CMS 2024 Quality Conference
Resilient and Ready Together

Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Oral Health Quality Improvement in Medicaid and CHIP

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Natalia I. Chalmers DDS, MHSc, PhD

Presenter

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Moderator

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Oral Health Across Centers for Medicare & Medicaid Services Programs

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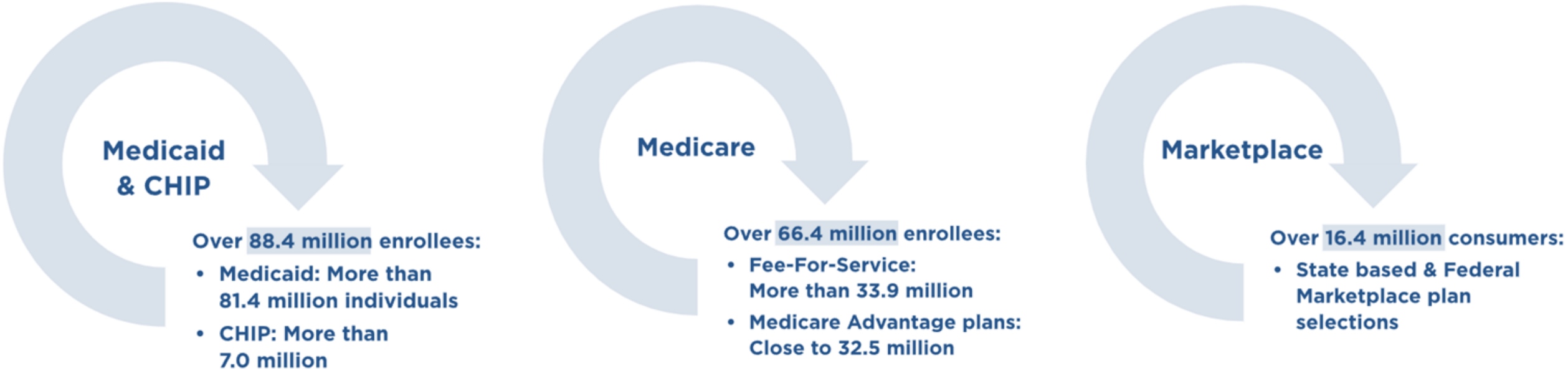
CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Every Day, CMS Ensures that 159.2 million* People in the U.S. have Health Coverage that Works



*Subtotal: 171.2 million. Adjust for Medicare/Medicaid dual eligibles (-12 million).

Source: https://www.cms.gov/pillar/expand-access as of 12/28/2023

CMS Vision Statement and Strategic Pillars

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes

STRATEGIC PILLARS

ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system

EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care

ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process

DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote valuebased, personcentered care

PROTECT PROGRAMS

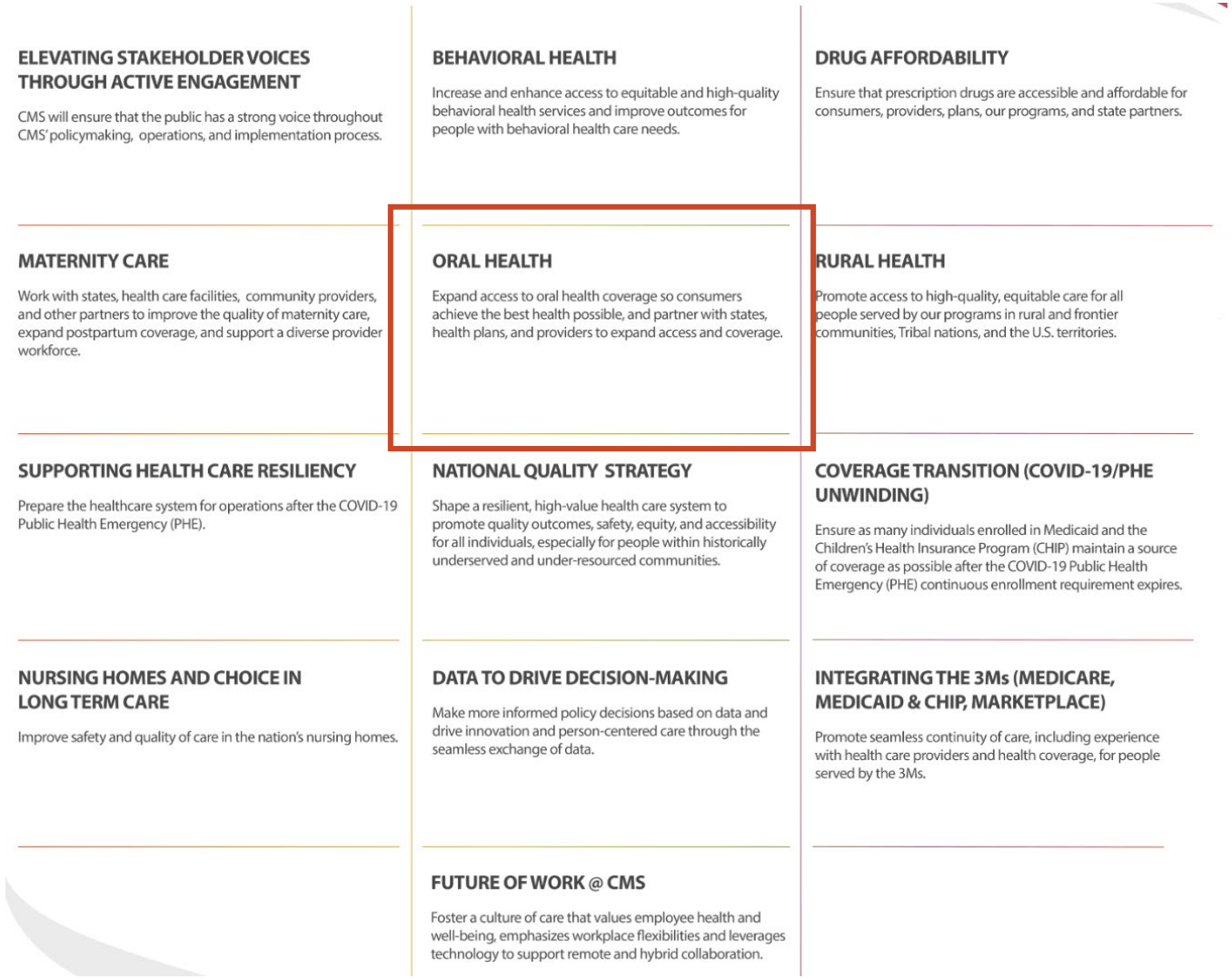
Protect our programs' sustainability for future generations by serving as a responsible steward of public funds

FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations

Source: https://www.cms.gov/cms-strategic-plan updated May 16, 2023

CMS Cross-Cutting Initiatives



ELEVATING STAKEHOLDER VOICES THROUGH ACTIVE ENGAGEMENT

CMS will ensure that the public has a strong voice throughout CMS' policymaking, operations, and implementation process.

BEHAVIORAL HEALTH

Increase and enhance access to equitable and high-quality behavioral health services and improve outcomes for people with behavioral health care needs.

DRUG AFFORDABILITY

Ensure that prescription drugs are accessible and affordable for consumers, providers, plans, our programs, and state partners.

MATERNITY CARE

Work with states, health care facilities, community providers, and other partners to improve the quality of maternity care, expand postpartum coverage, and support a diverse provider workforce.

ORAL HEALTH

Expand access to oral health coverage so consumers achieve the best health possible, and partner with states, health plans, and providers to expand access and coverage.

RURAL HEALTH

Promote access to high-quality, equitable care for all people served by our programs in rural and frontier communities, Tribal nations, and the U.S. territories.

SUPPORTING HEALTH CARE RESILIENCY

Prepare the healthcare system for operations after the COVID-19 Public Health Emergency (PHE).

NATIONAL QUALITY STRATEGY

Shape a resilient, high-value health care system to promote quality outcomes, safety, equity, and accessibility for all individuals, especially for people within historically underserved and under-resourced communities.

COVERAGE TRANSITION (COVID-19/PHE UNWINDING)

Ensure as many individuals enrolled in Medicaid and the Children's Health Insurance Program (CHIP) maintain a source of coverage as possible after the COVID-19 Public Health Emergency (PHE) continuous enrollment requirement expires.

NURSING HOMES AND CHOICE IN LONG TERM CARE

Improve safety and quality of care in the nation's nursing homes.

DATA TO DRIVE DECISION-MAKING

Make more informed policy decisions based on data and drive innovation and person-centered care through the seamless exchange of data.

INTEGRATING THE 3Ms (MEDICARE, MEDICAID & CHIP, MARKETPLACE)

Promote seamless continuity of care, including experience with health care providers and health coverage, for people served by the 3Ms.

FUTURE OF WORK @ CMS

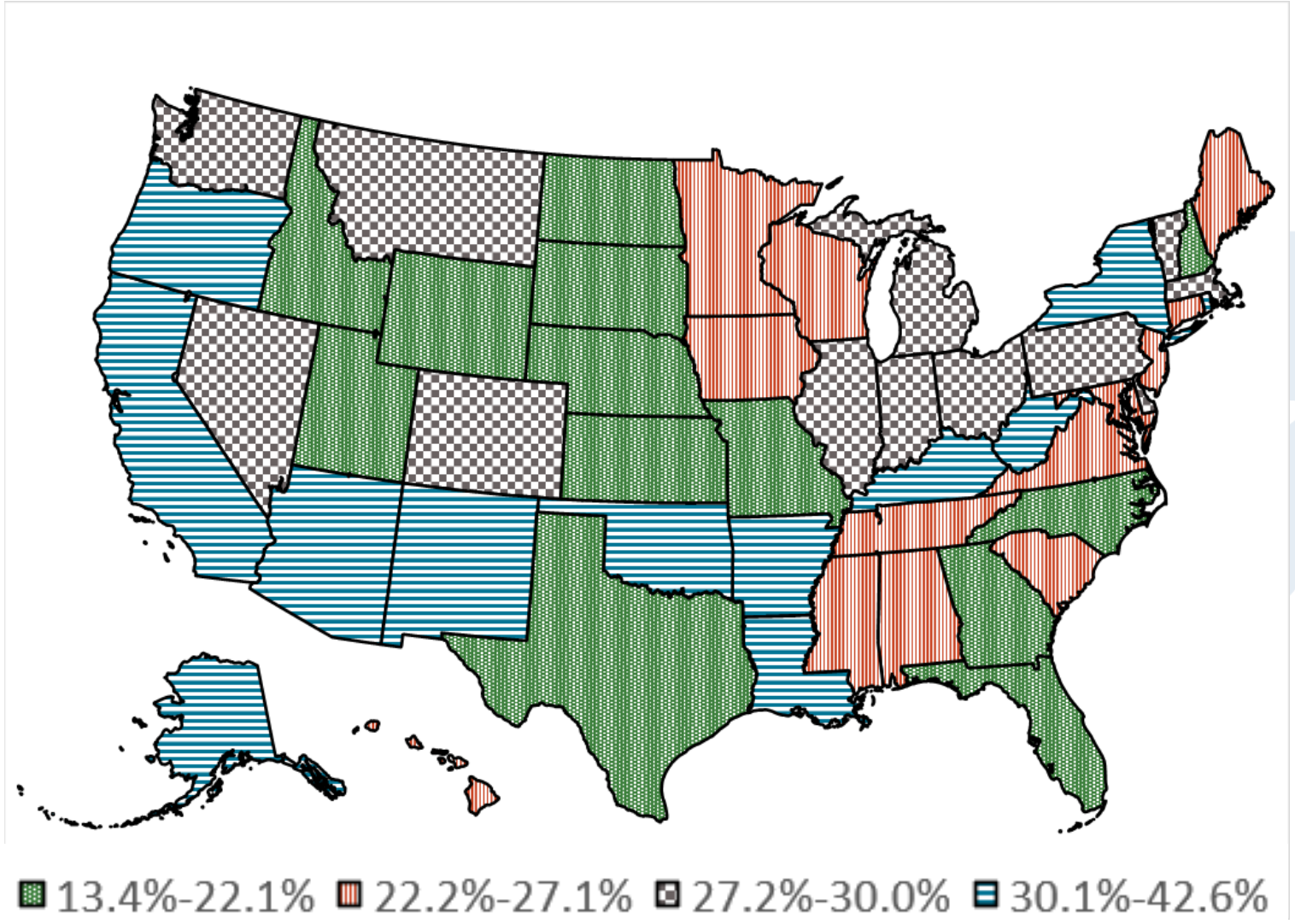
Foster a culture of care that values employee health and well-being, emphasizes workplace flexibilities and leverages technology to support remote and hybrid collaboration.

