

CMCS Informational Bulletin

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SUBJECT: Update on CMS Oral Health Initiative and Other Oral Health Related Items

This informational bulletin provides an update on the CMS Oral Health Initiative, describes an array of CMS resources available to support states in their efforts to improve the delivery of dental and oral health services in Medicaid and CHIP, discusses how CMS policy supports dental workforce innovations, addresses the use of oral health quality measures to encourage improvement and track progress, and encourages states to adopt the use of three new risk-based dental billing codes to improve care and the use resources.

Fifteen States Meet or Exceed First-Year CMS Oral Health Initiative Goal

CMS is pleased to report that, between FFY 2011 (the baseline year) and FFY 2012, 15 states achieved at least a two percentage point improvement on their CMS Oral Health Initiative preventive dental services goal. An additional 18 states achieved an improvement of at least one percentage point, and the national average advanced by a similar one percentage point.

States Meeting or Exceeding First Year CMS Oral Health Initiative Goal

Percentage of Medicaid-enrolled children, age 1-20, who received a preventive dental service



Source: FFY 2011 - FFY 2012 CMS 416 reports, lines 1b, 12b.

State baseline percentages were computed using FFY 2011 data reported to CMS as of May 28, 2013. State progress was computed using FFY 2012 data reported to CMS as of April 10, 2014.

Launched in April 2010, the CMS national Oral Health Initiative (OHI) asks states to increase the use of preventive dental services by children enrolled in Medicaid by at least ten percentage points over five years. Our national goal is for at least 52 percent of enrolled children ages 1-20 to receive a preventive dental service in FFY 2015. Each state has its own FFY 2011 baseline and FFY 2015 goal, with interim yearly improvement goals of two percentage points. A chart showing the baselines, progress and goals is available on Medicaid.gov:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/OHIBaselineGoals.pdf>

More information about the OHI is available on Medicaid.gov:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CMS-Oral-Health-Strategy.pdf>

More Improvement Is Needed in Use of Preventive Dental Services

While fifteen states have met or exceeded their first year incremental goal, the remaining 36 states have fallen short. In order to support states' work in meeting their goals, CMS encourages every state to develop an Oral Health Action Plan to articulate specific steps they plan to take to achieve improvement.

To date, CMS has received Action Plans from the following 22 states: Alabama, Alaska, Arizona, California, Connecticut, Delaware, Maine, Maryland, Massachusetts, Michigan, Missouri, Nebraska, New Hampshire, New Jersey, North Dakota, Oklahoma, Pennsylvania, Tennessee, Vermont, Virginia, Washington and Wyoming. CMS continues to encourage all of the remaining 29 states to develop and submit their Plans, and CMS stands ready to provide technical assistance to any state that requests it.

CMS Support for States in Achieving their Oral Health Initiative Goals

The CMS Oral Health Initiative established two performance goals, to be accomplished over five years by FFY 2015:

- Goal #1 – Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a **preventive dental service**.
- Goal #2 – Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a **sealant on a permanent molar tooth**.

CMS offers a variety of supports to states to help them achieve their Oral Health Initiative goals.

- The *CMS Learning Lab: Improving Oral Health Through Access* is a series of technical assistance webinars focusing on improving the delivery of oral health services to children enrolled in Medicaid and CHIP. Recordings and transcripts can be accessed on Medicaid.gov: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>. To be added to the invitation list for the CMS Learning Lab webinars, send an email to MACQualityTA@cms.hhs.gov.
- CMS recently published *Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children and Adolescents*. This guide features four overarching approaches and more than a dozen strategies with concrete state examples to demonstrate how improvement can be achieved. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Keep-Kids-Smiling.pdf>
- CMS has created “Think Teeth!” a set of free oral health education materials, targeted to parents, caregivers and pregnant women, available for bulk order. Find out more on the Insure Kids Now website:
<http://www.insurekidsnow.gov/professionals/dental/index.html>.



