Promoting Use of Childhood Dental Benefits Covered Under Medicaid And CHIP to Catch Up on Care

Webinar:
February 18, 2021
2:00pm EST
Agenda

• Promoting Use of Childhood Dental Benefits Covered Under Medicaid And CHIP to Catch Up on Care – Dr. Natalia I. Chalmers, CMS Dental Officer

• Connecting Kids to Coverage National Campaign Resources

• Questions
Connecting Kids to Coverage
Medicaid and CHIP Comprehensive Dental Benefits Help Children Achieve Better Health and Healthier Smiles

Natalia I. Chalmers DDS, MHSc, PhD
Diplomate, American Board of Pediatric Dentistry
Dental Officer
Centers for Medicare and Medicaid Services
Connecting Children to Coverage and Care

Why Oral Health and Coverage Matter
Role of Parents in Children’s Oral Health and Coverage
Impact of COVID-19 on Utilization
CMS Oral Health Learning Collaborative
Oral Health and Severe Early Childhood Caries

Joanna Douglass, BDS, DDS
Source: smilesforlifeoralhealth.org
Impact of Poor Oral Health

- Poor academic performance
- School attendance, i.e. student absenteeism
- Emergency Department Use
- Pain and Infection

Source: Ruff et al. Journal of the American Dental Association 2019
Medicaid Bears the Burden of Disease

Oral Health is About Health Equity

Dental caries in children and adolescents according to poverty

<table>
<thead>
<tr>
<th></th>
<th>&lt;100% FPL</th>
<th>≥200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, not Hispanic</td>
<td>26.1</td>
<td>16.6</td>
</tr>
<tr>
<td>Black, not Hispanic</td>
<td>36.8</td>
<td>16</td>
</tr>
<tr>
<td>Hispanic</td>
<td>38.8</td>
<td>14.5</td>
</tr>
<tr>
<td>White, not Hispanic</td>
<td>66.1</td>
<td>49.1</td>
</tr>
<tr>
<td>Black, not Hispanic</td>
<td>65.5</td>
<td>48.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>68.5</td>
<td>52.8</td>
</tr>
</tbody>
</table>

School-age Children (ages 6-11 years)  Adolescents (ages 12–19 years)

Source: Dye et al. Journal of the American Dental Association 2017
Where Our Beneficiaries Access Dental Care

- Emergency Department
- Inpatient Admission
- Urgent Clinic
- Ambulatory Surgery
Continuity of Dental Coverage Through the Lifespan

**Everyone**
0-20 years old

**Some***
21-64 years old

**None**
65+ years old

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**Everyone**

- Source: EPSDT, Proportion of Beneficiaries Receiving Any Dental Service
- 2018:
  - 20% - 45.9%
  - 46% - 50.9%
  - 51% - 52.9%
  - 53% - 70.9%

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**Some***

- Source: State Medicaid Coverage of Adult Dental Benefits; Center for Health Care Strategies (CHCS)
- 2018:
  - None
  - 5% - 11.9%
  - 12% - 13.9%
  - 14% - 16.9%
  - 17% - 28.9%

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**None**

- Source: Behavioral Risk Factor Surveillance System (BRFSS)
- 2018:
  - Adults aged 65+ who have had all their natural teeth extracted
  - 5% - 11.9%
  - 12% - 13.9%
  - 14% - 16.9%
  - 17% - 28.9%
Number of Dentists per 100,000 Resident Population

Source: American Dental Association, Health Policy Institute
Dentist Participation in Medicaid or CHIP, 2016

38% of U.S. Dentists participate in Medicaid and CHIP for child dental services

Source: American Dental Association, Health Policy Institute
Emergency Department Visits for Dental Conditions

EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS BY AGE GROUP

<table>
<thead>
<tr>
<th>Year</th>
<th>AGE 0-18</th>
<th>AGE 19-25</th>
<th>AGE 26-34</th>
<th>AGE 35-49</th>
<th>AGE 50-64</th>
<th>AGE 65+</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>10</td>
<td>20</td>
<td>15</td>
<td>30</td>
<td>20</td>
<td>5</td>
<td>49.1</td>
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<tr>
<td>2011</td>
<td>9</td>
<td>18</td>
<td>14</td>
<td>28</td>
<td>21</td>
<td>6</td>
<td>48.7</td>
</tr>
<tr>
<td>2012</td>
<td>11</td>
<td>17</td>
<td>16</td>
<td>26</td>
<td>22</td>
<td>5</td>
<td>49.3</td>
</tr>
<tr>
<td>2013</td>
<td>12</td>
<td>16</td>
<td>17</td>
<td>25</td>
<td>21</td>
<td>5</td>
<td>47.7</td>
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<tr>
<td>2014</td>
<td>13</td>
<td>15</td>
<td>18</td>
<td>24</td>
<td>20</td>
<td>5</td>
<td>49.8</td>
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<tr>
<td>2015</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>24</td>
<td>21</td>
<td>5</td>
<td>48.8</td>
</tr>
<tr>
<td>2016</td>
<td>11</td>
<td>13</td>
<td>17</td>
<td>23</td>
<td>22</td>
<td>5</td>
<td>48.8</td>
</tr>
<tr>
<td>2017</td>
<td>10</td>
<td>12</td>
<td>18</td>
<td>22</td>
<td>21</td>
<td>5</td>
<td>47.4</td>
</tr>
</tbody>
</table>

EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS AMONG ADULTS BY PAYER

Source: ADA Health Policy Institute
Annual Dental or Medical Visits

Proportion of Children

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Any Dental Service</th>
<th>Medical Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>49.7%</td>
<td>51.6%</td>
</tr>
<tr>
<td>&lt; 1</td>
<td>4.1%</td>
<td>91.7%</td>
</tr>
<tr>
<td>1-2</td>
<td>27.9%</td>
<td>79.4%</td>
</tr>
<tr>
<td>3-5</td>
<td>54.6%</td>
<td>62.5%</td>
</tr>
<tr>
<td>6-9</td>
<td>46.1%</td>
<td>62.8%</td>
</tr>
<tr>
<td>10-14</td>
<td>49.2%</td>
<td>58.8%</td>
</tr>
<tr>
<td>15-18</td>
<td>38.7%</td>
<td>47.4%</td>
</tr>
<tr>
<td>19-20</td>
<td>30.2%</td>
<td>18.1%</td>
</tr>
</tbody>
</table>

Source: 2018 Annual Early and Periodic Screening, Diagnostic and Treatment (EPSDT), National
Why Dental Coverage Matters

Children without dental insurance coverage are less likely to receive recommended dental visits compared with their privately or publicly insured peers.

Source: Isong et al. Pediatrics 2010
Geographic Variation in the Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services

Source: Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2019 reporting cycle as of July 1, 2020 (n = 51 states)
Dental Visit in the Past Year By Poverty

Source: Yarbrough and Vujicic Oral health trends for older Americans  JADA 2019
Role of Parents in Children’s Oral Health and Coverage

• What I hear from the parents in my practice:
  • “They are just baby teeth”
  • “I tell my children to brush their teeth all the time”

• Parents lead and supervise children’s oral hygiene practices typically for the first 12 years

• Children with special healthcare needs require ongoing support to maintain oral health (27% of children enrolled in Medicaid)

• Children are more likely to have a dental visit when their parents also had a dental visit (OR 3.36 [2.71–4.18])
  (Isong et al. Pediatrics 2010)
Parents are Key to Coverage and Access

Source: Isong et al. Pediatrics 2010
Preliminary data show the number of dental services for children declined substantially in April, increased through July, but are still below prior years’ rates.

Dental service rates among children dropped from 93 per 1,000 in February to a low of 8 per 1,000 beneficiaries in April and increased to about 71 per 1,000 beneficiaries in July.

~50% fewer (9.1 million) dental services were provided between March through July 2020, compared to March through July 2019.

**Note:** Data for recent months are likely to be adjusted upward due to claims lag.

**Dental services:** Any dental service

**Years:** 2017 · · · , 2018 · · · , 2019 · · · , 2020 —

Service use among selected Medicaid and CHIP beneficiaries 18 and under.

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020.
Preliminary data show dental service rates among children declined for all states in April, and in a few states, rates had returned to February levels by July.

ND, OK, VI, VA, and WY had the greatest percent increase in dental examinations among children under 19 from February 2020 to July 2020 (data incomplete).

DC, FL, MO, NJ, and RI had the greatest percent decrease in dental examinations among children under 19 from February 2020 to July 2020 (data incomplete).

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Slides 3 to 5 for additional information.
Fewer services by category provided between March through July 2020, compared to March through July 2019

- Vaccinations: -12
- Child screening services: -29
- Dental services: -50

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Slides 3 to 5 for additional information.
CMS Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Learning Collaborative

State Affinity Group

Webinar Series

Webinar #1: “Pathways to Improving Children’s Oral Health Using Silver Diamine Fluoride”

Webinar #2: “Improving Children’s Oral Health Using Fluoride Varnish in Non-Dental Settings”

Webinar #3: “Oral Health Care Coordination and Effectuated Referrals”
Oral Health Services by Non-Dentist Providers

Proportion of beneficiaries, 1-2 years old that received oral health service by a non-dentist provider (CMS 416 Report, Line 12f/1b)

Source: 2018, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 1- to 2-Year-Old
Clinical Recommendations for Topical Fluoride Use

**Clinical Recommendations for Use of Professionally-Applied or Prescription-Strength, Home-Use Topical Fluoride Agents for Caries Prevention in Patients at Elevated Risk of Developing Caries**

