our first speaker is Dr. Lynn Mouden. Dr. Mouden again is the Chief Dental Officer at the Centers for Medicare and Medicaid Services. Dr. Mouden?

Lynn Douglas Mouden: Hello, and thank you Gabby, and thank you to everybody for attending with us today. It looks like we have almost 200 people involved, so that's great. We certainly appreciate you all taking time out of your day to address what I think is an incredibly important topic. But just for fun, we're going to start out with a poll question. So if you'd go to the next slide please. So what we want to do is find out about what you are already doing in your work with children and families, so if you would please answer the poll question: How often does your organization leverage oral health benefits in your Medicaid and CHIP enrollment work? And if you would please answer the question.

Gabby Duran: Sure thing. We're going to go ahead and launch the poll, so if everyone could choose your answer that would be great.

[dramatic music]

Lynn Douglas Mouden: Okay. I believe that was about 30 seconds. So can you show us the results? Well we have a lot of people who said regularly, so maybe after today it will be always. So if you would please go on to the next slide and we'll kick things off. So what I wanted to talk about today is the importance of oral health to keep the dental focus on this. In the late 1990s, I was on the advisory board for a similar program when I was State Dental Director in Arkansas. I have been working on this for a very long time. And since I know there are some non-clinical types on the webinar today, I don't mean to gross you out with the pictures, but you need to understand the importance of what it is we are talking about. When I was in private practice, I can't tell you how many kids I had that came in having no idea how many days they'd suffered a toothache, and then once they were anesthetized, once they were numb, they would go sound asleep for the procedure because it had been so long since they'd been comfortable. So you need to understand that dental caries, tooth decay, is a transmissible disease. Children get literally inoculated with the infections bacteria, typically as infants, by the caregivers. So it's often mom, dad, or the babysitter that are actually giving their bacteria into the child's mouth. So this is most serious when it develops as something we call early childhood caries, or ECC, where this already starts to show as an infections process before the child is even three years old. Unfortunately, we still see nationwide surveys that about half of kids have a cavity or carious lesion by the time they turn five. And even more interesting I think is the fact that many surveys,

including the ones we did in the state of Arkansas and when I was in Missouri, that about 10% of the kids that we examined in the school setting had emergency dental needs. One out of ten was sitting there either with a toothache or some other infection in the mouth that was obviously causing them problems at school. The problem we had, especially with early childhood caries in children, tooth decay, is that it unfortunately is an infection that is virtually impossible to stop once it's there, and therefore they have the propensity for having tooth decay throughout their life, which is why we are always concentrating so much on early prevention. It's amazing what some of these kids put up with. Children with tooth decay, abscesses, other infections, have trouble eating, sleeping, learning. It's, as you can well imagine, it's virtually impossible for these kids to concentrate on anything. What we do know is from studies that early childhood caries, when these children have to go to the operating room, can run as much as $9,000-$15,000, and the study that was done most recently in the state of Massachusetts showed that so often these kids are back in the operating room within two years, even after the successive treatment. Next slide. Why is it so important to what you are doing in Connecting Kids to Coverage? First of all, please understand that virtually all tooth decay is preventable. It is an almost totally preventable disease. It is an infectious process. And unfortunately, it is not equitably distributed in that we often see, and these studies go back many years, that almost 80% of the disease is found in just 20% of the children, and this obviously most often affects our Medicaid beneficiaries. As I mentioned, it's impossible to concentrate in school or to do your homework with a child that has a toothache. And we know from this study, which is a few years old, almost six million school hours are lost each year due to various dental problems. Lack of access to care, as we see over and over again, when you ask communities and Medicaid beneficiaries about what it is they perceived as their most important needs, often dental care is cited as very top of the list. So it's important to us, it's important to us as dentists, it's important to us as Medicaid programs, and it's obviously important to children and their parents. So again, I thank you for being with us today. So with that, I'm going to turn it over to Laurie Norris. Laurie is an attorney with CMS and one of our advisors and deals with oral health and other issues. So, Laurie?

Laurie Norris: Thank you Dr. Mouden, and good afternoon everyone. Next slide please. So Dr. Mouden has just given us a list of very good reasons why we are focusing on this today. I wanted to give you one more. It's interesting to note that dental coverage is valued by parents. Parents, it

