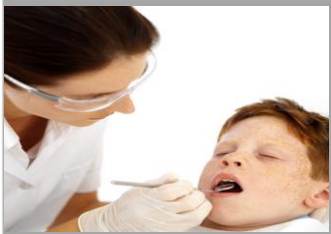


CMS Oral Health Initiative: The Road to Better Oral Health for Children



**North Carolina Institute of Medicine
Task Force on Children's Preventive Oral Health Services
February 22, 2013**

**Lynn Douglas Mouden, DDS, MPH
Chief Dental Officer
Centers for Medicare & Medicaid Services**

CMS Mission

- ❖ CMS aims to be a major force and a trustworthy partner for the improvement of health and health care for all Americans
- ❖ The Center for Medicaid and CHIP Services (CMCS) carries this mission forward with a particular emphasis on making Medicaid and CHIP the best programs they can be
- ❖ Beneficiaries are our focus
- ❖ Partnerships are critical to success

CMS Triple Aim

Better Care, Better Health, Lower Costs

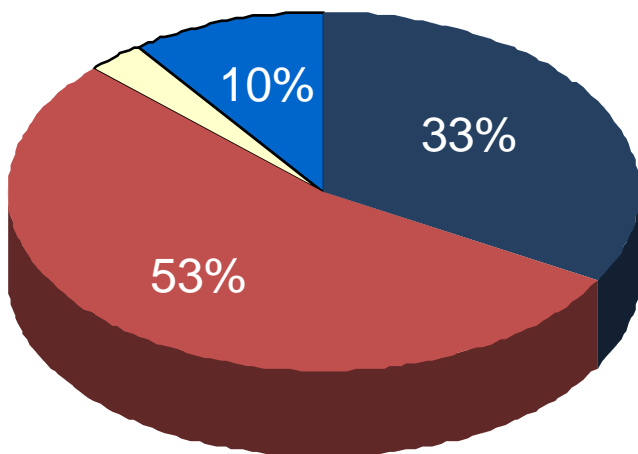


Medicaid 101

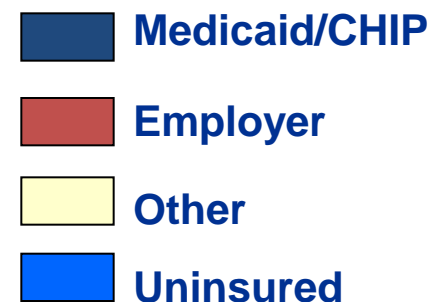
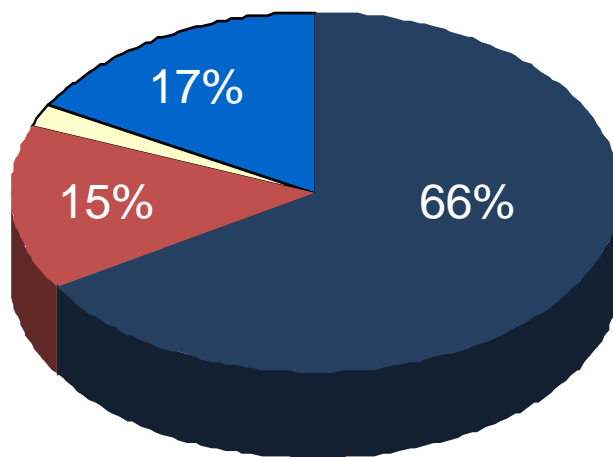
- **Who?**
- **How many?**
- **What responsibilities?**

Profile of Children's Coverage, 2009

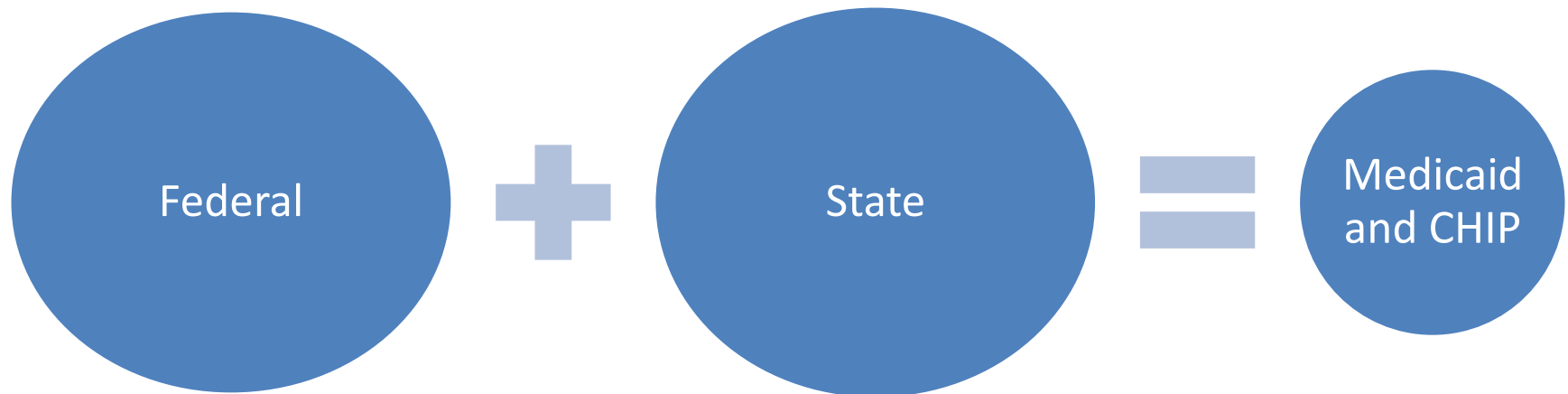
All Children



Children Below 133% Federal Poverty Level



Federal/State Partnership



Federal

Statutory and regulatory requirements
Matching funds (50% - 76%)
Approvals of State plans and waivers
Oversight

States

Determine who is eligible
Determine scope of “optional” services
Determine delivery system
Overall administration / claims payment
Set payment rates

