

# Improving Access to and Utilization of Oral Health Services for Children in Medicaid and CHIP Programs

## CMS ORAL HEALTH STRATEGY

April 11, 2011

**This document was prepared by CMS in consultation with State officials and other stakeholders. It is intended to guide CMS efforts working with States to improve access to oral health services for children enrolled in Medicaid and the Children's Health Insurance Program. This Strategy will continue to evolve, and interested parties are encouraged to provide feedback via email to [laurie.norris@cms.hhs.gov](mailto:laurie.norris@cms.hhs.gov).**

Despite considerable progress in pediatric oral health care achieved in recent years, tooth decay remains one of the most common chronic diseases of childhood. Tooth decay can cause significant pain, loss of school days and lead to infections and even death. Oral health is inseparable from overall health, and dental care is an essential element of primary care for children. While all children covered by Medicaid and the Children's Health Insurance Program (CHIP) have coverage for dental services, ensuring access to these services remains a concern. In Medicaid, children's dental benefits have been provided since 1989 through the EPSDT benefit. In CHIP, the children's dental benefit became mandatory in 2010 through CHIPRA.

The CMS has been working in coordination with Federal and State partners, as well as the dental and medical provider communities, children's advocates and other stakeholders to improve access to pediatric dental care. To sustain the progress already achieved, and to accelerate further improvements in access to oral health services, CMS has developed a national oral health strategy that includes a range of activities that States and the Federal government could undertake to improve access while also reflecting the difficult economic pressures States are currently facing.

### **Principal Barriers Identified for Dental Care for Children**

In 2008, CMS completed reviews of 16 States with low dental utilization rates (30 percent or less)<sup>1</sup> and identified several key barriers to children receiving adequate dental care. The barriers include:

- limited availability of dental providers;
- low reimbursement rates;
- administrative burdens for providers;
- lack of clear information for beneficiaries about dental benefits;
- missed dental appointments;
- transportation;

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<sup>1</sup> <http://www.cms.gov/MedicaidDentalCoverage>

- cultural and language competency;
- Need for consumer education about the benefits of dental care.

However, no one issue alone affects access to oral health care for Medicaid and CHIP children; a combination of barriers needs to be addressed. In January 2011, CMS published reviews of eight states that have made progress in addressing these barriers.<sup>2</sup>

## **OVERVIEW**

Working with States, stakeholders, and other Federal agencies, CMS has developed a plan to increase access to oral health care for children. This strategy centers on the establishment of new state and national oral health goals to increase use of preventive services for children, which were announced in 2010. CMS and states are now working to develop State-specific action plans to make progress toward the goals. To ensure progress, supporting states' efforts to promote access, developing and measuring the impact of new and improved approaches to delivering care, and coordinating efforts across the Federal government, States, Tribes, providers, advocacy groups, foundations, and other key stakeholders will be critical. This draft strategy describes CMS' oral health goals, actions CMS has taken so far, and outlines the direction of CMS' efforts to improve oral health care going forward.

### **Establishment of Oral Health Goals for Medicaid and CHIP**

Based on feedback received from States and key stakeholders, including that provided during a March 2010 listening session, CMS established national oral health goals that support the Healthy People oral health goals for the nation. These goals, which CMS announced in April 2010 at the National Oral Health Conference, are:

- To increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental service by 10 percentage points over a 5-year period; and
- To increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a 5-year period (this goal will be phased in during year 2 or 3 of the initiative).

Although these are national goals, progress will be tracked nationally and by state, with the intent that corresponding State specific goals will drive the achievement of the national goals. These goals will be detailed in a "Call to Action" letter to State Health Officials (SHO) and State Medicaid Directors. The letter will ask each State to develop specific action plans for submission to CMS that outline strategies for breaking down barriers to oral health for children enrolled in Medicaid or CHIP. The action plans are a tool that States and CMS can use in planning efforts to achieve the goals. CMS will provide technical assistance to States in developing their action plans, which will ultimately be posted on the CMS web site.

