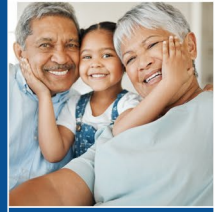
CMS 2024 Quality Conference

Resilient and Ready Together

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

Expanded Access to Quality and Affordable Oral Health and Behavioral Healthcare



COMMUNITIES

FAMILIES

INDIVIDUALS

RESILIENT

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CMS 2024 Quality Conference

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

Natalia I. Chalmers, DDS, MHSc, PhD

Presenter

Chief Dental Officer

Centers for Medicare & Medicaid Services

Carla Shoff, PhD

Presenter

Senior Advisor to the Chief Dental Officer

Centers for Medicare & Medicaid Services

Lorel E. Burns, DDS, MS

Presenter

Diplomate, American Board of Endodontics

CMS Oral Health Policy Fellow, 2023-2024

Assistant Professor, New York University College of Dentistry

Jess Maksut, PhD

Moderator

Technical Director, Data Analytics & Research Group, Office of Minority Health

Centers for Medicare & Medicaid Services

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

Oral Health Across Centers for Medicare & Medicaid Services Programs

Natalia I. Chalmers DDS, MHSc, PhD

Chief Dental Officer

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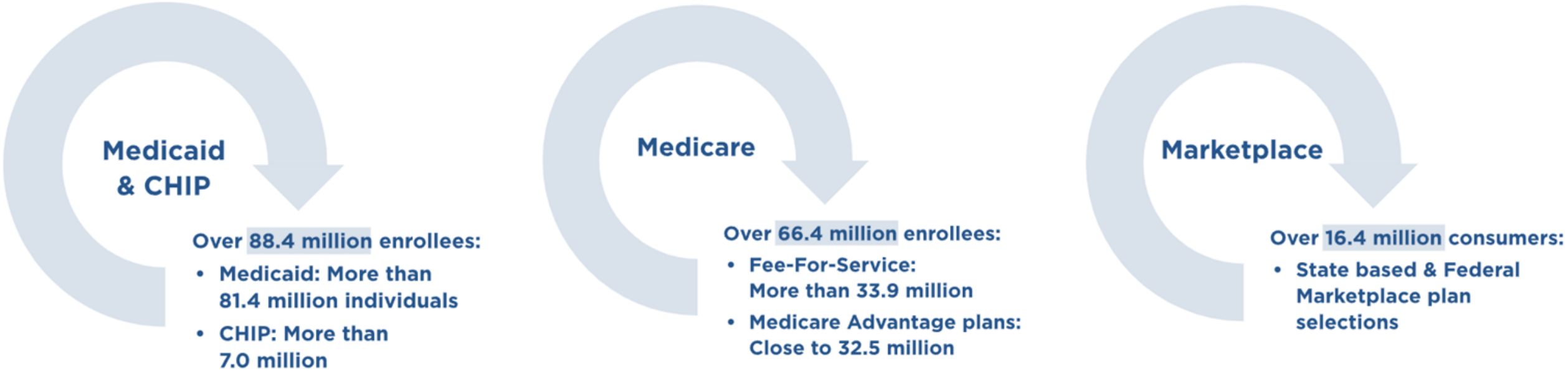
Every Day, CMS Ensures that 159.2 million* People in the U.S. have Health Coverage that Works



*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

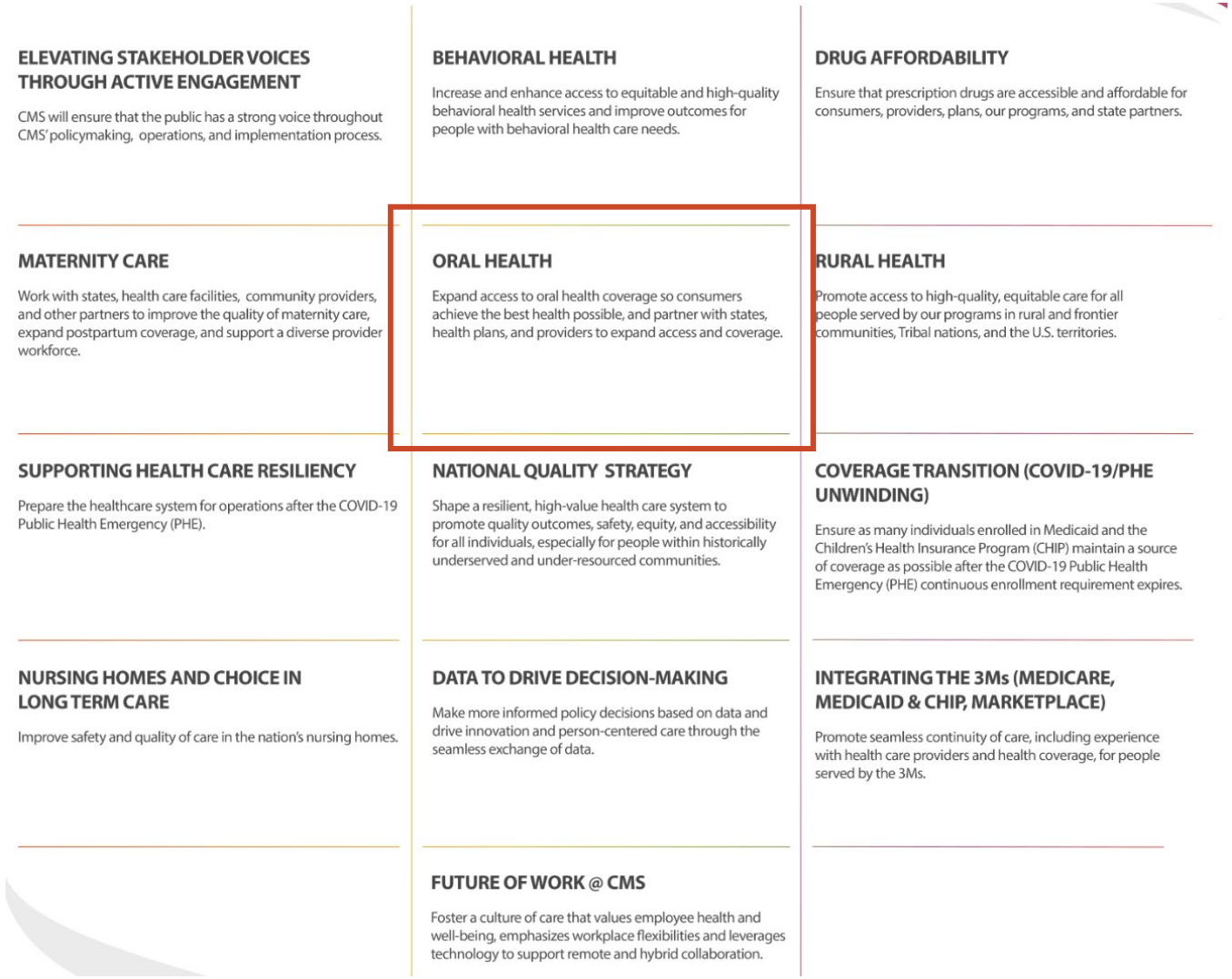
Protect our programs' sustainability for future generations by serving as a responsible steward of public funds

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

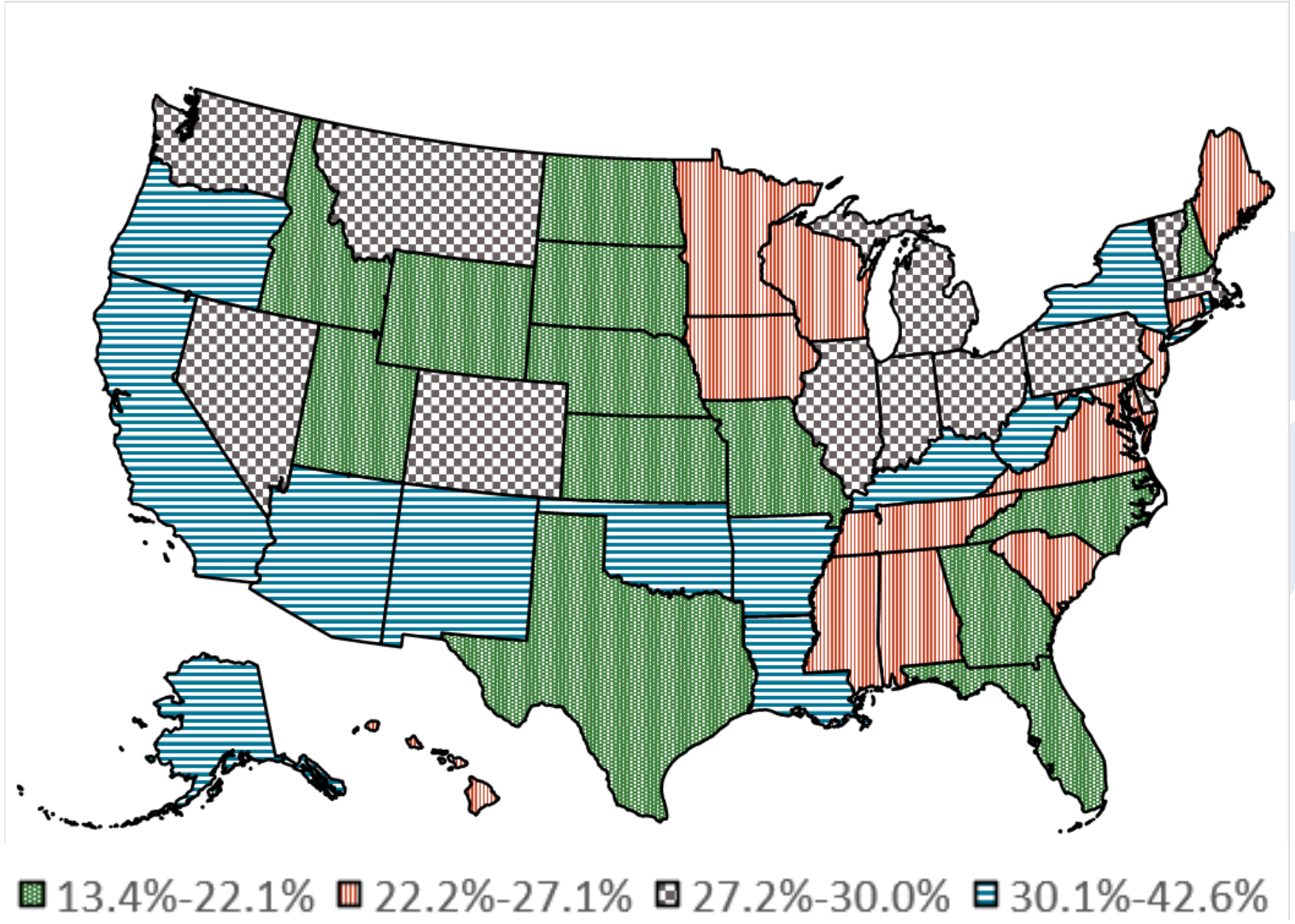
Foster a culture of care that values employee health and well-being, emphasizes workplace flexibilities and leverages technology to support remote and hybrid collaboration.

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



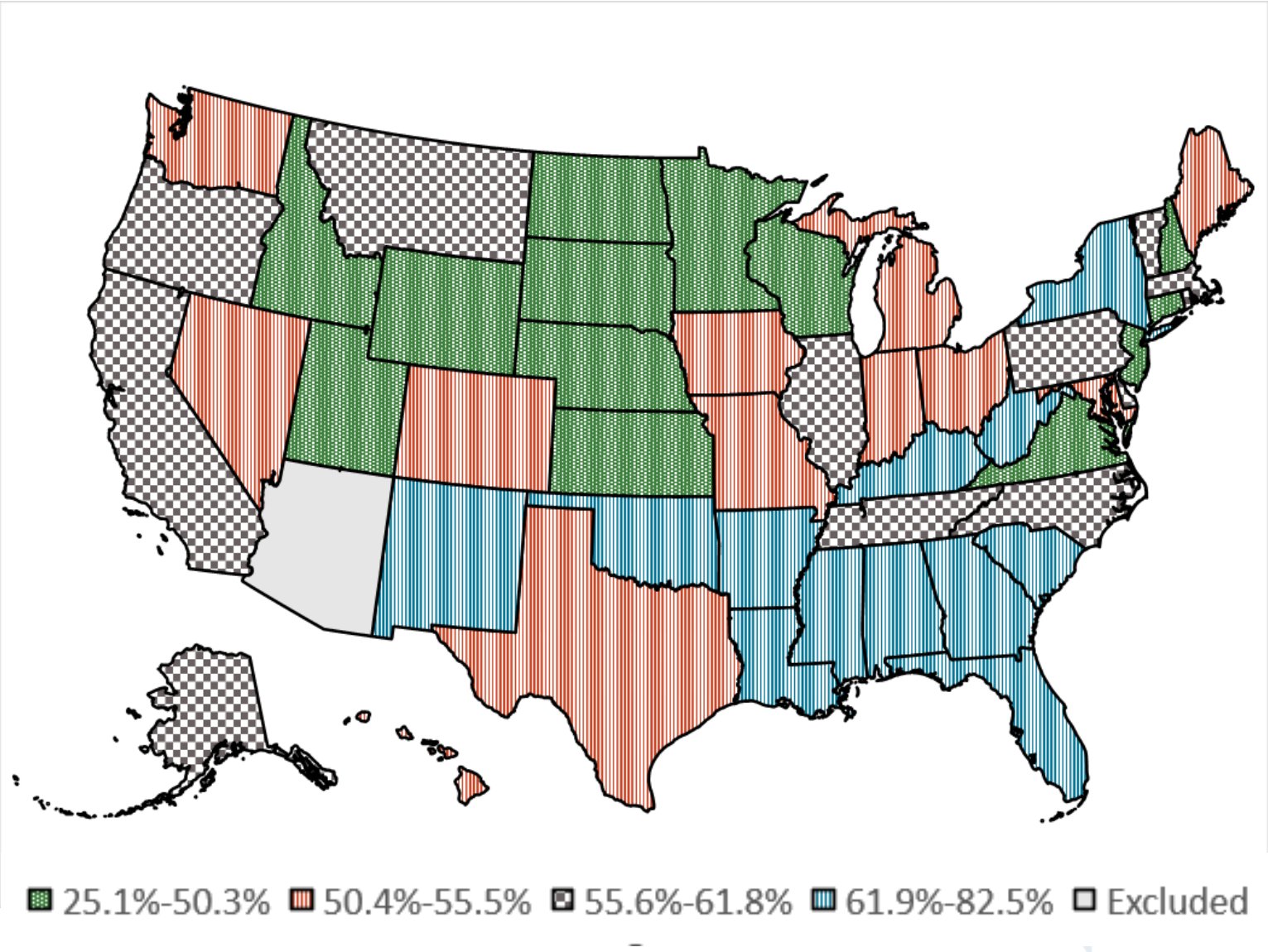
Notes:
Enrollment in Medicaid or CHIP includes individuals with for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's 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.

Sources:
CMS. Updated July 2022 Applications, Eligibility, and Enrollment Data (as of November 3, 2022).
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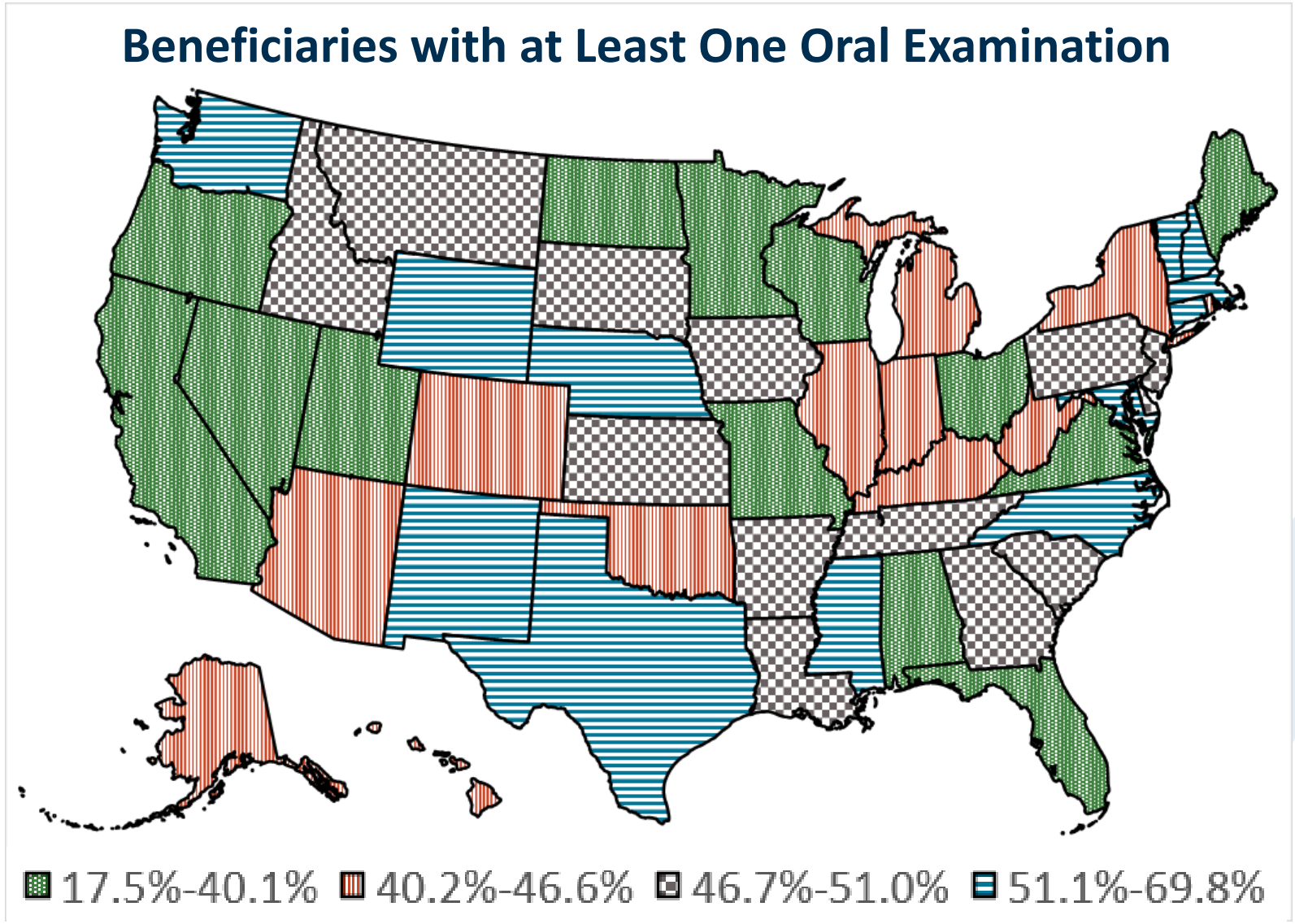
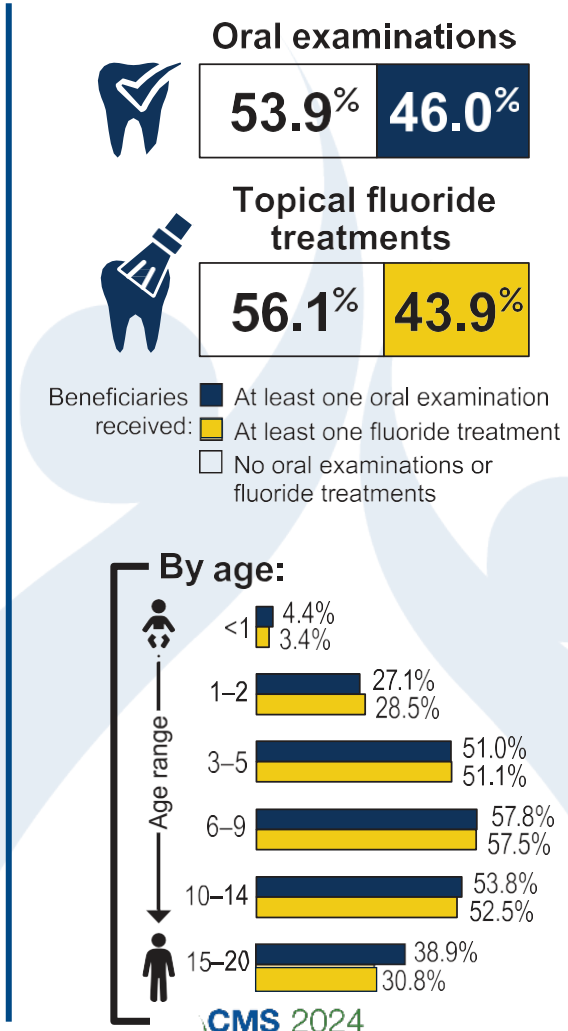
Source: Adapted from 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