States' Obligations

- **Inform families of available benefits**
- **Facilitate access to care**
 - Link medical and dental providers
 - Provide help with referrals and making appointments
 - Assist in providing transportation when needed
 - Follow up to ensure required services were obtained
- **Pay adequate reimbursement rates**
- **Claims reporting to CMS**
 - Report claims from all provider settings (including managed care)
 - Report annually into CARTS and on the CMS-416

States' Obligations

- **Increase provider participation**
 - Simplify and expedite provider enrollment
 - Rapid confirmation of patient eligibility at point of service
 - Mirror commercial administrative processes to the extent possible
 - Use ADA procedure codes and claim forms
 - Allow electronic filing of claims
 - Prompt payment of clean claims
 - Reduce prior authorization requirements (e.g. no prior auth for sealants)
 - Provider hotline
 - Dental advisory panel

Scope of Dental Coverage

- **MEDICAID – Early and Periodic Screening, Diagnosis and Treatment (EPSDT) requires all medically necessary dental care.**
 - No “hard” limits allowed; only “soft” limits supported by prior authorization
 - No cost sharing
- **CHIP – dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.**
 - Annual benefit maximums allowed with prior authorization for additional medically necessary care
 - Limited cost sharing allowed

(new CHIPRA dental regulations are under development)

Measuring Progress: the CMS-416

(similar measures are in CARTS for separate CHIP programs)

Total number of children (enrolled for at least 90 days) receiving:
(each line represents an unduplicated count of children)

- **Line 12a – any dental service** (by or under the supervision of a dentist)
- **Line 12b – a preventive dental service**
- **Line 12c – a dental treatment service**
- **Line 12d – a sealant on a permanent molar tooth**
- **Line 12e – a dental diagnostic service**
- **Line 12f – an oral health service provided by a non-dentist** (and not under the supervision of a dentist)
- **Line 12g – any dental or oral health service (12a+12f)**

[By CMS definition, “dental” and “oral health” services are different by provider]

CMS Form-416 Mini-audits

- **EPSDT Form - 416 Input Validation Report**
- **State:** [REDACTED]
- **Year: 2011**
- **Import Date/Time: 05/16/2012 1:58:04 PM**

Row / Column	Validation Violation	Validation Rule
12b. CN / Age Group 1-2	is > Line 1b	Line 12b (number of eligibles receiving preventive dental services) should never be greater than Line 1b (number of children eligible for 90 continuous days)

Data Collection: CARTS

Total children

ages 0-18 (enrolled for at least 90 days) receiving:

- Line 1b – eligibles enrolled for at least 90 days
- Line 12a – any dental service
- Line 12b – a preventive dental service
- Line 12c – a dental treatment service
- Line 12d – a sealant on a permanent molar tooth

Initial core set of pediatric quality measures: Measures 13 and 17

- **Measure 13 – total eligibles who received a preventive dental service (ages 1-20)**
 - 22 states reported in 2010
- **Measure 17 – total eligibles who received a dental treatment service (ages 1-20)**
 - 19 states reported in 2010

Limitations on Dental Data

- **Data limitations**
 - **Managed care**
 - **FQHCs**
 - **Indian Health Service**
 - **School-based Health Centers**
 - **(school-based, school-linked)**

Mining Data for Program Improvement

Examine data. Is it accurate and complete?

Identify gaps or under-reporting

Examine data by demographics, geography, delivery system, provider mix, etc. for variations

Examine for potential causes of variation

Mining Data for Program Improvement

Use data to:

- Identify strategies for quality improvement
- Reduce administration barriers
- Target beneficiary education and outreach
- Nurture partnerships and collaborations
- Target reimbursement strategies