**Strength of recommendations:** Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

<table>
<thead>
<tr>
<th>Age Group or Dentition Affected</th>
<th>Professionally-Applied Topical Fluoride Agent</th>
<th>Prescription-Strength, Home-Use Topical Fluoride Agent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 6 years</td>
<td>2.26% fluoride varnish at least every 3 to 6 months ● In Favor</td>
<td>0.09% fluoride mouthrinse at least weekly ● In Favor</td>
</tr>
<tr>
<td></td>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● In Favor</td>
<td>OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For</td>
</tr>
<tr>
<td>6-18 years</td>
<td>2.26% fluoride varnish at least every 3 to 6 months ● In Favor</td>
<td>0.09% fluoride mouthrinse at least weekly ● Expert Opinion For</td>
</tr>
<tr>
<td></td>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● In Favor</td>
<td>OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For</td>
</tr>
<tr>
<td>Older than 18 Years</td>
<td>2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For</td>
<td>0.09% fluoride mouthrinse at least weekly ● Expert Opinion For</td>
</tr>
<tr>
<td></td>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For</td>
<td>OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For</td>
</tr>
<tr>
<td>Adult Root Caries</td>
<td>2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For</td>
<td>0.09% fluoride mouthrinse daily ● Expert Opinion For</td>
</tr>
<tr>
<td></td>
<td>OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For</td>
<td>OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For</td>
</tr>
</tbody>
</table>
States Adopting a Medicaid Policy for Reimbursement of Fluoride Varnish by Non-Dental Providers

Kranz et al. Maternal and Child Health Journal 2019

Number of states

0  5  10  15  20  25  30  35  40  45  50

Legend:
- 5 states in 2003
- 11 states in 2007
- 40 states in 2011
Medicaid Fluoride Varnish Policy and Oral Health

State policies supporting non-dental primary care providers application of fluoride varnish are associated with improvements in oral health for young children with public insurance.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Odds ratio (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key explanatory variables</td>
<td></td>
</tr>
<tr>
<td>Years since state implemented Medicaid fluoride varnish policy (ref: no policy)</td>
<td></td>
</tr>
<tr>
<td>&lt;2 years</td>
<td>0.93 (0.72–1.21)</td>
</tr>
<tr>
<td>2 or 3 years</td>
<td>0.92 (0.76–1.11)</td>
</tr>
<tr>
<td>4 or more years</td>
<td>0.78 (0.60–1.01)</td>
</tr>
<tr>
<td>Public health insurance (ref: private health insurance)</td>
<td>0.70*** (0.62–0.81)</td>
</tr>
<tr>
<td>Public health insurance × years since state implemented Medicaid fluoride varnish policy</td>
<td></td>
</tr>
<tr>
<td>Public health insurance × Medicaid policy implemented &lt;2 years ago</td>
<td>1.21 (0.84–1.76)</td>
</tr>
<tr>
<td>Public health insurance × Medicaid policy implemented 2 or 3 years ago</td>
<td>1.02 (0.82–1.28)</td>
</tr>
<tr>
<td>Public health insurance × Medicaid policy implemented 4 or more years ago</td>
<td>1.28* (1.03–1.60)</td>
</tr>
</tbody>
</table>

Kranz et al. Maternal and Child Health Journal 2019
Trends in Oral Health Services by a Non-Dentist Provider

Source: 2010-2018, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) 1- to 2-Year-Old
Variation in Fluoride Varnish Reimbursement

Medicaid fee-for-service reimbursement for fluoride varnish

Source: American Academy of Pediatrics www.aap.org
Connecting Children to Coverage and Care

Why Oral Health and Coverage Matter
Role of Parents in Children’s Oral Health and Coverage
Impact of COVID-19 on Utilization
CMS Oral Health Learning Collaborative
For More Information

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Questions?

Please type them into the Q&A box!
Connecting Kids to Coverage
National Campaign Resources

Darshana Panchal, MPH

PORTER NOVELLI
PUBLIC SERVICES
Current Priorities

Missed Care
Encourage families to enroll in Medicaid and CHIP, then to call their doctors and other healthcare providers to schedule any missed appointments.
Current Priorities

Dental & Oral Health
Medicaid and CHIP cover dental health services, including check-ups, x-rays, fluoride treatments, dental sealants, fillings, and more.

Oral health impacts overall health!
Make the call to catch up on missed dental visits to ensure your kids stay healthy.
#Enroll365
New Dental Animated Video

- Highlights coverage of dental care under Medicaid and CHIP
- Animated :15 video available in English and Spanish
- Additional videos focused on benefits available soon
New & Refreshed Dental Resources

• Print materials
  • Poster
  • Flyer
  • Tear pad

• Online materials
  • Social media posts
  • Static graphics and GIFs
  • Web banners and buttons
New Resources Cont.

Social Media Toolkit
Overview and tips on how to reach key audiences on Facebook, Twitter, and Instagram

Paid Media Toolkit
Step-by-step instructions and useful tips to conduct effective paid media outreach
InsureKidsNow.gov

• The website for Campaign information and resources

Millions of children and teens qualify for free or low-cost health and dental coverage through Medicaid & the Children’s Health Insurance Program (CHIP).

Learn about coverage options for your family or help us spread the word about free or low-cost health insurance coverage!
Keep in Touch

Interested in learning more about the Campaign and its resources?

• Email us: ConnectingKids@cms.hhs.gov

• Follow us on Twitter: @IKNgov

• eNewsletter sign up: “Campaign Notes”
Questions?