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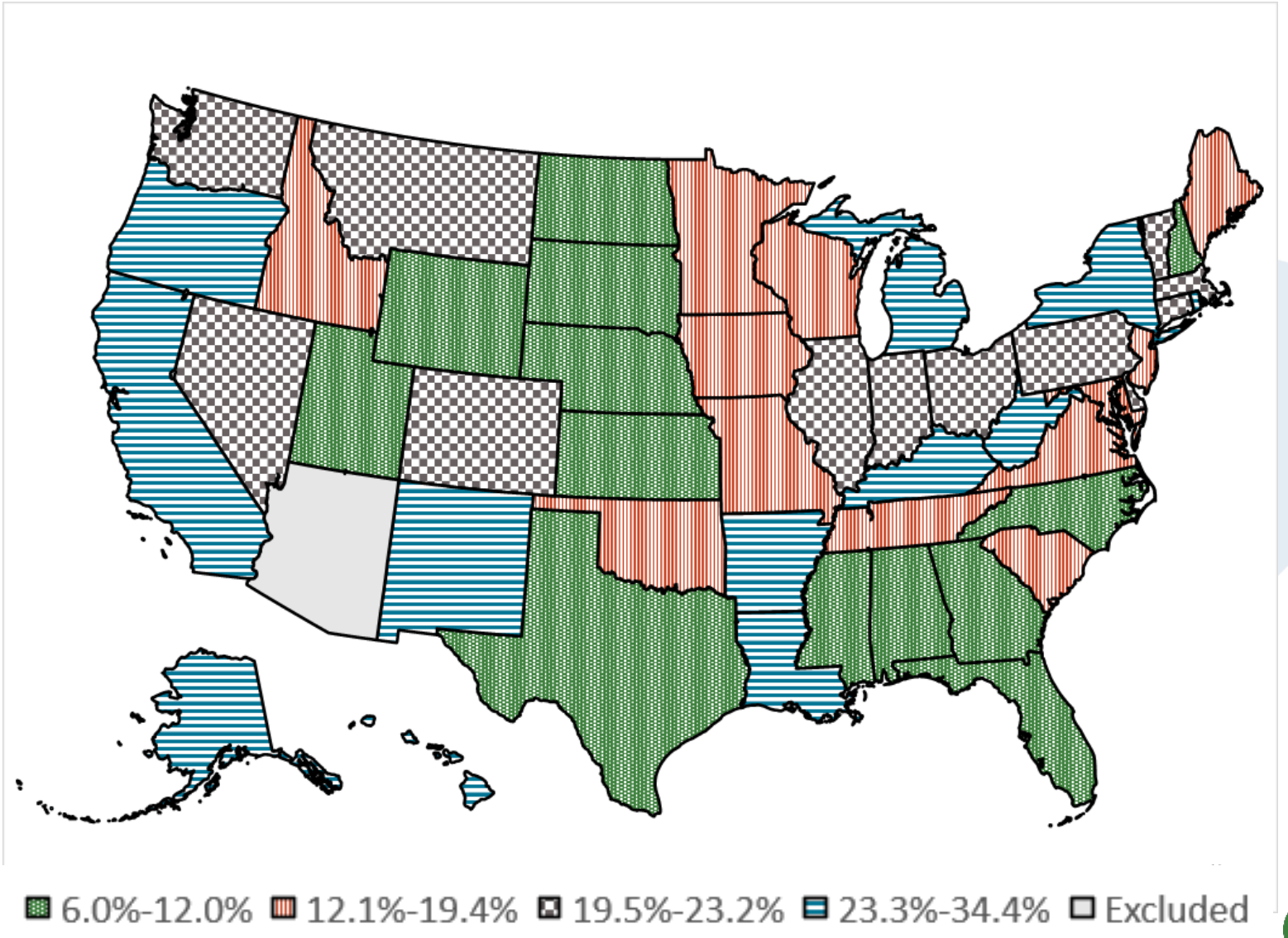
Percentage of Adult Population Enrolled in Medicaid or CHIP, by State, July 2022



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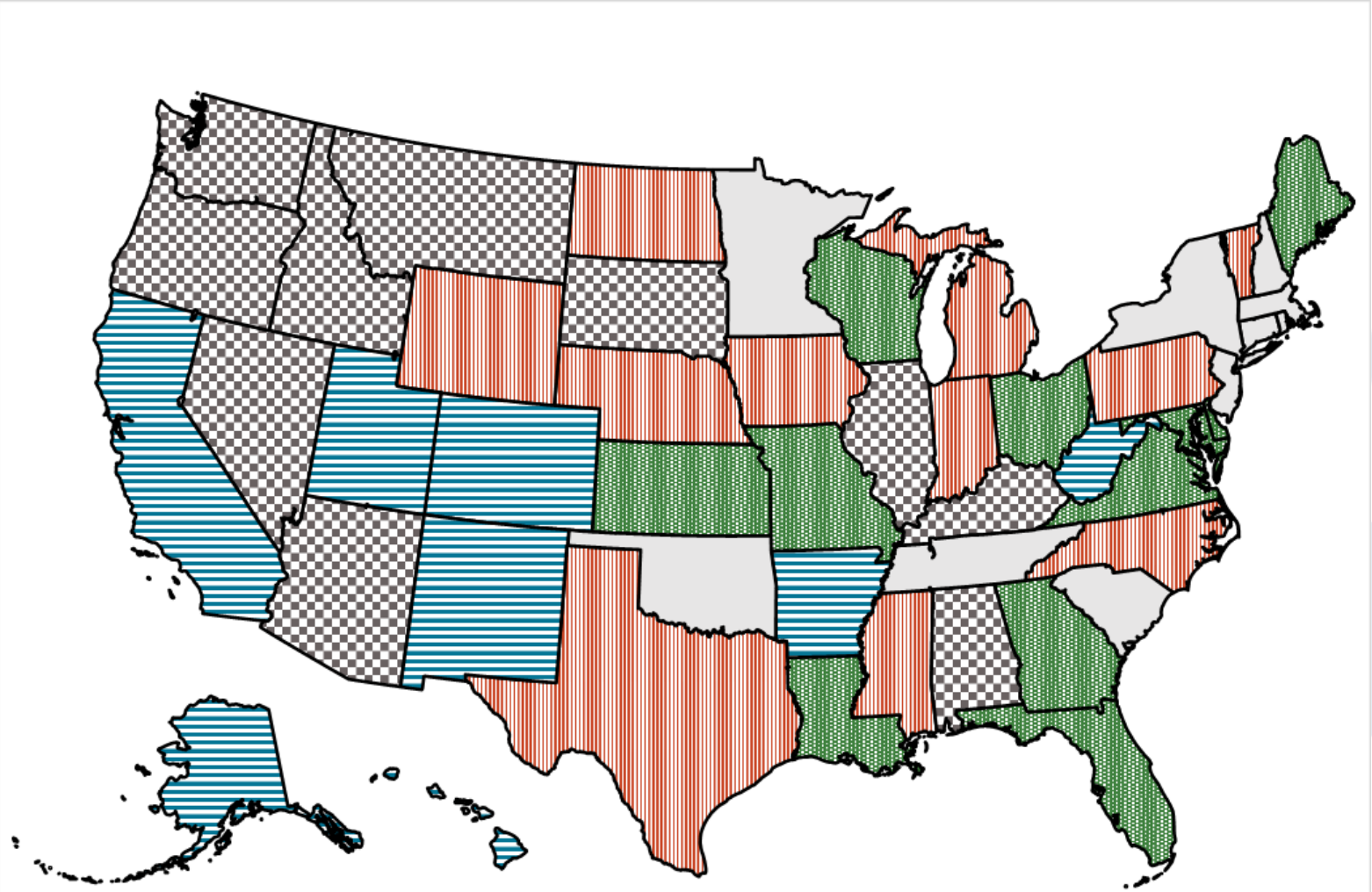
Source: Adapted from 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

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



Note: Lower rates are better for this measure.

2,705-3,925 | 2,154-2,704 | 1,650-2,153 | 939-1,649 | Excluded

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.

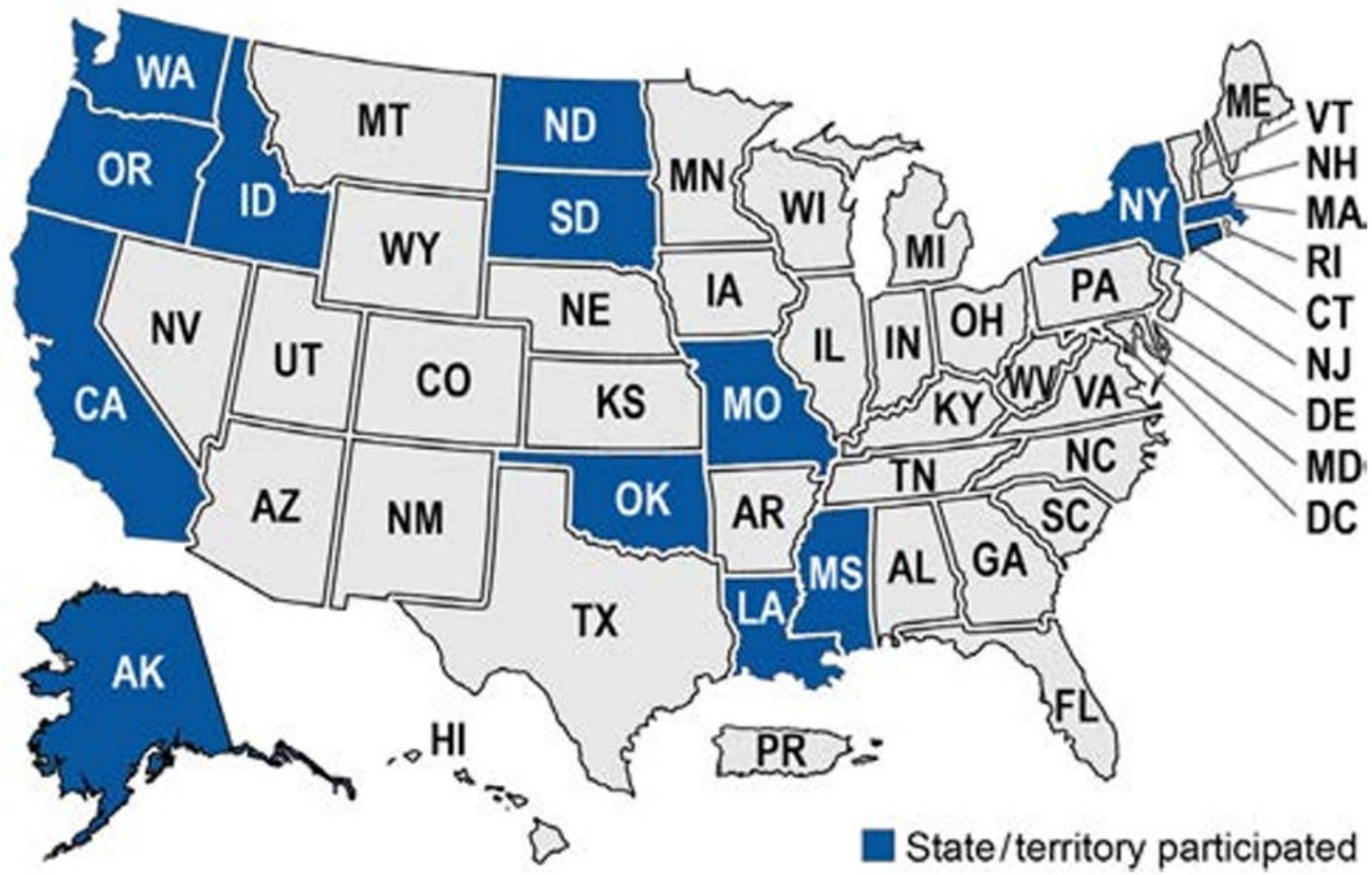
Additional information available at:
https://www.medicaid.gov/medicaid/benefits/downloads/adult-non-trauma-dental-ed-visits.pdf and https://www.medicaid.gov/medicaid/benefits/dental-care/index.html

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

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



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

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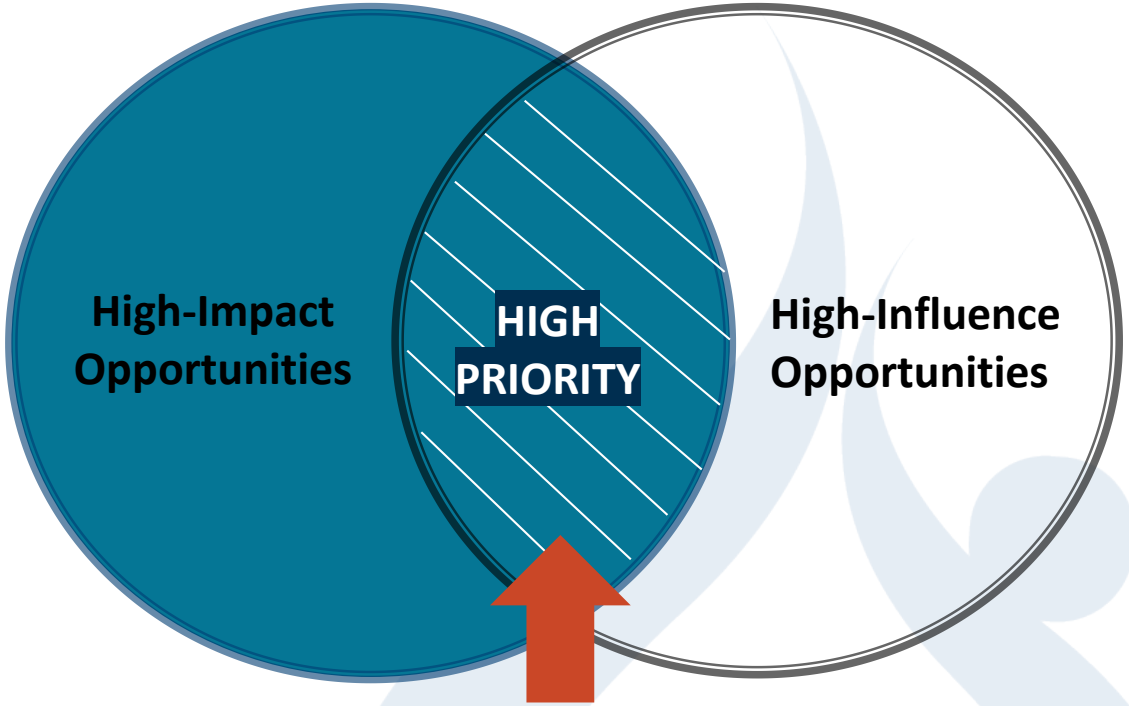
Identifying Strategic Priorities for the Next Phase of the Medicaid and CHIP Oral Health Initiative

- 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.