The CMS' oral health strategy is designed to support efforts to achieve these goals. This strategy is comprised of five key components:

- Working with States to develop oral health action plans
- Strengthening technical assistance to States and Tribes

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<sup>2</sup> Ibid.

- Improving outreach to providers
- Developing outreach to beneficiaries
- Partnering with other governmental agencies

Together, these components are intended to advance the ability of States and the Federal government to improve children’s access to oral health services, while providing flexibility to States to shape their plans within existing budget constraints.

## **Components of the Strategy**

**1) Work with States to Develop Pediatric Oral Health Action Plan** – CMS is asking States to develop specific action plans designed to increase access to and use of preventive dental services and to support progress towards increasing the rate at which children receive preventive services by 10 percentage points over 5 years. In this action plan, States will identify what strategies they will use to increase access to preventive dental care and sealants for children in Medicaid and CHIP.

The CMS has developed a template for States to use in completing their Action Plans to ensure consistency of information across States. This template was disseminated for States’ review/feedback at two “State/Federal Collaborative Workshops on Oral Health Improvement Initiatives” held on October 7, 2010, and November 10, 2010, and CMS has actively solicited feedback from States about the action plan and template, as well as this Strategy.

The CMS will soon be releasing a guidance letter to State Medicaid Directors and State Health Officials (SHO) that will include the draft template as an attachment to the SHO letter. The letter will request that States submit their action plans within six months of the release of the SHO. CMS will train regional office staff to ensure that they are able to provide States with appropriate technical assistance. CMS will hold a “kick off” call with States after the guidance is released to begin the technical assistance process.

Potential strategies that States may want to consider including in their action plans are:

- Tracking use of oral health services by children in Medicaid and CHIP in order to identify gaps in services and plan interventions.
- Reviewing State Medicaid dental reimbursement rates to determine if they are a barrier to provider participation; consider shifting limited resources to target particular dental procedures.
- Undertake strategies to reduce the administrative burden on dental providers, such as:
  - Simplify and expedite the provider enrollment process
  - Streamline or remove the prior authorization requirement for most procedures
  - Make information about covered services easily available on line
  - Create opportunities for dialogue among managed care organizations, providers, State and local dental societies, about opportunities for administrative simplification
  - Inform dentists and managed care organizations promptly of changes to patient contact information to ensure continuity of care

- Create a dental director position in the Medicaid or public health agency.
- Recruit more dental providers into the Medicaid and CHIP programs. States could perform outreach to providers and partner with provider groups to improve participation and address issues/concerns that cause reluctance to participate in these programs.
- Consider reimbursing new mid-level dental providers and other non-dentists (e.g., hygienists, medical providers) who provide specific, limited oral health services. National dental organizations have recommended inclusion of several new types of mid-level dental providers. Some States have begun training and licensing these new mid-level providers. In addition, many States already reimburse non-dentists, such as pediatricians, for services like fluoride varnish. A few States currently reimburse dental hygienists for direct care. These new providers may help improve access to dental services by increasing the points of entry into a dental office.
- Provide outreach and education to families on the availability of and importance of oral health services for young children. Provide parents with separate information about dental benefits that highlights the availability of oral health services for children. Strengthen collaborations with Head Start programs, community health centers, public health departments, WIC programs, schools, and other partner organizations to undertake outreach and education with low-income families. Media approaches, including social media, could also play a key role.
- Strengthen partnerships with providers to develop strategies to improve access. Activities could include:
  - Partnering with state dental organizations to recruit more dentists into the Medicaid and CHIP programs.
  - Collaborating with school-based health centers to integrate dental preventive services, including sealants, into school health programs.
  - Working closely with State organizations such as the Medicaid/CHIP Dental Association, National Association of Medicaid Directors, American Public Human Services Association, and National Academy for State Health Policy. Participate in annual meetings of these organizations and share information with State colleagues.
  - Partnering with dental schools to encourage them to work with the Medicaid and CHIP agency in making oral health care services more accessible. Inform them of enhanced Medicaid dental fees available for dental schools, which was approved by CMS.
  - Supporting pediatric dentists to sponsor trainings for general dentists in how to clinically manage very young children.
  - Partnering with state chapters of the American Academy of Pediatrics to work with their specially-trained Oral Health Advocates
  - Partnering with community clinics to develop and implement outside-the-four-walls approaches to delivering dental care to children.

