



InsureKidsNow.gov



**Promoting Use of Childhood  
Dental Benefits Covered Under  
Medicaid And CHIP to Catch Up on Care**

**Webinar:**  
February 18, 2021  
2:00pm EST

# Agenda

- Promoting Use of Childhood Dental Benefits Covered Under Medicaid And CHIP to Catch Up on Care – Dr. Natalia I. Chalmers, CMS Dental Officer
- Connecting Kids to Coverage National Campaign Resources
- Questions

# Connecting Kids to Coverage Medicaid and CHIP Comprehensive Dental Benefits Help Children Achieve Better Health and Healthier Smiles



**Natalia I. Chalmers DDS, MHS, PhD**

Diplomate, American Board of Pediatric Dentistry

Dental Officer

Centers for Medicare and Medicaid Services

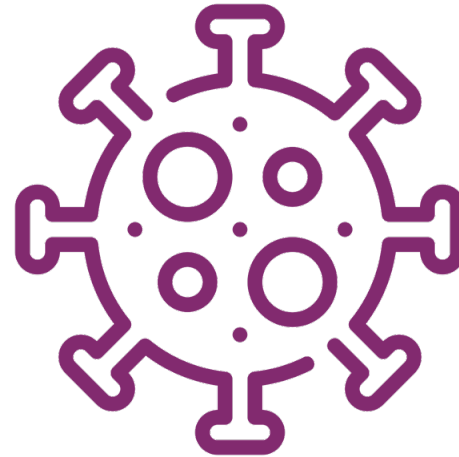
# Connecting Children to Coverage and Care



Why Oral Health and Coverage Matter



Role of Parents in Children's Oral Health and Coverage



Impact of COVID-19 on Utilization



CMS Oral Health Learning Collaborative



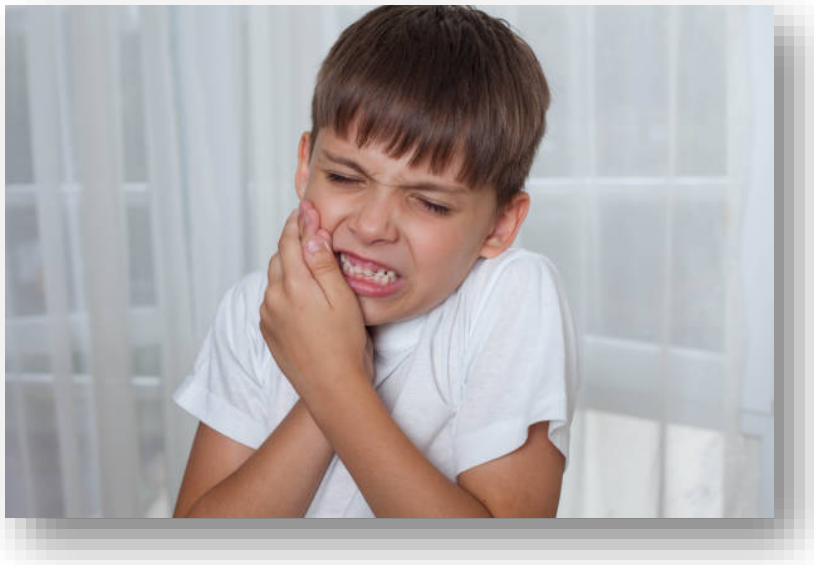
# Oral Health and Severe Early Childhood Caries



Joanna Douglass, BDS, DDS

Source: [smilesforlifeoralhealth.org](http://smilesforlifeoralhealth.org)