turns out, want to be able to take their children to the dentist, but because of a historical separation of medical care and dental care and between dental insurance and medical insurance, parents don't automatically assume that dental coverage comes as part of the Medicaid or CHIP coverage that they're signing their child up for. So what we see on this slide is that in a recent survey, 68% of parents said that knowing that dental care was part of what they were going to get for their child was one of the top five reasons for signing their child up for care. So it will make a difference for you to use dental services as part of your outreach messaging. Because parents really do care about it, it is important to them, and they don't automatically assume that that's part of the package. So let them know that as you are talking to them and outreaching to them. Next slide please. So let's just take a quick look at where children get their dental coverage today, and these numbers are about a year old. I apologize, it takes a while for all of my data sources to catch up with each other. But what we can see here is that the vast majority of low income children receive dental coverage through Medicaid, 42 million children in 2015. A significant number received dental services or dental coverage through CHIP, 8.4 million children. And even though the Affordable Care Act is certainly very important, a relatively small slice of kids, about 900,000 kids, get their dental coverage currently through the Affordable Care Act plan. Next slide please. So I wanted to take a moment to familiarize you with what is covered as part of the dental benefit in each of these three types of coverage. And this time we are going to work left to right. We're going to start with the Affordable Act. Pediatric dental care is considered an essential health benefit, but the scope of that benefit varies by plan. There is not a specific scope that is mandated in the law. So what is covered varies by plan. In addition to that, cost sharing is allowed, but there are limits on that, and there may not be any annual or lifetime maximums in an Affordable Care Act dental plan. One of the most cumbersome parts of the Affordable Care Act dental coverage for kids is that sometimes these dental benefits are embedded in the health coverage that a parent purchases, or sometimes parents have to purchase a standalone dental plan. And this complexity is one of the reasons why some children are not actually getting dental coverage when they do have medical coverage through the Affordable Care Act. So going to the middle column, in CHIP, dental coverage is a mandatory part of the benefit. And it's a fairly robust scope of benefits. What is covered is dental services necessary to prevent disease, promote oral health, restore oral health structures to health and function, and treat emergency conditions. In CHIP there can be cost sharing, but that varies by state. And then in Medicaid, this is the most

comprehensive coverage. The coverage is again mandatory for children, and really the coverage must cover everything from screenings to whatever dental care is necessary to treat a dental condition that a child has. Also, there is no cost sharing or annual or lifetime limits permitted. So we have really terrific coverage available to kids in Medicaid and CHIP. Next slide. Our challenge is to get them enrolled, and then once they're enrolled to get them to use the coverage. And this is just to give you a snapshot of how many children are actually using their dental coverage once they enroll in Medicaid. And what you're looking at here is 15 years' worth of data, starting in 2000 and going to 2015. And we've broken the data out by three different types of dental services. The top line, the blue line, is any kind of dental service all rolled up into one. So this is representing children who went to the dentist for anything. And you can see that in 2000, we started, we were at 29%, fewer than 1 out of 3 kids was getting a dental service back in 2000. And there has been steady improvement. As of 2015, we were up to 50% of our children getting some type of a dental service. The red line is preventive services. These are things like cleanings, fluoride treatments, and sealants. And those are running neck and neck with any dental service. So we can infer from that that most of the time when a child goes to the dentist, they get some kind of a preventive service. And the green line shows how many children received a treatment service. And while there has been improvement since 2000, it really has levelled off in the last five years. We're not really sure how to interpret this data. We don't know whether that's a good thing because more children are getting preventive services and they have less disease and less need for treatment, or does this mean that there are still a lot of kids out there that aren't getting the care that they need. So I call this my good news/bad news slide. The good news is that we are, more and more kids are getting, are using the benefit, are getting in to the dentist, are getting the services they need. But we still have a lot of room for improvement, we're still only reaching half of our kids. Next slide please. So we at CMS pay a lot of attention to this. We really care about whether kids can actually use the benefit that they've signed up for. And so we launched an oral health initiative. We set a goal for ourselves of increasing by ten percentage points the proportion of children who received a preventive dental service. And when we started this in 2011, our national average was 42%. So our goal was to improve that by 52% of kids. As of 2015, we had inched up by four percentage points to 46%. So like I said earlier, we're making progress but not enough. So we still have quite a ways to go. In addition to setting a national baseline and goal, every single state has its own baseline and goal. And on the next slide, we can see how the

individual states are doing. I though this might be of interest of you, to find your own state on this graph and see whether your state is up towards the left and is it one of our higher performers, or maybe your state is down towards the right and is one of our lower performers. I know we have grantees on the line from Texas, and obviously Texas is our highest performing state right now with about 66% of children getting a preventive dental service. I also know that we have folks on the phone from California and from Florida, and you can see that those two states are down more in our lower performing group. So we still have a lot of work to do in quite a few states. Next slide please. I thought you also might be interested in learning that we do have some good news over the last decade in terms of disparities and closing the disparities gap in terms of access to dental care. And what this slide shows, let's look at the left side of the slide first. What this slide shows is that we have essentially closed the race and ethnicity gap between 2000 and 2014 in access to dental care. In 2000, white children, about 75% of white children were getting a dental visit, but only 67% of black children and only about 57% of Hispanic children. But by 2014, everybody had improved. White children were up to 80.5%, but black and Hispanic children were inching up right behind them, 79% and 78% respectively. So that is really terrific news. In addition to that, if we look at the right side of the slide, another place where there has historically been disparities is around source of insurance, that kids with private dental insurance have tended to see the dentist more frequently than kids with public dental insurance. And data, a study that looked at 2012 data, after adjusting for demographic and parent characteristics found that there was no longer any difference between public and private insurance as the parent reported use of dental care by children. So that is super exciting as well. However, on the next slide, I also have some not so good news on disparities. So while we've seen that kids are going to the dentist at least once a year, approximately equally, their oral health status, how healthy they are, is not yet equal. And so again, on the left, the race and ethnicity disparities are still pretty significant. This is looking at data from two decades, data a decade apart. And let's just look at the 2011-2012 data. 15% of white children had untreated tooth decay in the 5-9 age group. Only 15% of kids. But 24% of black children had untreated tooth decay in this age group, as did 24.5% of Hispanic children. And again, this is an improvement from the 1999-2002 survey, but there are still disparities. And American Indian and Alaska Native children suffer the most from this disease and have huge untreated tooth decay rates as you can see in the bottom row in this table. It's a different age group, it's even younger kids, ages 2-5,