ORAL HEALTH

CMS will consider opportunities to expand access to oral health coverage using existing authorities and health plan flexibilities. Access to oral health services that promote health and wellness is critical to allow beneficiaries and consumers to achieve the best health possible, consistent with the current program authorities for Medicare, Medicaid/CHIP, and the Marketplace. Therefore, CMS plans to partner with states, health plans, and healthcare providers to find opportunities to expand coverage, improve access to oral health services and consider options to use our authorities creatively to expand access to care.

Source: https://www.cms.gov/files/document/strategic-plan-overview-fact-sheet.pdf

Percentage of Child and Adult Population Enrolled in Medicaid or CHIP, by State, July 2022



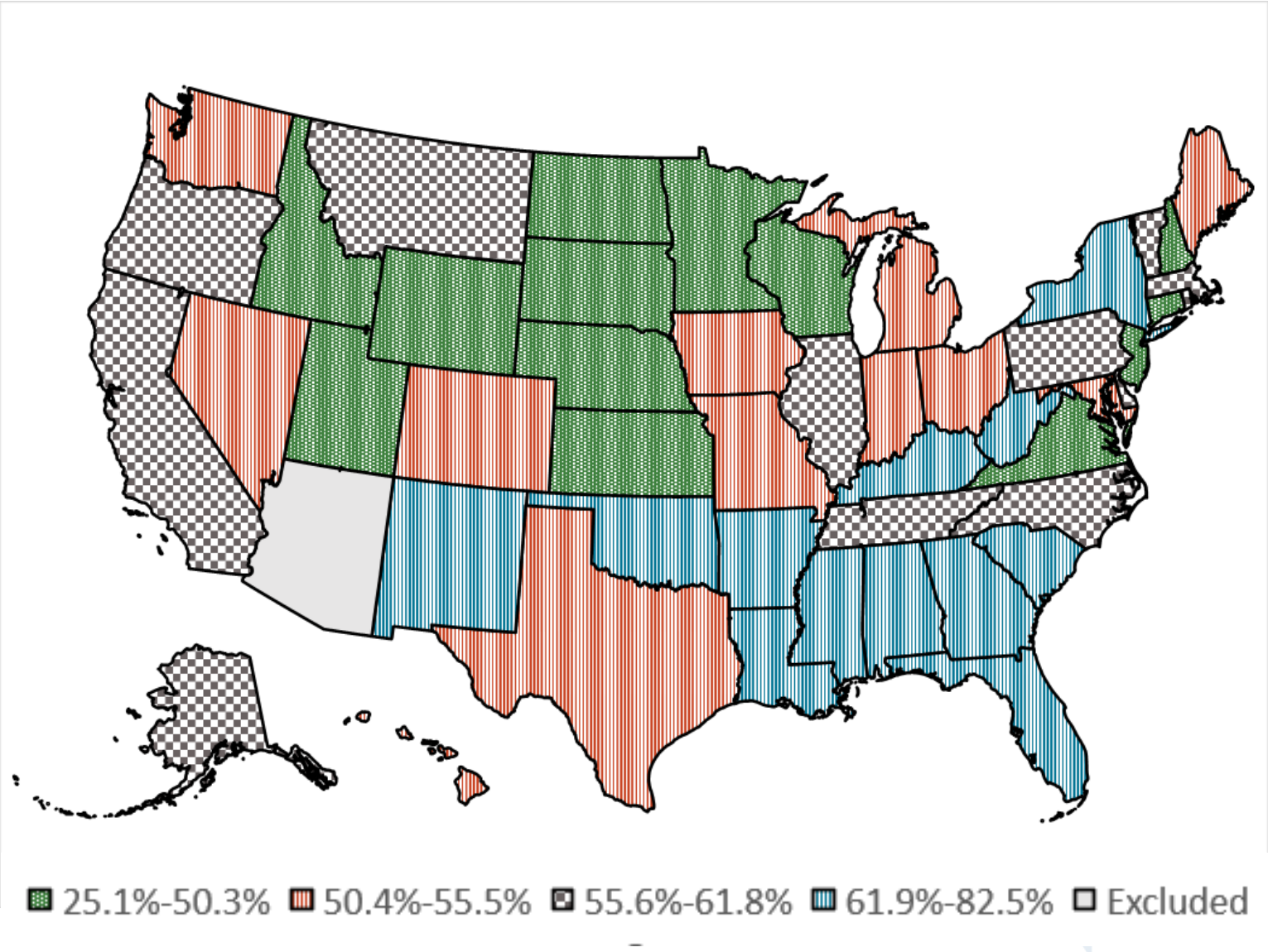
Notes:
Enrollment in Medicaid or CHIP includes individuals with for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP adult enrollment by estimates of each state's resident population of adults.
Adults enrolled in Medicaid or CHIP in each state include adults and seniors age 19 and older. Estimates of each state's resident population include adults age 18 and over. AZ did not report age-specific enrollment data to CMS. Results for all other states were rounded to one decimal place, and then states were assigned to quartiles.

Sources:
CMS. Updated July 2022 Applications, Eligibility, and Enrollment Data (as of November 3, 2022).
Available at:
https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html

U.S. Census Bureau. Estimates of the Resident Population for July 1, 2022. Table SCPRC-EST2022-18+POP.
Available at:
https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html

Source: Adapted from 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

Percentage of Child Population Enrolled in Medicaid or CHIP, by State, July 2022



Notes:
Enrollment in Medicaid or CHIP includes individuals with full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP child enrollment by estimates of each state's resident population of children. Children enrolled in Medicaid or CHIP in each state include children and adolescents up to age 19. Estimates of each state's resident population include children under age 18. AZ did not report age-specific enrollment data to CMS. Results for all other states were rounded to one decimal place, and then states were assigned to quartiles.

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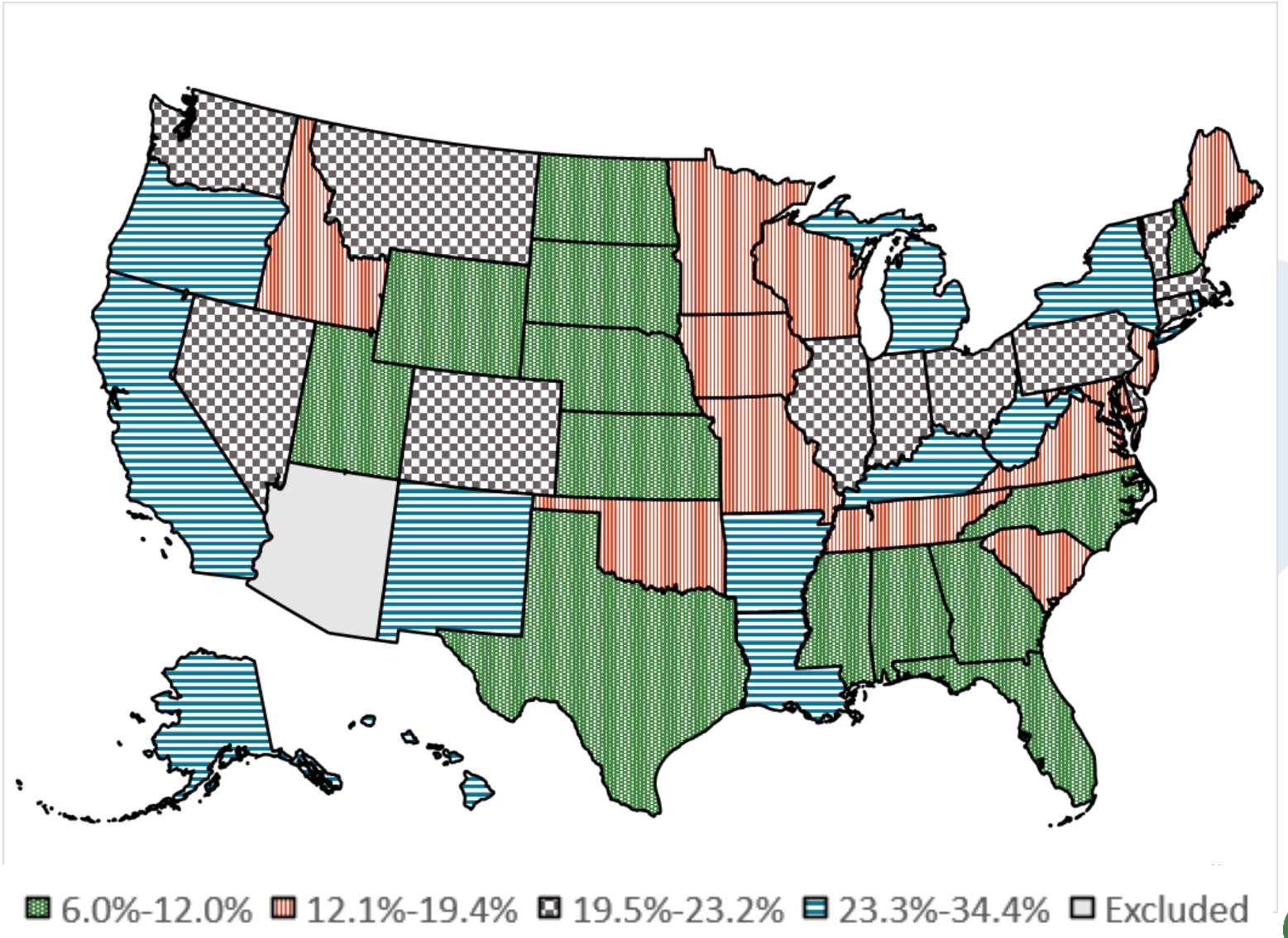
U.S. Census Bureau. Estimates of the Resident Population for July 1, 2022. Table SCPRC-EST2022-18+POP.
Available at:
https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html