Implement strategies to improve use of services = Policies

Evaluation, follow-up, needed changes or improvements

The Data

1990-2010

93,000,000 miles

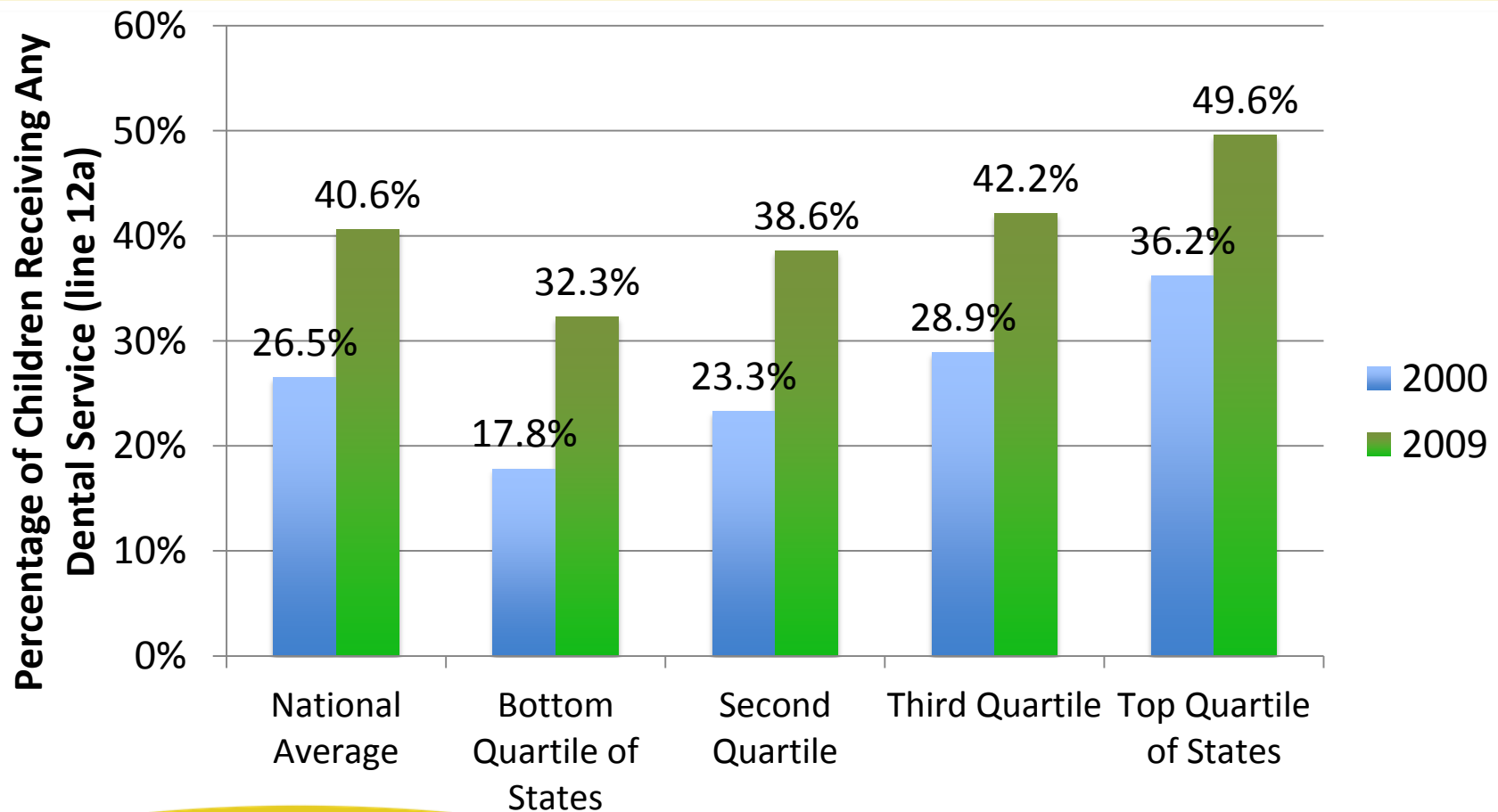
26.2%

\$16 Trillion

331/3

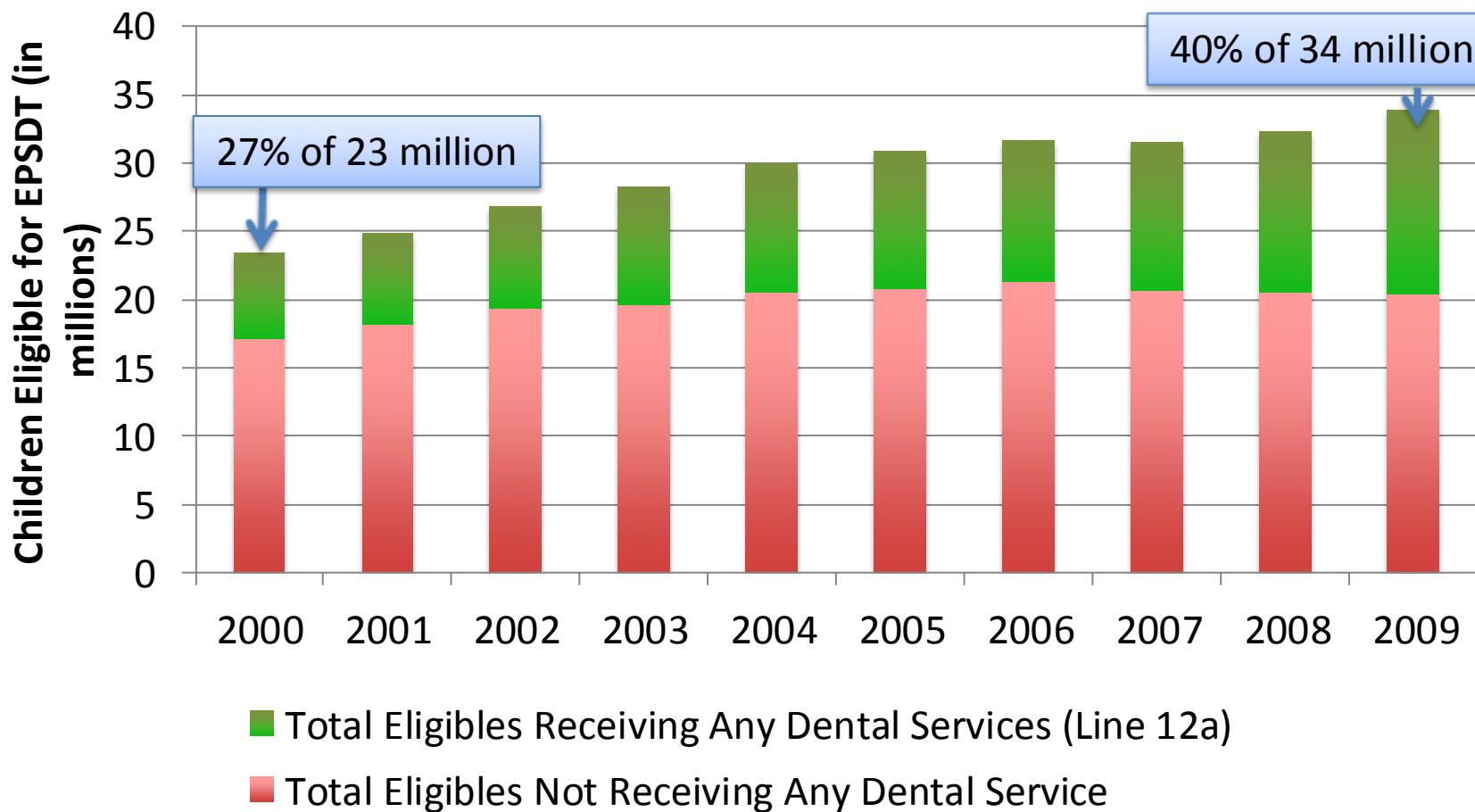
3.1415926535897932384626433832795028841971693993