and yet the untreated decay rates are really quite significant. We also have disparities in terms of household income, in terms of untreated tooth decay similar to race and ethnicity. The lower income you are, the more likely you are to have untreated tooth decay. So we still have more work to do. So to close out my part of the presentation today, if you'll just go to the next slide. Just a few tips on how you all can help. What we're really emphasizing is for you to remember to talk about dental coverage during your outreach, because parents highly value it. And we'll be talking a little bit later about the campaign resources that are available to help you do this. In addition, when you get to the enrollment stage, remember, please please please, to tell parents that part of what comes with their coverage, in addition to medical is also dental, and by the way, also vision coverage. And we have campaign resources that we'll talk about later that will help you with that as well. And then lastly, to the extent you have an opportunity to help parents connect to care, we have a terrific and easy way to do that through our Medicaid and CHIP National Dentist Locator. And I will show you what that looks like when we get to the end today. And it's something that you can post on your website and help parents use, or just tell them about it and they can use it themselves. So that's it for me at this point. Thank you very much for your attention, and I'm going to turn it back over to Gabby.

Gabby Duran: Thank you so much Laurie and Dr. Mouden for sharing how CMS helps children and families get enrolled and connected to oral health services. Our next speaker today is Donna Behrens. Donna is a Director of School Oral Health Services at the School-Based Health Alliance. Donna?

Donna Behrens: Hi everyone. I'm so happy and thrilled to have been invited to talk about the School-Based Health Alliance's School Oral Health Project. As Gabby said, I'm Donna Behrens. I direct the School Oral Health Services of the School-Based Health Alliance, and for those of you who may not be familiar with the School-Based Health Alliance, it is a non-profit organization. It was founded in 1995 and serves as the national voice for school-based health care, working to improve the health of children and youth by advancing and advocating for school-based health care. So working in the space of school oral health has been just a wonderful fit for our organization. So we're very excited to talk about a project that got funded. We just started our third year of the project. It was funded by the DentaQuest Foundation and was one of the Oral Health 2020 Network Goals. It was one of the 2020 Oral Health Goals to incorporate oral health in school systems and the DentaQuest Oral Health 2020 Goal targeted the ten largest school districts in the United States. We were pleased to get additional

support from the Duke Endowment in the second year of our work. So we were able to include not just the ten largest school districts, but school districts from both North and South Carolina. You will be hearing in a little while from one of our community partners in South Carolina. Our goal for the project was really to create a respectful shared learning space, to be able to work with the school districts to create, innovate, strengthen, and facilitate systems so that they could better incorporate oral health services into their schools. We really believe in working with the schools and their community oral health partners that there is a real opportunity to change the trajectory which you heard and saw for children who for no reason are suffering from unaddressed health issues, be able to provide some really needed intervention, prevention, early intervention to create the connection to community based providers and certainly to educate a new generation on the importance of the school of oral health. Next slide. So I did want to talk very briefly, and Dr. Mouden already touched on this, is why focus on schools? And besides the statistics that are on this slide, I think the things that stand out the most to me, and again Dr. Mouden already said this, is that 60% of children are affected by tooth decay, which is an infection. And it makes it one of the most chronic childhood diseases. Also, I think the other study that really stands out for me always is that children with poor oral health were nearly three times more likely to miss school because of dental pain. And just, these are kids that are at risk at not succeeding in their school career, and anything that we can do that can keep them in school ready to learn is really, really critical. Next slide. On the more positive side, schools, it's a really important time when kids are learning health behaviors. It's a time when you can really, they are open to changing their beliefs or their attitudes, they are receptive. You can really reinforce health messages. And I want to believe it is a time to help kids really learn to make good, healthy decisions and be taught good health behaviors. And oral health really needs to be front and center along with a lot of the other health behaviors that get talked about in schools. The next slide, I'm just, I hope to very quickly go over what we have been doing in our two years of work as we've tried to help integrate oral health in schools across the country. We spent our first year really, we call it our foundation building year. We really were out there listening, learning, and developing relationships. We needed to understand what is already out there in our ten largest school districts. We needed to understand not just what they were doing but understand the unique political policy and funding environment that each of our school oral health programs were operating in, and then we needed to learn more about the schools themselves, providers and parents. So what did we learn? And