Source: Adapted from 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

Percentage of Adult Population Enrolled in Medicaid or CHIP, by State, July 2022



Notes:
Enrollment in Medicaid or CHIP includes individuals with for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP adult enrollment by estimates of each state's resident population of adults.
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Sources:
CMS. Updated July 2022 Applications, Eligibility, and Enrollment Data (as of November 3, 2022).
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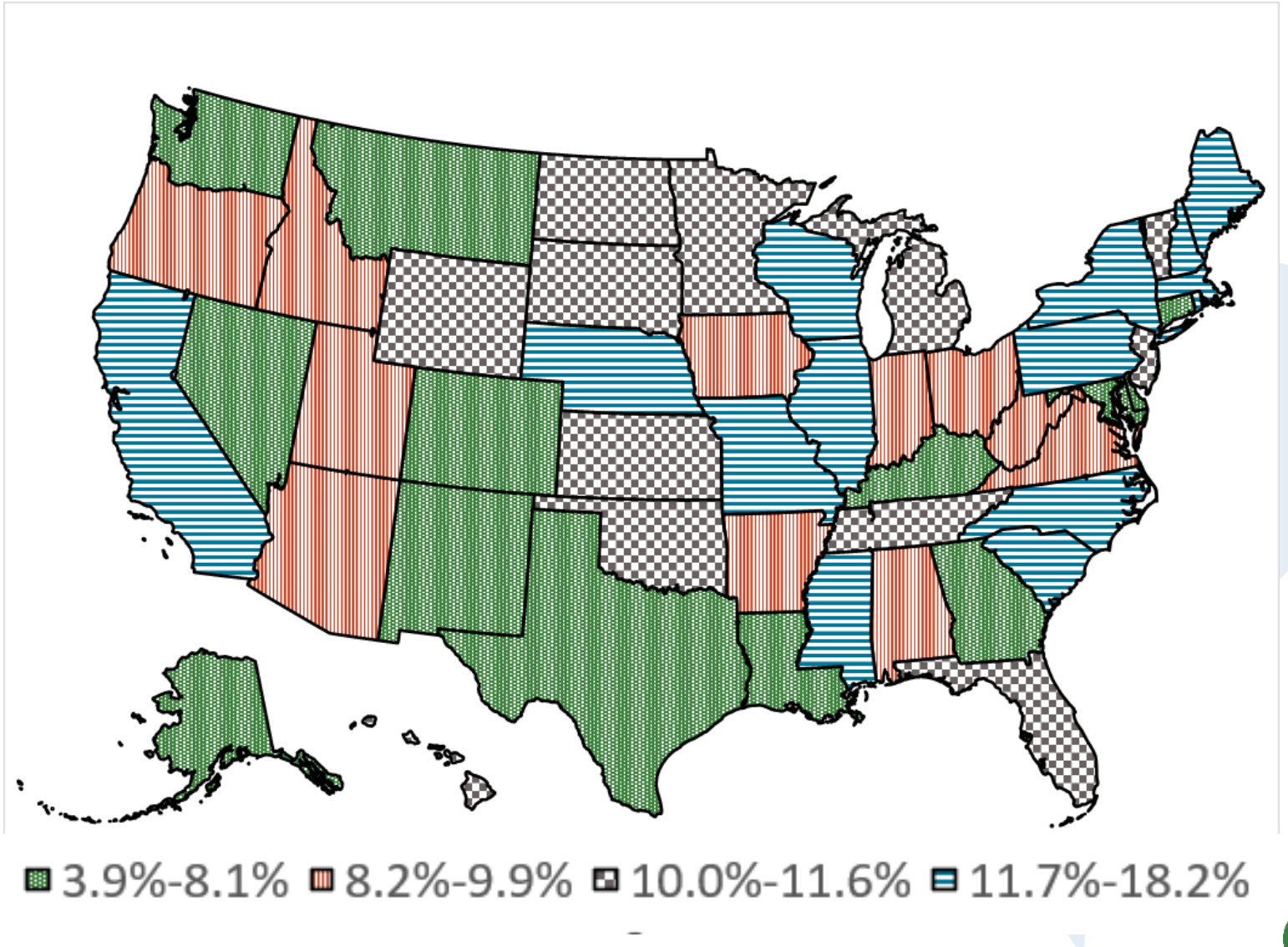
Available at:
https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html

Source: Adapted from 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

Percentage of Medicaid Beneficiaries Who Were Dually Eligible for Medicare and Medicaid, by State, 2021



Nationally, 10.8% of Medicaid beneficiaries (8.6 million individuals) were dually eligible for Medicare and received full Medicaid benefits.

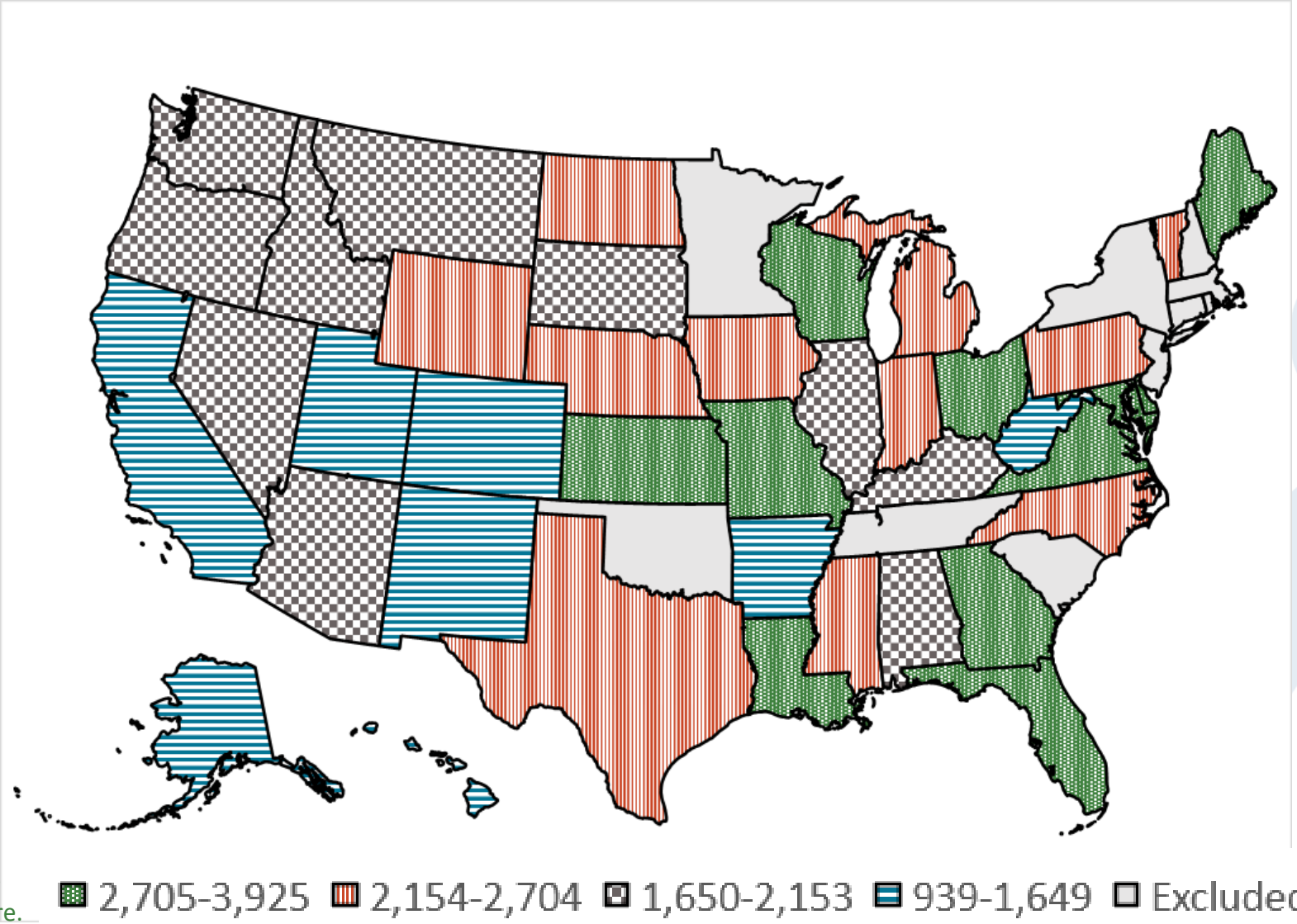
Notes:
The percentage of the Medicaid population that is dually eligible by state was calculated by dividing total, full-benefit, dual-eligible enrollment by total Medicaid enrollment. Results were rounded to one decimal place, and then states were assigned to quartiles. The national percentage was calculated by dividing the sum of the state totals.

Sources:
CMS Medicare-Medicaid Coordination Office Quarterly Enrollment Snapshot (December 2021 data, as of December 21, 2022).
Available at:
https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics

CMS. Updated December 2021 Applications, Eligibility Determinations, and Enrollment Data (as of December 21, 2022). **Available at:**
https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html

Source: Adapted from 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, by State, 2019



Population: Medicaid and CHIP beneficiaries ages 21 to 64 with full Medicaid or CHIP benefits and not dually eligible for Medicare

Notes:
Non-traumatic dental conditions (NTDCs) are dental conditions such as cavities or dental abscesses that might have been prevented with regular dental care. Emergency Department (ED) visits for NTDCs may indicate a lack of access to more appropriate sources of medical and dental care. CMS assessed state-level data quality in the 2019 TAF file using the following metrics: total enrollment, inpatient (IP) and other services (OT) claims volume; completeness of diagnosis code (IP file); completeness of procedure code (OT and IP files); and expected type of bill code (IP file). States with an unusable data quality assessment (TN, SC) are shown in white.
Results for remaining states were rounded to whole numbers, and then states were assigned to quartiles. States with a high concern data quality assessment are shown with a hatched overlay. For additional information regarding state variability in data quality, please refer to the Medicaid DQ Atlas, available at: https://www.medicaid.gov/dq-atlas/welcome.

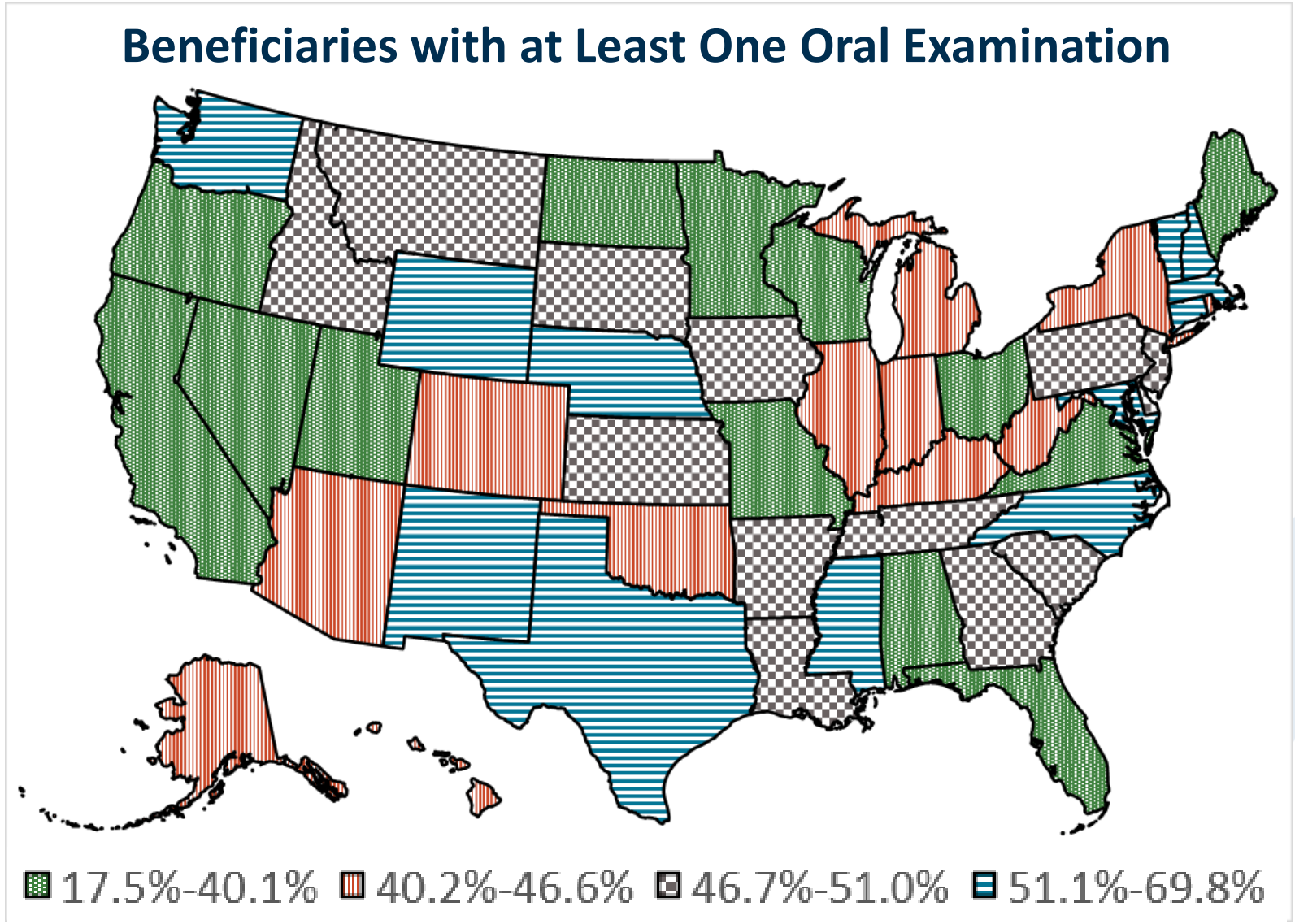
Source:
CMS analysis of calendar year 2019 T-MSIS Analytic Files, v 5.0.