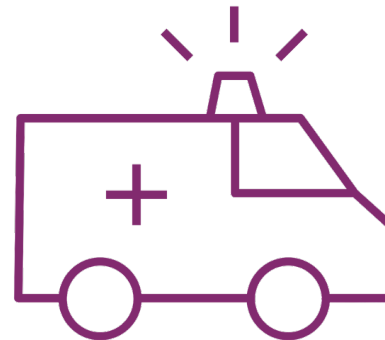
# Impact of Poor Oral Health



Poor academic performance



School attendance, i.e. student absenteeism

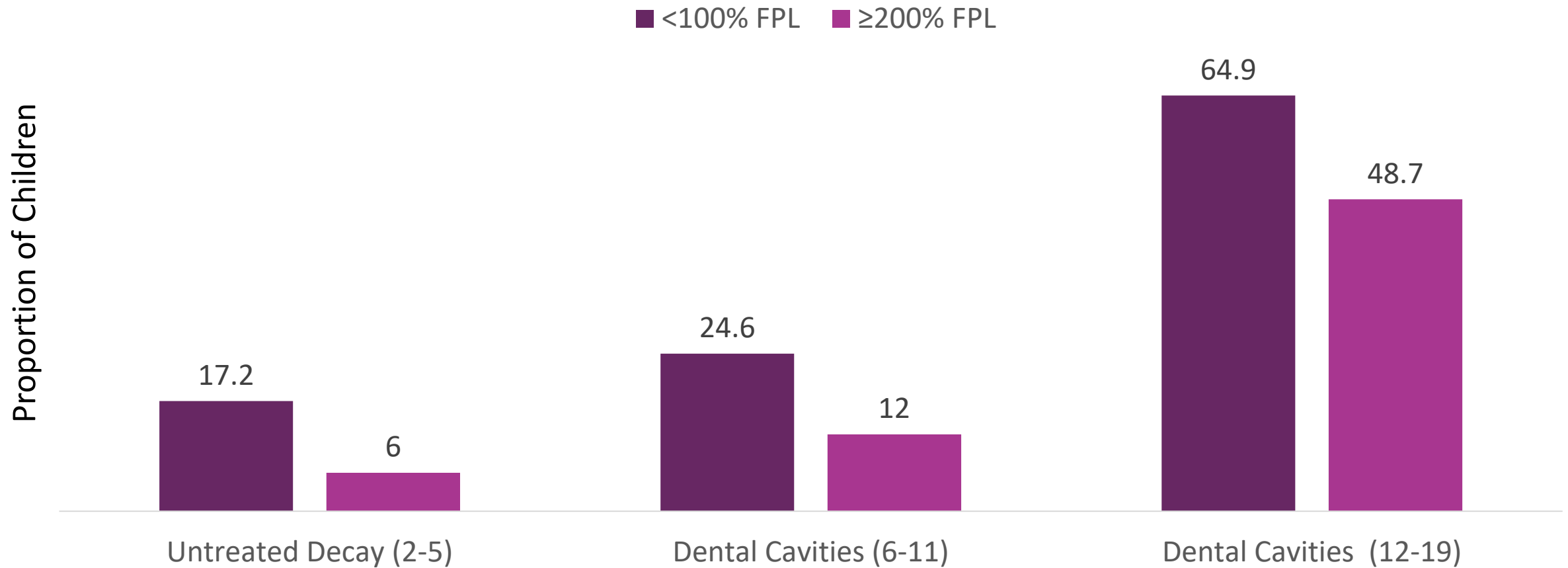


Emergency Department Use



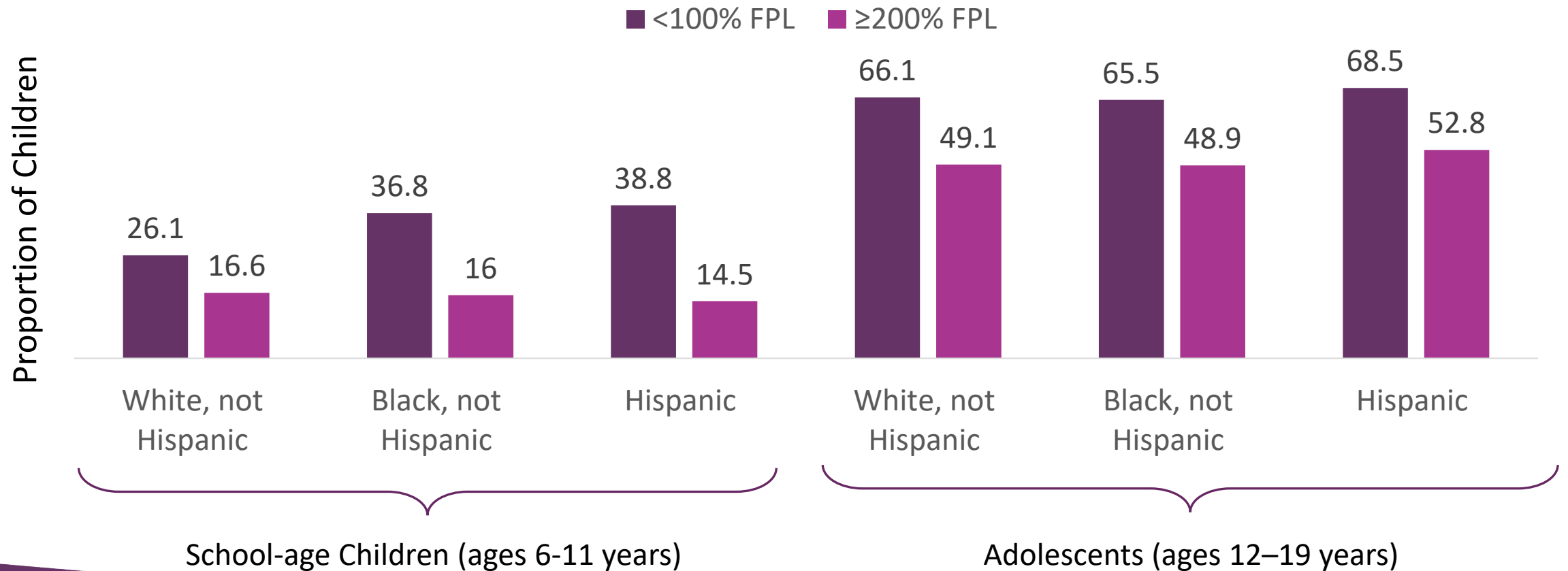
Pain and Infection

# Medicaid Bears the Burden of Disease



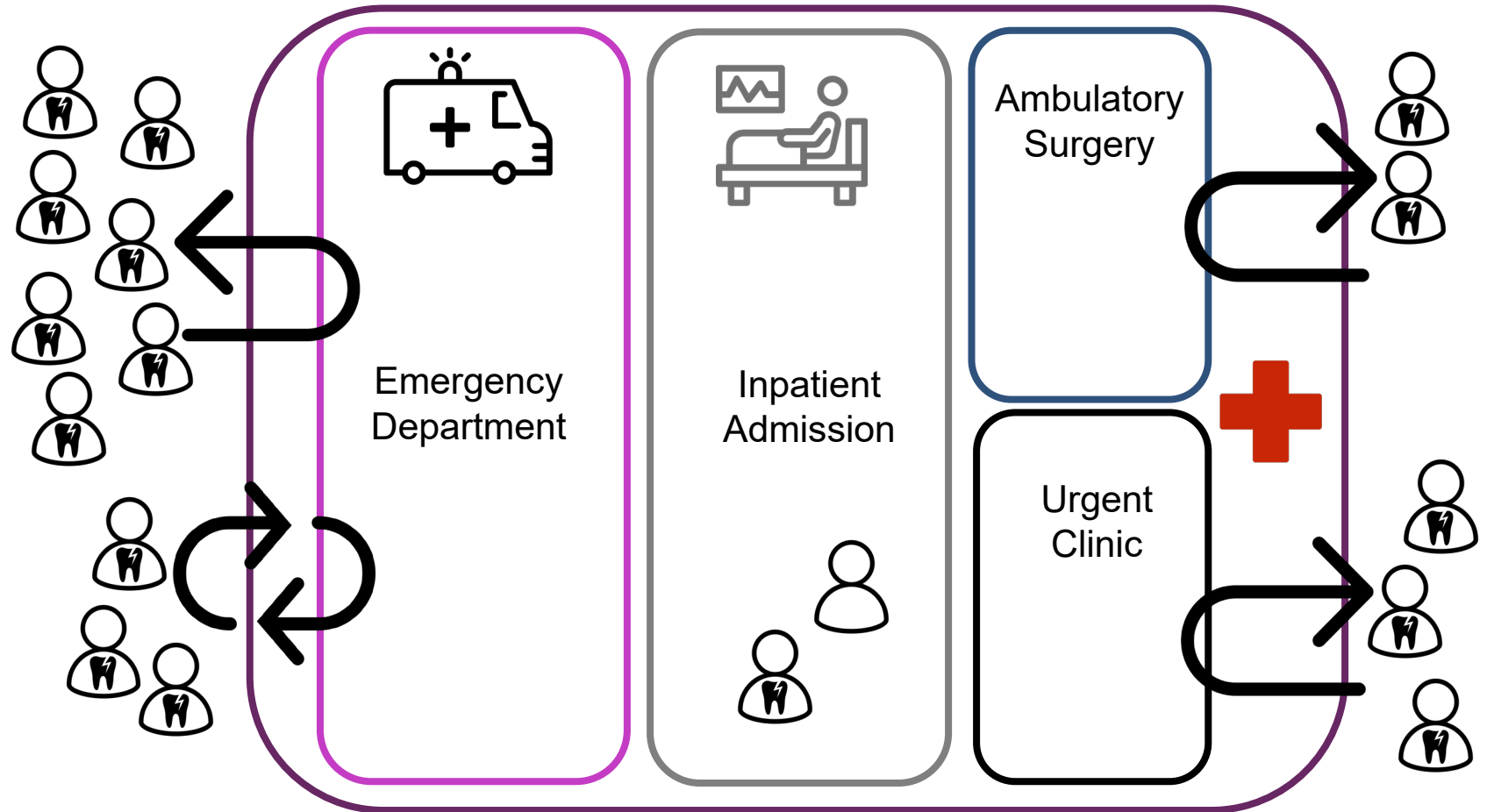
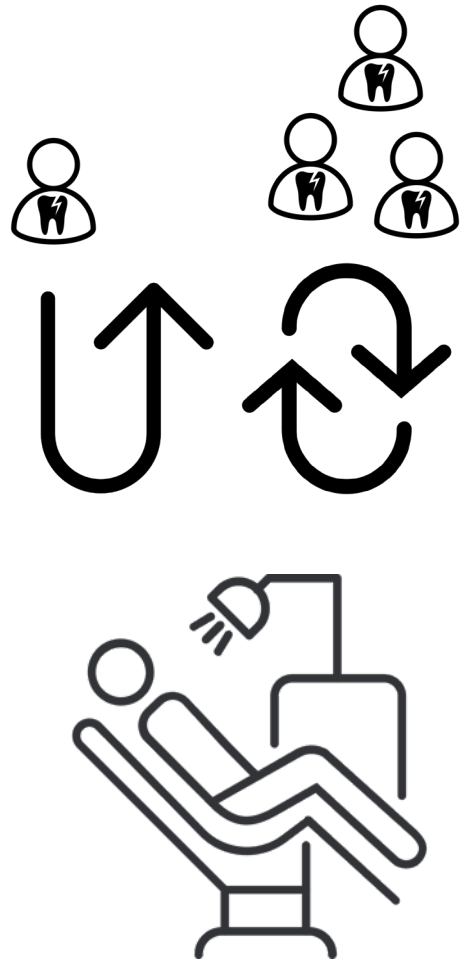
# Oral Health is About Health Equity