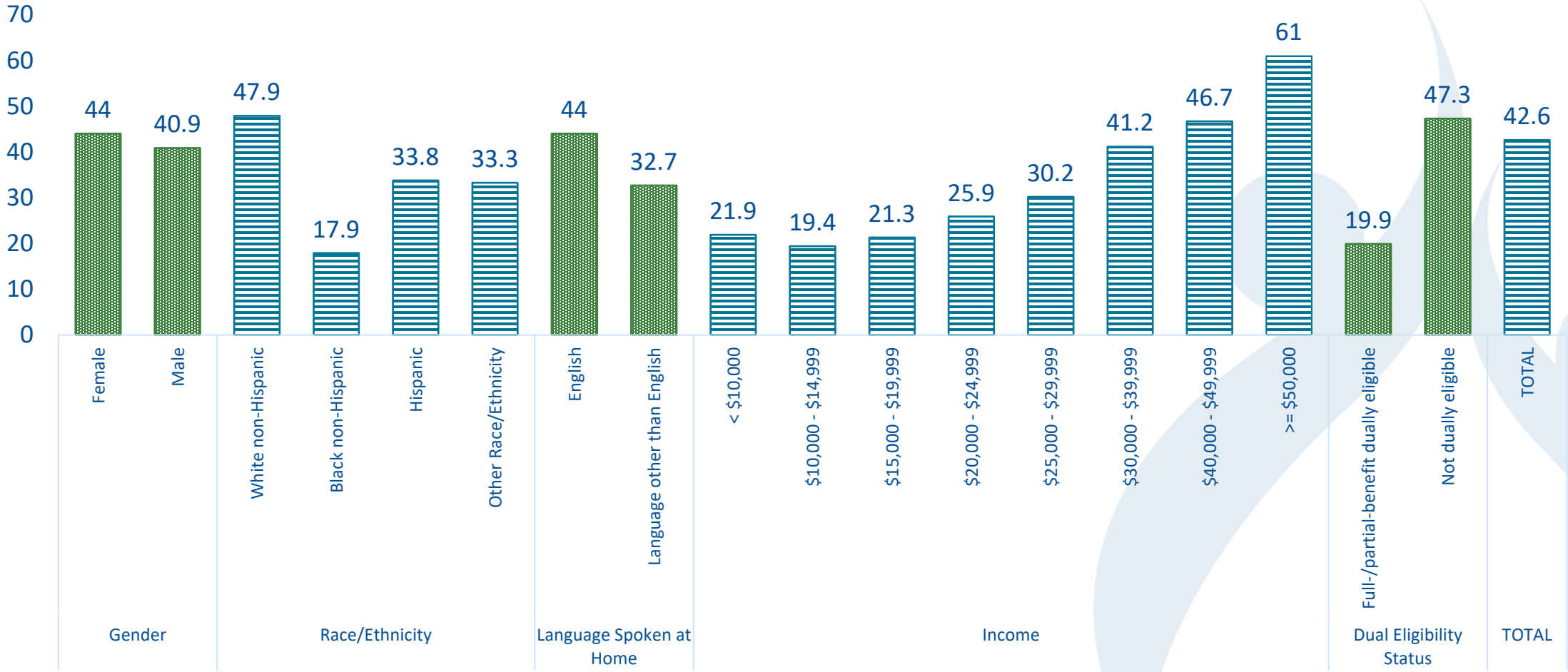
Strategic priorities with high impact where there is significant opportunity to influence change in oral health care access, quality, and outcomes in Medicaid and CHIP

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.

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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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"

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.

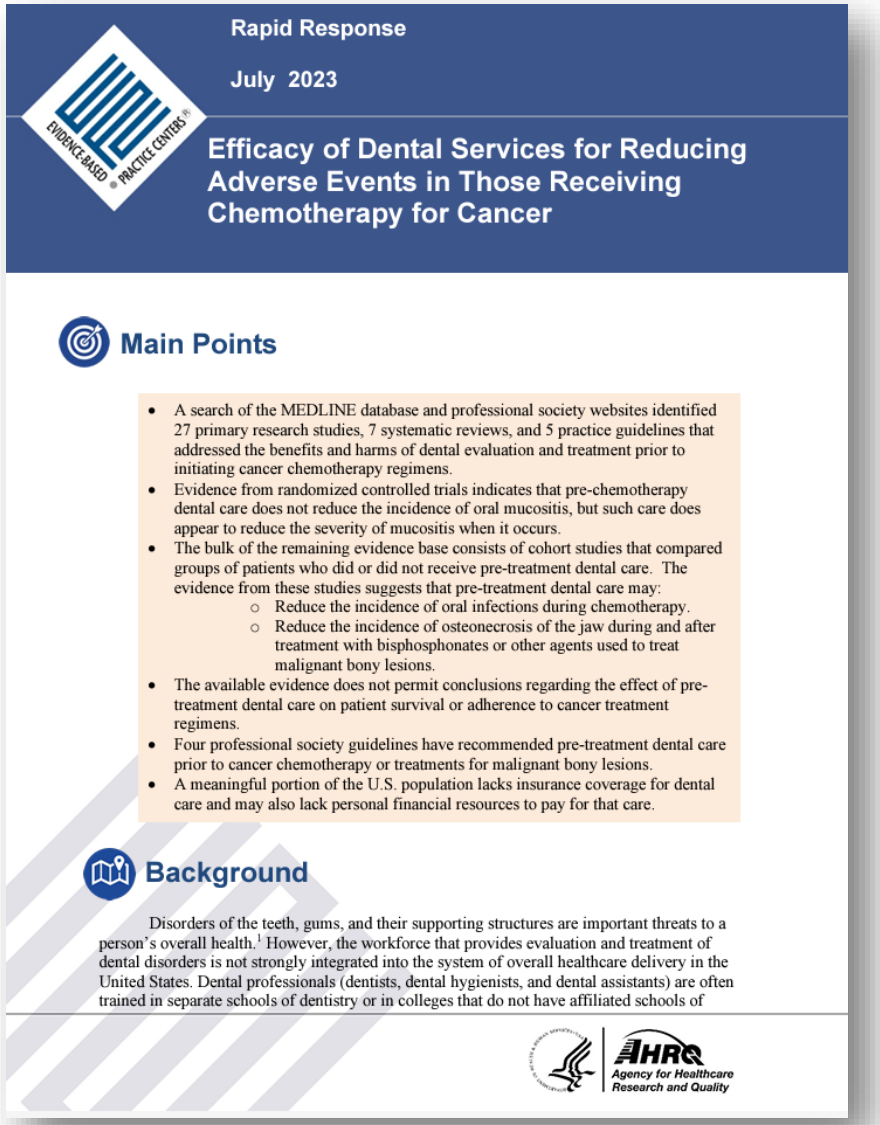
Source: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule#_ftn1

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

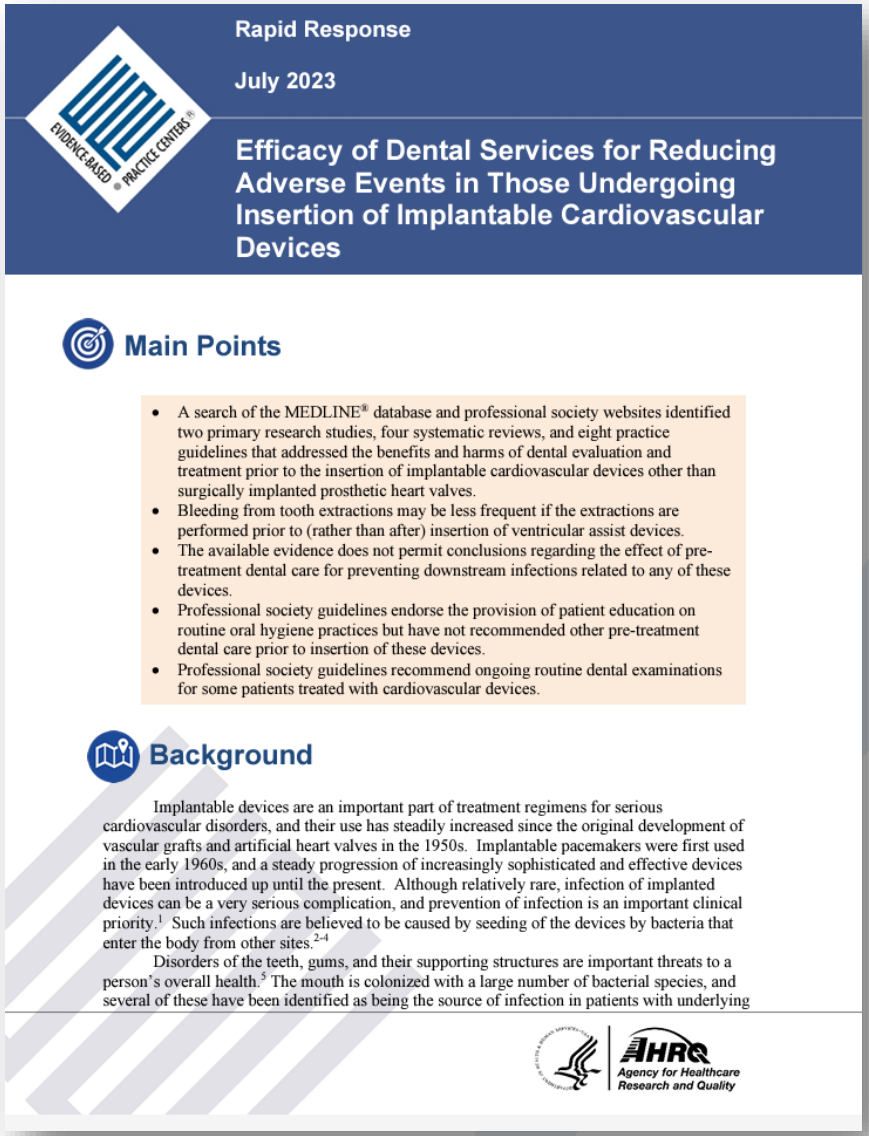
- A search of the MEDLINE database and professional society websites identified 27 primary research studies, 7 systematic reviews, and 5 practice guidelines that addressed the benefits and harms of dental evaluation and treatment prior to initiating cancer chemotherapy regimens.
- Evidence from randomized 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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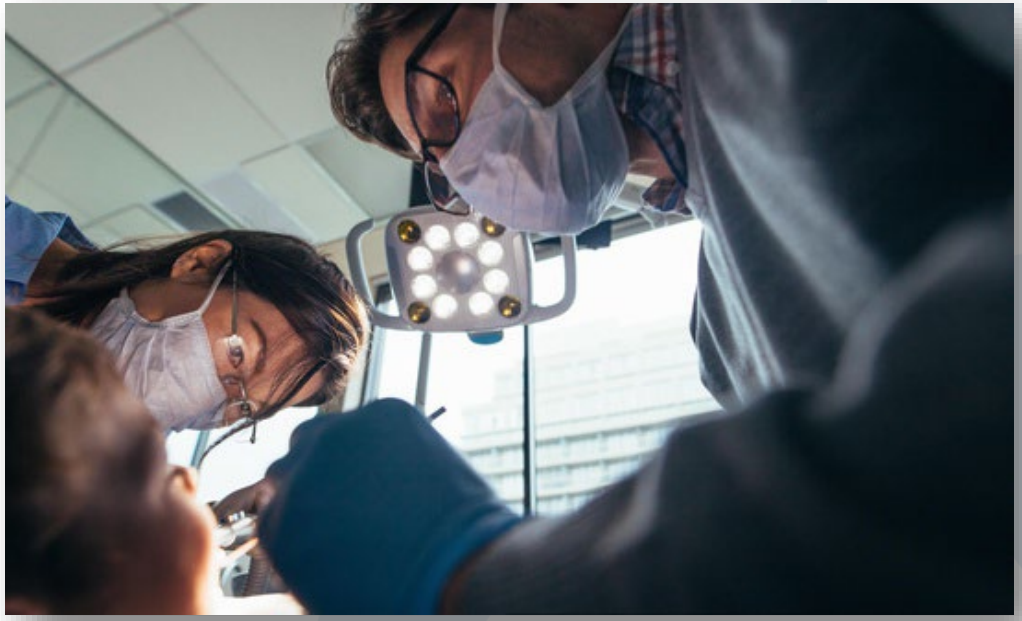
Medicare Recognizes The Following Dental Specialties For Enrollment

- 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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Thank you

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

Geographic Variation in Substance Use Disorder Among Medicaid Beneficiaries and Patterns of Dental Services Utilization

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Background (1)

- Substance use and overdose contribute to significant health, social, and economic costs in American communities.
- A bidirectional relationship exists between substance use disorder (SUD) and oral health.
- Access to oral health is critical across the lifespan and lifecycle of SUD use and recovery.
- Hanson and colleagues (2019) found that providing comprehensive dental treatment to SUD patients was associated with improved SUD treatment retention and post-SUD treatment employment, housing, and substance abstinence.

- National Council for Mental Wellbeing's Center of Excellence for Integrated Health Solutions Oral Health, Mental Health and Substance Use Treatment | A Framework for Increased Coordination and Integration https://www.thenationalcouncil.org/wp-content/uploads/2021/09/NC_CoE_OralhealthMentalHealthSubstanceUseChallenges_Toolkit.pdf
- Hanson, G.R., McMillan, S., Mower, K., et al. (2019). Comprehensive oral care improves treatment outcomes in male and female patients with high-severity and chronic substance use disorders. Journal of the American Dental Association, 150(7): 591-601. https://jada.ada.org/article/S0002-8177(19)30132-1/fulltext

Objectives (1)

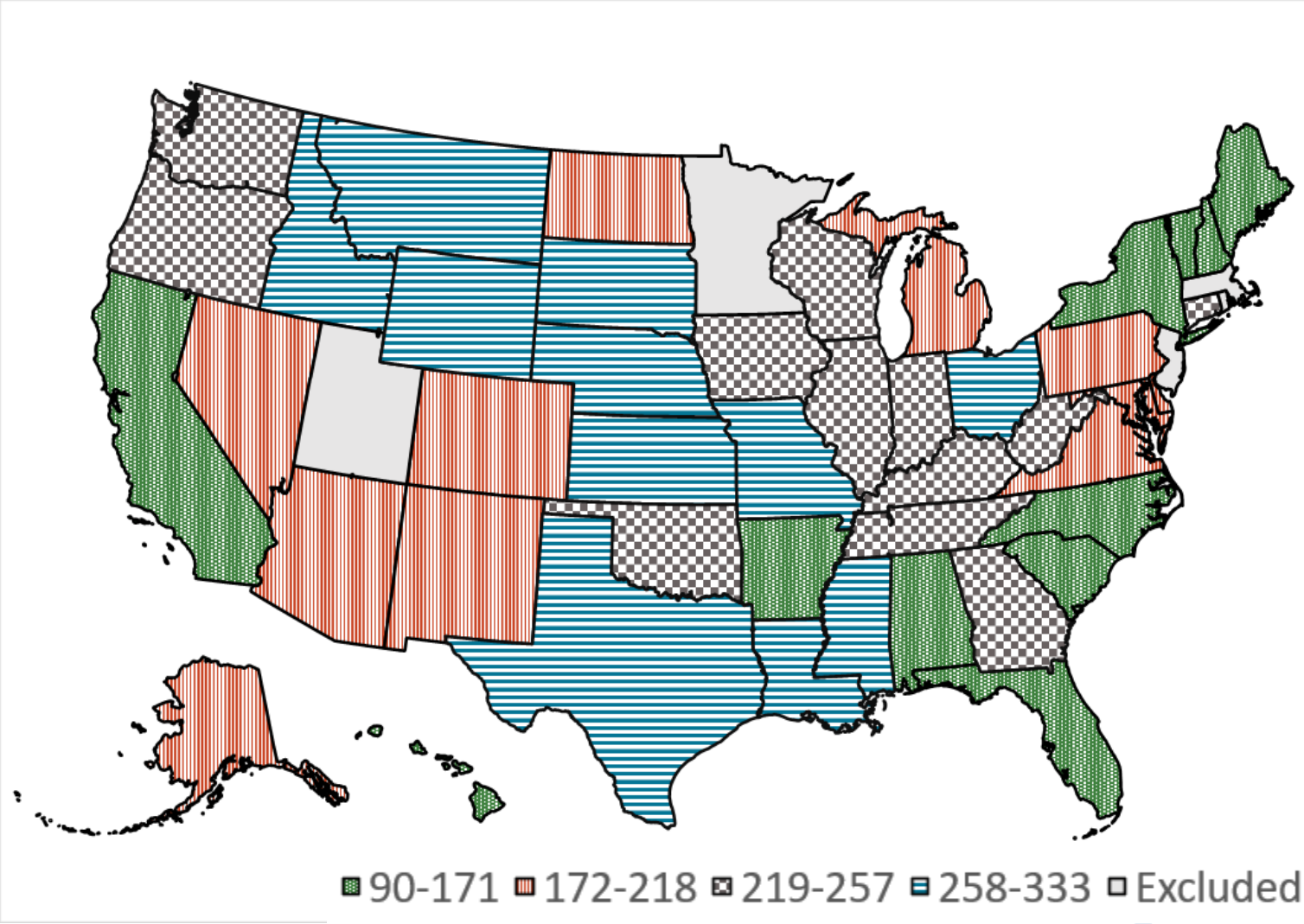
- Examine variations in the prevalence of SUD at the state level
- Describe the rate and patterns of dental service utilization among adult Medicaid beneficiaries by SUD diagnosis status.