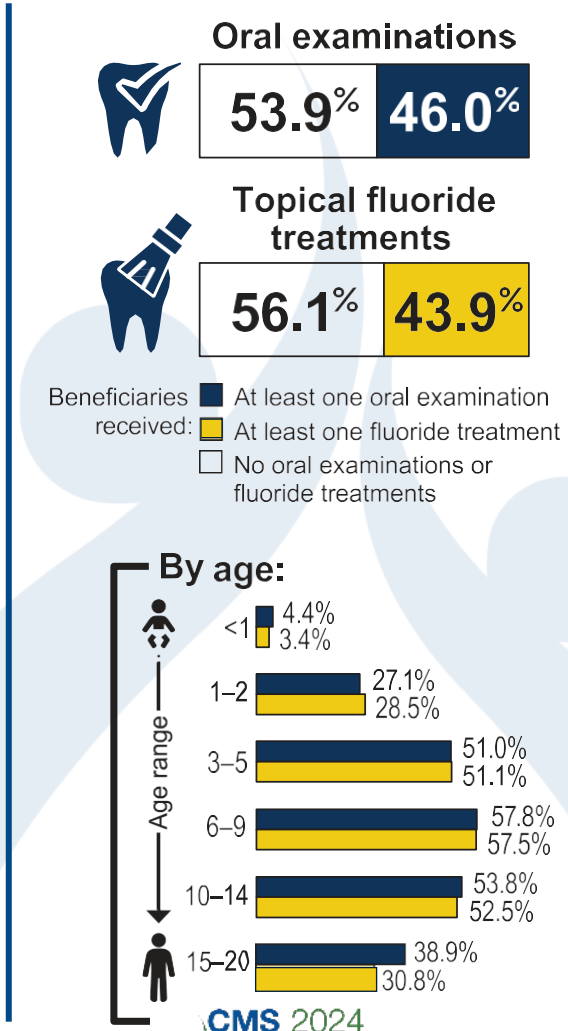
Additional information available at:
https://www.medicaid.gov/medicaid/benefits/downloads/adult-non-trauma-dental-ed-visits.pdf and https://www.medicaid.gov/medicaid/benefits/dental-care/index.html

Note: Lower rates are better for this measure.

Source: Adapted from https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2022

Children and Adolescents Who Received Oral Examinations or Topical Fluoride Treatments, 2018





Source: Adapted from 2023 Medicaid and CHIP Beneficiary Profile https://www.medicaid.gov/medicaid/quality-of-care/index.html

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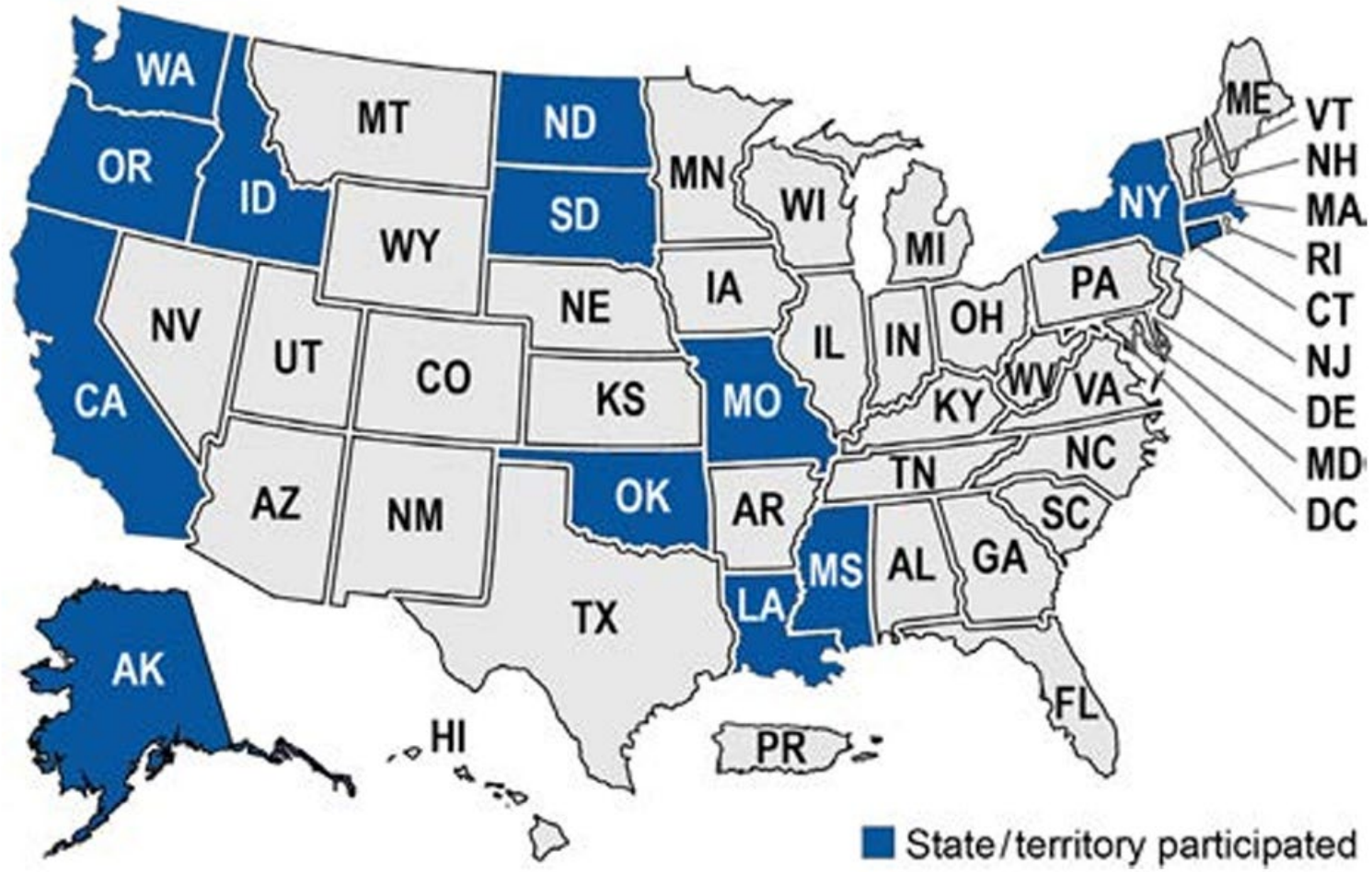
Advancing Oral Health Prevention in Primary Care Affinity Group Map (1)

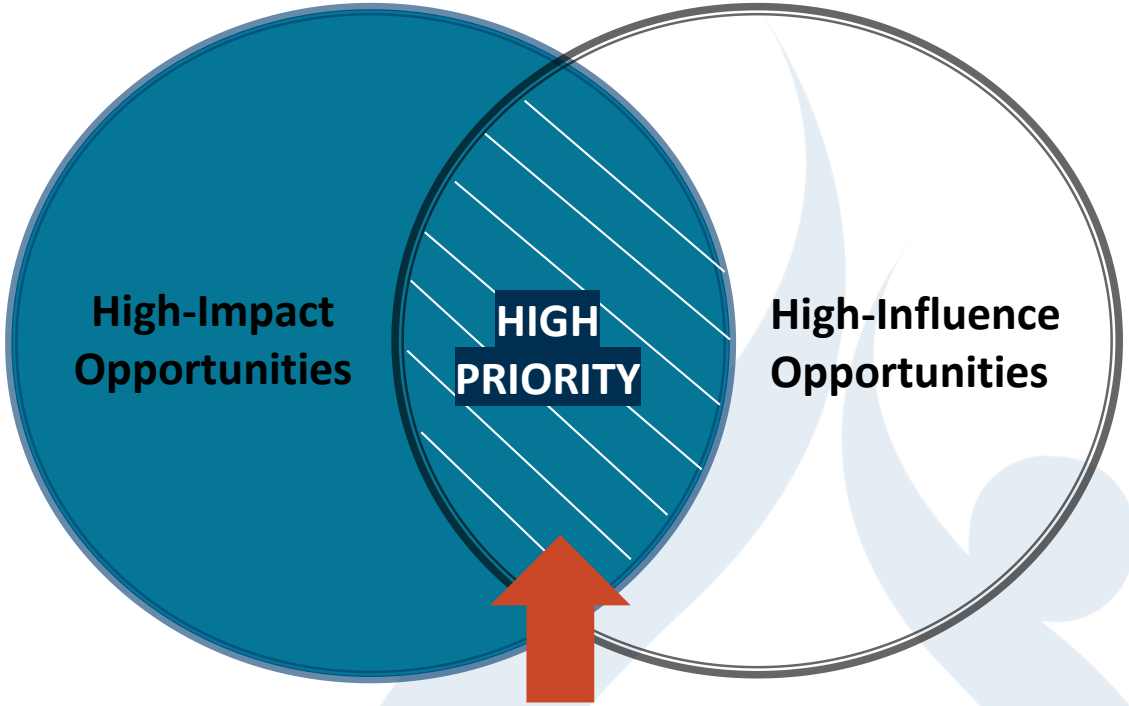


14 States participated in the Affinity Group from February 2021 – March 2023

Source: Highlights from the Advancing Oral Health Prevention in Primary Care Affinity Group https://www.medicaid.gov/sites/default/files/2024-01/oral-health-highlights-brief-jan2024.pdf

Identifying Strategic Priorities for the Next Phase of the Medicaid and CHIP Oral Health Initiative (1)

- Primary aim for the next phase of the OHI: Improve oral health care access, quality, and outcomes and advance equity in Medicaid and CHIP across the lifespan.
- Three focus areas:
  - Increase emphasis on preventive, minimally invasive, and timely care.
  - Enhance managed care plan engagement and accountability.
  - Measurement strategy: enhance capacity for quality measurement and data analytics to track progress toward the primary aim.