Use of Any Dental Services Improved Nationally From 2000-2009



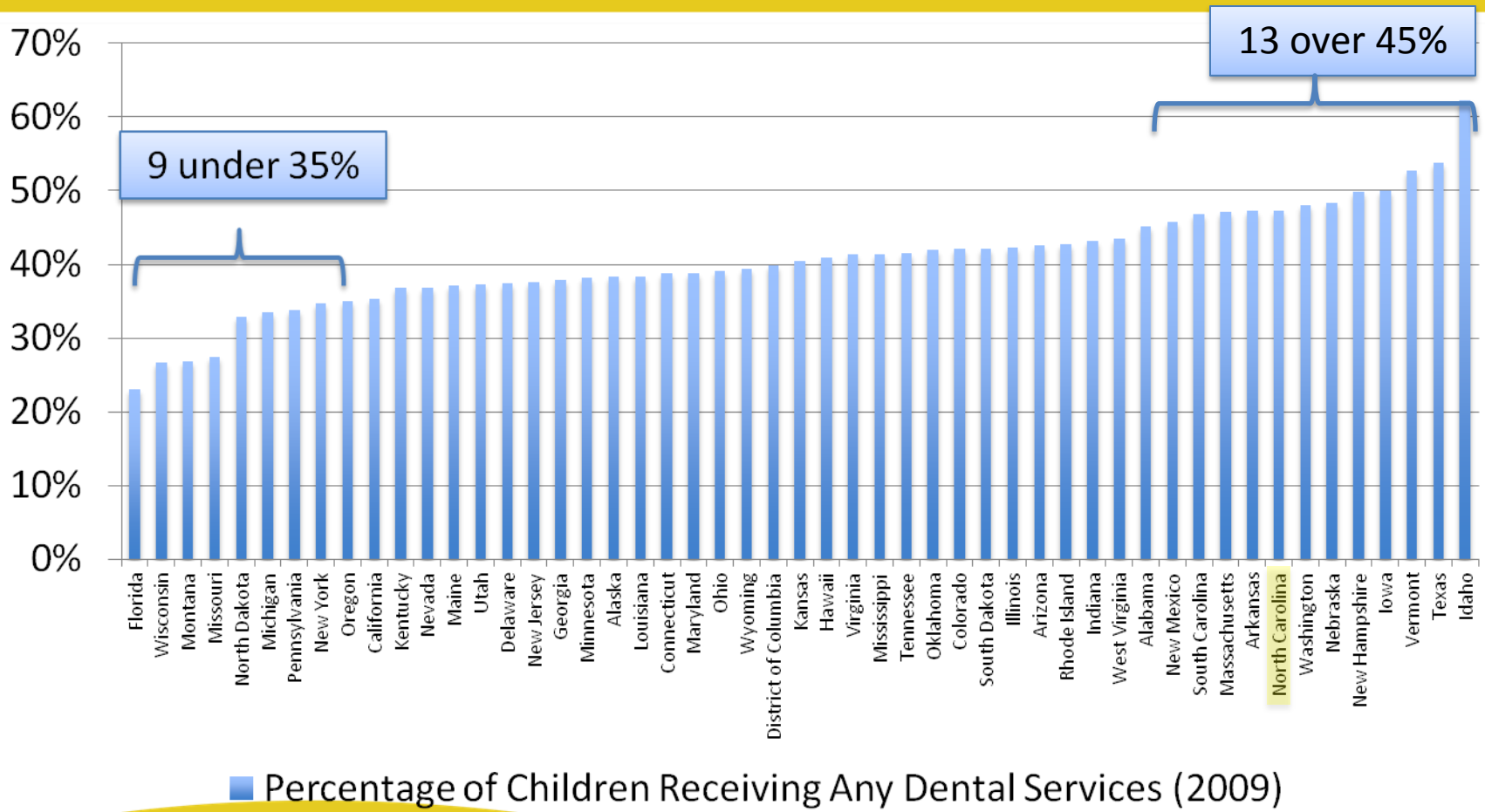
Source: CMS-416 2000 and 2009 reports.
Graph reports average utilization for each quartile of states.

Use of Any Dental Services Improved Even While Enrollment Increased



Source: CMS-416 2000-2009 reports. National figures.