Dental caries in children and adolescents according to poverty





# Where Our Beneficiaries Access Dental Care



# Continuity of Dental Coverage Through the Lifespan

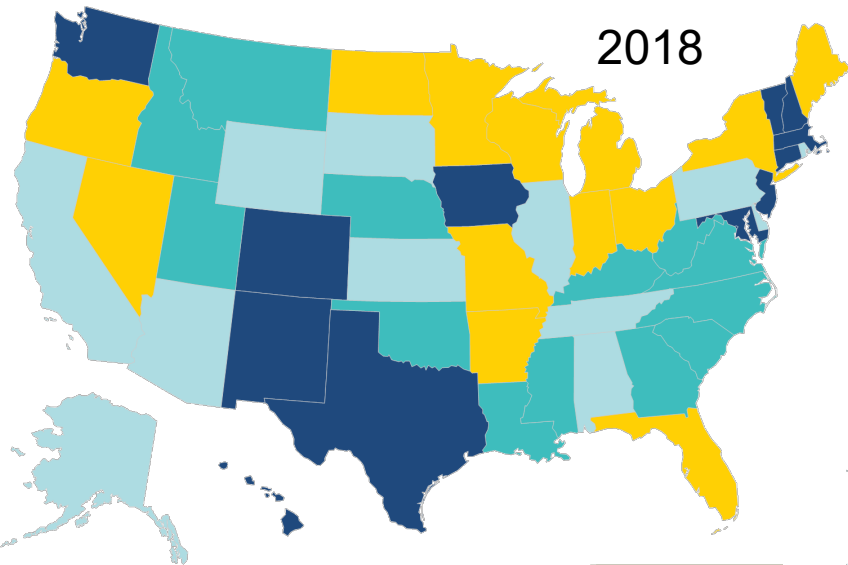
**Everyone**  
0-20 years old



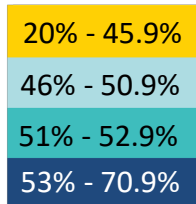
**Some\***  
21-64 years old



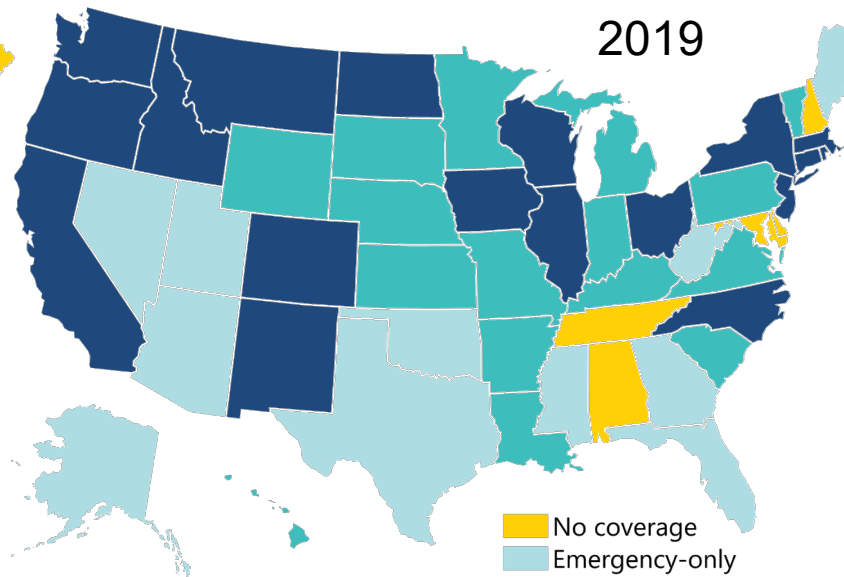
**None\*\***  
65+ years old



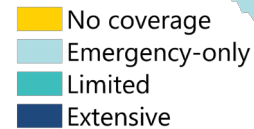
2018



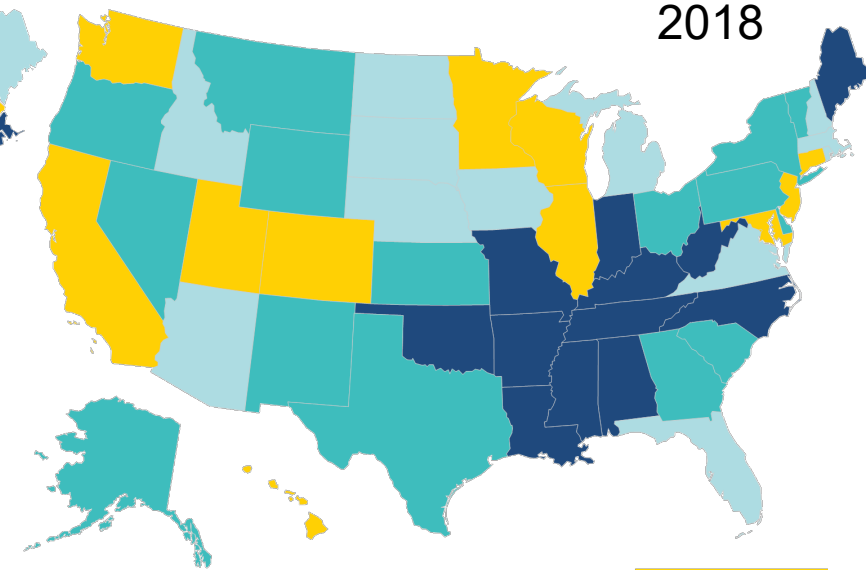
Source: EPSDT, Proportion of Beneficiaries Receiving Any Dental Service



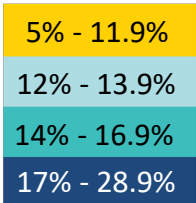
2019



Source: State Medicaid Coverage of Adult Dental Benefits; Center for Health Care Strategies (CHCS)