Data and Methodology

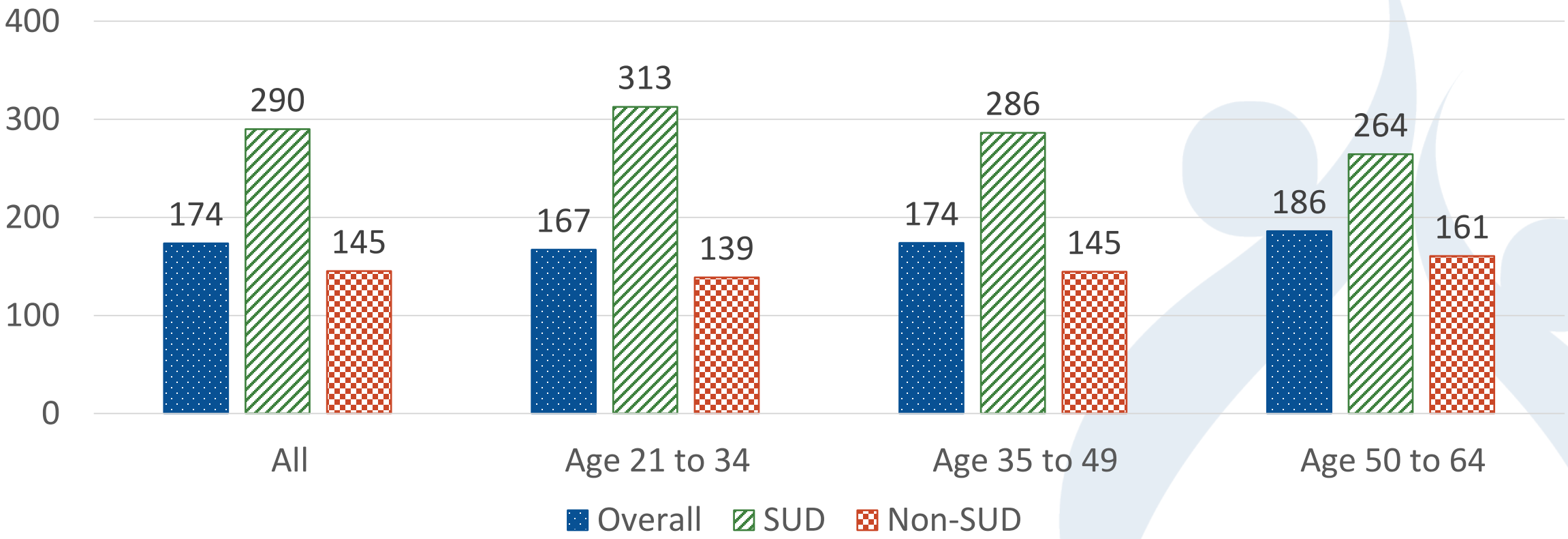
- Centers for Medicare & Medicaid Services (CMS) unredacted 2019 Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIF)
- Medicaid adult beneficiaries aged 21 to 64 who are non-dually eligible for Medicare
  - 30,299,396 beneficiaries were included in the analyses that were not stratified by race and ethnicity, and a subset of 19,816,441 beneficiaries when stratified by race and ethnicity
- SUD is defined as an ICD-10 code for opioid use disorder, alcohol use disorder, cannabis use disorder, cocaine use disorder, sedative/hypnotic use disorder, stimulant use disorder, or other psychoactive substance use disorder
- Dental services are defined and categorized by the ADA Code on Dental Procedures and Nomenclature (CDT Codes) [1]
- Chi-square tests and clustered-robust standard error models

1 ADA Code on Dental Procedures and Nomenclature https://www.ada.org/publications/cdt

Geographic Variation in the Rate of Substance Use Disorder Diagnosis per 1,000 Medicaid Adult Beneficiaries

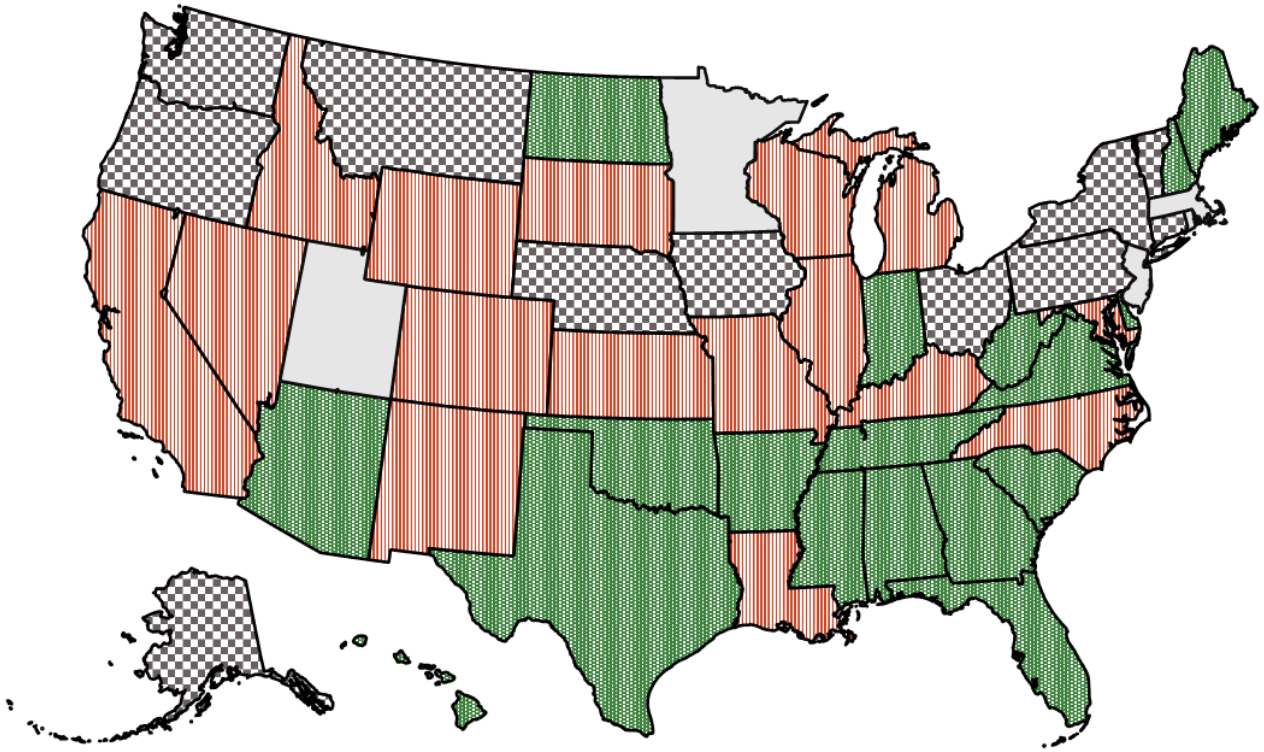


Dental Visit Rates per 1,000 Medicaid Adult Beneficiaries by Age Group and Substance Use Disorder Status

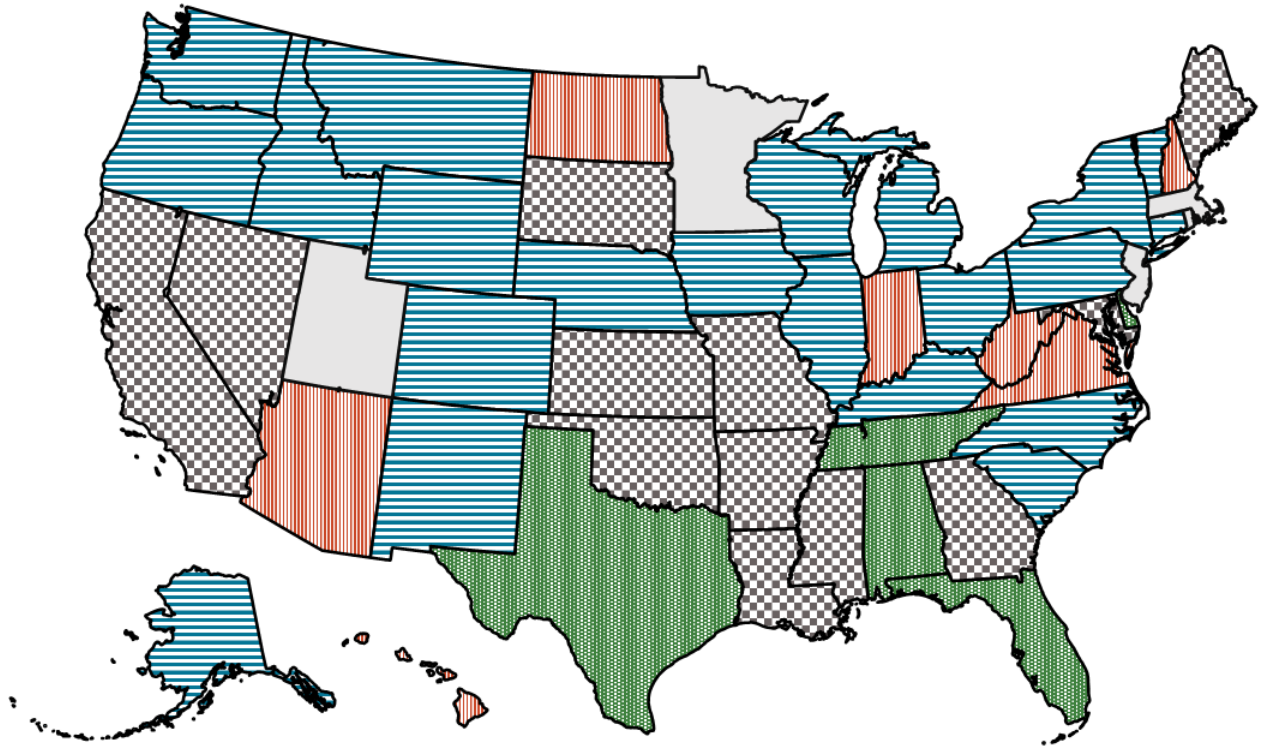


Geographic Variation in Dental Visit Rates per 1,000 Adult Medicaid Beneficiaries by Substance Use Disorder Status

Beneficiaries without Substance Use Disorder



Beneficiaries with Substance Use Disorder



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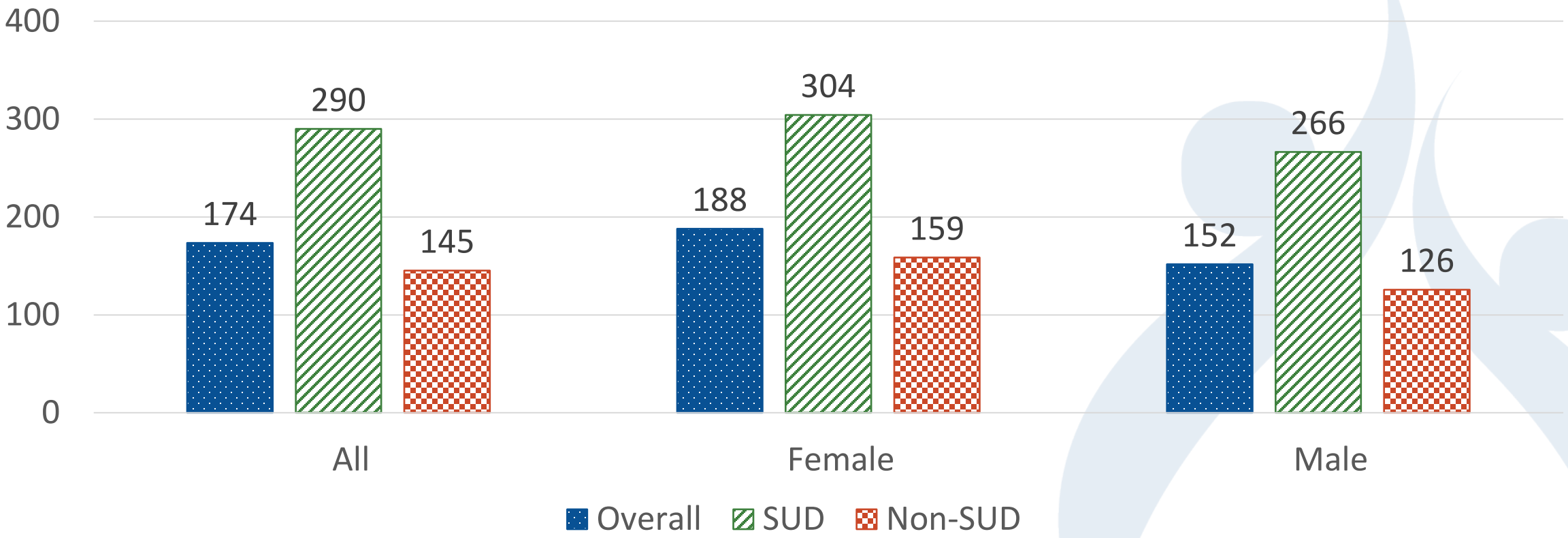
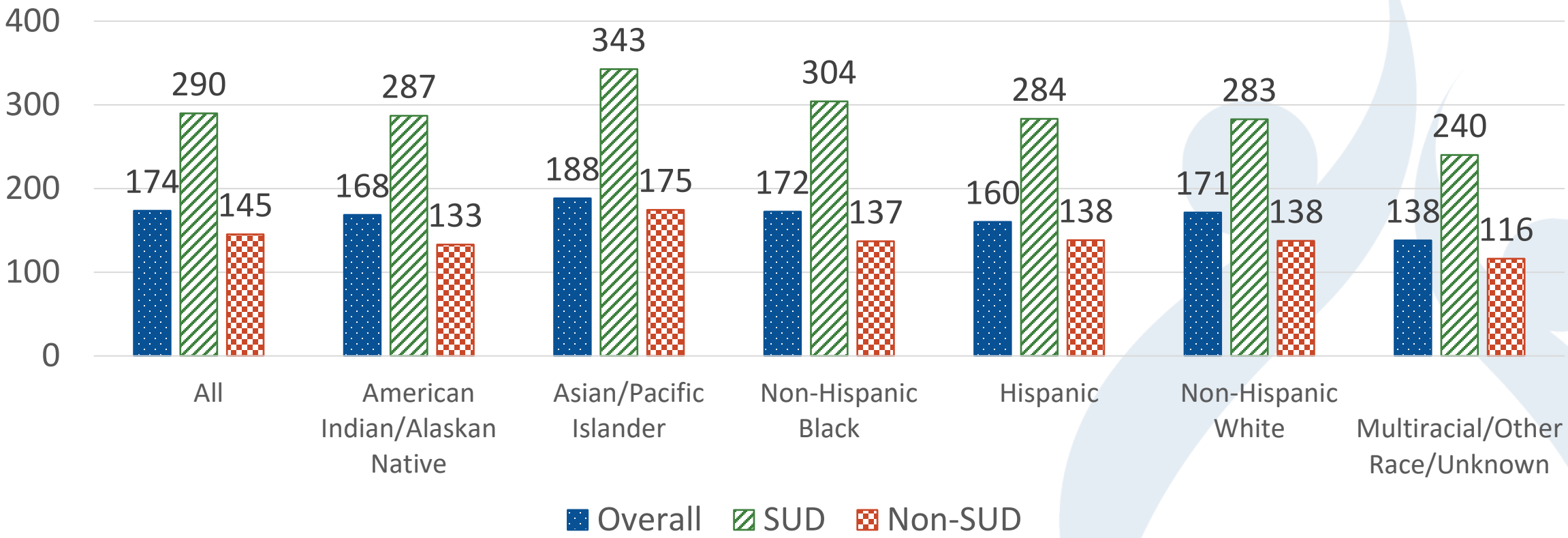
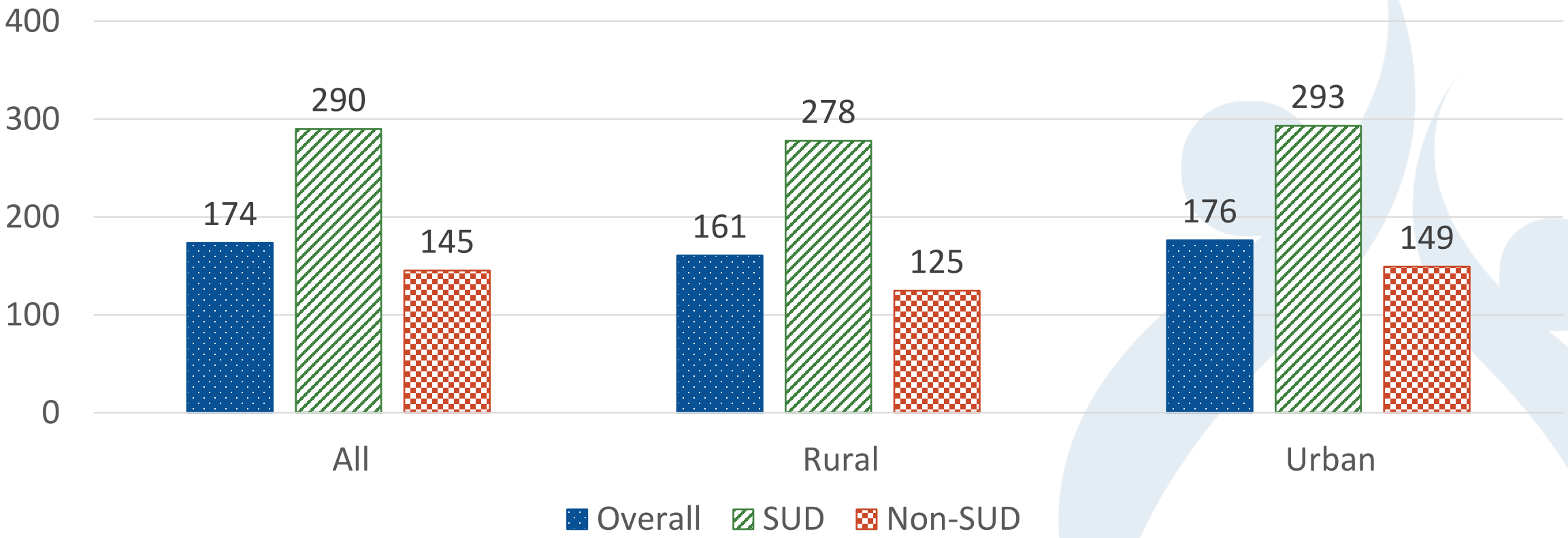
Dental Visit Rates per 1,000 Adult Medicaid Beneficiaries by Sex and Substance Use Disorder Status