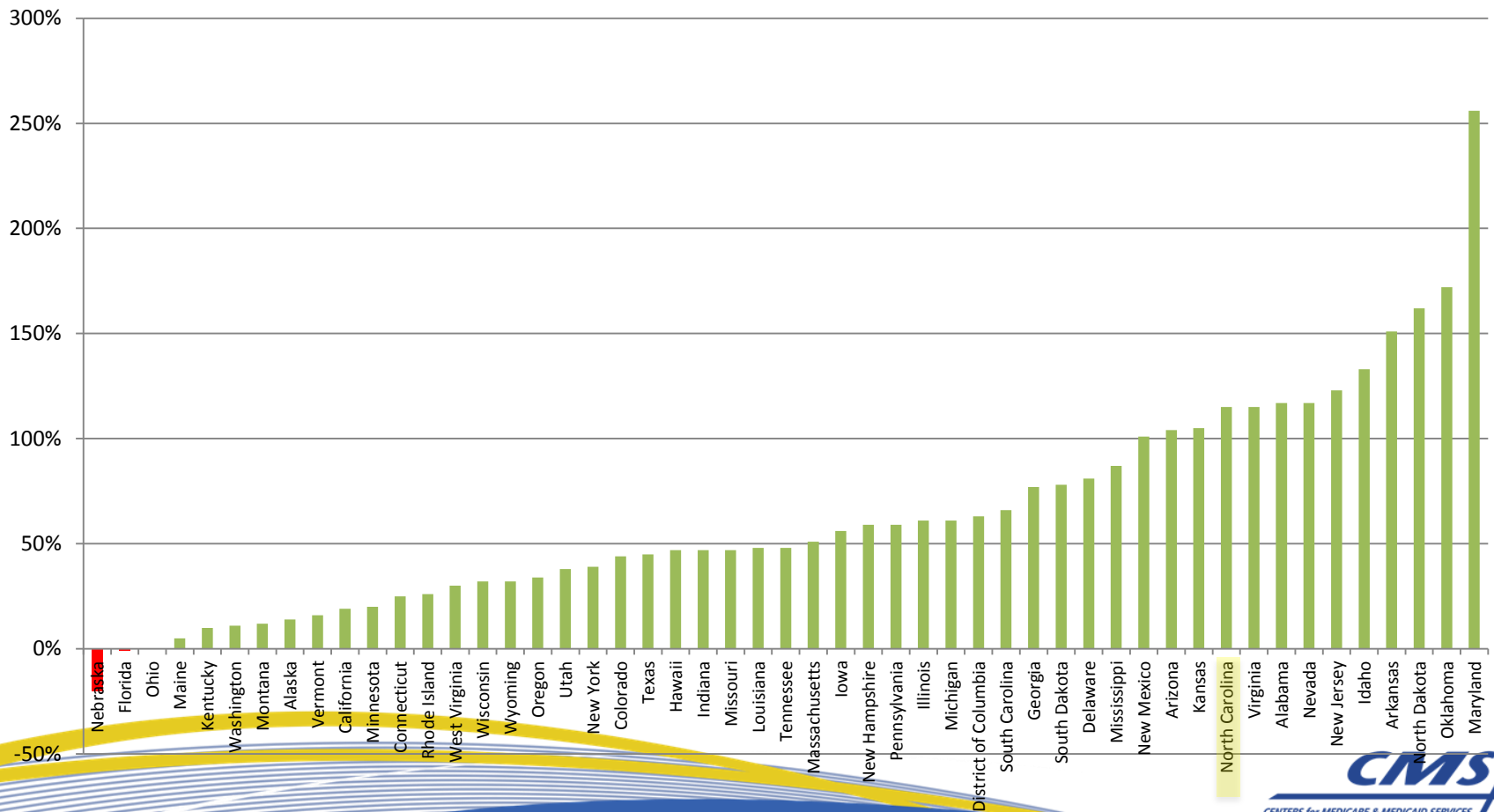
Variation Among States in Utilization: “Any Dental Service” (2009)



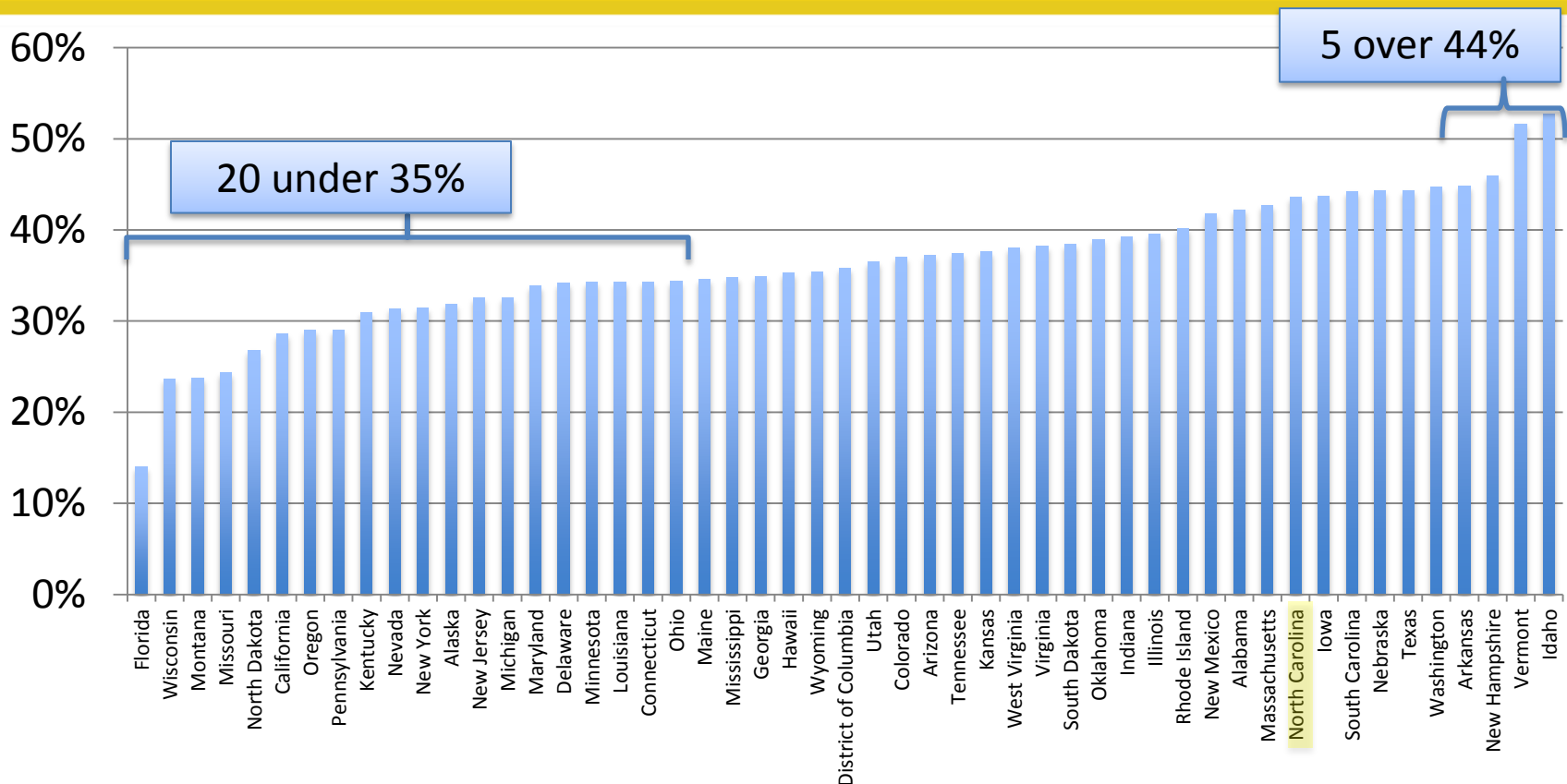
Source: CMS-416 2009 state reports.