I'll just very quickly talk about this. I think probably what stands out the most is that we were connected to some of the most devoted, passionate, and committed people who are working day to day in schools to try to improve the oral health of the students. They are great programs, great services, real energy and perseverance, and they all bring a can-do attitude to their work. We also saw a lot of challenges they are up against in terms of really being able to expand, strengthen, and bring to scale school oral health. One of the first things we learned, and this gets back to some of what we heard the two previous speakers talk about, is actually getting parents to sign consent for the kids to receive their oral health services. They could have the best programs in the world, but if parents don't say yes, then the kids, even with the service in the schools, don't have access. We learned that when you say school oral health, when you say that out in the field, there is not always a lot of clarity and alignment about what you are talking about when you say school oral health. For some people it's a sealant program, other people it is oral health education, others it can be screen and fluoride varnish, and others are offering the full compendium of services that provide treatment and limited restorative care on site. We also found that meaningfully engaging with families can be a challenge. Some of it is that families are very stressed for time. Their connection to schools is often tenuous, and when school oral health programs are coming into a school for just a week or two weeks during the year, that making those connections to families can be really challenging. Also working within the cultural and language barriers in families and trying to overcome some of the lack of awareness of the importance of oral health prevention services. We heard that case management is a challenge and trying to connect families to community based providers, find community based providers that are willing to treat students with Medicaid or who are uninsured, and a lack of transportation. We heard of funding and sustainability, there is just really limited funds to bring good programs up to scale. There are all kinds of policy restrictions, reimbursement restrictions on who can be reimbursed and where services, reimbursable services, can be delivered. So school based oral health programs are up against a lot of those challenges. And then collection of data and outcome measures. There are no uniformly adopted outcome measures for school oral health. Data is collected in a variety of different forms. Making that data available and having comparable data across programs has been a challenge. So when we finished our first year, we approached the school districts and seven of the ten expressed their interest in participating. And as I said, we were very fortunate to have the Duke Endowment also approach us about including a total of five school

districts from North Carolina and South Carolina, and we have a team that we are working with, one from South Carolina, one from North Carolina. Next slide. When we began our year too, we began this serious work of what we called prelaunch work for our learning community, and then moved very quickly into launching. Again, we talked about creating that space and support for a learning community. We were again, we have twelve school districts and nine teams that are working with us, and our prelaunch includes creating topic specific webinars around all of the levers that could increase consent rates from parents in school districts, and that became our learning community's outcome measure that was shared across all our school districts. We also convened in school groups to talk about the policy and sustainability issues. We are working currently with a national group of stakeholders to create an online one stop shop compendium of school-based oral health tools, resources, information, and probably most importantly all of those critical links to national, state, and local sites that have information, resources, and tools. Our data is ready to go, our national group is taking a look at it now, and we're really excited that our goal is to have that up and running by early spring. And we are also convening around creating consensus around what is meant when one says school based oral health. Next slide. I used the word learning community. I just want to say that there are a lot of similar endeavors. Some are called COINS, some are called learning collaboratives, some are called PIPs. There are lots of models of how to create this shared learning community or shared groups. We actually went through the IHI Breakthrough model, and we had to adapt it since school oral health does not have established best practices or outcome measures. So in adapting it, we again chose the shared metric of increasing consent, knowing that to increase consent would require engagement with schools, teachers, school leadership, engagement in communities, engagement with parents, and communication and marketing. We are using the Plan-Do-Study-Act, we are doing small, quick, observable changes. We have a data portal where all our school districts are uploading their information. We are doing monthly calls with everyone one on one as well as a group call every month in order to facilitate the sharing. The next slide. We are working with Chicago Public Schools. We are working with the Clark County School District which is in Nevada. We are working with Hillsborough County Public Schools in Florida, the Houston Independent School District, Los Angeles Unified School District, the Miami Dade County Public Schools, the New York City Department of Education. And additionally we are working with, in South Carolina, Welvista, it's Clarendon School Districts 1 and 2 as well as Allendale and Dillon School Districts. And then Montgomery County

Public Schools in North Carolina. So we're really excited, this has been a great year. We've learned a lot. We have internally in our own group been going through our own PDSAs as we've been refining our learning community, and we've been learning from all of our different partners. So the next slide is a visual of the amount of networking that's been going on, the strengths of the connections between our groups. Again, we have been defining and aligning around the components of school oral health, and I'm happy later if anyone would be interested in talking about or sharing what those components are. We have our school districts that have gone through a launch. We came together as a group with national and school district members, around the goal of the school oral health in September, and we are going to be reconvening in June. We've got a Basecamp data portal and a school oral health repository of resources soon to be launched. So we're really excited about the work we've been able to do. We are very happy to have had the support again of the DentaQuest Foundation, the Oral Health 2020 Network, and the Duke Endowment. And I just want to close with our mantra, and we say this often and we say it frequently. If you want to go fast go alone, if you want to go far go together.

Gabby Duran: Thank you so much Donna for walking us through the work that you all do at the Alliance to bring together school-based groups through your learning community. That is a great message to end on as well. Our next speaker today is Georgia Famuliner. Georgia is the Operations Director for Smiles for a Lifetime. Georgia?

Georgia Famuliner: Thank you so much. I appreciate the opportunity to talk with you all today and hopefully I will share some great information about what we're doing at our Smiles for a Lifetime Program, and you can take away some good ideas. I am Georgia Famuliner, and we started the Smiles for a Lifetime Program 16 years ago in South Carolina. In 2001, we opened the centers to provide care in rural areas of South Carolina. The organization, Smiles, is owned by a nonprofit based out of Columbia, South Carolina called Welvista. And I am delighted to be a part of Donna Behrens' learning community with the School-Based Health Alliance. We had that opportunity through our original funder, Duke Endowment, that opened all four of our centers. We found out about the School- Based Health Alliance and asked, even though South Carolina is not one of the largest school districts in the nation, could we participate as we have had this ongoing dental program for 16 years. And they were gracious enough to accept us, it has been a fabulous experience for us to be able to learn and share with other districts in the nation. Next slide please. So we are located, as Donna