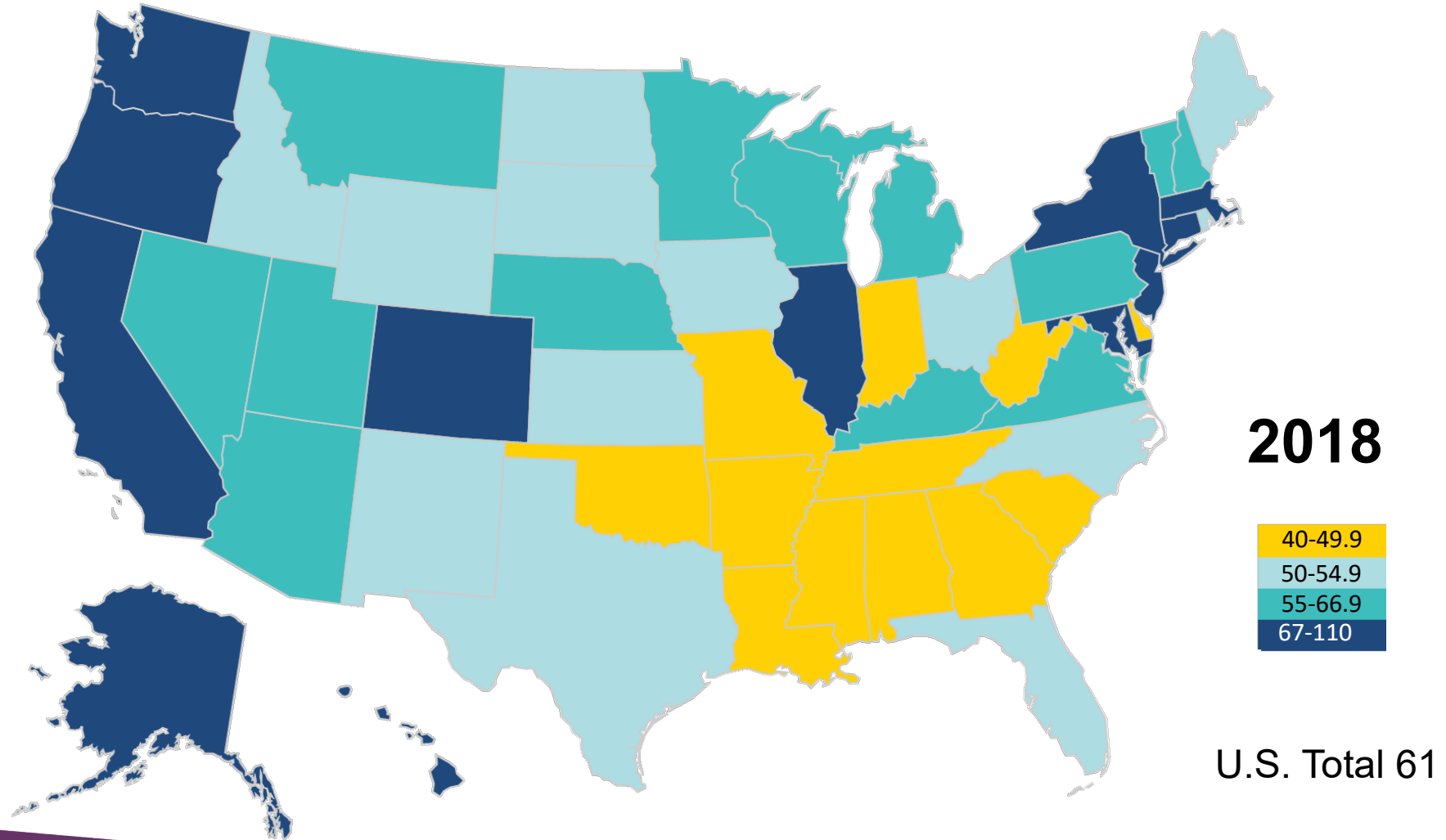


2018



Adults aged 65+ who have had all their natural teeth extracted  
Source: Behavioral Risk Factor Surveillance System (BRFSS)

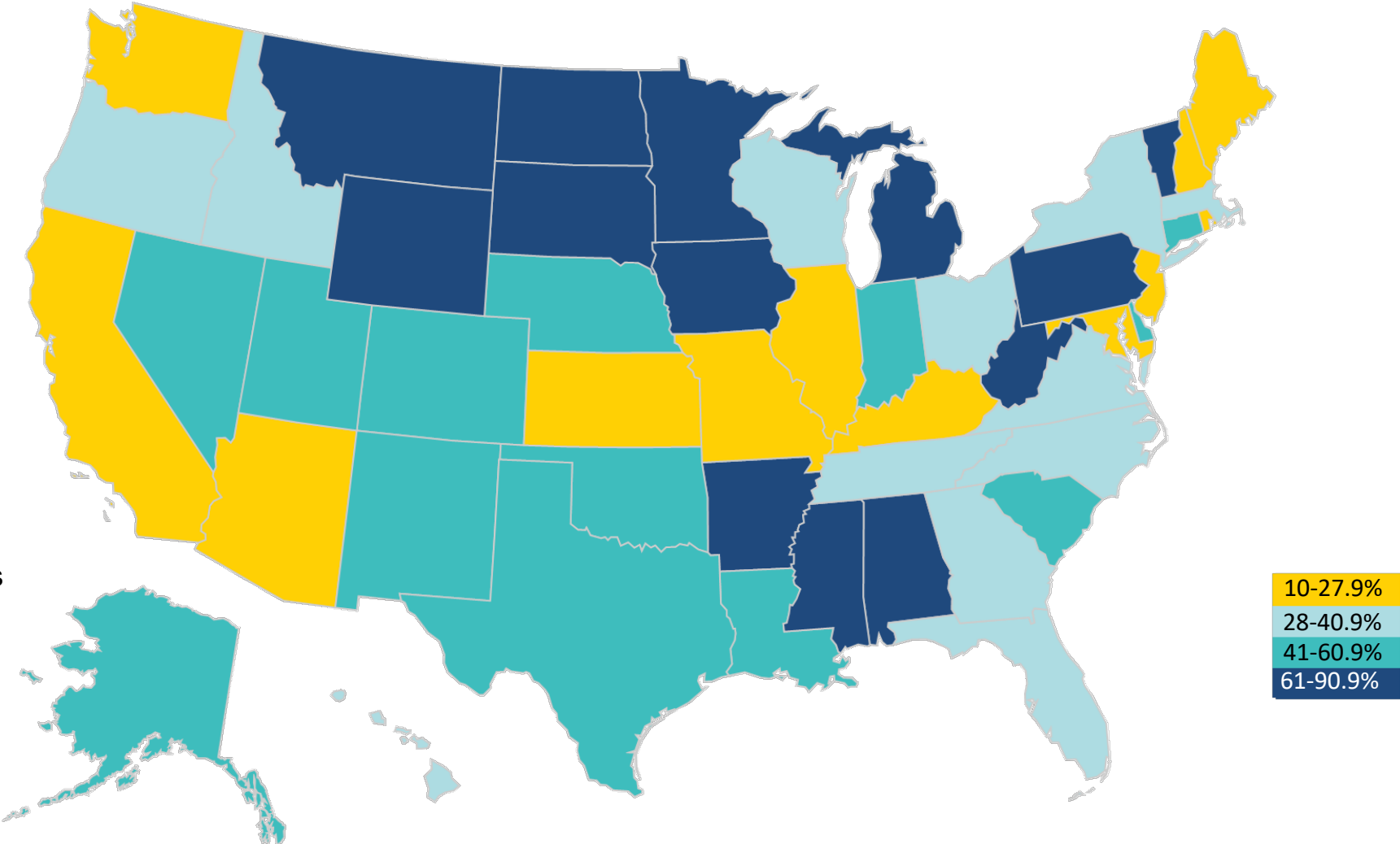
# Number of Dentists per 100,000 Resident Population