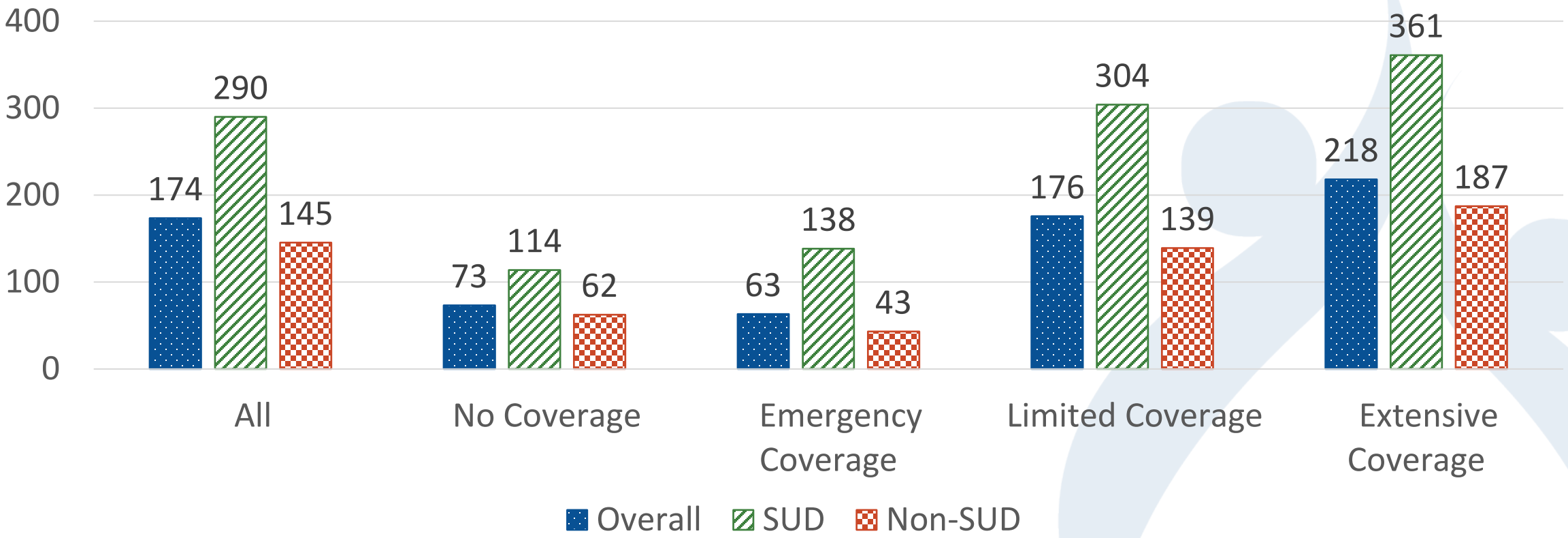
Dental Visit Rates per 1,000 Adult Medicaid Beneficiaries by Race/Ethnicity and Substance Use Disorder Status



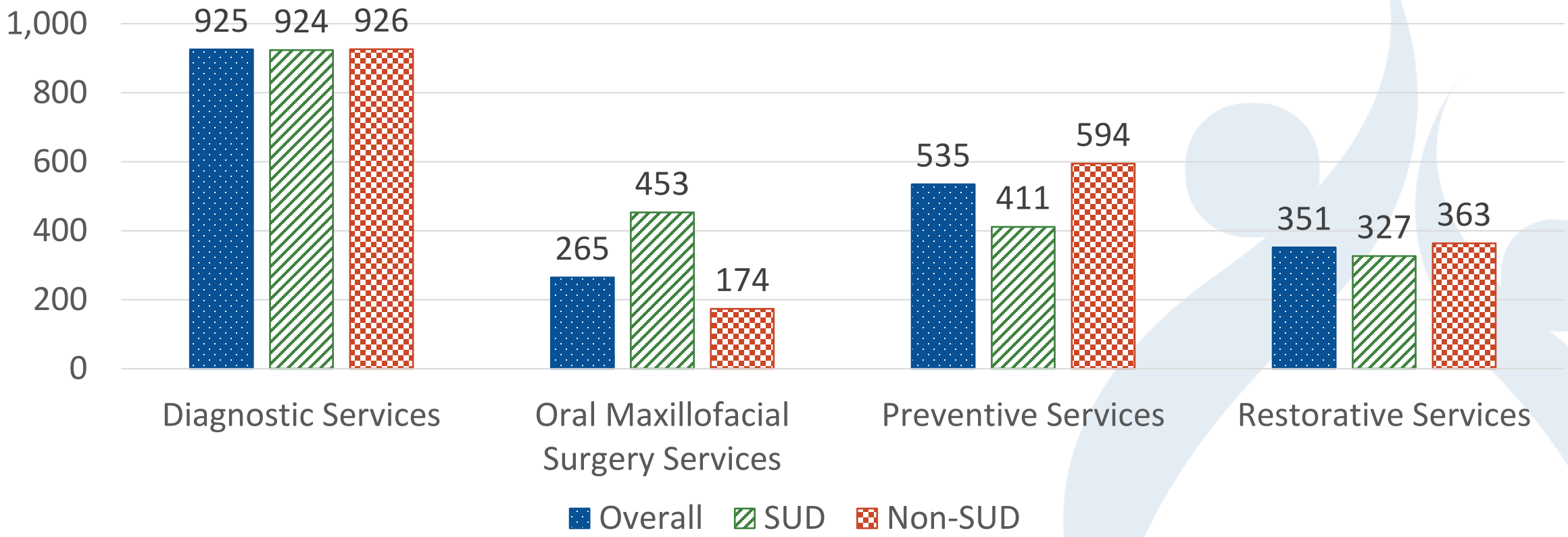
Dental Visit Rates per 1,000 Adult Medicaid Beneficiaries by Residence Designation and Substance Use Disorder Status



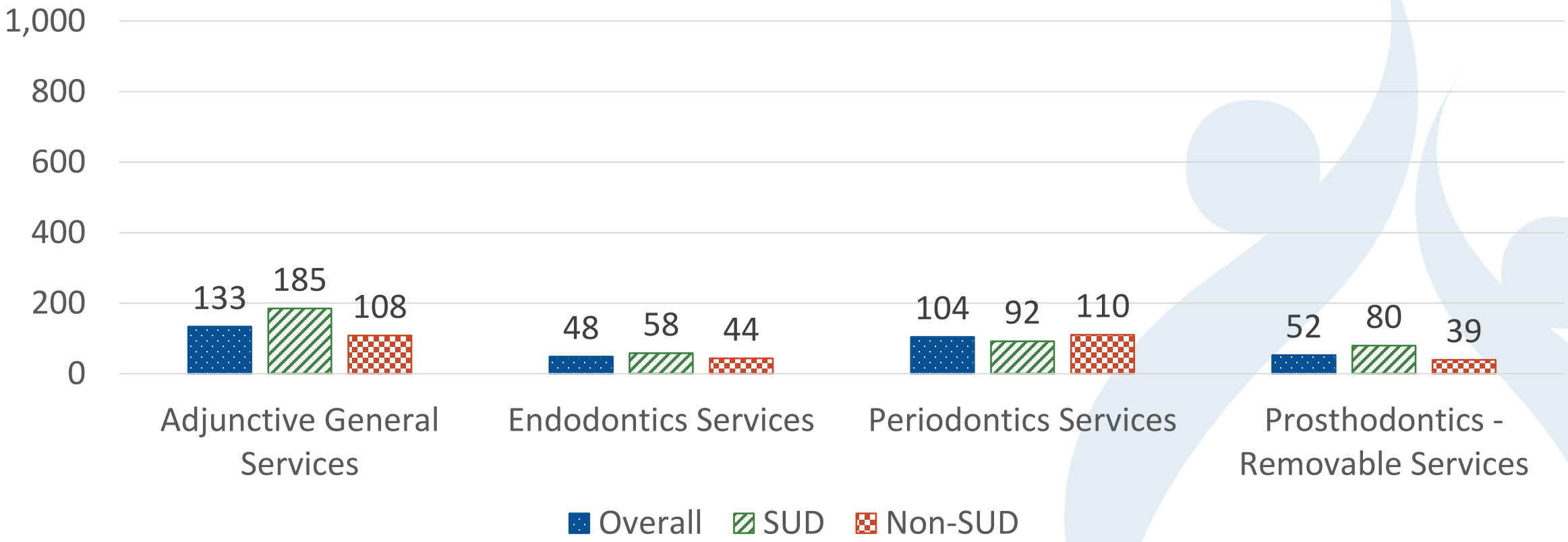
Dental Visit Rates per 1,000 Adults Medicaid Beneficiaries by State Adult Dental Coverage Status and Substance Use Disorder Status



Dental Rates by Type of Dental Service per 1,000 Adults Medicaid Beneficiaries with a Dental Visit (part 1)



Dental Rates by Type of Dental Service per 1,000 Adults Medicaid Beneficiaries with a Dental Visit (part 2)



Effect of Substance Use Disorder Diagnosis on Receiving Any and Specific Dental Services

Type of Dental Service	Amount	More Likely/Less Likely
Any Dental Service	2.6 times	↑ More Likely
Adjunctive Service	2.1 times	↑ More Likely
Diagnostic Service	-	-- Not Significant
Endodontics Service	47%	↑ More Likely
Oral Maxillofacial Surgery Service	3.6 times	↑ More Likely
Periodontics Service	16%	↓ Less Likely
Preventive Service	43%	↓ Less Likely
Prosthodontics Removable Service	82%	↑ More Likely
Restorative Service	11%	↓ Less Likely

Controlling For
Age
Sex
Race and Ethnicity
Rural/Urban Status
State Medicaid Adult Dental Benefit Coverage

Conclusion

- There are significant disparities in dental service utilization influenced by factors like SUD, demographics, and geographic location.
- SUD patients have significant oral health needs, calling for dental professionals to be well-trained and proficient in managing patients with SUD patients in their practices.
- State adult dental coverage is significantly associated with access to dental services.
- There are intricate relationships between chronic health conditions, demographic factors, systemic healthcare disparities, and access to dental services.

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COVID-19 Public Health Emergency Impact on Endodontic Utilization Among Medicaid/CHIP Beneficiaries

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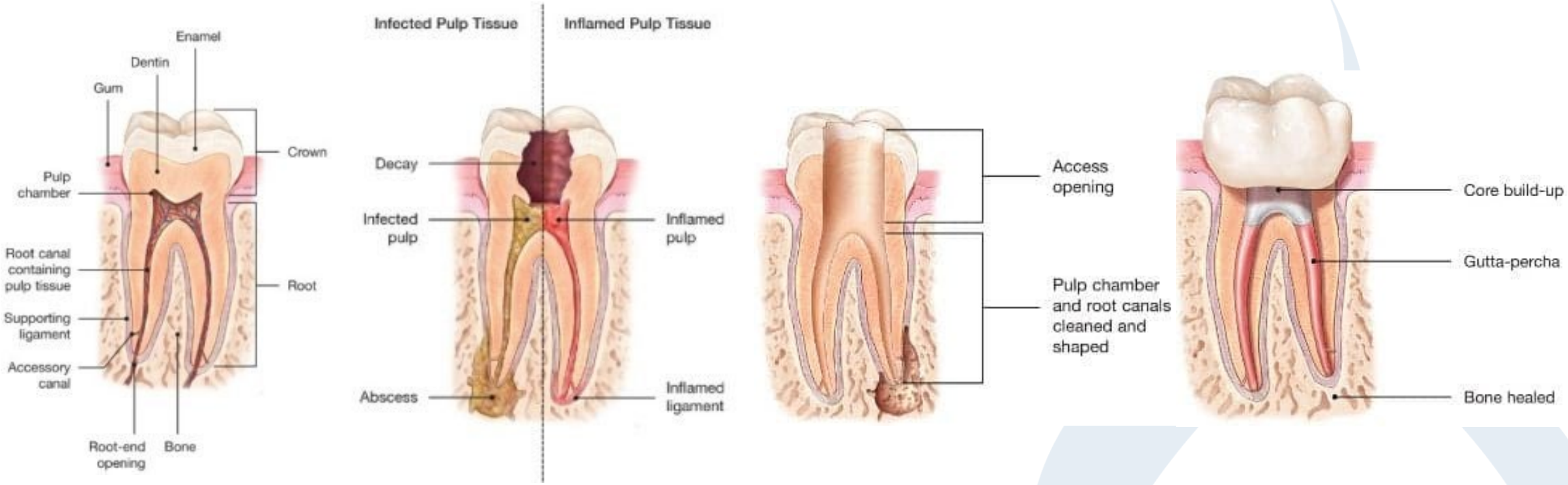
Background (2)

- Dental insurance is fundamental to dental care access
  - The financial barriers to receiving dental care are higher than for any type of healthcare [1,2]
- *Dental Benefits for Children in Medicaid*: Medicaid covers dental services for **all** child enrollees as part of a comprehensive set of benefits, referred to as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Dental services for children must minimally include the following:
  - Relief of pain and infections
  - Restoration of teeth
  - Maintenance of dental health [3]
- *Dental Benefits for Adults in Medicaid*: States can determine what dental benefits are provided to adult Medicaid enrollees. While most states provide at least emergency dental services for adults, less than half currently provide comprehensive dental care. There are no minimum requirements for adult dental coverage. [3]

1 Vujicic M, Buchmueller T, Klein R. Dental care presents the highest level of financial barriers, compared to other types of health care services. Health Aff 2016;35:2176-82.
2 2002-2022 NHIS data, questionnaires and related documentation. Center for Disease Control and Prevention. 2023. Available at: https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm. Accessed December 3, 2023.
3 CMCS Dental Care https://www.medicaid.gov/medicaid/benefits/dental-care/index.html

Root Canal Treatments Relieve Pain and Save Natural Teeth



Healthy Tooth → Infected Tooth → Endodontic/Root Canal Treatment → Healed Tooth

1 American Association of Endodontists (AAE) Root Canal Explained https://www.aae.org/patients/root-canal-treatment/what-is-a-root-canal/root-canal-explained/

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Objectives (2)

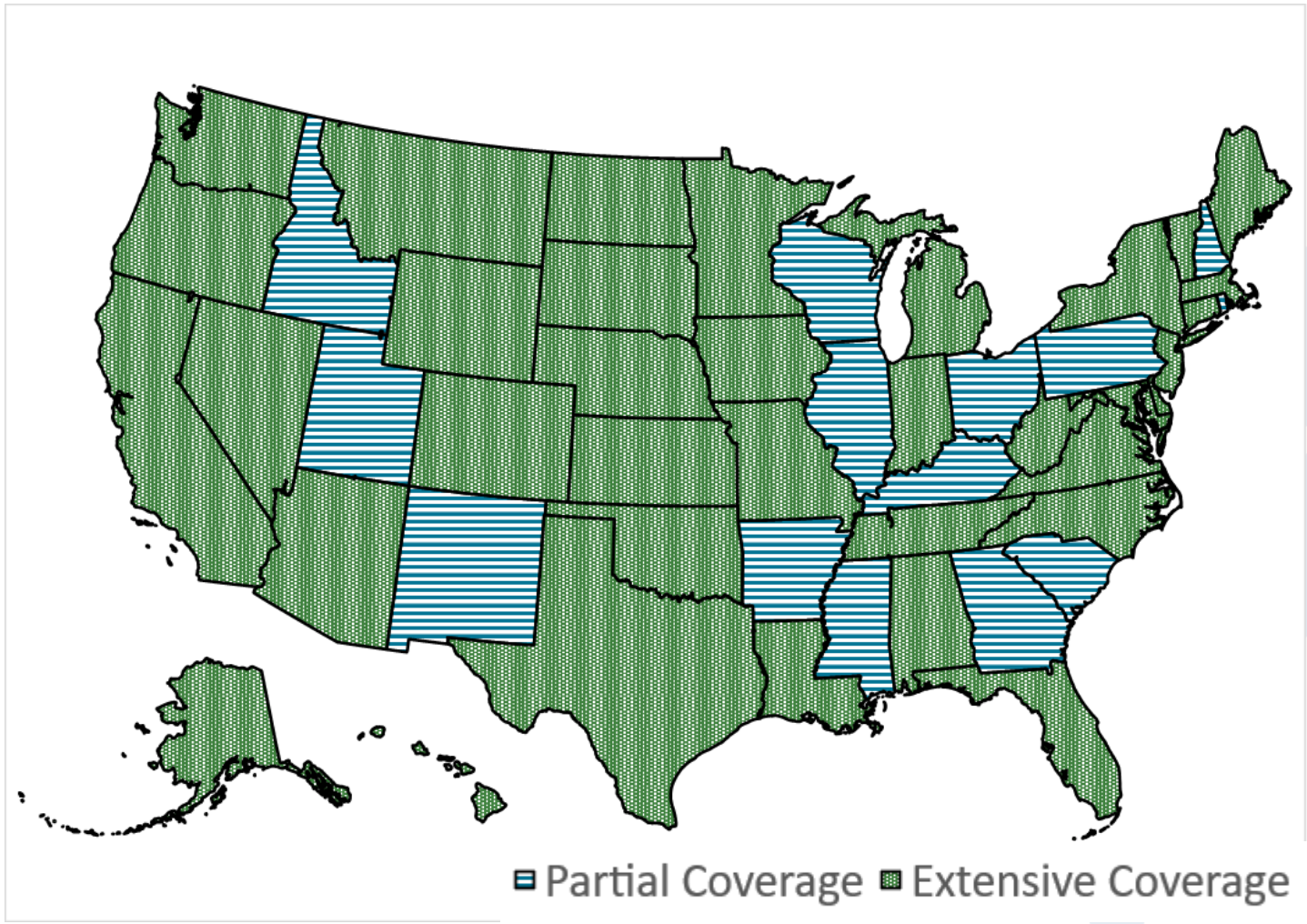
- Describe the variations in endodontic services utilization among Medicaid-enrolled children and adults at the state level
- Evaluate the impact of the COVID-19 PHE on endodontic services utilization