Wide Variation Among States in Rate of Improvement: “Any Dental Service”

Percent Change, Any Dental Services, 2000-2009, Line 12a



Variation Among States in Utilization: “Preventive Dental Services” (2009)

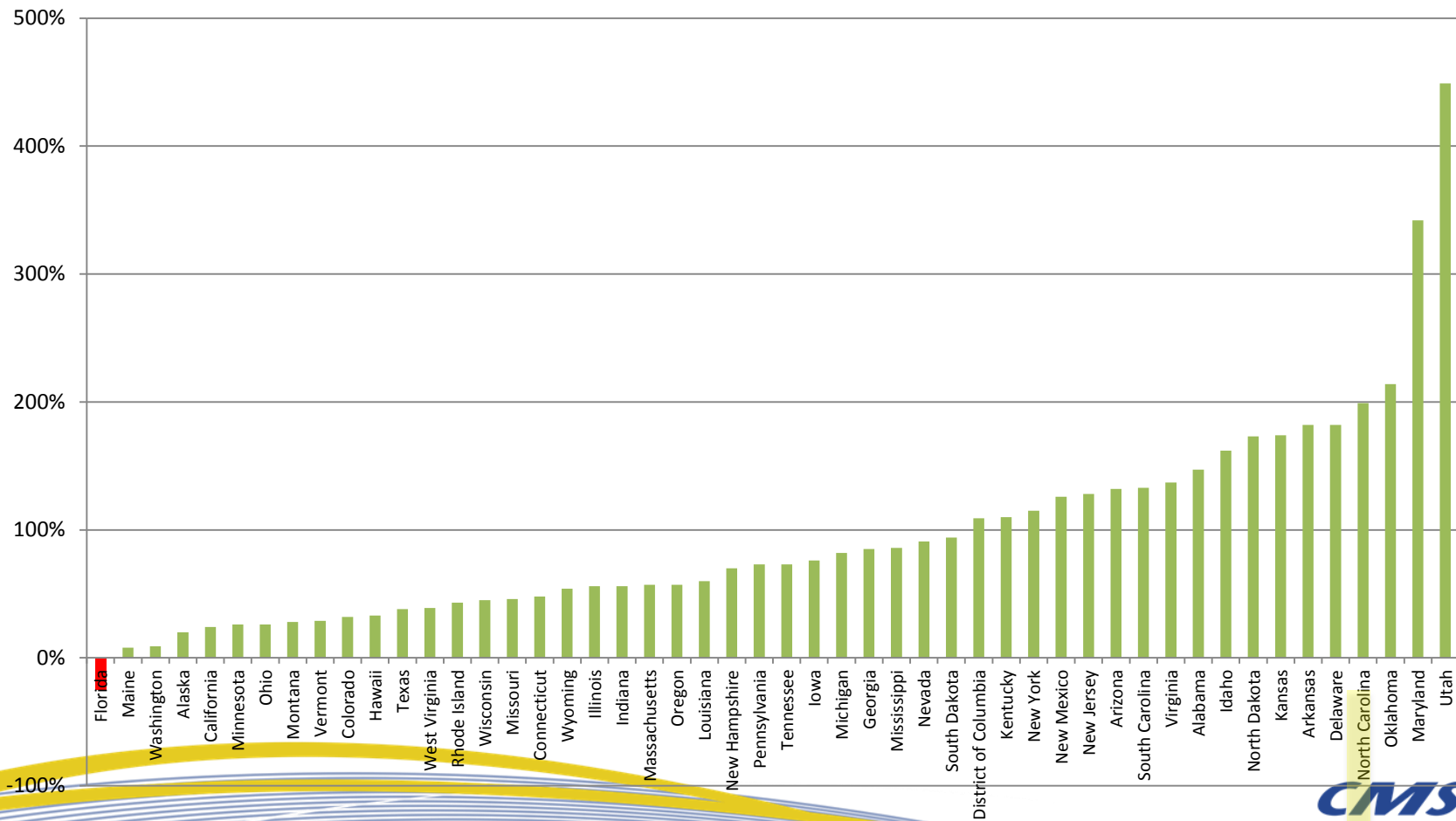


■ Percentage of Children Receiving Any Preventive Dental Services (2009)