said, in Allendale County, Dillon Four, Clarendon 1 and 2 School Districts. Originally, when we opened each one of these centers, we did initial screenings in the school, and all the children were screened. Depending on what district it was, overall there were 74-76% of the children that we could see in the classroom with penlights had oral decay in their teeth. So we had our work cut out for us. We opened the programs with basically the four centers right now are comprised of about 9,300 students in those four districts. We are serving 40% of those students as of last school year. We provide preventive and restorative services, and we are open to any child in grades K4 through 12th grade. We do focus on that prevention and early intervention based on the premise that we feel like children must be healthy in order to be ready to learn. Our model created through a public/private partnership that provides children from limited income families with affordable and effective health care, oral health care, and also the education piece that we provide to these children to learn how to take care of their teeth. We accept Medicaid children, children that have private insurance, and we see those that have no source of pay at no cost to the parent. So no child that needs a service with Smiles for a Lifetime is ever turned away. Next slide please. I was asked today to talk about some of the things the Smiles program does, and two of the large things for us. The new thing this school year has been outreach. In the past we have never had outreach workers in our centers. And so that is a new program for us. It began this school year in an attempt to get additional consents obtained. And that is one thing from being part of the School-Based Health Alliance and sharing information across the nation, that is our focal point. All of us have had problems getting parents to sign consents. So putting outreach workers in the schools or in our program allows that person to go into schools through any type of back to school event, PTO meetings, health fairs and such, and really be a liaison between our program, people out in the community, schools, teachers, grandparents. It's really amazing just the connection in small communities, how many people are either related or know other people that can hook us up if we know a child's name with someone who can reach a grandparent or someone to try to sign a consent. So it's been very valuable for us to have outreach. It really allows us to also help that parent fill out a form. Some of our people in these communities have difficulty reading. Some of them can't write well. So often times our outreach workers will fill out the form and have the parent sign it as they go through each line explaining what the form is comprised of. The outreach is done via telephone, and it is done in person. And in these small rural areas that we're in, transportation is often an issue. So if someone does not have a car, then

often they may live near some sandwich shop or Subway or Hardee's or something like that and they can actually walk to that location and meet an outreach worker to be able to get that paperwork filled out. We blanket the schools on the first day of school with consent forms. So every child gets a form on that first day of school. And then about four to six weeks after school starts, we start that process all over again. The schools give us rosters so we know who the children are in each classroom, and then from that point on we will actually fill in a consent with a name and send it back to that classroom, trying to get the teachers to get those forms continuously home at least every four to six weeks during the school year. And then in the meantime, that outreach worker is taking charts from previous words that we haven't gotten consent on that we have seen in the past, and she's working those charts to continue to call parents and try to pick up that extra link for us. We had some great outreach efforts this year. One of them was a recent meeting that we invited the community ministers to come into the school district. We gave them information, gave them blank consent forms to take back to the congregations to talk us up in their churches, and any child that did not have a dental home they would encourage those parents to sign their child up with Smiles. We've also got a Smiles Ambassador Program that we're starting in the Allendale district. We just sent the letters home to the parents. We had 18 children that were chosen by guidance counselors from the Midland High School. And we're going to have a student driven task force that is going to do some surveys in the school asking children if they go to the dentist, why don't they. One of the areas that we have found most difficult is trying to get teenagers to sign up to go to the dentist. Lots of factors, some of them fear injections, some of them it is peer pressure, they don't want to be seen getting in the Smiles car to come to the center. Some of it is just having extracurricular activities and not wanting to be numb, don't want to go to basketball or football practice. And so our center does operate during school hours. We have a car and driver, we are located on a school campus so they pick up the kids and bring them here during school hours. But the high school is a hard area for us. So we are hoping that students talking to students will be a great ambassador program to have the ones that do come to us encourage those that don't through maybe in-school poster campaigns, the surveys we talked about, doing some per grade pizza parties, just different ideas that the students come up with for enrollment. We also had a great teacher incentive program at back to school where any elementary teacher in kindergarten through sixth grade that got 100% of their class to bring back their forms got a $50 gift card from us. That doesn't mean the children have to come to us, it just means

that that form has to come back, either coming to us or showing that they are going to another dentist or they just don't want their child seen here. But we had great participation with that, because the teachers got very involved and were very willing to help with that. Next slide please. Gabby, I'm not sure if you can hit - there we go. So here again, that's one of our outreach workers. This past school year we saw 3,677 children, which was 40% of the school population. 93% of the children that we serve have Medicaid. Since opening 16 years ago, we've seen almost 15,000 patients, and we have filled over 88,000 cavities, which basically rounds out to about every child having six cavities. We've gotten, as I spoke about this being a new program for outreach, I think so far we've seen some success from October 1 when we sent home the second set of consents through January 31, the four centers have obtained 660 consents due to outreach efforts. So we're pretty thrilled about that. Next slide please. The other area that we are really focused on is what we can do to get children signed up on Medicaid. As 93% of my children have Medicaid, are eligible, or have had a Medicaid number in the past, we know from time to time in South Carolina they have to go and re-up and re-certify and sometimes parents, the paperwork can be a little intimidating, taking in information to prove eligibility can be more than some of the parents want to take on. So we actually have one person that is a collection specialist that is on our staff. She is housed in the Allendale office but she works for all four of my centers. Her task is to basically track Medicaid and private insurance eligibility, striving to get payment obviously for our office for services for Medicaid. But she works with parents to explain that process, to help them know exactly what they do to go and sign up their child for Medicaid and get through the process. We devised a demographic form which I'll show you in a few minutes, but it's just a simple form that we get off the information that a parent sends back on our consent form. It is for children that are not, when we look them up they do not have an eligibility for Medicaid right now or there is no source of pay, they don't have private insurance or Medicaid. And they will fill out the child's name, social, parents' names, any phone numbers and addresses, and then if the parent said on the consent their child had Medicaid they will list that number. If the parent said that the child had insurance they will list that information. And they fax those in to our collection specialist. She takes that demographic form and verifies that information. We have found over time that some parents will put down, for instance, they think their child has Aetna Dental coverage, and when our collection specialist actually goes and looks that up they have Aetna but it's medical coverage. So parents don't always, are not always aware exactly of