# Dentist Participation in Medicaid or CHIP, 2016

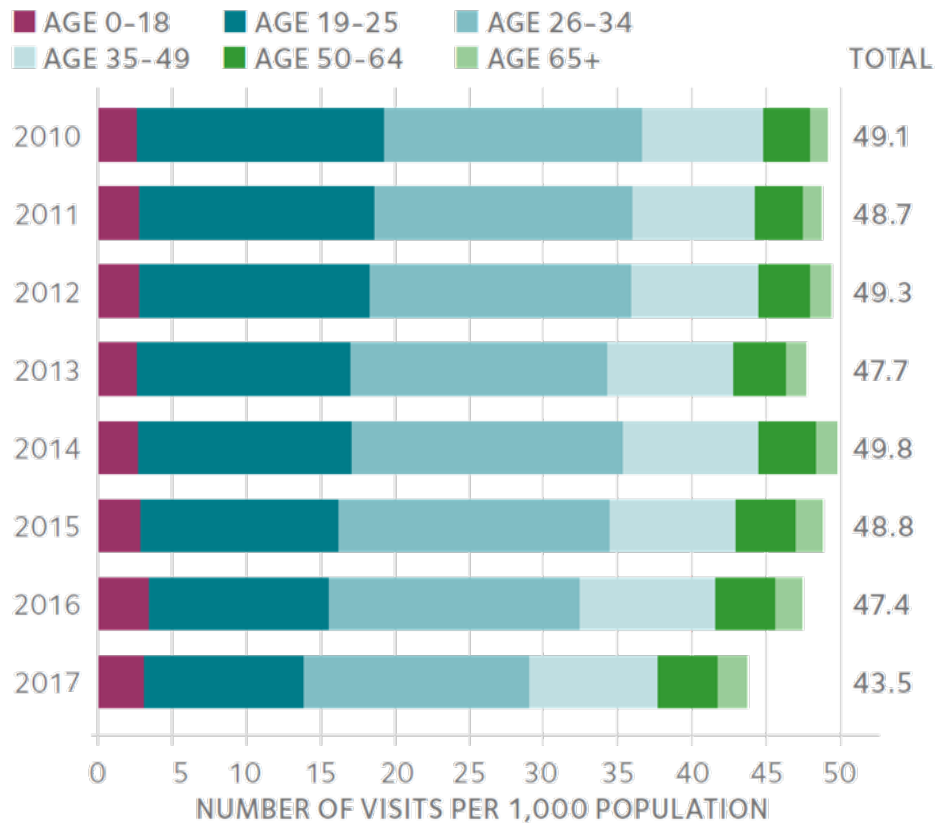
**38%**

of U.S. Dentists participate in Medicaid and CHIP for child dental services

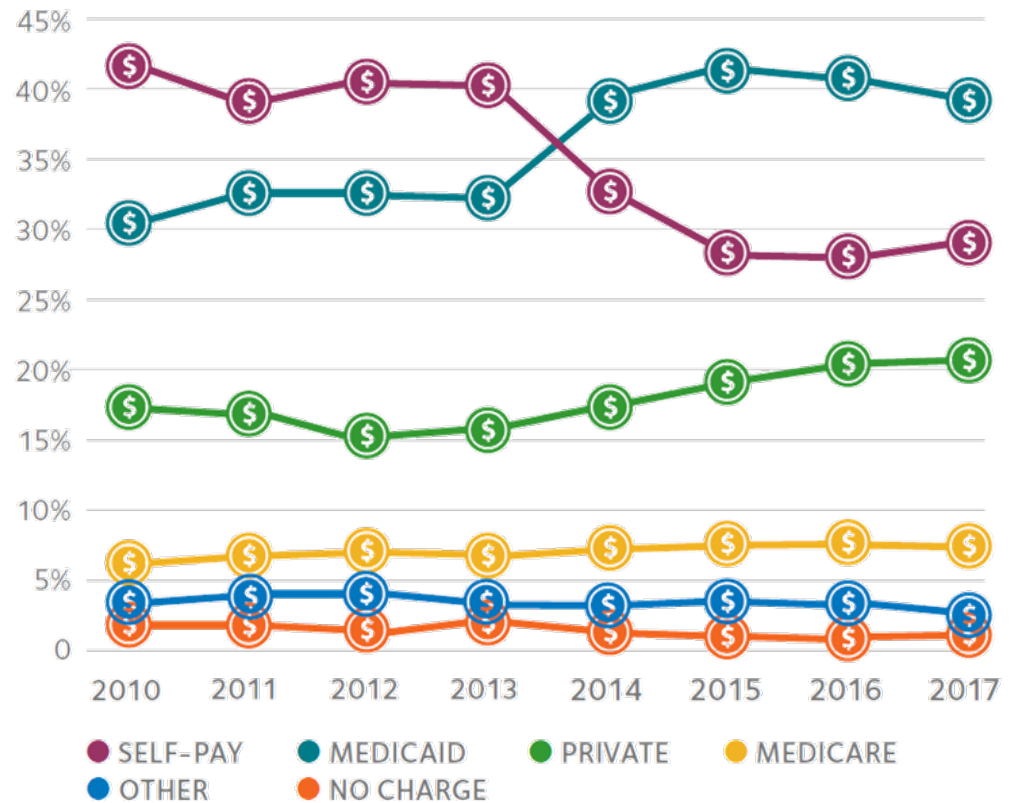


# Emergency Department Visits for Dental Conditions

EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS BY AGE GROUP



EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS AMONG ADULTS BY PAYER





# Annual Dental or Medical Visits

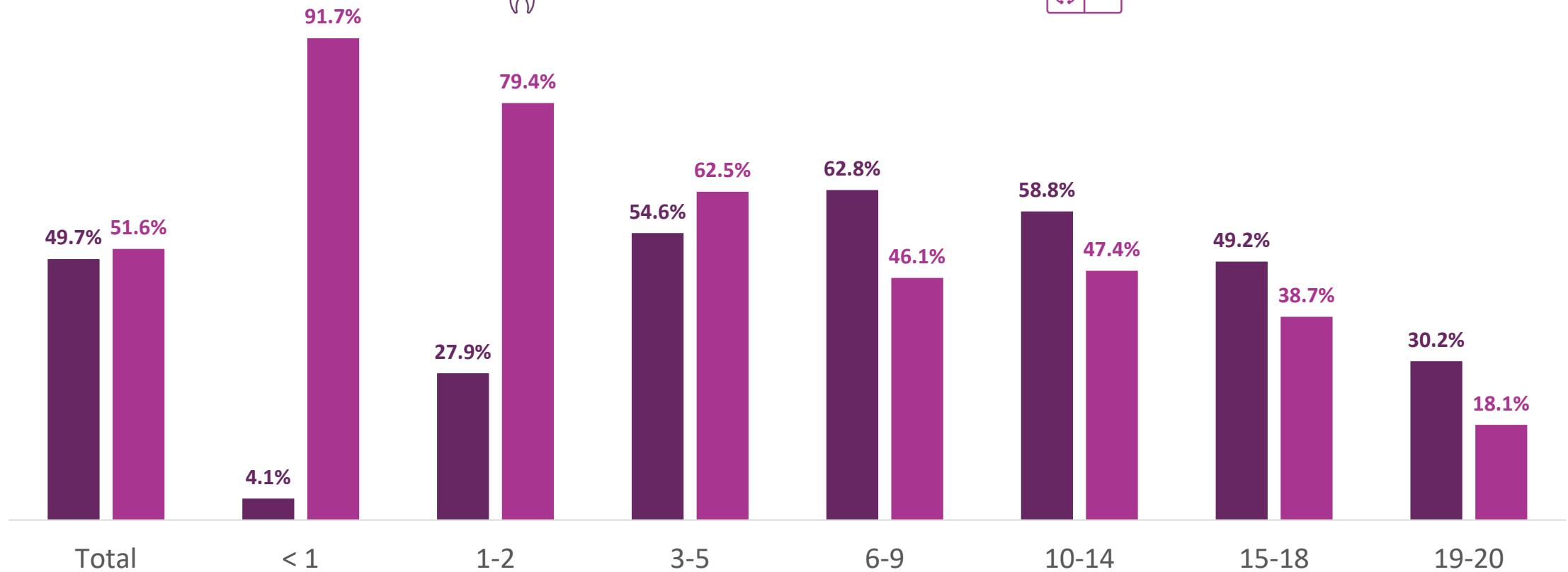


Any Dental Service

Medical Visit



Proportion of Children



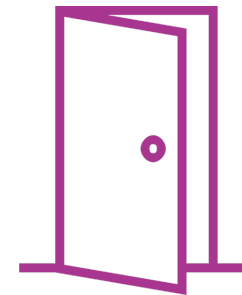
# Why Dental Coverage Matters



Children without dental insurance coverage are less likely to receive recommended dental visits compared with their privately or publicly insured peers.