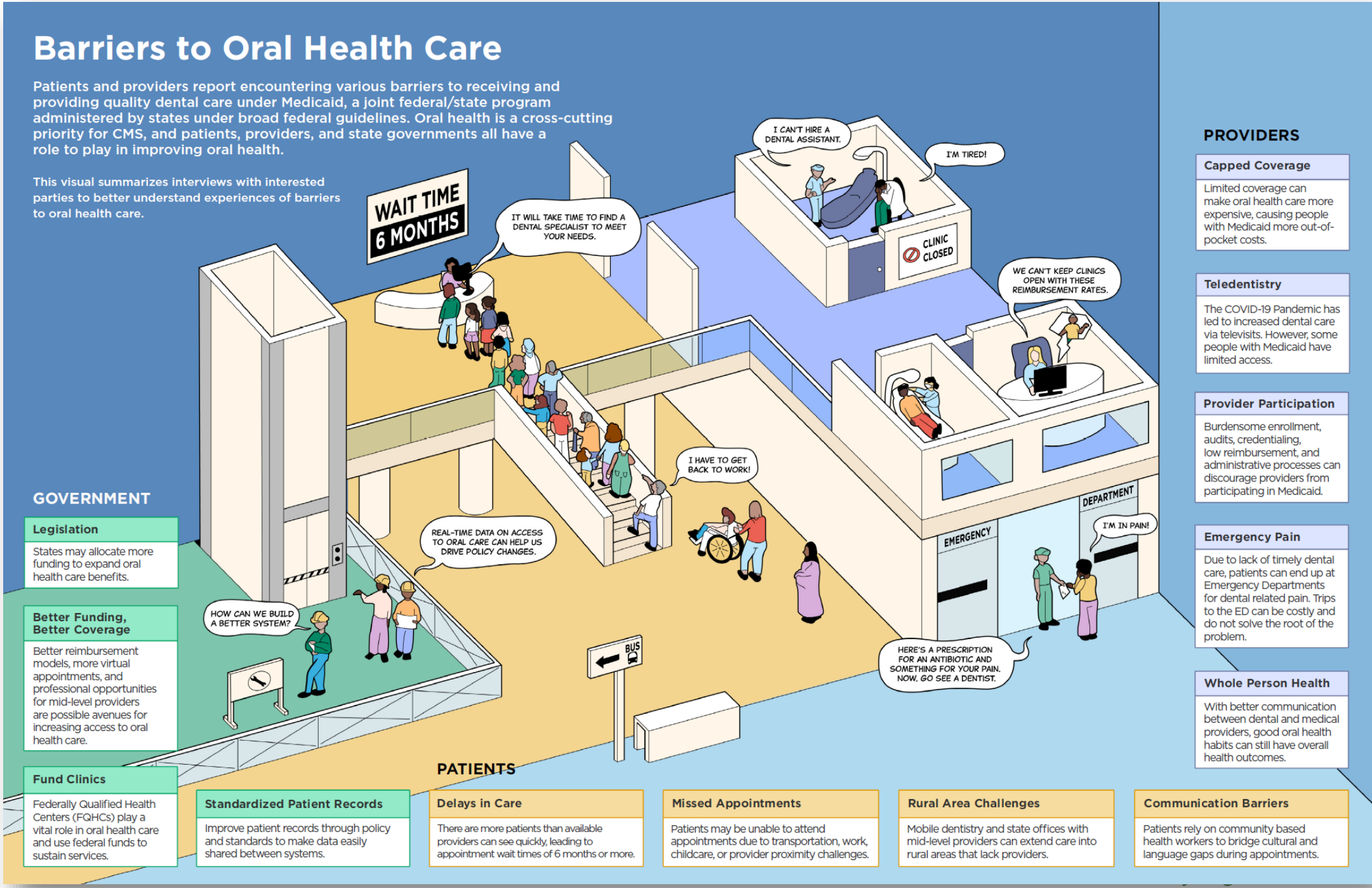
Strategic priorities with high impact where there is significant opportunity to influence change in oral health care access, quality, and outcomes in Medicaid and CHIP

Barriers to Oral Health Care (1)

- Patients and providers report encountering various barriers to receiving and providing quality dental care under Medicaid, a joint federal/state program administered by states under broad federal guidelines. Oral health is a cross-cutting priority for CMS, and patients, providers, and state governments all have a role to play in improving oral health.

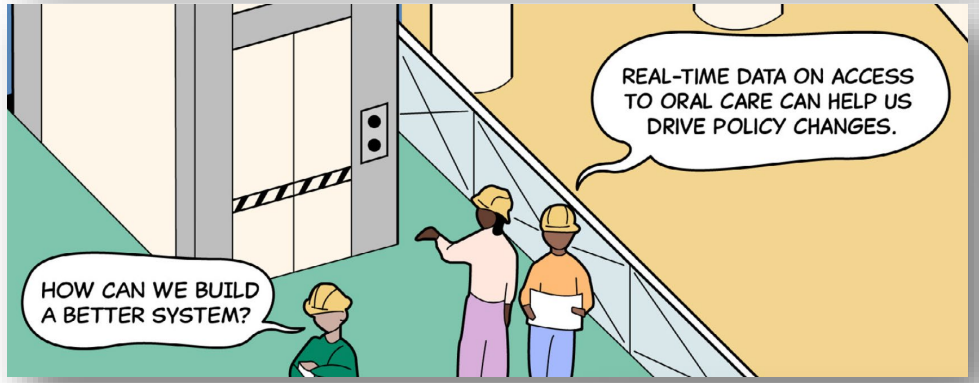
Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023

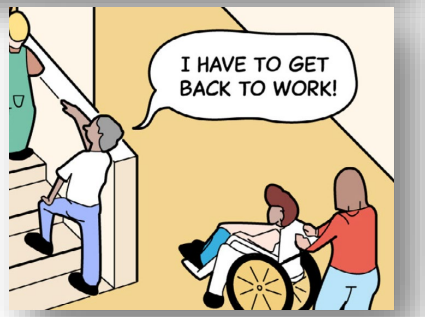
This visual summarizes interviews with interested parties to better understand experiences of barriers to oral health care.

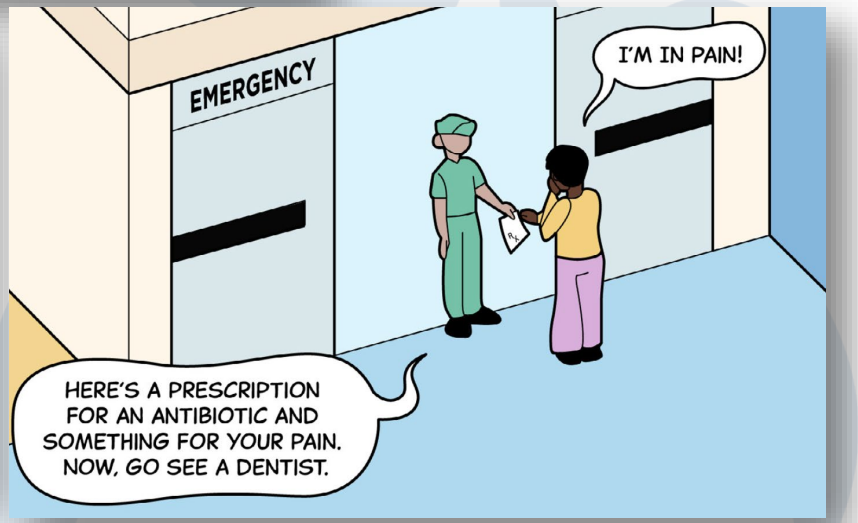


Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023 https://www.cms.gov/priorities/key-initiatives/burden-reduction/about-cms-office-burden-reduction-health-informatics/barriers-oral-health-care-illustration

Barriers to Oral Health Care (2)







Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023
https://www.cms.gov/priorities/key-initiatives/burden-reduction/about-cms-office-burden-reduction-health-informatics/barriers-oral-health-care-illustration

Government

Legislation

States may allocate more funding to expand oral health care benefits.

Better Funding, Better Coverage

Better reimbursement models, more virtual appointments, and professional opportunities for mid-level providers are possible avenues for increasing access to oral health care.

Fund Clinics

Federally Qualified Health Centers (FQHCs) play a vital role in oral health care and use federal funds to sustain services.

Standardized Patient Records

Improve patient records through policy and standards to make data easily shared between systems.

Source: https://www.cms.gove: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023/priorities/key-initiatives/burden-reduction/about-cms-office-burden-reduction-health-informatics/barriers-oral-health-care-illustration

Patients

Delays in Care

There are more patients than available providers can see quickly, leading to appointment wait times of 6 months or more.

Rural Area Challenges

Mobile dentistry and state offices with mid-level providers can extend care into rural areas that lack providers.

Missed Appointments

Patients may be unable to attend appointments due to transportation, work, childcare, or provider proximity challenges.

Communication Barriers

Patients rely on community based health workers to bridge cultural and language gaps during appointments.

Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023
https://www.cms.gov/priorities/key-initiatives/burden-reduction/about-cms-office-burden-reduction-health-informatics/barriers-oral-health-care-illustration

Providers

Capped Coverage

Limited coverage can make oral health care more expensive, causing people with Medicaid more out-of-pocket costs.

Provider Participation

Burdensome enrollment, audits, credentialing, low reimbursement, and administrative processes can discourage providers from participating in Medicaid.

Whole Person Health

Better communication between dental and medical providers can lead to good oral health habits and positive overall health outcomes.

Teledentistry

The COVID-19 Pandemic has led to increased dental care via televisits. However, some people with Medicaid have limited access.

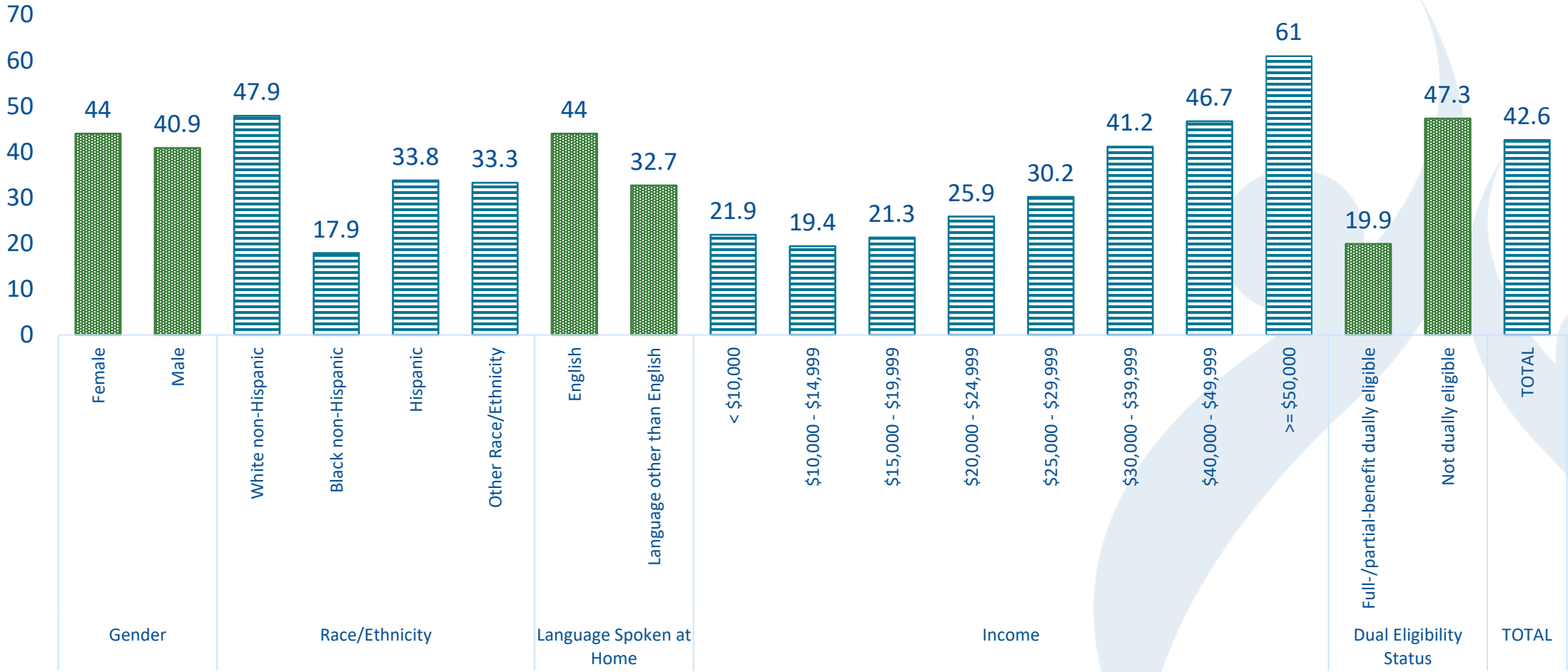
Emergency Pain

Due to lack of timely dental care, patients can end up at Emergency Departments for dental related pain. Trips to the ED can be costly and do not solve the root of the problem.

Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023
https://www.cms.gov/priorities/key-initiatives/burden-reduction/about-cms-office-burden-reduction-health-informatics

CY 2024 Physician Fee Schedule (PFS) Final Rule – Dental and Oral Health Services

Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Dental Exam in 2019



Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019

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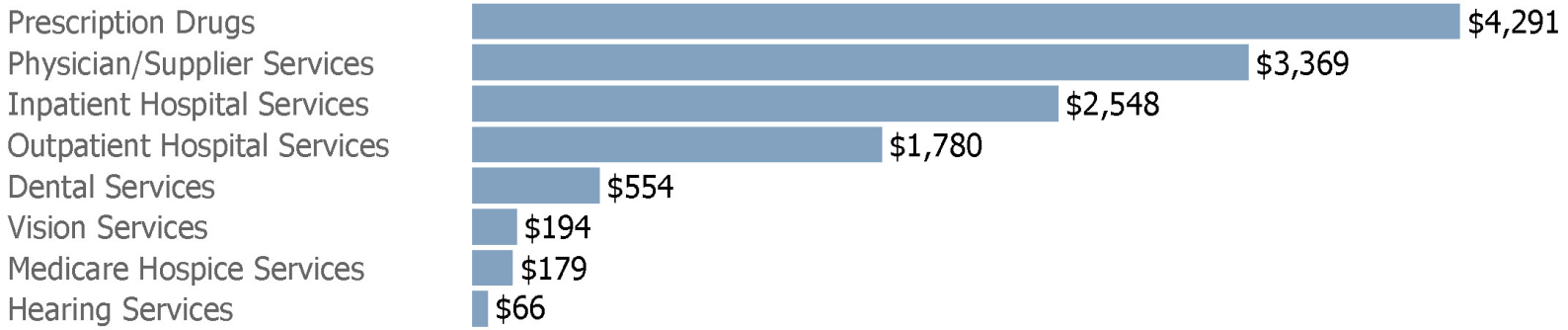
Percentage of Medicare Beneficiaries Residing in the Community with at least One Dental Exam in 2019, by Type of Dental Coverage

		All	Private	Non-Dually Eligible MA Dental	Dually Eligible MA Dental	Dually Eligible - Dental through Medicaid	Dually Eligible - No Dental through Medicaid	No Dental Coverage
	Total	42.6	64.0	42.7	19.6	21.0	13.7	38.6
Race/Hispanic Origin	White Non-Hispanic	47.9	68.2	48.5	18.6	22.3	19.1	41.9
	Black Non-Hispanic	17.9	36.3	18.6	17.1	13.8	.	13.9
	Hispanic	33.8	59.7	33.6	24.7	24.1	.	32.5
	Other	33.3	45.5	.	.	25.1	.	29.4
Income	Under $30,000	23.3	47.1	29.0	19.9	21.2	14.0	20.3
	$30,000 to 49,999	43.7	59.3	48.9	.	.	.	37.8
	$50,000 to 99,999	56.4	66.3	51.8	.	.	.	49.2
	$100,000 and above	67.5	71.6	.	.	.	.	64.6
Metro Status	Metro area	45.3	65.4	44.1	20.3	23.3	16.8	41.2
	Non-metro area	31.6	54.6	32.8	16.3	13.4	.	30.6

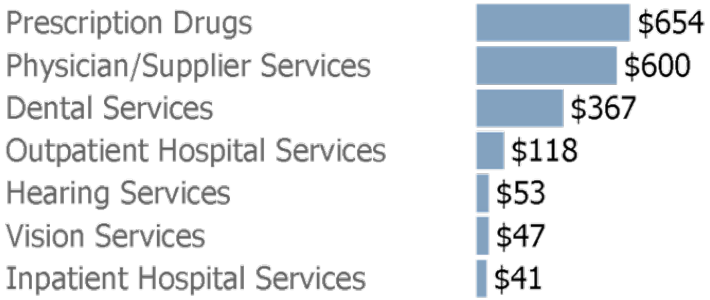
50 percent or more beneficiaries had a dental examination in 2019
Between 20 and 50 percent of beneficiaries in the group had a dental examination in 2019
Fewer than 20 percent of beneficiaries in the group had a dental examination in 2019
An estimate is not presented because it does not meet suppression and/or reliability standards

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019
https://www.cms.gov/files/document/dental-coverage-status-and-utilization-preventive-dental-services-medicare-beneficiaries-poster.pdf

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2020



Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2020



Service	Total Expenditure	Out-of-Pocket Expenditure	Proportion
Prescription Drugs	$ 4,291	$ 654	15%
Physician/Supplier Services	$ 3,369	$ 600	18%
Dental Services	$ 554	$ 367	66%
Outpatient Hospital Services	$ 1,780	$ 118	7%
Hearing Services	$ 66	$ 53	80%
Vision Services	$ 194	$ 47	24%
Inpatient Hospital Services	$ 2,548	$ 41	2%

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.
https://www.cms.gov/research-statistics-data-and-systems/research/mcbs/data-tables/2020-medicare-current-beneficiary-survey-annual-chartbook-and-slides

Statutory Dental Exclusion

Under section 1862(a)(12) of the Social Security Act:

"no payment may be made under part A or part B for any expenses incurred for items or services"…"where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, **except** that payment may be made under part A in the case of **inpatient hospital services in connection with the provision of such dental services** if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services"

PFS Dental Policy Legal Rationale

"Recognizing that there may be instances where medical services necessary to diagnose and treat the individual's underlying medical condition and clinical status may require the performance of certain dental services, we believe that there are instances where **dental services are so integral to other medically necessary services** that they are not in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth within the meaning of section 1862(a)(12) of the Act. Rather, such dental services are **inextricably linked** to the clinical success of an otherwise covered medical service, and therefore, are instead substantially related and integral to that primary medical service."

Calendar Year 2023 Medicare Physician Fee Schedule Final Rule 87 FR 69404

In CY 2023, CMS finalized:

1) Our proposal to clarify and codify certain aspects of previous Medicare FFS payment policies for dental services.

2) Payment for dental services that are inextricably linked to other covered medical services, such as dental exams and necessary treatments prior to organ transplants (including stem cell and bone marrow transplants), cardiac valve replacements, and valvuloplasty procedures.

3) A process to review and consider public submissions for potentially analogous clinical scenarios under which Medicare payment could be made for dental services.

4) Medicare payment, beginning in CY 2024, for dental exams and necessary treatments prior to the treatment for head and neck cancers.

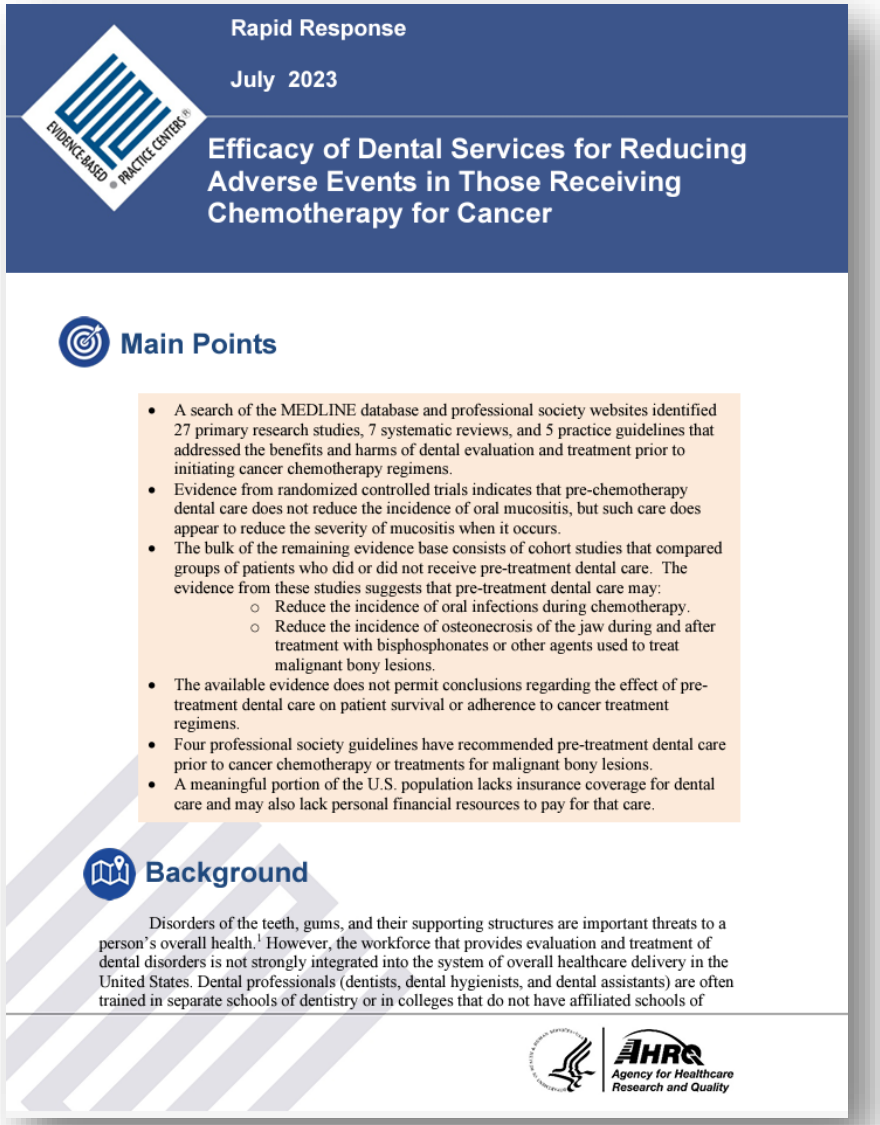
Source: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule#_ftn1

Calendar Year 2024 Medicare Physician Fee Schedule Final Rule 88 FR 78818

For CY 2024, we are building up on our efforts in the CY 24 PFS final rule and are finalizing:

1. A codification of the previously finalized payment policy for dental services for head and neck cancer treatments, whether **primary or metastatic**.
2. The codification to permit Medicare Part A and Part B payment for dental or oral examination performed as part of a comprehensive workup prior to medically necessary diagnostic and treatment services, to eliminate an oral or dental infection **prior to, or contemporaneously with**, those treatment services, and to address **dental or oral complications after** radiation, chemotherapy, and/or surgery when used in the treatment of head and neck cancer.
3. Our proposal to permit payment for certain dental services inextricably linked to other covered services used to treat cancer prior to, or during:
    1. Chemotherapy services.
    2. Chimeric Antigen Receptor T- (CAR-T) Cell therapy.
    3. The use of high-dose bone modifying agents (antiresorptive therapy).

Source: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule#_ftn1



Rapid Response

July 2023

Efficacy of Dental Services for Reducing Adverse Events in Those Receiving Chemotherapy for Cancer

Main Points

- A search of the MEDLINE database and professional society websites identified 27 primary research studies, 7 systematic reviews, and 5 practice guidelines that addressed the benefits and harms of dental evaluation and treatment prior to initiating cancer chemotherapy regimens.
- Evidence from randomized controlled trials indicates that pre-chemotherapy dental care does not reduce the incidence of oral mucositis, but such care does appear to reduce the severity of mucositis when it occurs.
- The bulk of the remaining evidence base consists of cohort studies that compared groups of patients who did or did not receive pre-treatment dental care. The evidence from these studies suggests that pre-treatment dental care may:
  - Reduce the incidence of oral infections during chemotherapy.
  - Reduce the incidence of osteonecrosis of the jaw during and after treatment with bisphosphonates or other agents used to treat malignant bony lesions.
- The available evidence does not permit conclusions regarding the effect of pre-treatment dental care on patient survival or adherence to cancer treatment regimens.
- Four professional society guidelines have recommended pre-treatment dental care prior to cancer chemotherapy or treatments for malignant bony lesions.
- A meaningful portion of the U.S. population lacks insurance coverage for dental care and may also lack personal financial resources to pay for that care.