- CMS hosts monthly calls for the Medicaid and CHIP Oral Health Technical Advisory Group (OTAG) which provide an opportunity for states to advise CMS on oral health policy questions, to hear about updates from CMS, to discuss emerging issues with their peers in other states, and to learn about new developments in oral health policy and financing generally. To be added to the invitation list for the OTAG calls, send a request to Rosemary Feild at rosemary.feild@cms.hhs.gov.
- CMS recently supported the publication of *Improving Oral Health Care Delivery in Medicaid and CHIP: A Toolkit for States*. The Toolkit can be found on Medicaid.gov: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Oral-Health-Quality-Improvement-Toolkit-for-States.pdf>

- The dental provider locator tool available on the Insure Kids Now (IKN) website is an important resource for states and consumers in connecting children to participating dentists in their communities. Access the tool on the Insure Kids now website: <http://www.insurekidsnow.gov/state/index.html>. You can also download a widget to post on any website for easy access to the search tool: <http://datawarehouse.hrsa.gov/tools/widgets.aspx#InsureKidsNow>.



- CMS is participating in the Medicaid/CHIP Oral Health Learning Collaborative hosted by the Center for Health Care Strategies (CHCS) in which seven states are designing and executing approaches intended to achieve the state's CMS Oral Health Initiative goals. More information can be found on the CHCS website: http://www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=1261481

How CMS Policy Supports Dental Workforce Innovations

Although dental disease in children is largely preventable, and tooth decay remains the most common chronic illness among children in the United States, too many children still do not have access to regular oral health care. Children enrolled in Medicaid and CHIP are more likely to suffer from dental disease and less likely to use dental services than privately insured children. Increasing and diversifying the dental workforce can be an important part of a strategy to address these oral health disparities. To support state Medicaid and CHIP programs in using all available dental and medical professionals to improve the oral health of enrolled children, CMS clarifies the following policy issues:

- Medicaid regulations define “dental services” as those “diagnostic, preventive or corrective procedures provided by or under the supervision of a dentist.” (See 42 Code of Federal Regulations § 440.100(a).)
- Services provided by non-dentists such as primary care medical practitioners, or by dental professionals not under the supervision of a dentist, are considered by Medicaid to be “oral health services” provided by a licensed practitioner. (See 42 Code of Federal Regulations § 440.60(a).)

- Both “dental services” and “oral health services” should be readily available to enrolled children. Services provided by a range of medical and dental providers work hand-in-hand to support children’s oral health.
- For Medicaid purposes, dental supervision is a spectrum, ranging from direct supervision through indirect and general supervision, all the way to public health supervision and collaborative agreements.
- Services performed by new types of dental professionals such as dental therapists and community dental health practitioners are considered to be “dental services” if the dental professional has some sort of supervisory relationship or agreement or affiliation with a dentist. Services performed by new types of dental professionals are considered to be “oral health services” if no such relationship, agreement or affiliation with a dentist exists.
- The distinction between a “dental service” and an “oral health service” is important in the context of reporting dental utilization data to CMS on the CMS Form 416. The recently revised instructions for the Form 416 detail how “dental services” and “oral health services” are to be reported. The revised instructions are available on CMS.gov:
<http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS1227564.html?DLPage=8&DLSort=1&DLSortDir=descending>
- States have two options for reimbursing for services provided by dental professionals (such as dental hygienists, dental therapists and community dental health practitioners) who are supervised by dentists but are not themselves dentists: (a) states may pay claims filed by the affiliated dentist for services rendered by the dental professional; or (b) states may allow the dental professionals to enroll as Medicaid providers and directly bill Medicaid using their own Medicaid provider identification numbers. Either way comports with federal requirements.
- States may also allow dental professionals who are permitted by the terms of their license to practice without dental supervision to enroll as Medicaid providers and bill Medicaid directly for their services.
- All “dental services,” regardless of whether they are performed by a dentist or by another type of dental professional, such as a dental hygienist or a dental therapist working under the supervision of a dentist (including those with an agreement or affiliation with a dentist), and regardless of whether the services are provided in a dental office or in a school or community setting, meet the dental requirement in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. (See 42 Code of Federal Regulations § 441.56 (b)(1) and State Medicaid Manual (SMM) § 5132.2G.). “Oral health services,” i.e., those performed by a dental professional without a supervisory relationship with a dentist or by another type of medical professional, do not meet this requirement.