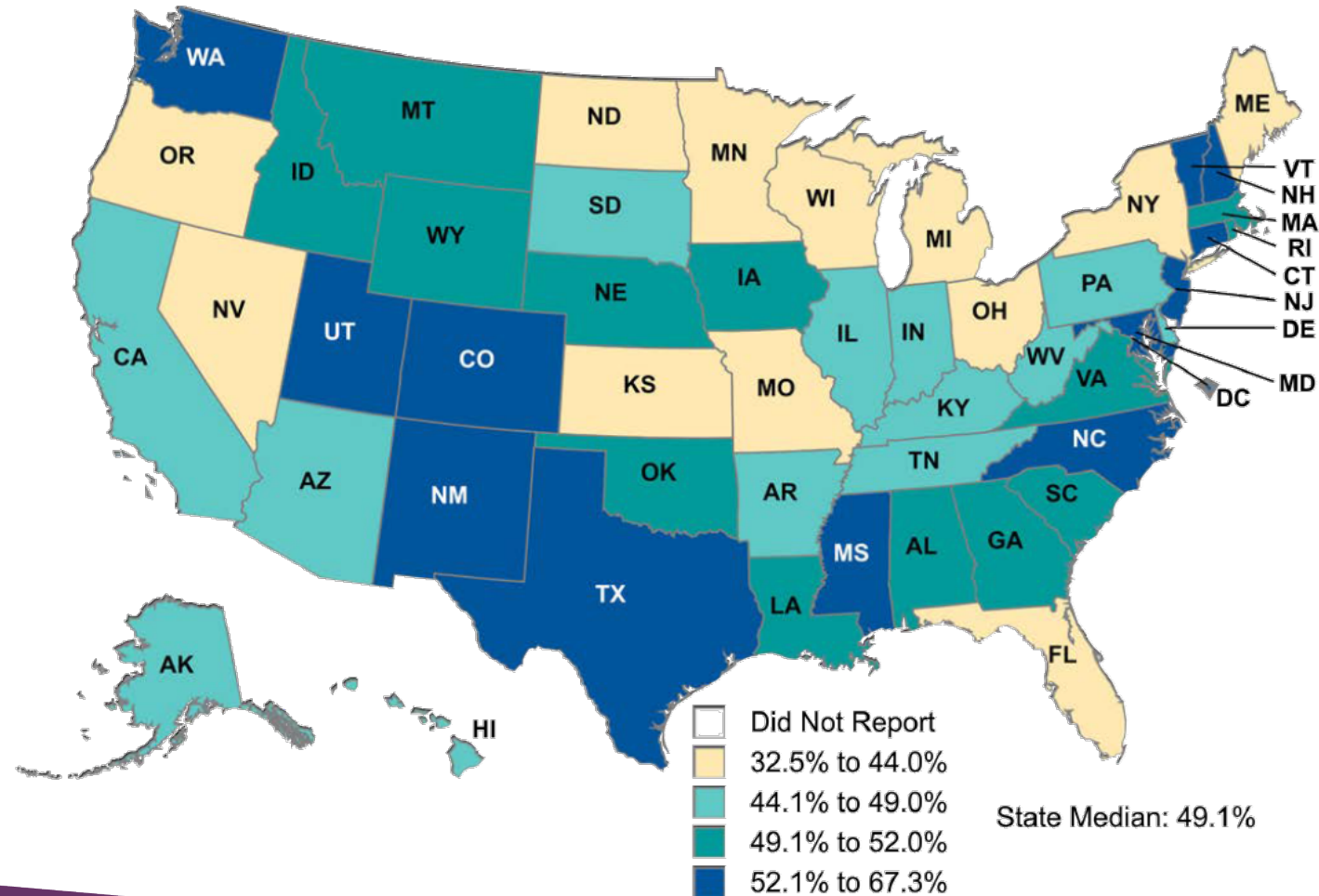


Coverage

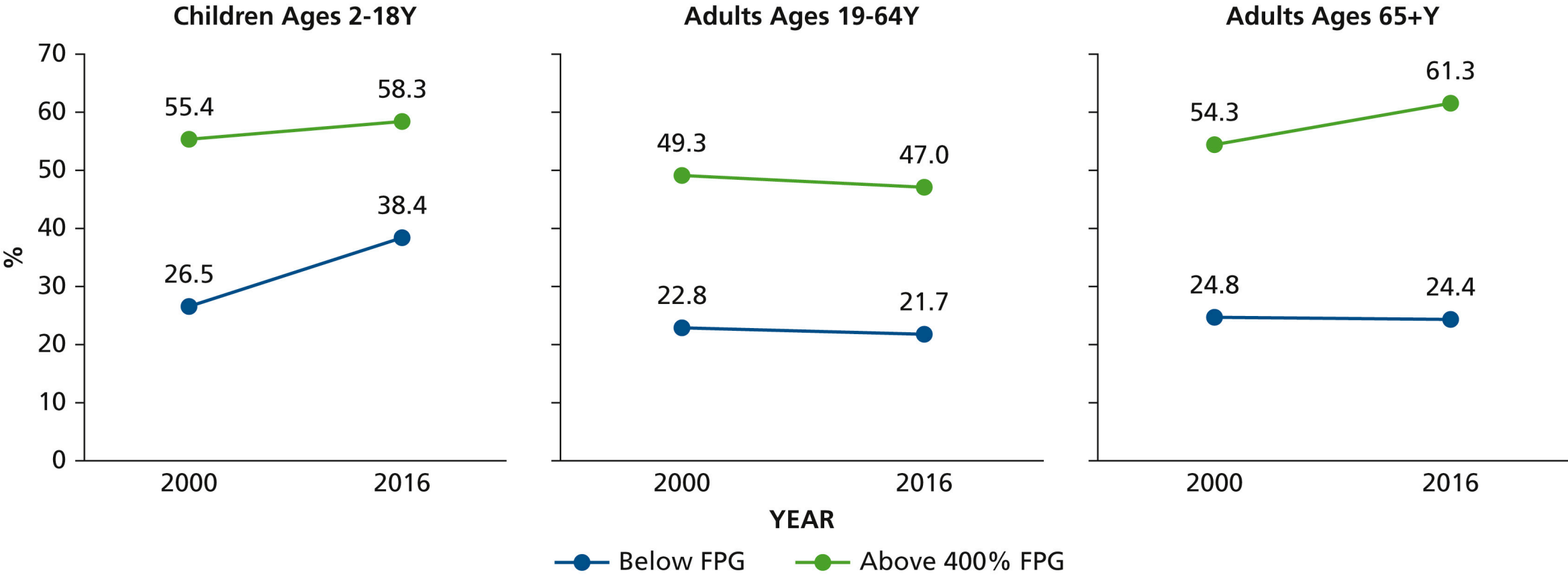


Access

# Geographic Variation in the Percentage of Eligibles Ages 1 to 20 who Received Preventive Dental Services



# Dental Visit in the Past Year By Poverty



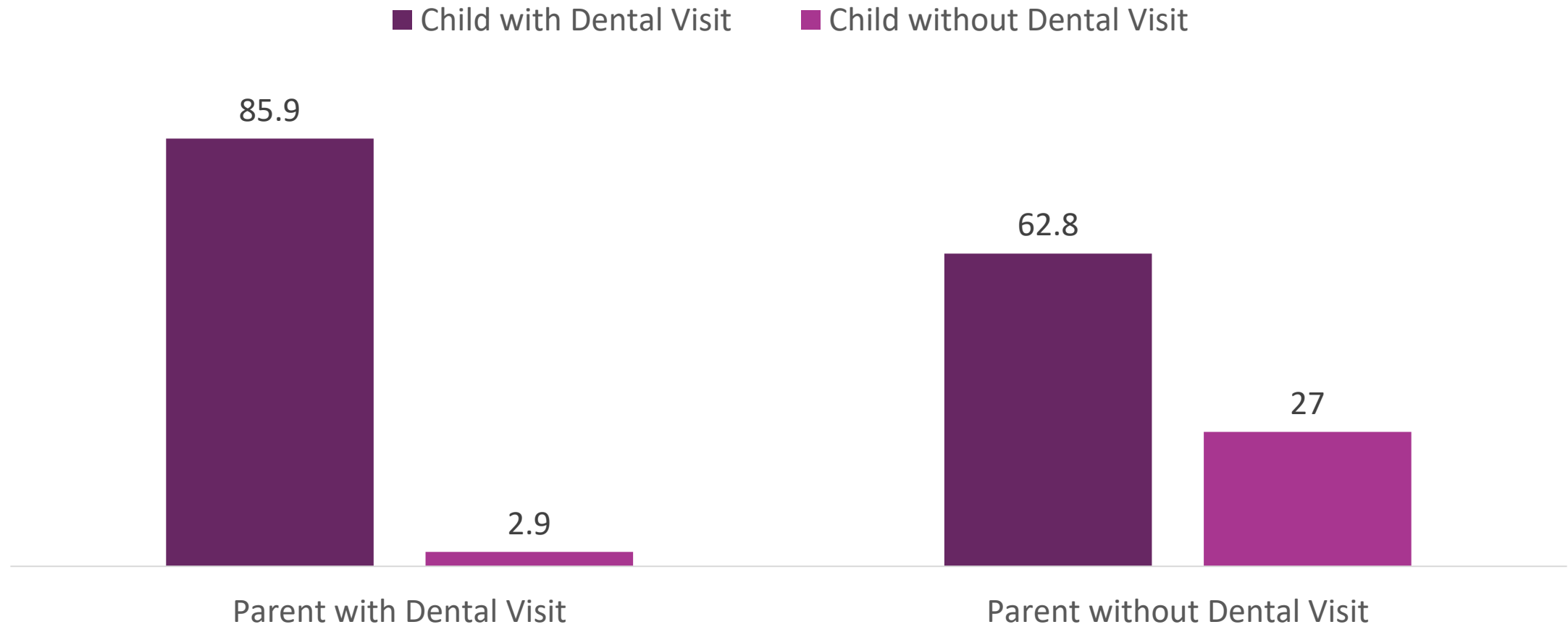
# Role of Parents in Children's Oral Health and Coverage



- What I hear from the parents in my practice:
  - “They are just baby teeth”
  - “I tell my children to brush their teeth all the time”
- Parents lead and supervise children's oral hygiene practices typically for the first 12 years
- Children with special healthcare needs require ongoing support to maintain oral health (27% of children enrolled in Medicaid)