Methods

- Centers for Medicare & Medicaid Services (CMS) unredacted 2019- 2021 Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIF)
- Children and adults enrolled in Medicaid/CHIP who are non-dually eligible for Medicare
- Endodontic visit is defined as beneficiaries who had dental visits with endodontic CDT [1] codes D3000- D3999
- Any dental visit is defined as beneficiaries who had visits with CDT [1] codes D0100-D9999
- Endodontic coverage evaluated at the state level
  - Children: 18 endodontic procedure codes evaluated; Partial coverage: 0-10 procedures covered; Extensive coverage: more than ten procedures covered
  - Adults: 16 endodontic procedure codes evaluated; No coverage: zero procedures covered; Partial coverage: 1-7 procedures covered; and Extensive coverage: ≥ 8 procedures covered.
- Clustered Robust Standard Error Models Predicting the odds of Medicaid/CHIP beneficiaries receiving an endodontic service. Covariates: Age, Sex, Race/ Ethnicity, Urban/Rural Residence Designation, State Medicaid Endodontics Coverage

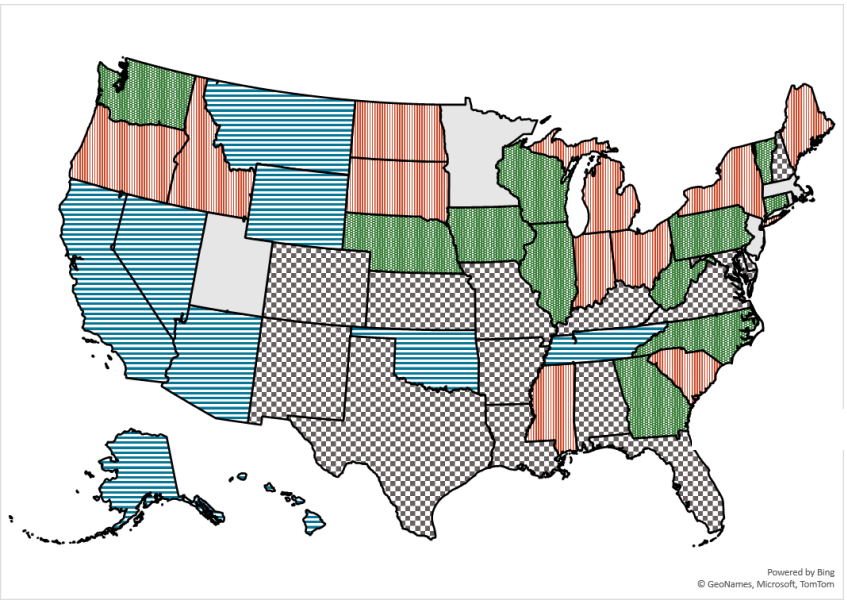
1 ADA Code on Dental Procedures and Nomenclature https://www.ada.org/publications/cdt

Geographic Variation in Pediatric Endodontic Coverage, 2021

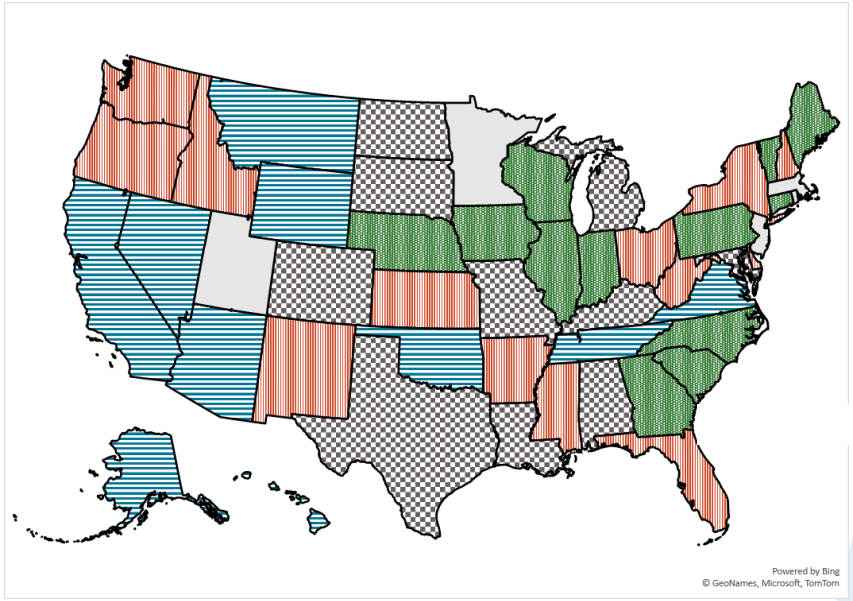


Geographic Variation in Pediatric Endodontic Treatment Rates of Medicaid/CHIP Beneficiaries per 1,000 with a Dental Visit

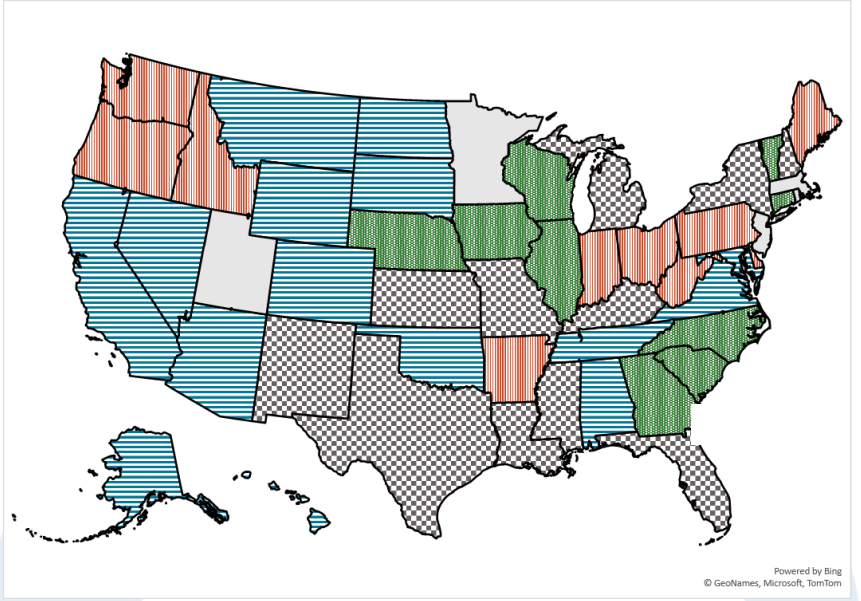
2019



2020



2021



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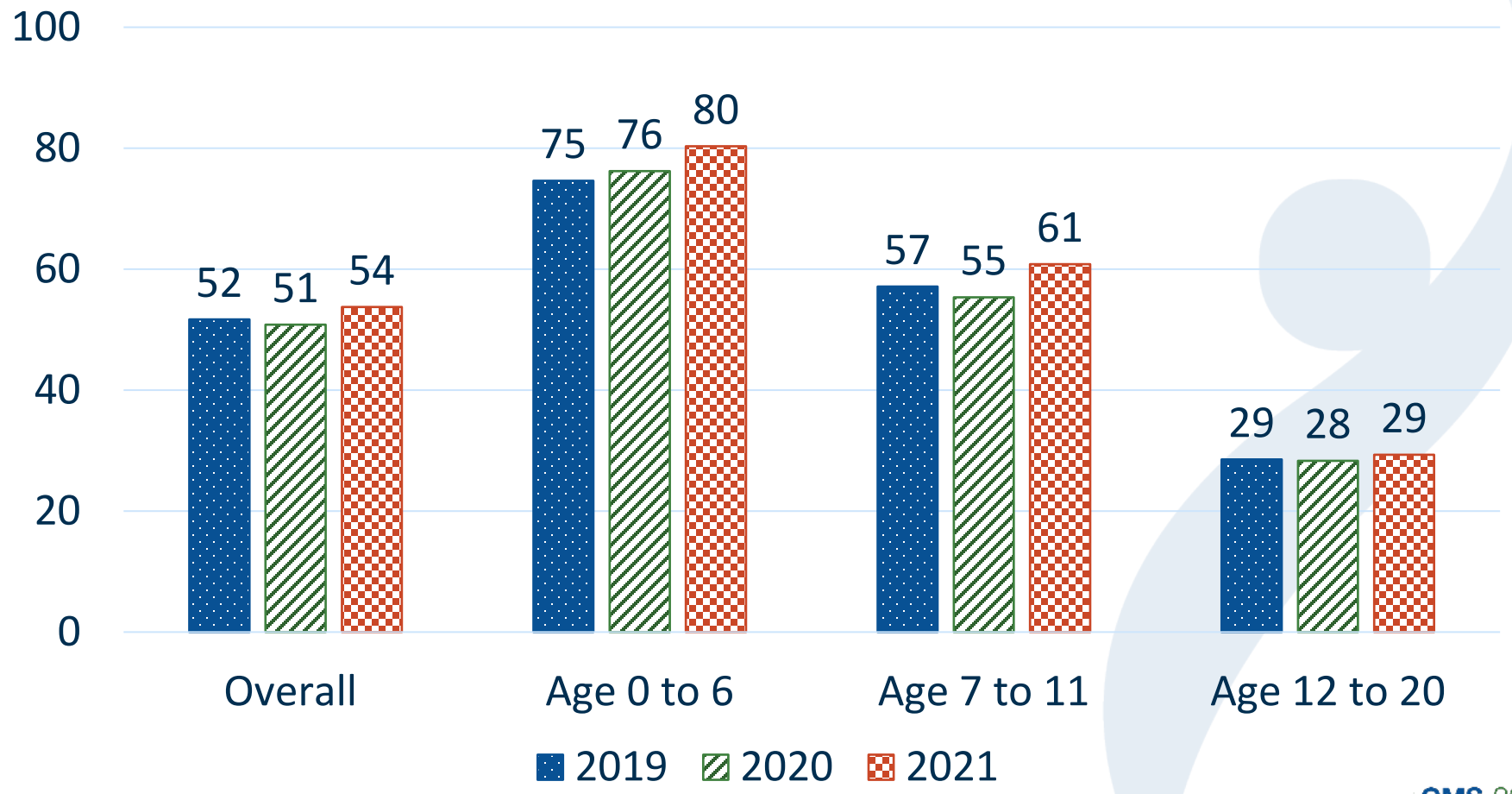
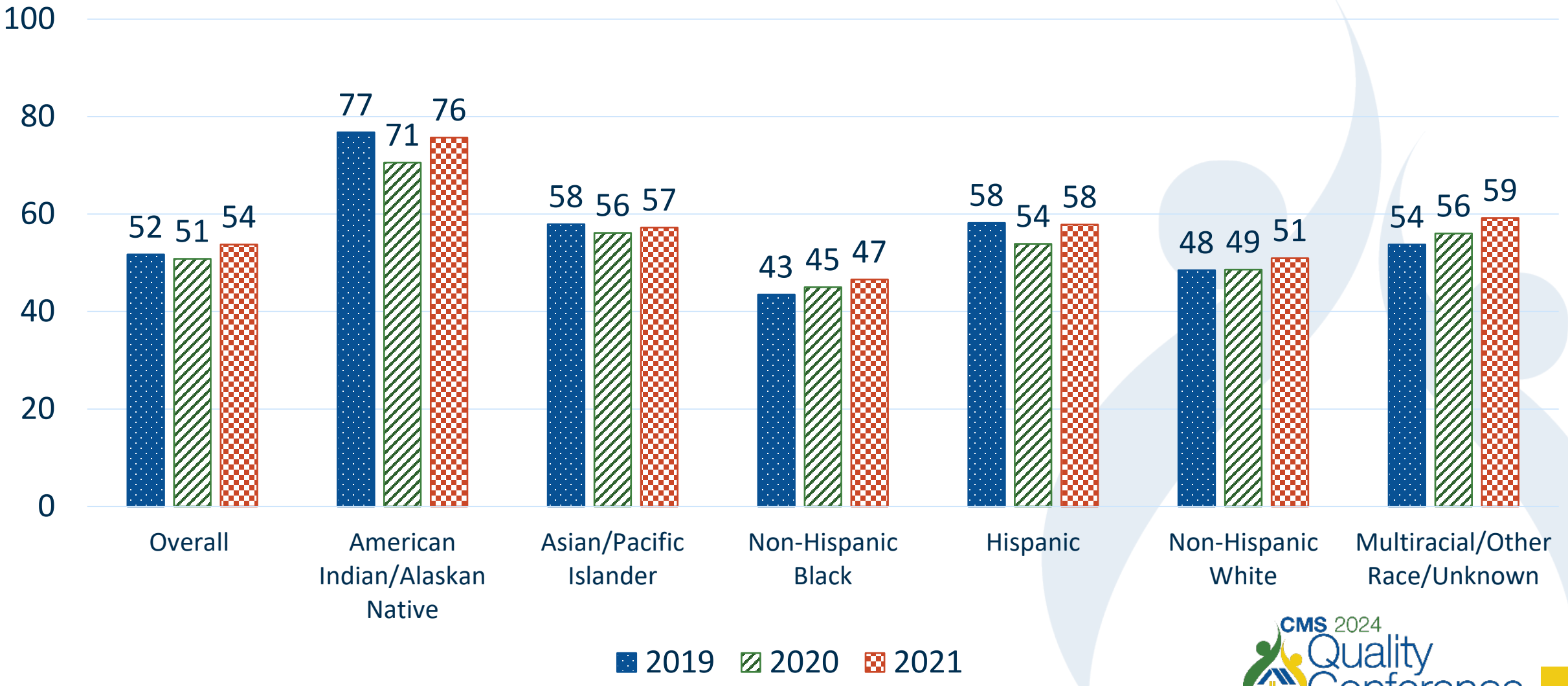
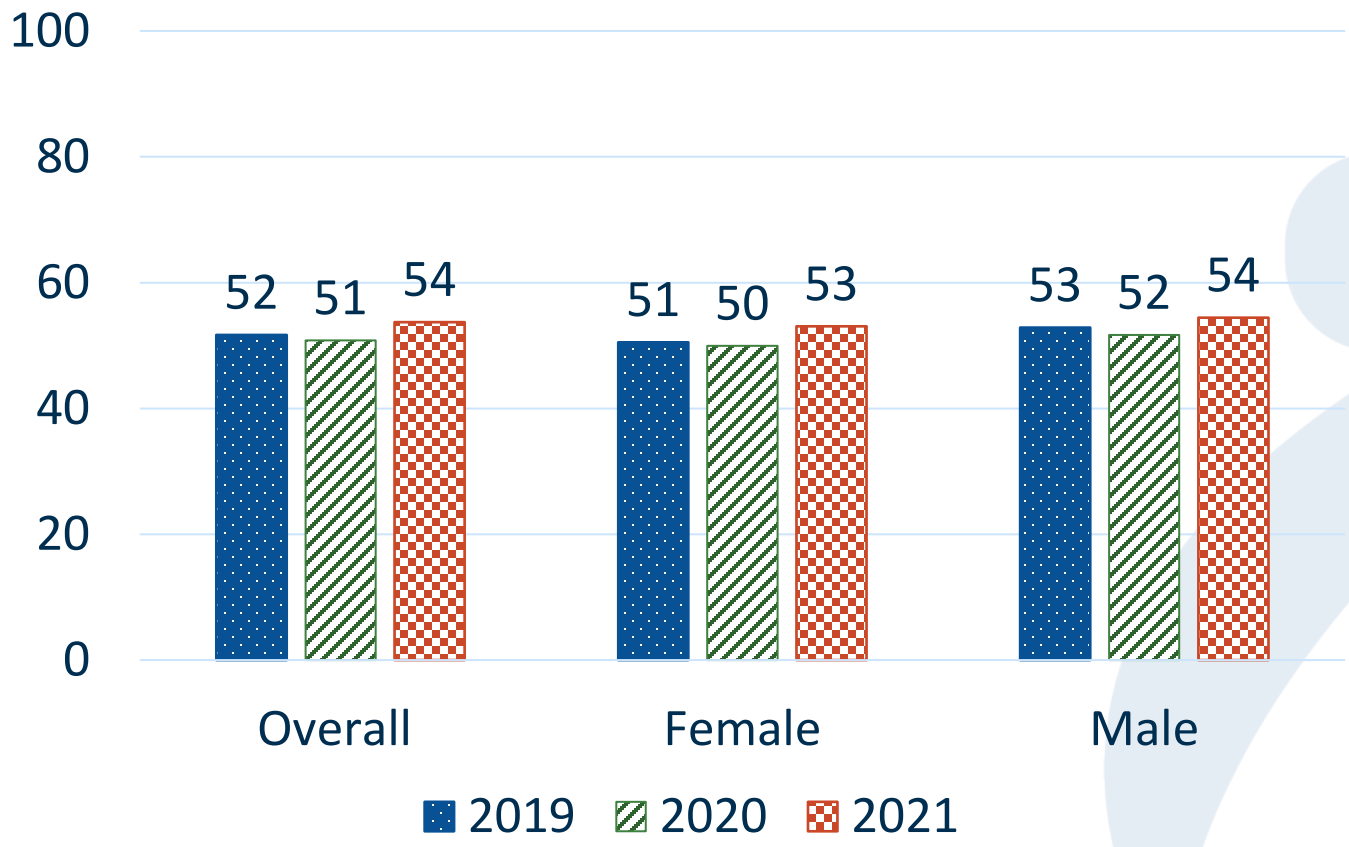
Pediatric Endodontic Treatment Rates per 1,000 Medicaid/CHIP Beneficiaries with a Dental Visit, by Age Group