- In 2013 the American Dental Association's Code on Dental Terminology and Nomenclature (CDT) has added several new codes that may be used by states to support their efforts to maximize the ability of all healthcare professionals, both medical and dental, operating within the scope of state practice acts, to serve Medicaid and CHIP enrollees. D0190 (screening of a patient) and D0191 (assessment of a patient) can be used in settings such as schools and day care centers when a comprehensive dental examination is not conducted. States are encouraged to adopt the use of these codes in Medicaid in order to expand opportunities for children to gain access to the dental delivery system. At least 16 states already reimburse for these codes.
- CMS encourages state Medicaid and CHIP programs to reimburse medical providers for children's oral health services such as risk assessment, fluoride varnish, and anticipatory guidance. The U.S. Preventive Services Task Force (USPSTF) supports this approach in its recently updated B recommendation on prevention of dental caries in infants and children up to age 5. Under the new recommendation, primary care clinicians are encouraged to apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption. The recommendation is available on the USPSTF website:
<http://www.uspreventiveservicestaskforce.org/uspstf12/dentalprek/dentchdraftrc.htm>.
- Under section 4106 of the Affordable Care Act, States may elect to receive a one percent FMAP bump for payments for this recommended service by covering in Medicaid, without cost-sharing, all of the USPSTF A and B recommendations. States wishing to pursue this approach should submit a State Plan Amendment to CMS.

Using Oral Health Quality Measures to Encourage Improvement and Track Progress

In the context of the CMS Oral health Initiative, CMS has been working with states to improve tracking and reporting of dental utilization data. The majority of states contract with managed care entities or dental benefits managers to administer Medicaid and CHIP dental benefits. In this context, many states use dental performance measures in their contracts to encourage better performance and to track improvement. States also sometimes incorporate dental measures in their managed care quality strategies and their dental-related health plan performance improvement projects (PIPs).

CMS has learned that for these purposes states often require collection of the Annual Dental Visit (ADV) measure from the Healthcare Effectiveness Data and Information Set (HEDIS). While the HEDIS® measure may be appropriate in some cases, especially for managed care plans, we strongly encourage states also to collect the dental measures from the Child Core Set (PDENT: use of preventive dental services and TDENT: use of dental treatment services). The dental measures from the Child Core Set use an age range (1 to 20 rather than 2 to 21) and a length of continuous eligibility (90 days rather than 320 days) more appropriate to Medicaid and CHIP enrollees.

Incorporating the dental measures from the Child Core Set into managed care contracts, quality strategies, PIPs and other improvement initiatives will help align the actions of states and their

contractors with CMS goals and objectives, facilitate more complete reporting, and permit more meaningful comparisons across all states. More information about the Child Core Set measures is available on Medicaid.gov: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/ChildCoreMeasures.pdf>

Three New Risk-Based CDT Billing Codes

In 2014, three additional billing codes relevant to Medicaid and CHIP were added to the CDT:

- D0601 (caries risk assessment and documentation with a finding of low risk);
- D0602 (caries risk assessment and documentation with a finding of medium risk); and
- D0603 (caries risk assessment and documentation with a finding of high risk).

Guidelines for performing, evaluating and addressing the results of oral health risk-assessments are available from the American Academy of Pediatric Dentistry:

http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf

State Medicaid and CHIP programs can use the new codes to help children access dental and oral health services based on their individual levels of risk of developing dental disease, instead of assuming that all children need the same level of intervention. Such an approach can help to apply resources more wisely as well as increase children's oral and overall health.

For more information about the CMS Oral Health Initiative or other oral health related matters, please contact Laurie Norris, Senior Policy Advisor, at laurie.norris@cms.hhs.gov, or Dr. Lynn Douglas Mouden, CMS Chief Dental Officer, at lynn.mouden@cms.hhs.gov.