- Children are more likely to have a dental visit when their parents also had a dental visit (OR 3.36 [2.71–4.18])  
(Isong *et al.* Pediatrics 2010)

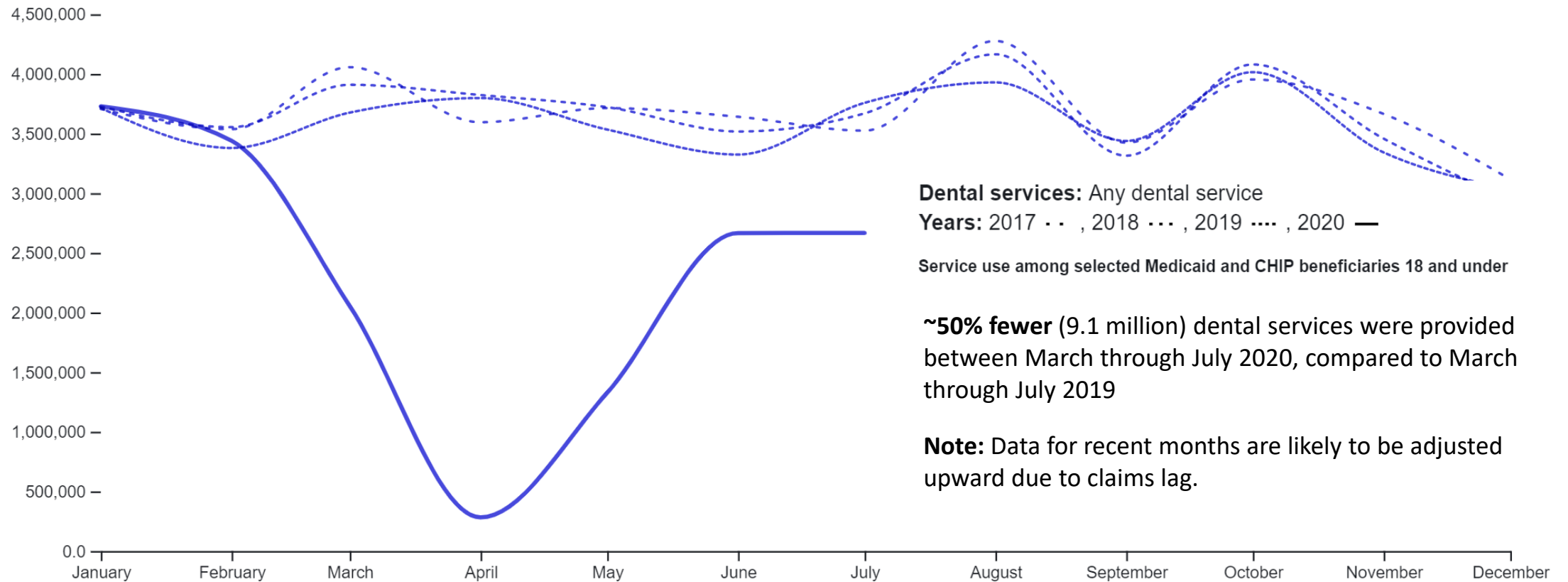


# Parents are Key to Coverage and Access



# Preliminary data show the number of dental services for children declined substantially in April, increased through July, but are still below prior years' rates

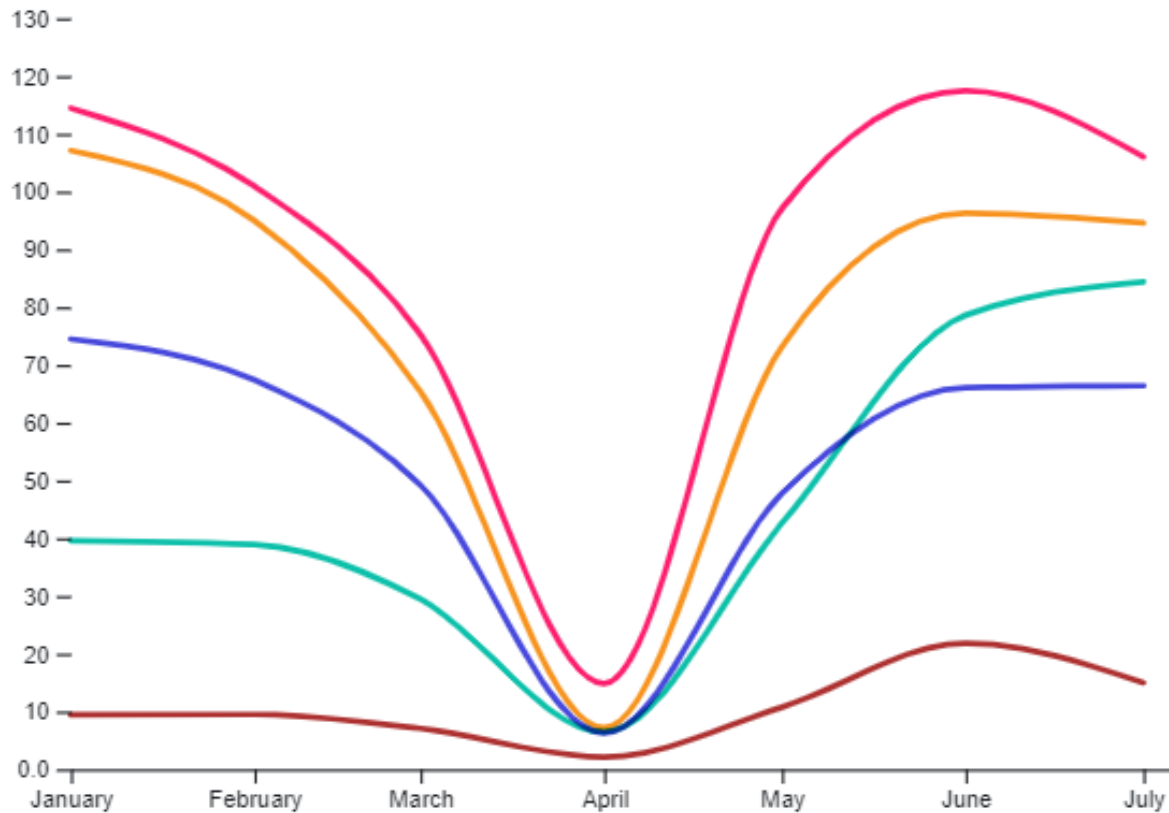
Dental service rates among children dropped from 93 per 1,000 in February to a low of 8 per 1,000 beneficiaries in April and increased to about 71 per 1,000 beneficiaries in July