- Encouraging dental students to pursue training opportunities in underserved areas (e.g., through placement in dental clinics within community health centers) and support creative efforts to increase student interest and willingness to practice in underserved communities.
- Consider using one of several dental home strategies that have been developed in several States. For example, Alabama, North Carolina, and Texas all noted they are involved in a dental home project though each program varies in scope and operation.
- For States with significant Native American populations, partner with local Tribes and the IHS to identify and implement strategies for improving access to dental care for Native American children.
- Partner with oral health coalitions and other advocates to develop and recognize oral health champions among state and local elected and appointed officials.
- Formulate specific strategies for identifying and serving the hard-to-reach populations in your state (e.g. children with special health care needs, children age 3 and younger, children in geographically isolated communities, children at highest risk for oral disease, etc.)

## **2) Strengthen Technical Assistance to States and Facilitate State/Tribal Peer-to-Peer Learning**

Supporting State efforts and providing technical assistance to States is essential to improving access to oral health care. CMCS is employing the following technical assistance strategies for States:

- a) Building internal capacity and public/private partnerships to continue to work with States to identify and meet their technical assistance needs. We will be partnering with external organizations to help States refine their actions plans as well as identifying strategies that are most likely to work in specific States. In addition, we will be working closely with States to help them overcome implementation challenges. We are in the process of increasing our CMS regional office capacity to work with States on oral health issues.
- b) State & Tribal Peer-to-Peer Learning Collaborative  
State learning collaboratives have been successful in spreading best practices across the country and helping states overcome common barriers. We plan to work in partnership with State-based organizations as well as a Tribal organization such as the National Indian Health Board (NIHB) to facilitate oral health peer-to-peer learning collaboratives. One of the key functions of the collaborative will be to establish regular lines of communication between successful States and low-utilization States.
- c) Oral Health Technical Advisory Group (TAG)  
We will continue to use the Oral Health TAG to focus on helping States address ongoing, persistent barriers to oral health services.

- d) State Medicaid and CHIP Directors and Dental Directors  
Continue to work with State Medicaid, CHIP, and Dental directors as we move forward with the goals and technical assistance. Annual meetings with these groups will be held to provide technical assistance and share best practices/innovations.
- e) Electronic Dental Record Workgroup  
CMS is working with American Dental Association and additional partners on designing the elements for the electronic dental health record.

### **3) Outreach to Providers**

The CMS is working with national dental provider organizations including those representing mid-level dental practitioners and non-dental (medical) providers involved in providing oral health services.

- a) Continue to actively participate in the Dental Quality Alliance (DQA). CMS hosted the first public DQA meeting in October 2010, and will work with the DQA to develop quality measures for dental programs as well as for oral health more broadly. We will also continue to encourage and support the Dental Quality Alliance's participation in the National Quality Forum to insure that measures developed would be standardized and useful to multiple stakeholders.
- b) Solicit opportunities to address groups of oral health providers when possible to increase collaboration, such as the Academy of General Dentistry, National Dental Association, the Hispanic Dental Association, the Society of American Indian Dentists, and the American Dental Hygienists Association.
- c) Work with States to encourage community involvement by dental schools and dental hygiene schools. For example, providing opportunities for dental and dental hygiene students to do some of their training in public health or community health center clinics will increase access to dental providers in the communities and may help dental students develop greater comfort in providing dental services to Medicaid/CHIP beneficiaries. The Arizona School of Dentistry is a good dental school model.

### **4) Outreach to Beneficiaries**

One of the consistent challenges associated with raising dental utilization rates has been the lack of awareness among beneficiaries of the importance of oral health and the package of benefits under Medicaid (and now CHIP). CMS is addressing this in several ways:

- a) Develop a common set of messaging materials for beneficiaries  
CMS is working to help develop a common set of educational messages and materials (including information about healthy eating and home-based oral health practices) that States and providers can easily distribute to beneficiaries. CMS has begun work on the messaging and will seek assistance through other stakeholders to fund the design of materials. This activity is linked to the dental education for parents of newborns requirement in Children's Health Insurance Program Reauthorization Act (CHIPRA).