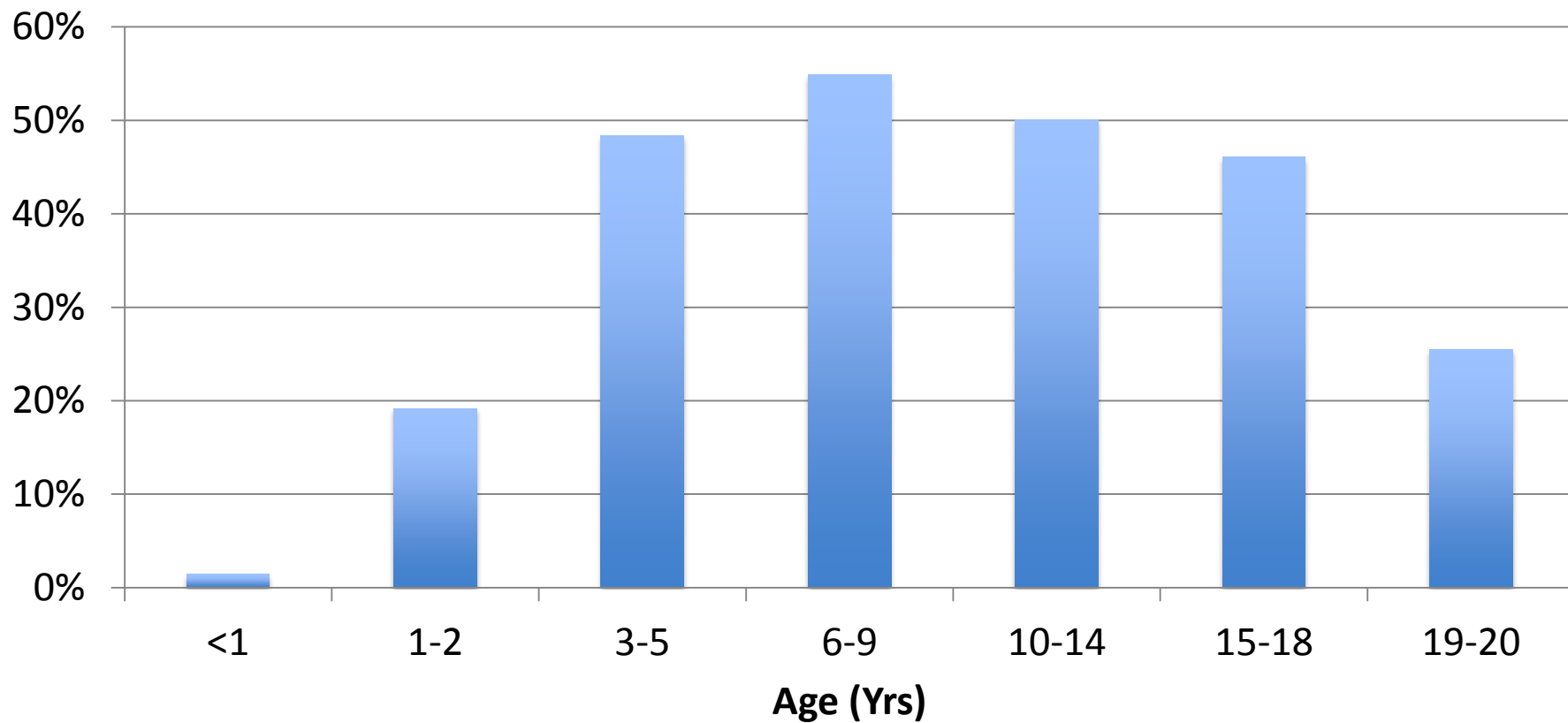
Source: CMS-416 2009 state reports.

Wide Variation Among States in Rate of Improvement: “Preventive Dental Services”

Percent Change, Preventive Dental Services, 2000-2009



% Receiving Any Dental Service 2009



CMS Oral Health Initiative - Goals

Goal #1 – Increase by 10 percentage points the proportion of Medicaid and CHIP children (enrolled for at least 90 days) who receive a preventive dental service.

Baseline year is FFY 2012.

Goal year is FFY 2015.

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 dental sealant on a permanent molar tooth.

This goal will be phased in.



CMS Oral Health Strategy

- Work with states to develop pediatric oral health action plans
- Provide technical assistance to states & facilitate peer-to-peer learning
- Outreach to providers
- Outreach to beneficiaries
- Partner with other HHS agencies
- The CMS Oral Health Strategy is available at:
 - http://www.cms.gov/MedicaidDentalCoverage/Downloads/5_CMSDentalStrategy_04112011.pdf



The State Oral Health Action Plan

The purpose of this Action Plan:

- (1) to identify what activities States intend to undertake in order to achieve these dental goals, and**
- (2) serve to assist States in their efforts to document their current activities and collaborations to improve access**

States are asked to:

- provide baseline information on existing programs**
- identify access issues and barriers to care that they are currently facing**

State Action Plans (Medicaid and CHIP)

- **State Medicaid agencies encouraged to develop and submit an “action plan” by January 1, 2013 to accomplish the two goals by FFY 2015.**
- **Should definitely involve outside stakeholders.**
- **Consider how to align efforts:**
 - **State oral health plan**
 - **Healthy People 2020 goals**
 - **HRSA MCHB Title V performance indicators**
 - **Participation by State Oral Health Programs is critical!**

Action Plan Template(s) (Medicaid and CHIP)



Background:

- Identify existing access issues and barriers
- Describe existing dental delivery system
- Provide data on current provider (dentists and non-dentists) participation rates
- Recent oral health improvement initiatives (describe content and results, and provide analysis of effectiveness)
- Compare HEDIS Annual Dental Visit measure (or a variation) to CMS 416 line 12a (optional)
- Provide reimbursement rates and strategies for 10 identified procedures
- Describe efforts to increase sealant placement and any results
- Describe existing collaborations with dental and dental hygiene schools
- Describe status of use of electronic dental records

Action Plan Template(s) (Medicaid and CHIP)

Activities to Achieve Goal:

- Describe the activities you have underway or plan to implement in order to achieve the dental access goals.
- Provide details on these activities.
- Describe any potential barriers to success that you anticipate, and how you plan to address those barriers.
- The template lists a variety of possible access-improvement activities.



State Oral Health Action Plans, as of 2/14/13

- Alabama
- Arizona
- Connecticut
- Delaware
- Maryland
- Massachusetts
- Missouri
- Tennessee
- Vermont
- Virginia
- Washington
- Wyoming

The Dental Action Plan

Data specifics in the template

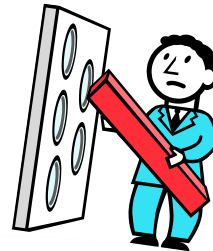
- Reimbursement rates – especially for preventive and diagnostic services
- Provider rates – dental and non-dental
- Comparison of 416 data vs. other datasets (e.g. HEDIS)

The Dental Action Plan



Lessons Learned

- **What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe.**
- **If the activities did not achieve the results that you had expected, please describe the lessons learned.**



Quality Improvement

CMS Learning Labs – “Increasing Oral Health Through Access”

- **“Developing State Oral Health Action Plans Using State Data”**
- **“Successful Beneficiary Outreach Strategies”**
- **“Quality Improvement Processes”**

Media Scrutiny on Quality

Dental Abuse Seen Driven by Private Equity Investments - Bloomberg - Windows Internet Explorer

http://www.bloomberg.com/news/2012-05-17/dental-abuse-seen-driven-by-private-equity

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By Sydney P. Freedberg - May 17, 2012 12:01 AM ET

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- Apple Combats Google, Facebook in App Race
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Attorney General Pam Bondi News Release

February 8, 2013

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Media Contact: Molly McFarland

Phone: (850) 245-0150

Attorney General Bondi's Office Arrests West Palm Beach Dentist on Medicaid Fraud and Grand Theft Charges

TALLAHASSEE, Fla. –Attorney General Pam Bondi announced today that her office has arrested a West Palm Beach dentist on charges of Medicaid fraud, grand theft, and employing a person to perform duties outside the scope of their license. Dr. Thomas Floyd, 61, surrendered and was taken into custody following an investigation by the Attorney General's Medicaid Fraud Control Unit.