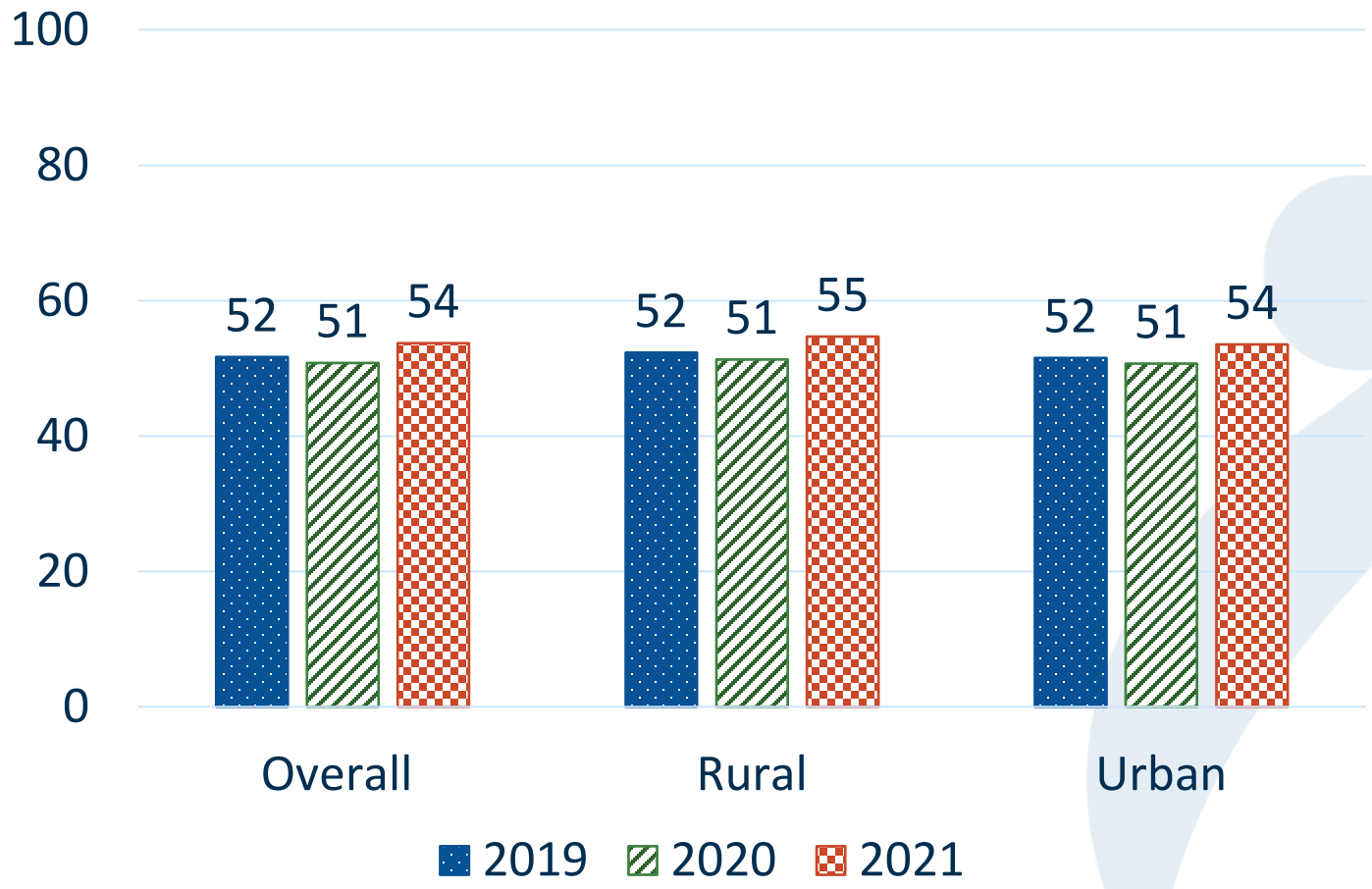
Pediatric Endodontic Treatment Rates per 1,000 Medicaid/CHIP Beneficiaries with a Dental Visit by Race/Ethnicity



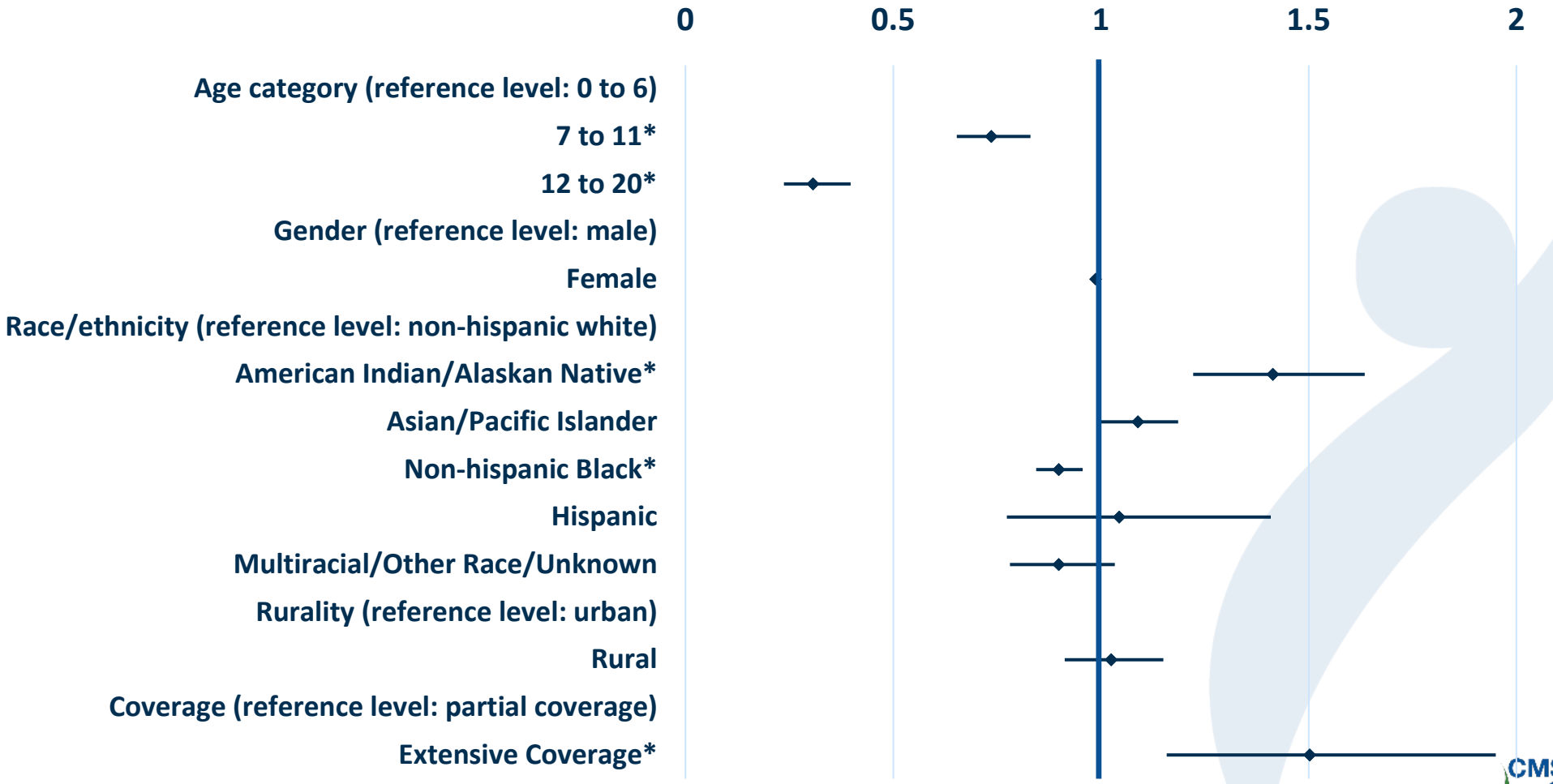
Pediatric Endodontic Treatment Rates per 1,000 Medicaid/CHIP Beneficiaries with a Dental Visit by Sex



Pediatric Endodontic Treatment Rates per 1,000 Medicaid/CHIP Beneficiaries with a Dental Visit by Residence Designation



Clustered Robust-Standard Error Model Predicting the Odds of Pediatric Medicaid/CHIP Beneficiary with a Dental visit Receiving an Endodontic Treatment



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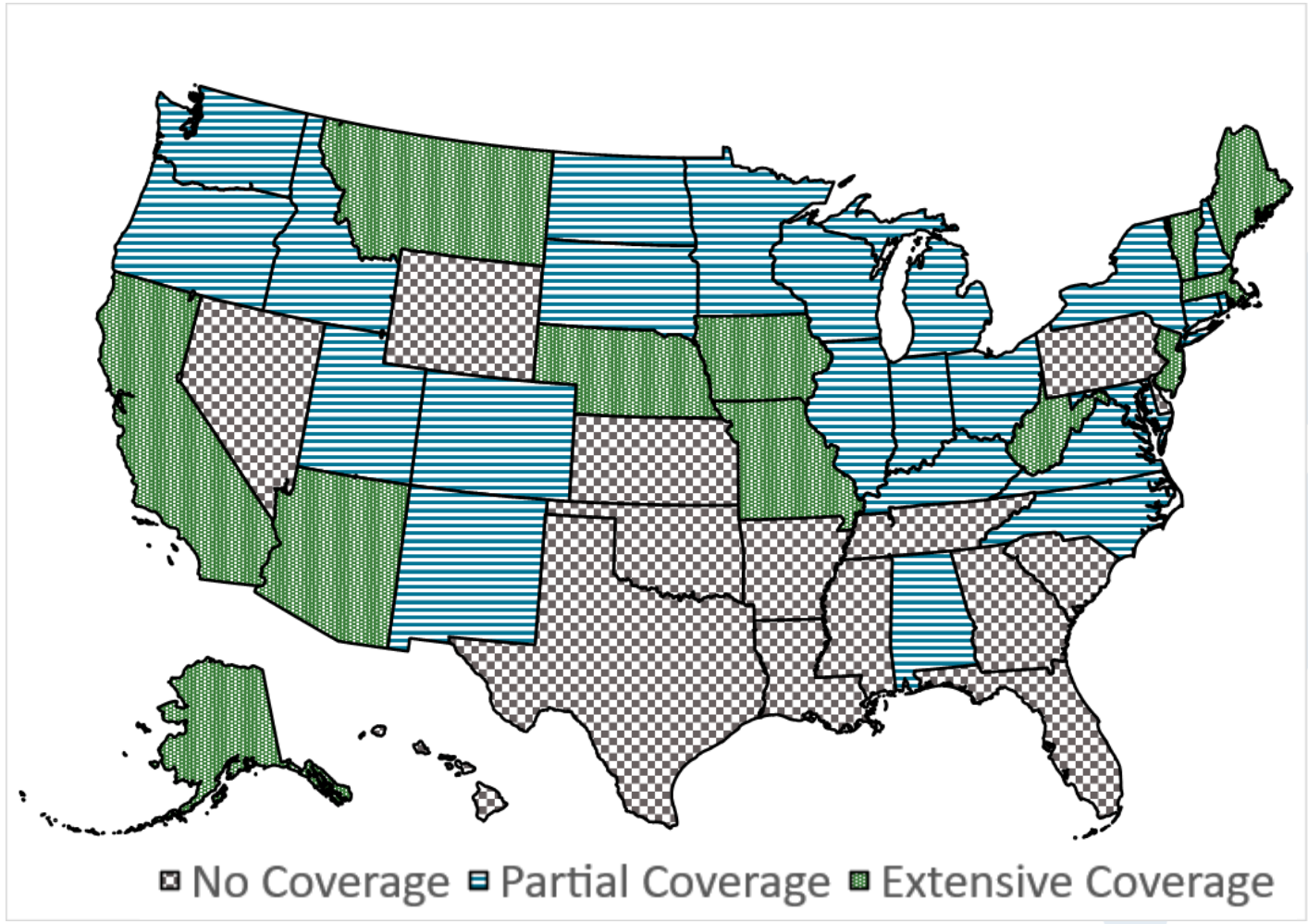
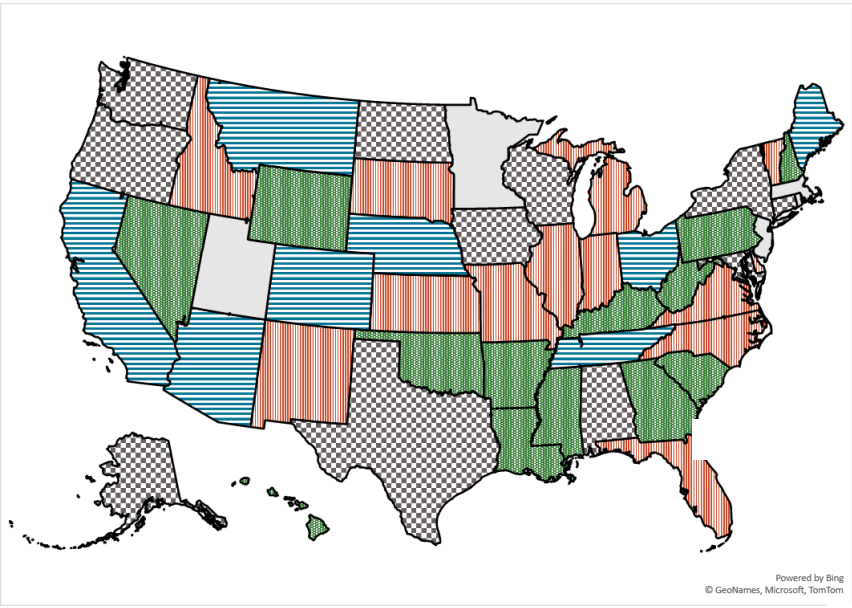
Geographic Variation in Adult Endodontic Coverage, 2021

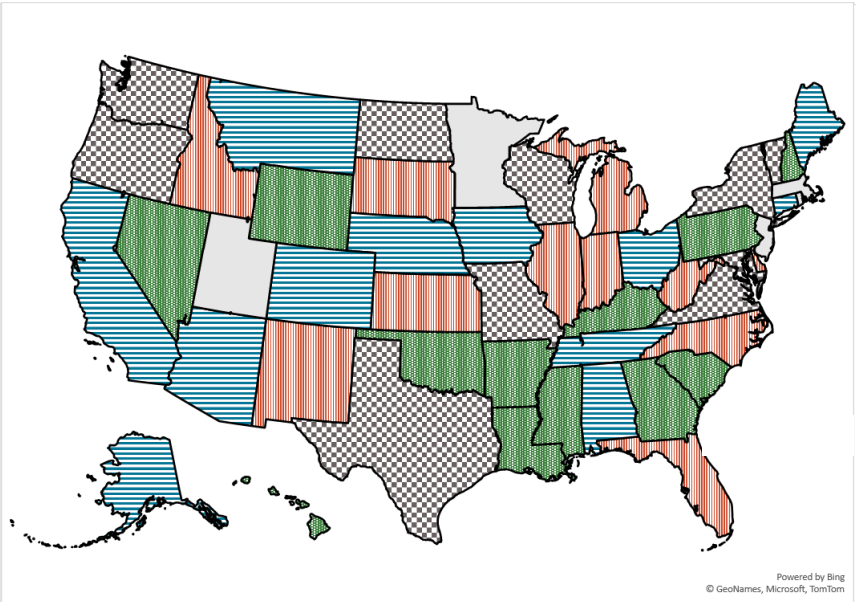


Geographic Variation in Adult Endodontic Treatment Rates of Medicaid Beneficiaries with a Dental Visit per 1,000