Background

Disorders of the teeth, gums, and their supporting structures are important threats to a person's overall health.[1] However, the workforce that provides evaluation and treatment of dental disorders is not strongly integrated into the system of overall healthcare delivery in the United States. Dental professionals (dentists, dental hygienists, and dental assistants) are often trained in separate schools of dentistry or in colleges that do not have affiliated schools of

AHRQ Agency for Healthcare Research and Quality

Source: Efficacy of Dental Services for Reducing Adverse Events in Those Receiving Chemotherapy for Cancer
https://effectivehealthcare.ahrq.gov/products/chemotherapy-dental/research

Rapid Response

July 2023

Efficacy of Dental Services for Reducing Adverse Events in Those Undergoing Insertion of Implantable Cardiovascular Devices

Main Points

- A search of the MEDLINE® database and professional society websites identified two primary research studies, four systematic reviews, and eight practice guidelines that addressed the benefits and harms of dental evaluation and treatment prior to the insertion of implantable cardiovascular devices other than surgically implanted prosthetic heart valves.
- Bleeding from tooth extractions may be less frequent if the extractions are performed prior to (rather than after) insertion of ventricular assist devices.
- The available evidence does not permit conclusions regarding the effect of pre-treatment dental care for preventing downstream infections related to any of these devices.
- Professional society guidelines endorse the provision of patient education on routine oral hygiene practices but have not recommended other pre-treatment dental care prior to insertion of these devices.
- Professional society guidelines recommend ongoing routine dental examinations for some patients treated with cardiovascular devices.

Background

Implantable devices are an important part of treatment regimens for serious cardiovascular disorders, and their use has steadily increased since the original development of vascular grafts and artificial heart valves in the 1950s. Implantable pacemakers were first used in the early 1960s, and a steady progression of increasingly sophisticated and effective devices have been introduced up until the present. Although relatively rare, infection of implanted devices can be a very serious complication, and prevention of infection is an important clinical priority.[1] Such infections are believed to be caused by seeding of the devices by bacteria that enter the body from other sites.[2-4]

Disorders of the teeth, gums, and their supporting structures are important threats to a person's overall health.[5] The mouth is colonized with a large number of bacterial species, and several of these have been identified as being the source of infection in patients with underlying

AHRQ Agency for Healthcare Research and Quality

Source: Efficacy of Dental Services for Reducing Adverse Events in Those Undergoing Insertion of Implantable Cardiovascular Devices
https://effectivehealthcare.ahrq.gov/products/cardio-dental/research

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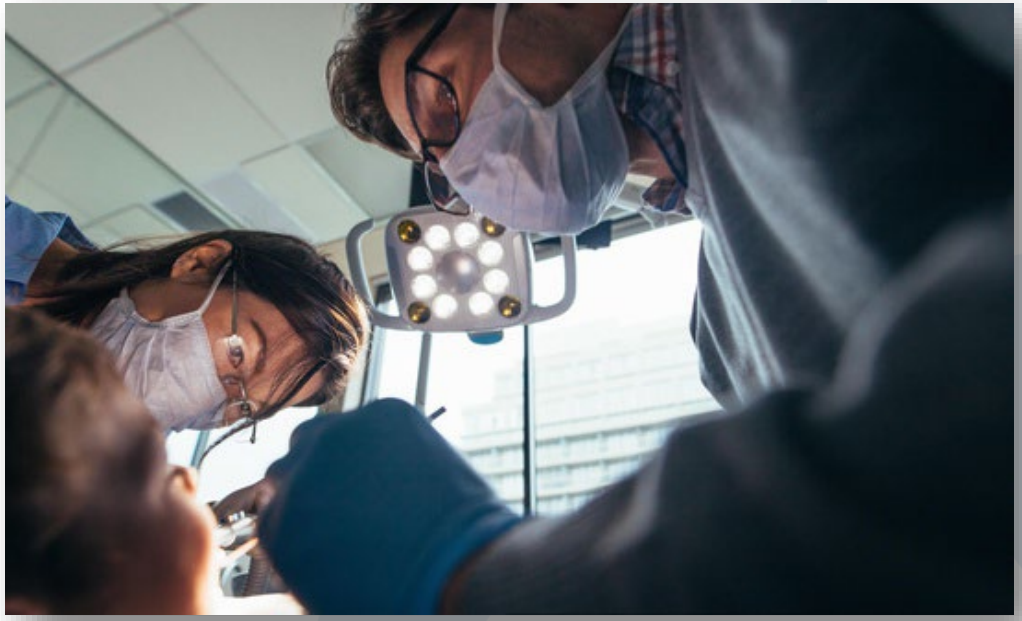
Medicare Recognizes The Following Dental Specialties For Enrollment

- Dental Anesthesiology
- Dental Public Health
- Endodontics
- Oral and Maxillofacial Surgery
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral Medicine
- Orofacial Pain
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics



Source: https://www.cms.gov/medicare/coverage/dental

HHS Notice of Benefit and Payment Parameters for 2025 Proposed Rule

Allowing States to Add Routine Adult Dental Benefits as Essential Health Benefits (EHBs)

CMS proposes to remove the regulatory prohibition on issuers from including routine non-pediatric dental services as an EHB, which would allow states to add routine adult dental services as an EHB by updating their EHB-benchmark plans. Removing the prohibition on routine non-pediatric dental services as an EHB would remove regulatory and coverage barriers to expanding access to adult dental benefits. This proposal would also give states the opportunity to improve adult oral health and overall health outcomes, which could help reduce health disparities and advance health equity since these health outcomes are disproportionately low among marginalized communities. Under this proposal, states would be permitted to include routine non-pediatric dental services as EHB for purposes of their ABPs or BHP standard health plans.

Source: https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2025-proposed-rule

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Overview of the Oral Health Affinity Group and 2023 Medicaid and CHIP Oral Health Initiative Workgroup

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Margo Rosenbach, PhD

Vice President
Mathematica

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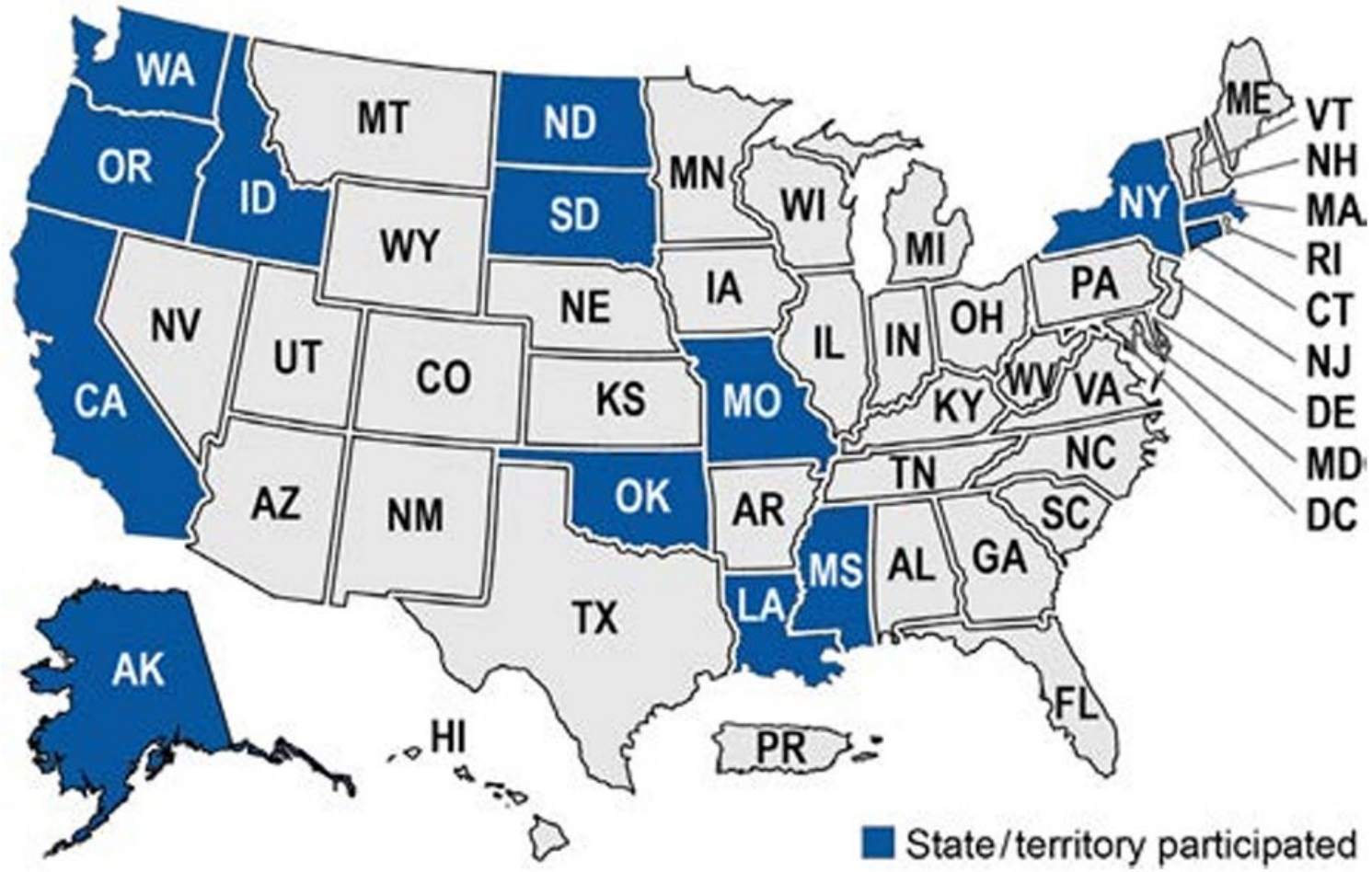
Advancing Oral Health Prevention in Primary Care Affinity Group

- The CMS Quality Improvement (QI) Technical Assistance (TA) program supports state Medicaid and CHIP agencies and their QI partners with information, tools, and expert knowledge to improve care and outcomes for Medicaid and CHIP beneficiaries.
- As part of the QI TA program, CMS convenes action-oriented affinity groups to help states build QI knowledge and skills; develop QI projects; and scale up, implement, and spread QI initiatives.
- From February 2021 to March 2023, 14 states participated in the Advancing Oral Health Prevention in Primary Care Affinity Group to improve fluoride varnish application rates for young children in Medicaid and CHIP.

Advancing Oral Health Prevention in Primary Care Affinity Group Map (2)



14 States participated in the Affinity Group from February 2021 – March 2023

Source: Highlights from the Advancing Oral Health Prevention in Primary Care Affinity Group https://www.medicaid.gov/sites/default/files/2024-01/oral-health-highlights-brief-jan2024.pdf

Why Focus on Oral Health Prevention in Primary Care?

- Dental caries (tooth decay) is the most common chronic disease in the United States.
  - Fluoride treatments, including fluoride varnish (FV), can prevent and reverse the early stages of dental caries.
  - Untreated caries can cause pain and discomfort and lead to costly medical care.
- The United States Preventive Services Task Force (USPSTF) recommends that primary care providers (PCPs) apply FV to the primary teeth of all infants and children younger than five years.
- Less than half of children covered by Medicaid and CHIP attend annual dental visits. Incorporating oral health prevention into primary care can improve access to oral health services.

Source: Highlights from the Advancing Oral Health Prevention in Primary Care Affinity Group https://www.medicaid.gov/sites/default/files/2024-01/oral-health-highlights-brief-jan2024.pdf

Goal and Objectives of the Affinity Group

Goal: Support state Medicaid and CHIP oral health QI teams to improve the delivery of fluoride varnish to beneficiaries ages 0-5 years by primary care providers

Objectives:

- Expand state Medicaid and CHIP agencies' knowledge of evidence-based fluoride varnish interventions and best practices for implementation in primary care settings
- Learn from states' experiences implementing interventions to improve the delivery of fluoride varnish by primary care providers
- Use data-driven approaches to identify, test, implement, and evaluate a fluoride varnish QI project
- Support state strategies to work with providers and communities to advance fluoride varnish application in primary care settings
- Improve states' QI skills

Implementation of QI Projects to Develop Sustainable Solutions

- Every state team applied the Model for Improvement to design, test, implement, and assess a QI project to improve FV application rates in primary care
- State teams developed goal statements that identified what they wanted to achieve, by when, and for whom
- State teams developed a measurement strategy to understand whether their QI project led to improvement
- State teams used QI tools such as driver diagrams to understand opportunities for improvement and to identify QI strategies to test
- State teams used Plan-Do-Study-Act (PDSA) cycles to design, test, and assess their QI strategies

Oral Health Affinity Group State Spotlight: Connecticut

- Connecticut's experience illustrates how states can improve their QI approach through iterative small tests of change.
- At first, the state team conducted a series of PDSA tests on an FV-related social media strategy with little to no measurable impact.
- The state team then tested a new idea by partnering with a pediatric practice to test the impact of provider and practice-level scorecards that highlighted missed opportunities for FV.
  - They created utilization and revenue reports that quantified the missed revenue of not providing FV and oral health assessments during well-child visits.
  - They also provided FV training and support in integrating the service into the practice's workflows.