- b) Encourage State and local officials to partner with additional federal agencies  
Develop partnerships with the agencies that provide Head Start; Temporary Assistance for Needy Families (TANF); Women, Infants, and Children (WIC) at the local level with oral health materials to give parents of Medicaid/CHIP children. The HHS Oral Health Coordinating Committee (OHCC) may be useful to facilitate this effort.
- c) Public-private partnerships  
Encourage States to consider partnering with private sector companies to give parents incentives to bring their children to dental appointments. Another possible public-private partnership is providing incentives to dentists for working with/accepting new patients in the Medicaid and CHIP population.
- d) Public Service Announcements and Innovative Outreach Methods  
Consider developing media partnerships to develop public service announcements or educational campaigns, as well as using social media outlets such as Facebook, Twitter, and texting. Text4baby, a public-private partnership headed by National Healthy Mothers Healthy Babies in which CMS participated, is one such successful effort.

## **5) Partner with other agencies in DHHS**

The CMS is working to improve existing and develop new partnerships with other agencies within HHS to assist States by ensuring consistency and coordination across HHS. In addition, these partnerships are critical to helping States maximize and coordinate the various sources of Federal assistance at the State level.

- a) Continue to participate in the HHS Oral Health Coordinating Committee (OHCC) to ensure CMS' goals are integrated and consistent with the Department's goals for oral health nationally. Work will continue with the OHCC members to explore areas for potential collaboration on specific dental projects and support for research and demonstration projects of joint interest.
- b) A Memorandum of Understanding (MOU) has been established with HRSA and CDC to formally outline collaborative activities related to dental and oral health services. CMS is coordinating with both agencies to ensure coordination on the proposed goals.
- c) Participate with other Federal partners such as the Office of Minority Health (OMH) and the Indian Health Service in efforts to reach underserved children.
- d) Partner with the Center for Medicare and Medicaid Innovation (CMMI) to develop innovative and scalable models for the delivery of oral health care.

In addition to the key components already identified, CMS is also working to improve oral health access, health outcomes, and data in other ways. These include: the use of quality measures to improve access and health outcomes related to oral health services through work with the DQA and the Agency for Healthcare Research and Quality (AHRQ), improving the data CMS collects on pediatric oral health services; and updating the dental data collection on the CMS 416 and CHIP annual reports. CMS believes these changes will improve the usability of data that are collected, which is essential to improving the quality of care and measuring progress in this area.

There is a continuing need for improvement in data collection in the area of managed care; therefore, CMS will continue to work with States to improve the timeliness and accuracy of that data.

The CMS will also work with States to determine opportunities for improved dental and oral health care services through alternative delivery system models such as in dental managed care delivery systems, community health centers, or practice environments that integrate mid-level providers in routine assessments and care delivery. CMS is currently assessing various opportunities, including:

- Advancing the oral health initiatives as part of the prevention initiatives created under the Affordable Care Act, as well as part of the health information technology provisions of CHIPRA and the American Recovery and Reinvestment Act;
- Working to ensure that oral health is included in the medical home initiative and the Accountable Care Organization demonstration as required by the Affordable Care Act;
- Investigating options for funding opportunities to establish an oral health grant program to States that partner with advocacy groups, dental organizations or dental schools, and other community partners to demonstrate innovative ways to increase access to oral health services for low-income children and children with special health care needs;
- Leveraging the CHIPRA quality grants to States to foster the development of additional approaches to ensuring access and quality of oral health care;
- Revising CMS guidance and recommendations on oral health access through CMS' Early Periodic Screening, Diagnosis, and Treatment (EPSDT) workgroup. This may also include a discussion on the adoption of a national dental periodicity schedule such as the schedule endorsed by the American Academy of Pediatric Dentistry, ; and
- Continuing to work with AHRQ to develop and field test a Consumer Assessment of Healthcare Providers Systems (CAHPS) dental experience survey.