"Employing a person to perform duties outside the scope of their license and billing Medicaid for those services is endangering patients and stealing from the Medicaid program," stated Attorney General Pam Bondi.

Medicaid Fraud Control Unit investigators allege that between 2008 and 2012, Floyd employed an unlicensed dental hygienist and allowed her to perform periodontal root cleaning and scaling on 71 different children. Under Florida law, this procedure is only authorized to be performed by a licensed dentist or dental hygienist. Floyd then billed the Medicaid program for these procedures.

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New York

Dentist smeared in Spitzer Medicaid fraud witchhunt wins \$7.7 million from former governor's staff

Dr. Leonard Morse was pursued by Elliot Spitzer because Morse was one of the top Medicaid billers in the state, his suit claimed. The dentist ended up losing his practice and credibility in the field, and the verdict garnered \$1.6 million more than expected.

Comments (7)

BY JOHN MARZULLI AND CORKY SIEMASZKO / NEW YORK DAILY NEWS

TUESDAY, FEBRUARY 12, 2013, 9:30 PM



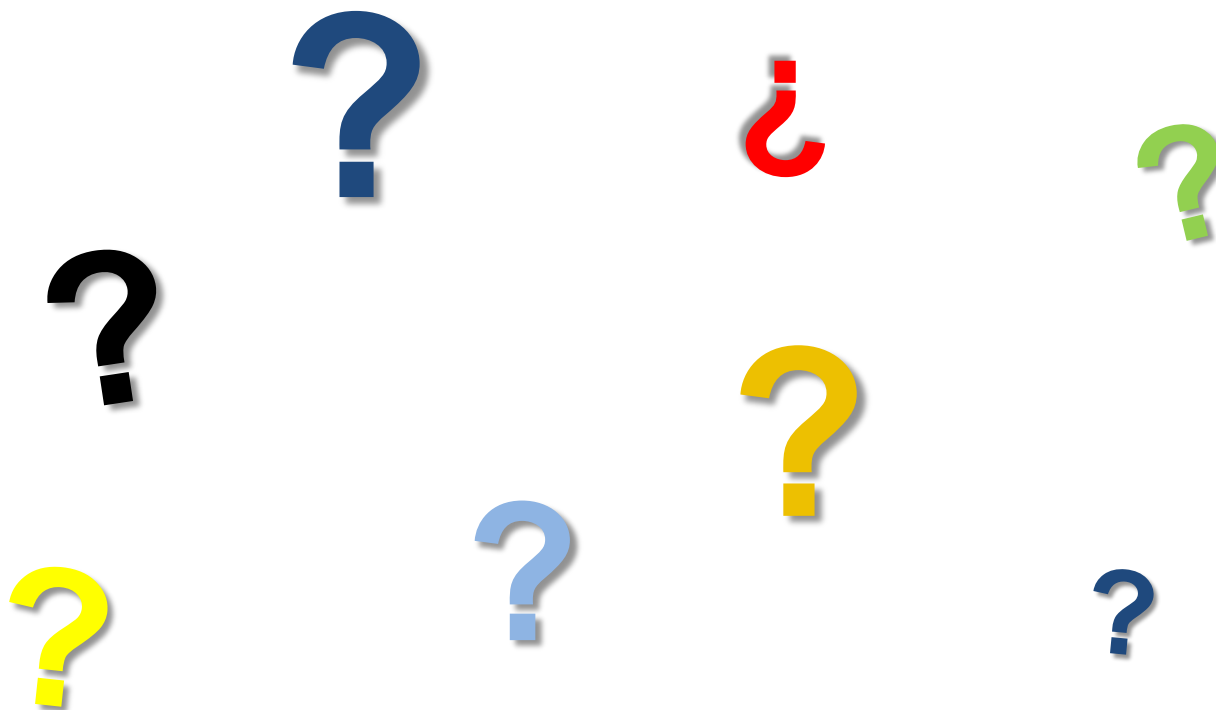
A Vision for Quality and Accountability

- **Dental care for children should meet high levels of professional quality and accountability regardless of the setting in which care is obtained.**
- **Develop standardized metrics for use across all delivery sources that ensure appropriate, comprehensive, and effective dental care while identifying and eliminating waste, fraud, and abuse.**
- **Every child has ready access to evidence-based prevention and disease management strategies, and if those fail can get the right treatment at the right time in the right place.**

Resources

- State-by-State description of the scope of dental benefits available in CHIP: <http://www.insurekidsnow.gov/state/index.html>
- Medicaid dental periodicity schedules, recommended preventive care intervals, for each State: <http://www.aapd.org/policycenter/periodicity/periodicitymap.asp>
- State-by-State analysis of children's dental utilization in Medicaid, 2000-2009: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>
- Medicaid dental resources, in general: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>
- Healthy People 2020 oral health goals and objectives: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=32>
- CDC Division of Oral Health: <http://www.cdc.gov/OralHealth/index.htm>
- Medicaid and CHIP State Dental Association: www.medicaidental.org
- Association of State and Territorial Dental Directors: www.astdd.org

QUESTIONS



CMS and Oral Health

For More Information

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