Oral Health Affinity Group State Spotlight: Connecticut (cont.)

- Following these interventions, the practice increased FV and oral assessments during well-child visits from 55 percent in January 2022 to 84 percent in January 2023.
- The state team continued to spread and scale these interventions. Their goal was a 2 percent statewide increase in FV applications by PCPs. By the end of the affinity group, they achieved an 18 percent increase.

Oral Health Quality Improvement Resources, On-Demand QI TA Tools and 1:1 Support

On Medicaid.gov

- QI tools to begin and implement QI projects
  - Driver diagram with evidence/experience-based change ideas
  - Measurement strategy
  - "Getting Started with QI" short video
  - Highlights from the AG
  - Previously presented topical webinars
- Additional 1:1 support
  - MedicaidCHIPQI@cms.hhs.gov

Source: Oral Health Quality Improvement Resources https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/oral-health-quality-improvement-resources/index.html

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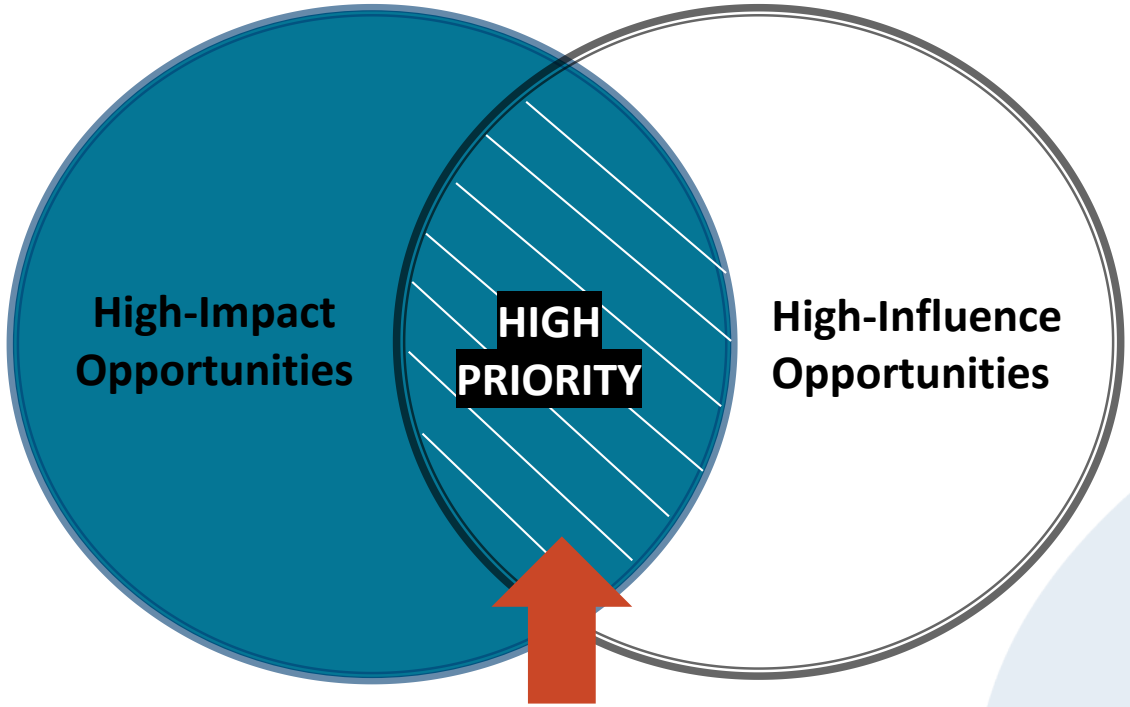
Identifying Strategic Priorities for the Next Phase of the Medicaid and CHIP Oral Health Initiative (2)



Strategic priorities with high impact where there is significant opportunity to influence change in oral health care access, quality, and outcomes in Medicaid and CHIP

Framework for Setting Priorities for the Next Phase of the Medicaid and CHIP Oral Health Initiative

- Primary aim for the next phase of the OHI: Improve oral health care access, quality, and outcomes and advance equity in Medicaid and CHIP across the lifespan.
- Three focus areas:
  - Increase emphasis on preventive, minimally invasive, and timely care.
  - Enhance managed care plan engagement and accountability.
  - Measurement strategy: enhance capacity for quality measurement and data analytics to track progress toward the primary aim.

Focus Areas Recommended by the Workgroup

- Focus Area #1: Increase emphasis on preventive, minimally invasive, and timely care. Within this focus area, the Workgroup identified four strategic priorities:
  - Improve coordination and integration of care to increase utilization of recommended care
  - Improve oral health care for pregnant and postpartum people
  - Improve oral health care for adults with intellectual and developmental disabilities
  - Reduce avoidable emergency department utilization for dental needs
- Focus Area #2: Enhance managed care plan engagement and accountability. Within this focus area, the Workgroup identified three strategic priorities:
  - Build capacity for using managed care quality tools such as the Quality Strategy (QS), Quality Assessment and Performance Improvement (QAPI), and External Quality Review (EQR)
  - Identify and share best practices for care coordination in managed care settings
  - Increase managed care accountability for providing high-value, high-quality care
- Focus Area #3: Enhance capacity for quality measurement and analytics to track progress toward the primary aim.

Focus Area #1: Potential Strategies to Increase Emphasis on Preventive, Minimally Invasive, and Timely Care (1 of 2)

Strategic priority	Potential strategies
Improve coordination and integration of care to increase utilization of recommended care	• Expand the use of existing evidence-based strategies that are underutilized (e.g., dental sealants, FV, SDF) • Identify best practice models for coordination and integration of care, including care management services • Expand the use of chronic disease management for oral diseases and caries risk assessment • Incorporate oral health navigation and supports within existing authorities (e.g., HCBS, 1115 demonstrations)
Improve oral health care for pregnant and postpartum people	• Identify best practices for improving oral health care outreach, referral, and follow-up during pregnancy • Leverage existing authorities to enhance services for pregnant and postpartum people (e.g., pregnancy-related State Plan coverage, waivers) • Monitor the use of oral health services during pregnancy (for example, using the DQA measure of Oral Evaluation During Pregnancy)

Focus Area #1: Potential Strategies to Increase Emphasis on Preventive, Minimally Invasive, and Timely Care (2 of 2)

Strategic priority	Potential strategies
Improve oral health care for adults with I/DD	• Identify best practices for providing oral health care to adults with I/DD • Leverage existing authorities to enhance services for adults with I/DD (e.g., extended State Plan services through 1915[c] waivers or HCBS State Plan authorities) • Incorporate oral health navigation and supports within existing authorities
Reduce avoidable ED utilization for dental needs	• Identify best practices for reducing rates of avoidable ED visits • Monitor the rate of avoidable ED utilization (for example, using the DQA measure of Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Central Conditions in Adults)

Focus Area #2: Potential Strategies to Enhance Managed Care Plan Engagement and Accountability

Strategic priority	Potential strategies
Build capacity for using managed care quality tools	• Increase state focus on oral health care delivery and outcomes in state Quality Strategy • Encourage use of External Quality Review (EQR) to monitor dental quality measures and foster accountability • Promote use of dental performance improvement projects to improve oral health care delivery and outcomes • Identify best practices for developing network adequacy indicators, standards, and measures for dental and oral health care providers
Identify and share best practices for care coordination in managed care settings	• Identify best practices for medical plans promoting preventive oral health practices • Develop model contract language for coordination between medical and dental plans/providers
Increase managed care accountability for providing high-value, high-quality care	• Incorporate dental performance measures and targets into managed care contracts • Identify oral health–related quality measures from EQR technical reports • Develop model contract language related to quality measurement and oversight of progress toward measurable goals • Share best practices on setting key performance indicator

Focus Area #3: Enhance Capacity for Quality Measurement and Analytics to Track Progress Toward the Primary Aim

- Measure domains
  - Utilization of recommended care
  - Medical-dental integration
  - Network adequacy and access
  - Measures using beneficiary-reported data
  - Outcomes
- Analytical considerations
  - Establishing benchmarks
  - Trending
  - Stratifying measures
- Methodological considerations
  - Data quality and data suppression
  - Limited use of ICD-10 diagnostic codes in dentistry
  - Electronic health record and health information exchange interoperability
- Technical assistance considerations
  - Improving data accuracy and completeness for measure stratification
  - Sharing data across medical and dental plans for measures that involve medical–dental integration
  - Producing results at the practice, plan, and program levels
  - Incorporating the measurement strategy into Medicaid and CHIP programs

Summary

- The Advancing Oral Health Prevention in Primary Care Affinity Group
  - Applying the Model for Improvement
  - Implementing Plan-Do-Study-Act Cycles
  - Partnering for Success
  - Sustaining and Spreading Improvements through Program and Policy Changes
  - Peer-to-Peer Learning and Knowledge Sharing
- 2023 Medicaid and CHIP Oral Health Initiative Workgroup
  - Increase emphasis on preventive, minimally invasive, and timely care.
  - Enhance managed care plan engagement and accountability.
  - Measurement strategy: enhance capacity for quality measurement and data analytics to track progress toward the primary aim.

Potential Measures and Measure Concepts for the Next Phase of the Medicaid and CHIP Oral Health Initiative, by Domain

Potential Measures and Measure Concepts for the Next Phase of the Medicaid and CHIP Oral Health Initiative: Utilization of Recommended Care

Measure name	Measure steward
Oral Evaluation, Dental Services (OEV-CH)	DQA
Topical Fluoride for Children (TFL-CH)	DQA
Sealant Receipt on Permanent First Molars (SFM-CH)	DQA
Caries Risk Documentation in Children	DQA
Oral Evaluation During Pregnancy	DQA
Utilization of Services During Pregnancy	DQA
Adults with Diabetes – Oral Evaluation	DQA
Dental Exam in the Past Year for Adults with Intellectual Development Disabilities	NASDDDS/HRSI

Potential Measures and Measure Concepts for the Next Phase of the Medicaid and CHIP Oral Health Initiative: Medical-Dental Integration

Measure name	Measure steward
Follow-Up after Emergency Department Visits for Dental Caries in Children	DQA
Follow-Up after Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	DQA
Utilization of CPT codes for preventive care (such as fluoride varnish, silver diamine fluoride, oral evaluation, oral health education)	NA

Potential Measures and Measure Concepts for the Next Phase of the Medicaid and CHIP Oral Health Initiative: Network Adequacy and Access

Measure name	Measure steward
Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	DQA
Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	DQA
Wait times and ease of getting an appointment	NA
Provider to patient ratios for general specialty dentists (including telehealth)	NA

Potential Measures and Measure Concepts for the Next Phase of the Medicaid and CHIP Oral Health Initiative: Measures Using Beneficiary-Reported Data

Measure name	Measure steward
Consumer Assessment of Healthcare Providers and Systems (CAHPS) Dental Plan Survey	AHRQ
5-item Oral Health Impact Profile (OHIP-5)	NA

Potential Measures and Measure Concepts for the Next Phase of the Medicaid and CHIP Oral Health Initiative: Outcomes

Measure name	Measure steward
Caries prevalence	NA
Rate of untreated decay	NA
Level of caries risk (low, medium, high)	NA
Use of general anesthesia for dental cases	NA
Rate of beneficiaries receiving an opioid prescription after a dental visit	NA

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Question and Answer Session

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