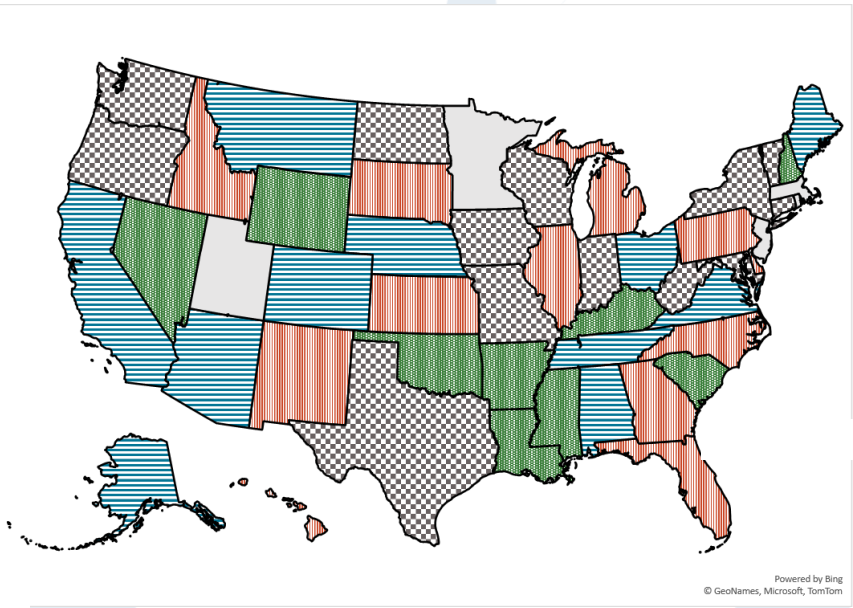
2019



2020



2021



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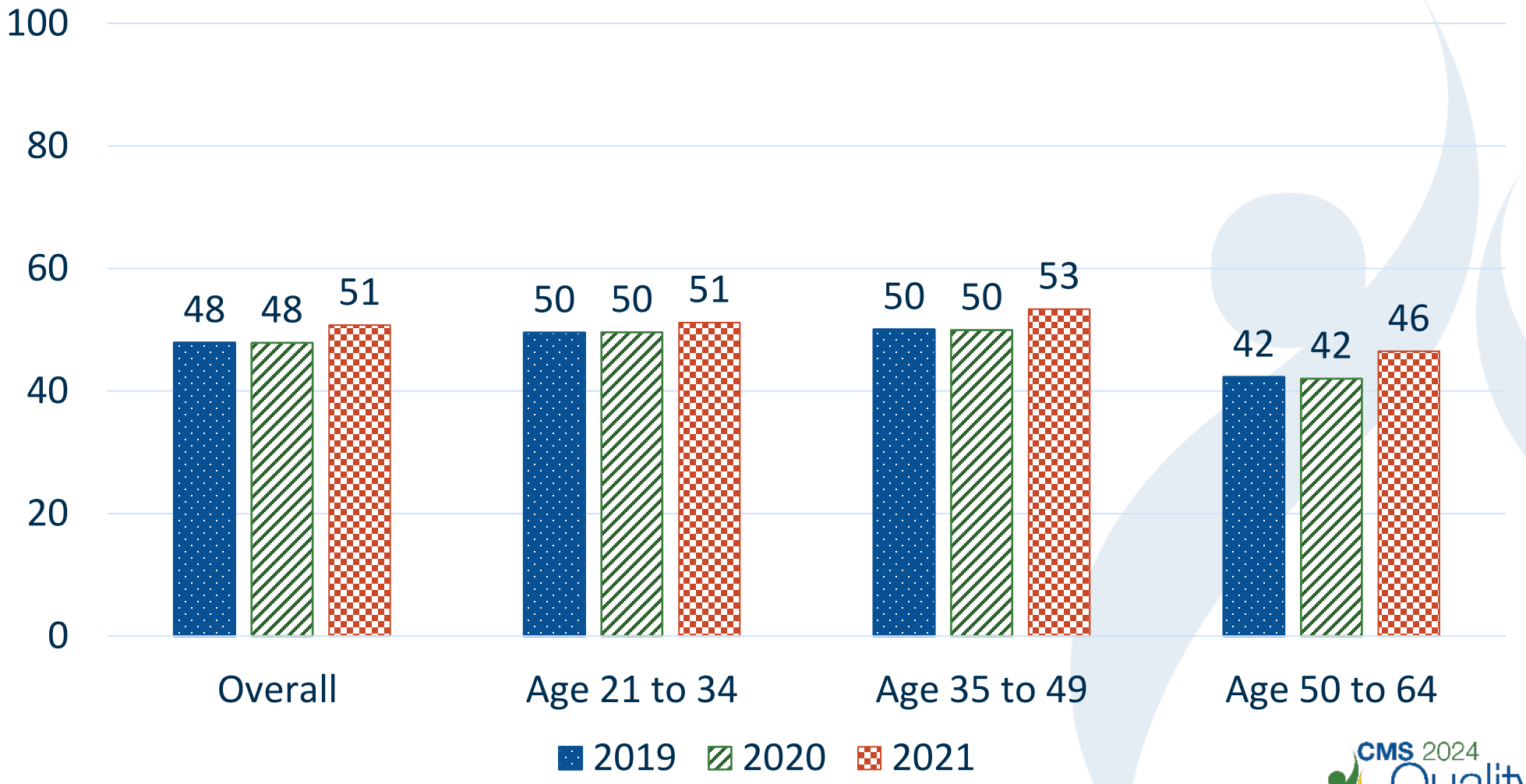
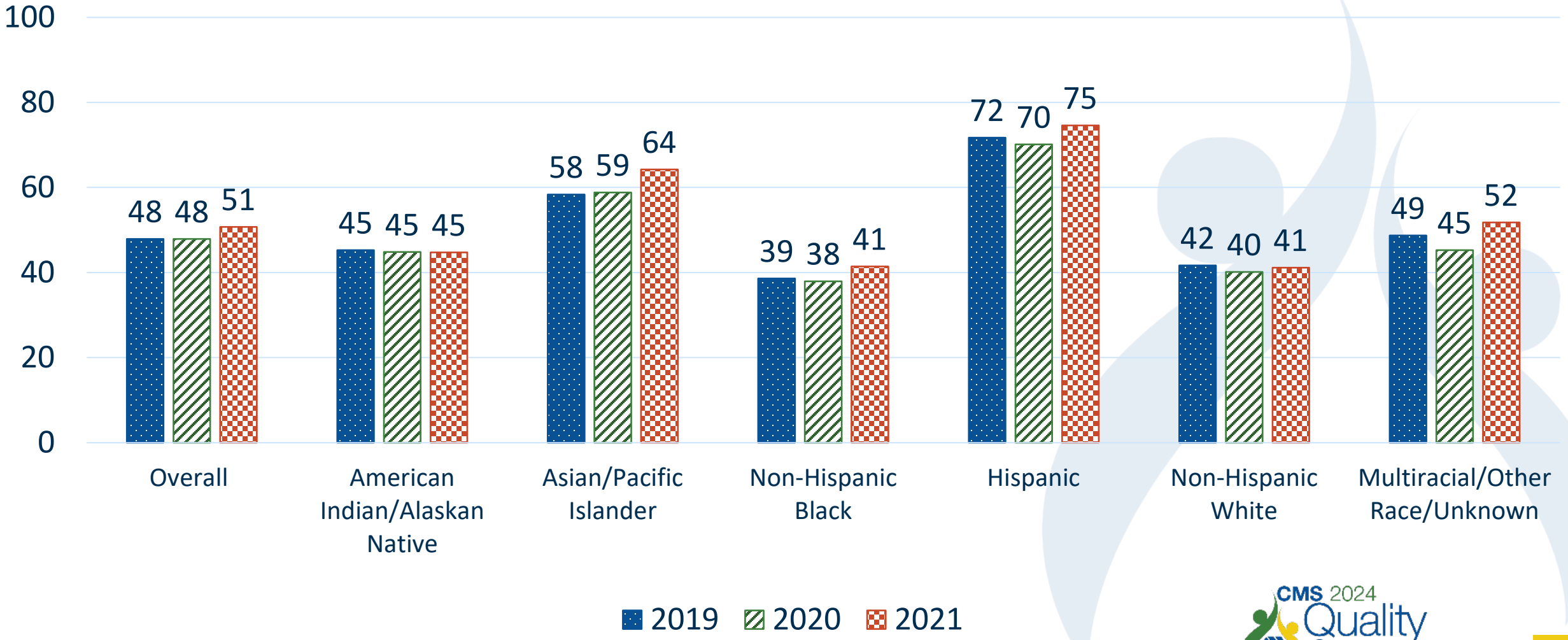
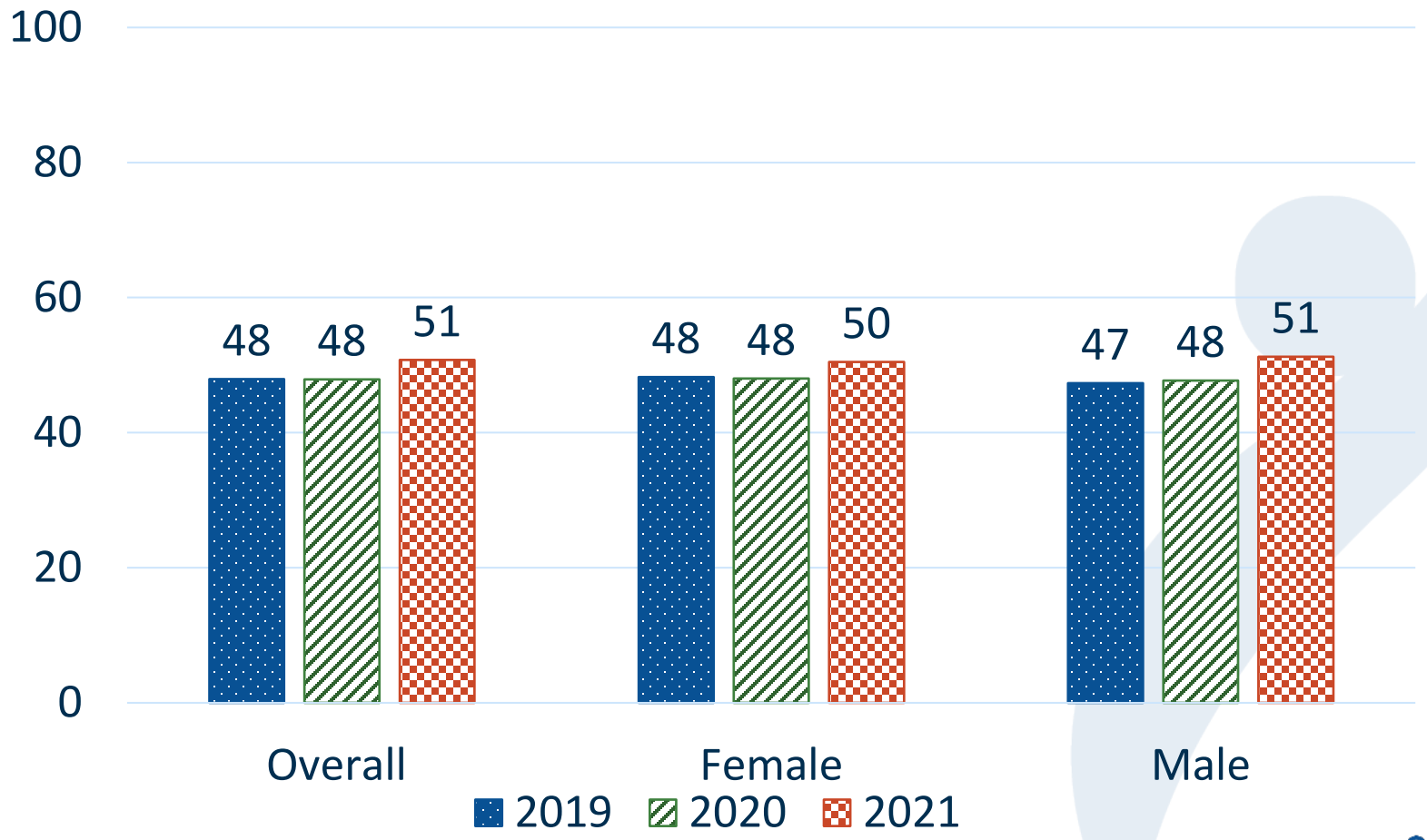
Adults Endodontic Treatment Rates per 1,000 Medicaid Beneficiaries with a Dental Visit by Age Group



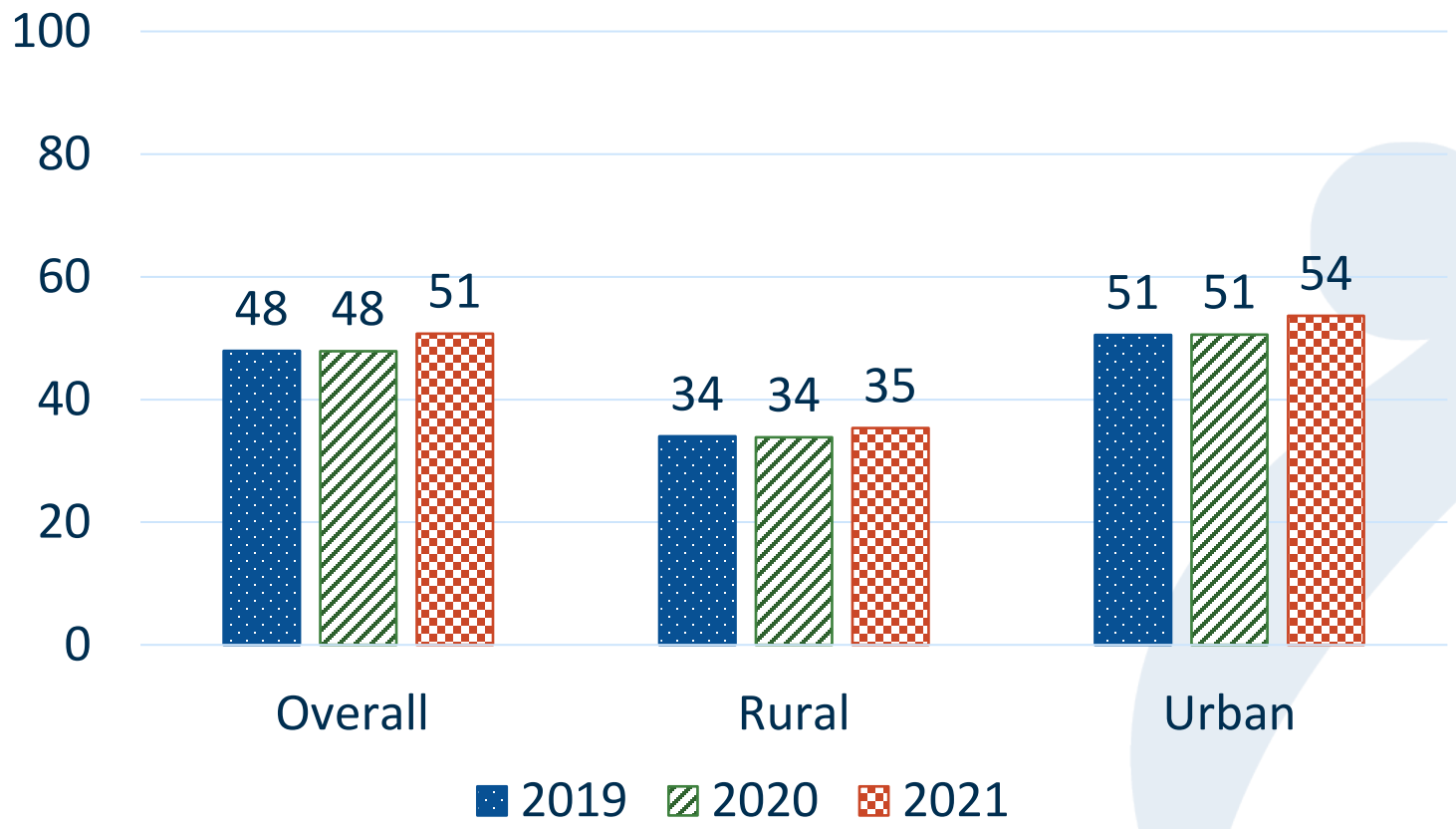
Adults Endodontic Treatment Rates per 1,000 Medicaid Beneficiaries with a Dental Visit by Race/Ethnicity



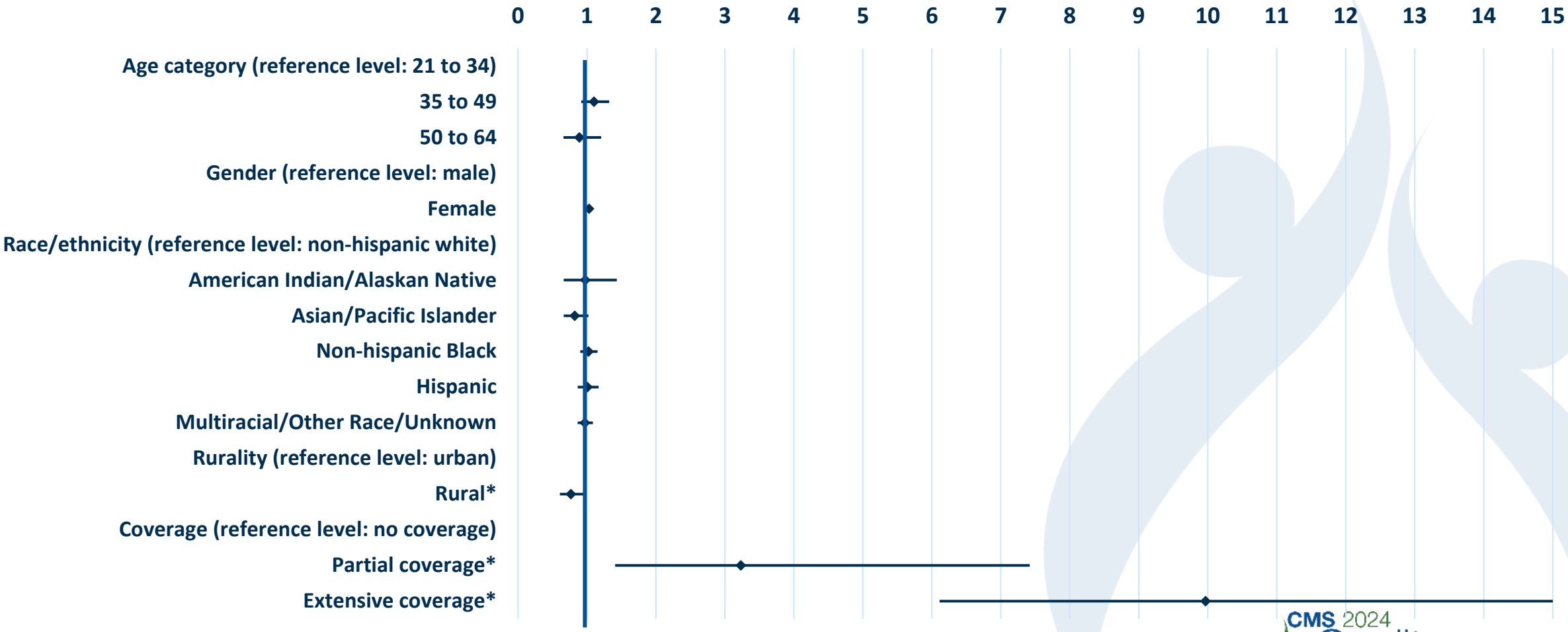
Adults Endodontic Treatment Rates per 1,000 Medicaid Beneficiaries with a Dental Visit by Sex



Adults Endodontic Treatment Rates per 1,000 Medicaid Beneficiaries with a Dental Visit by Residence Designation



Clustered Robust-Standard Error Model Predicting the Odds of an Adult Medicaid Beneficiary with a Dental Visit Receiving an Endodontic Treatment



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Conclusions

- The COVID-19 Public Health Emergency had minimal impact on the utilization of endodontic services among Medicaid-enrolled children and adults who had dental visits.
- The utilization of endodontic services treatment among pediatric Medicaid beneficiaries with a dental visit varied based on age, race, and coverage.
  - Adolescents and young adults have lower rates compared to children under 6 years
  - American Indian/Alaskan Native beneficiaries had the highest and Non-Hispanic Black beneficiaries the lowest utilization rates
  - States with extensive coverage had higher utilization than states with partial coverage
- The utilization of endodontic services treatment among adult Medicaid beneficiaries varied based on place of residence and coverage
  - Rural beneficiaries had lower utilization than urban beneficiaries
  - States with partial and extensive coverage had higher utilization than those without.

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Question and Answer Session

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