what insurance coverage they have, and they can get a little confused about that. So she goes in, looks them up on our South Carolina Medicaid website, and verifies whether indeed they are terminated or they are eligible. Then she will call the parent and talk to them about her findings. She will ask them if someone puts down that they don't have private insurance, and she finds out that they actually could, she will either ask them to go in open enrollment when that time comes around and sign their child up. If that person does not have the money to pay for insurance on the side, then she encourages them to sign up for Medicaid. And of course on our Medicaid website in South Carolina, it will show you a third party carrier. So if a patient does not think that they have their child signed up on their insurance at work, we can see whether it is Blue Cross or Aetna or Delta Dental or whatever it is showing up on the Medicaid website. So those are all things that she would call and discuss with that parent. She works with them very closely to talk about, so many things have changed in the Medicaid process of trying to get children signed up. So even though parents sometimes think they make a little bit too much money to be eligible for Medicaid, it's always worth that effort to go and try to apply because things do change over time. And we've found that people who couldn't get it in the past now can get it. So she uses that form to make connection with that patient, hook them up with a caseworker at Medicaid doing whatever she can to get that person signed up. And it takes a lot of effort here. I think that person has been very, very valuable to us getting children back on Medicaid. In emergency care situations, sometimes children come in and don't have Medicaid but they have a dental emergency, she can hook them up with Medicaid. There is a limited emergency coverage that they can get rather quickly. Often times, people are very transit in these rural areas, so we have people who move in from out of state. They may have Medicaid in New York or some other state. Then she goes through with that parent, explaining that they will not be able to use that Medicaid in our state, they will have to close it out in the state that they moved from and re-apply into South Carolina. So she helps them with that as well. It takes about 45-60 days to process Medicaid, so she will continue to look up after about three weeks to see if that child has Medicaid. If not, she calls that parent back again to just touch base with them, to ask them if they applied. If they have not, she will encourage them again to go through the process. If they have applied but haven't heard anything, she will ask them to contact their caseworker just to ask and see where they are in the process of getting that. One of the large things for us, and a way that we really go after working to get these children on Medicaid, is to explain, and I saw this earlier in the slides from some of

the other presenters, is really explaining and encouraging that parent to understand, not only does the Medicaid benefit help them get dental coverage for their child, but it also is going to cover prescription drugs, if their child has to go to a hospital or for an ER visit on a weekend with an earache and there is no doctor's office open. If they do go for wellness checkups or for sore throats to a regular physician's office, their eye doctor visits, and any other medical provider that they go to that is covered under Medicaid, that will help them as well up to the age of 19. So it really benefits all of us to get these children on Medicaid. Next slide please. This is the self-pay demographic information sheet that we made up, and at the end of my presentation I do have my email address on here, so if there is anyone that could use this form for their program and you think it would benefit you to try to work through that process of Medicaid eligibility, I'd be glad to scan that to you, so just drop me an email and I'll be glad to do that. Next slide please. Basically, we provide the resources of a collection specialist because we really know that it's a good tool and an aid for Medicaid enrollment. Smiles for a Lifetime is all about providing and promoting overall health. There are, as Donna spoke about, a lot of organizations across the nation. Some just do sealants, some do cleanings and sealants, there are just tons of different combinations of what is offered in oral health. For 16 years our program has all been about preventive and restorative, and we have seen, especially in our Allendale clinic which has been open the longest, we see about 850 children here each year. And in the early years, for many, many years, we had 600-700 charts that always had decay in them. After about 8 or 9 years, we started seeing a real pattern. Now when we get to the end of the school year, last year we saw 850 kids and at the end of the year we only saw 35 charts that had decay. And those were basically found in the months of April and May, right before school got out. So we see over time what it has done with the education process, teaching these children how to brush and floss, encouraging constantly that education in the school system that all of our centers are really showing where by providing the restorative, these kids are now coming back, many come for six month cleanings and have no decay or just one cavity. It's really a heartwarming experience for us to see what we've done for these kids. It really benefits all the children that you can get on Medicaid to go through this process. Next slide. So I just appreciate the opportunity, and I hope I've shared some great information. Please feel free to drop me an email if I can help you in any way.

Gabby Duran: Thank you Georgia.

Georgia Famuliner: Thank you.

Gabby Duran: Thank you for sharing the great work that you all do at Smiles for a Lifetime and offering up those resources for school. Our next speaker is Matt Jacob. Matt is the Communication and Outreach Director at the Children's Dental Health Project. Matt?

Matt Jacob: Hi everyone, thank you very much. Next slide please. I'm going to try and move through this quickly so we can get to some of the questions that many of you may have. I just want to lay out about five tips that I think will be helpful in using social media. It does take time, but it doesn't take money. So it is a really good vehicle for getting messaging out there, reaching a variety of stakeholders and people who work with parents and families. The first tip is to make sure and work the term "dental" into your messages. Make sure that parents and families and caregivers do know that kids' dental exams, cleanings and other services are a basic part of Medicaid coverage. The second item is to think about hashtags. Many of you see those, they pop up occasionally in Facebook, they are used a lot on Twitter. On both of those social media platforms, hashtags are a great way to help other people find you. So you are probably familiar with the #Enroll365 hashtag. Consider in addition to that some other hashtags, and these are just some examples that can help you bring greater attention to what you're talking about. Next slide please. I think this is just a good example of what I'm talking about. Go ahead and show me the next slide please. So here you see #WomensHealth, which is a pretty popular hashtag that is used on both Twitter and Facebook. So people who are interested in this issue will often just search that hashtag to see, what is the conversation, what are people saying about women's health. I'm not recommending that you throw that hashtag into your messages all the time, but working it in when you think it's appropriate every now and then I think is just a good way to hopefully draw a broader audience. Next slide please. This is a simple way to do a search. So if you want to see what people are talking about, for example #LatinoHealth if you want to see if coverage, health issues, etc. are part of the conversation. This is just one example of a way to get better attuned to what those micro communities on social media are talking about. Next slide please. I think it's also helpful to appeal to your audience's curiosity. Having involvement devices I think can be very helpful. And a quiz is a good idea. It's one example of that. It doesn't have to be a long thing, it can be three or four questions. And the best thing is that it, again, does not have to be a cost issue. There are several sites that offer free access to create quizzes. They are incredibly user friendly, I'm just throwing out a couple here, Playbuzz, Qzzr, there are probably several others that I haven't thought of

at the moment. These are not difficult to create. So I just want to throw that out there, it is something to keep in your hip pocket. Next slide please. I think any way we can put a face on the issue is very helpful. I realize because of the nature of, you know, we want to respect privacy, HIPPA, all those things, we don't want to start taking cameras around and snapping photos left and right. But even if it's just, you know, you're doing some volunteer work, you're reaching out to the community, you're raising awareness, even just snapping some photos of you and your volunteers doing their thing, not necessarily taking photos of people you are trying to enroll. That wouldn't necessarily be appropriate. But any way you can, even if it's sharing news stories that have photos and other images. I think those are just something to think about as well. Next slide please. And then last but not least, there are social media events that are going on. The beauty of it is you don't really need an invitation. People will probably be pleased just to know that you are interested and want to participate. So keep an eye out. You can even do a search on Twitter for the word "chat" or "storm," those are two examples of the names that people give these kinds of events. Next slide please. And you will find that your messages are likely to get re-tweeted by others, so you will reach a larger audience in that way, which is very helpful. There are two main Twitter events. For example, I referred to a chat, this is generally a Q&A format. There is usually an organization that acts as the moderator and asks each question after it welcomes different groups to the event. Then it waits for people to tweet in their answers. A storm is not a moderated event. It Is generally kind of a free for all. There is usually a host organization at the top of the hour that may welcome everybody and briefly mention what the event is about, what the theme is. And then at any given time, different organizations or Twitter account holders can weigh in and share their messages and voice their concerns or their positions on things. Sometimes these last multiple hours, but they are usually about an hour. Next slide please. Here are a couple events I want to make sure are on your radar screen if you have the time. They are both Twitter events. The first one is next Tuesday, and it is hosted by Salud Today, a Latino health promotion organization that is based in San Antonio. This is the time and this is what is going on, the hashtags that will be used. Next slide please. And then the very following week, the 22nd, MomsRising is doing a chat as well. Both of these Twitter events are going to focus on Children's Dental Health Month. So this is just a great opportunity to remind people about the importance of coverage, making sure parents are encouraged to determine whether they are eligible and learn more, making sure they know dental care is actually a basic part of Medicaid. So I really

encourage you to get involved in these. MomsRising has more than 50,000 followers, so when they retweet your message it is really going to a very broad audience. Next slide please. So if you say to yourself, gosh, this is all well and good Matt, but I don't have a lot of time to sit down and write tweets. We have solved that for you. Feel free to reach out to me by email, I have a messaging kit with some sample messages that you could choose from. Also the Think Teeth page has a really nice resource of some sample social media messages about the importance of Medicaid and CHIP that you can use as well. Next slide please. So I hope this was helpful. Feel free to reach out to me if you have any questions. Thank you.

Gabby Duran: Thank you Matt for sharing those helpful tips and also sharing the upcoming oral health Twitter events. And thank you for mentioning the Think Teeth page. While we're on that, I'm going to have Laurie Norris now walk us through more information about the Connecting Kids to Coverage National Campaign resources. Laurie?

Laurie Norris: Okay, thanks Gabby. So just a real quick tour through some of these resources that are available to you on the insurekidsnow.gov website. You can find these under the Outreach Tool Library tab or on the Think Teeth page that Matt just referred to. So available resources include things like tip sheets and newsletters and ready-made article templates, public service announcements, and various other digital media tools. Here are some more examples on the next slide. You can, as I said, in the Outreach Tool Library there are a plethora of social media materials that will help you get ready to participate in the stuff Matt was talking about. We have social media content and graphics that you can share through your social channels and your eNewsletters and that you can share with your networks. We do have particular things that are related to oral health. We've branded those materials our Think Teeth materials. We have buttons and banners and flyers to hand out. Just a whole array of things. So be sure that you go in there, take a look around, and see what you might be able to use in your campaign. Next slide. These are, go back one slide. This is just some specific, a tear pad on the left, that is useful for providers. We've found that physicians and pediatricians are particularly fond of this, so if you are partnering with your medical community at all, this is a good thing to make them be aware of as well as our flyer for parents on the right. Parents who have children with special needs often have a hard time finding a dentist who can accommodate their child's particular needs. And this is a tip sheet for how to locate such a dentist. All of these materials are available for free either by download or to order from our distribution center. Next slide. So

this is something I really wanted to make you aware of. If you are in the Connecting Kids to Care part of your work and you're having difficulty finding a dentist that participates in your child's Medicaid or CHIP plan, this is the tool for you. There is a widget which you can see a picture of here on the screen that you can download and post and embed directly into your organization's website. There is also a full interface dentist locator, which if you just google "find a Medicaid dentist," I just tried that this morning, it comes up as the third thing on the list. It's a really terrific tool, you can search by state, by health plan, by zip code, by city. You can also search by dentist specialty type, if you need an oral surgeon or pediatric dentist. You can search by "accepts new patients." It has a lot of functionality. So we really recommend that you take a look at that tool. Back to you Gabby.

Gabby Duran: Great, thanks so much Laurie. And because we do have some questions, we're going to sort of run through these next slides a little quicker than usual. But we do have customizable materials as an option for our Insure Kids Now materials. They are available in both English and Spanish along with a number of other languages. The process takes about two weeks. Next slide please. All of our outreach videos and previous webinars are also available in the Outreach Tool Library on the Insure Kids Now website. The outreach videos are short videos that showcase a variety of outreach and enrollment promising practices from groups across the country. And please do keep in touch with us about what's going on with the campaign. You can follow us @IKNGov, and as Matt was saying you can use some of our hashtags to tag messaging using them about CHIP and Medicaid coverage, including #Enroll365, #KidsEnroll, #Medicaid, #CHIP, and #ThinkTeeth as well. You can also sign up for our campaign eNewsletters here and email us at connectingkids@cms.hhs.gov if you want to share any success stories. Now we're going to leave some time for questions. We've been monitoring them throughout the webinar and want to take this opportunity to address some of these. If you haven't asked a question yet, please type the question in the chat box now and we will get back to you even if we don't address your questions here on the webinar. One question that we have here is that one challenge that one of the attendees has seen and experienced with families that they serve is a lack of access to orthodontists that accept CHIP. Does CHIP cover orthodontic treatment?

Laurie Norris: This is Laurie, I can take that one. In almost every state, yes. I think there might be one or two states that are holdouts. So probably in your state it is a covered benefit. But it is not covered for cosmetic purposes. It is only covered for medically necessary purposes. And every

state has its own criteria for what constitutes medically necessary orthodontia. But what I would suggest is that this caller or the parent could go on the Find a Dentist tool and look in your town and in the child's plan and find an orthodontist and get an opinion. Or if the child already has a general dentist or a pediatric dentist, that person could also help guesstimate whether the child should see an orthodontist to see whether a request should be submitted to see if the child could get orthodontia through Medicaid or CHIP.

Gabby Duran: Great, thanks so much Laurie. Georgia, we have a question for you. We had an attendee ask how families pay for the Smiles program. Do they charge the child's current insurance?

Georgia Famuliner: Any child that has Medicaid we take their Medicaid number and that's the way we get paid. If a child has private insurance, we accept whatever the insurance pays us. And then of course children that don't have insurance or Medicaid we see those children at no cost to the parent. That way we ensure that any child that does not have a dentist in the towns we're in that would like to see a dentist gets to come to Smiles if their parent signs a consent. Does that answer that question?

Gabby Duran: That's great, yes, thank you Georgia. We have one more question about orthodontics. We actually had someone ask about braces.

Laurie Norris: Same answer. And I just played around on the Insure Kids Now Dentist Locator tool, and there are definitely CHIP participating orthodontists in Pennsylvania. So I will infer from that that Pennsylvania CHIP covers orthodontia when medically necessary. So you should be able to find somebody if you take a look in the Dentist Locator tool.

Gabby Duran: Great, thank you so much Laurie and Georgia for answering those questions today. We will be starting to wrap up. Again, I want to thank you for joining the webinar today, and thank you all of our speakers for all of the wonderful content. As I mentioned before, the campaign resources are available for download on insurekidsnow.gov. A recording of this webinar will be available on the website in about two weeks. If you've missed any past webinars, please check out the webinar archive on insurekidsnow.gov. Again, thank you all for joining today and we wish you luck in your outreach and enrollment for this month and the rest of the year as well. Thank you.