**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020.

# Preliminary data show dental service rates among children declined for all states in April, and in a few states, rates had returned to February levels by July

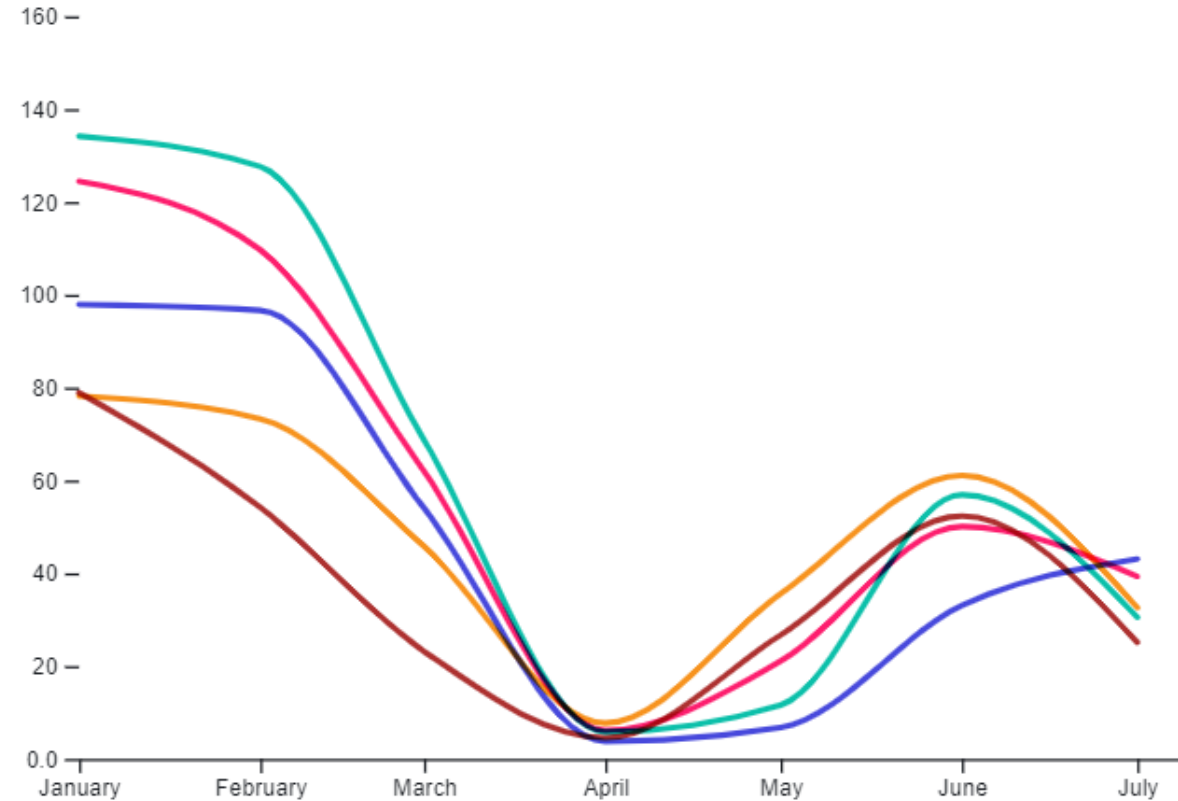
Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under



ND, OK, VI, VA, and WY had the greatest percent increase in dental examinations among children under 19 from February 2020 to July 2020 (data incomplete)

North Dakota Oklahoma Virgin Islands Virginia Wyoming

Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under

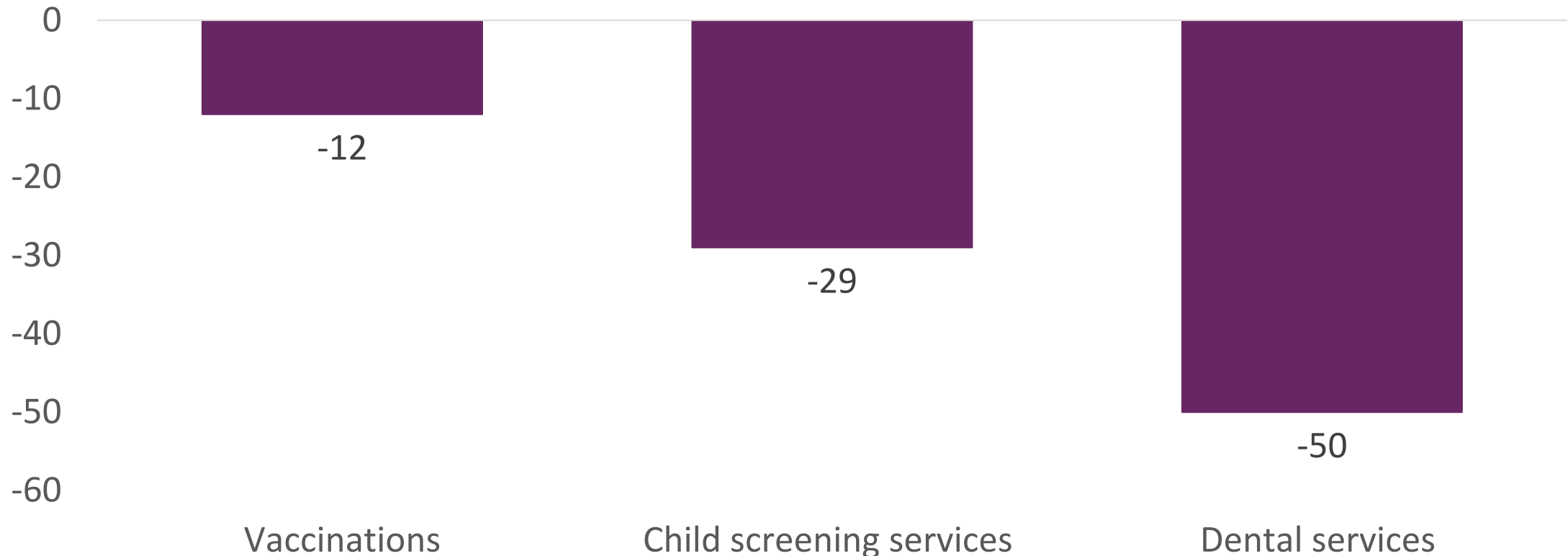


DC, FL, MO, NJ, and RI had the greatest percent decrease in dental examinations among children under 19 from February 2020 to July 2020 (data incomplete)

District of Columbia Florida Missouri New Jersey Rhode Island

**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Slides 3 to 5 for additional information.

# Fewer services by category provided between March through July 2020, compared to March through July 2019



**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Slides 3 to 5 for additional information.

# CMS Advancing Prevention and Reducing Childhood Caries in Medicaid and CHIP Learning Collaborative



State Affinity Group



Webinar Series

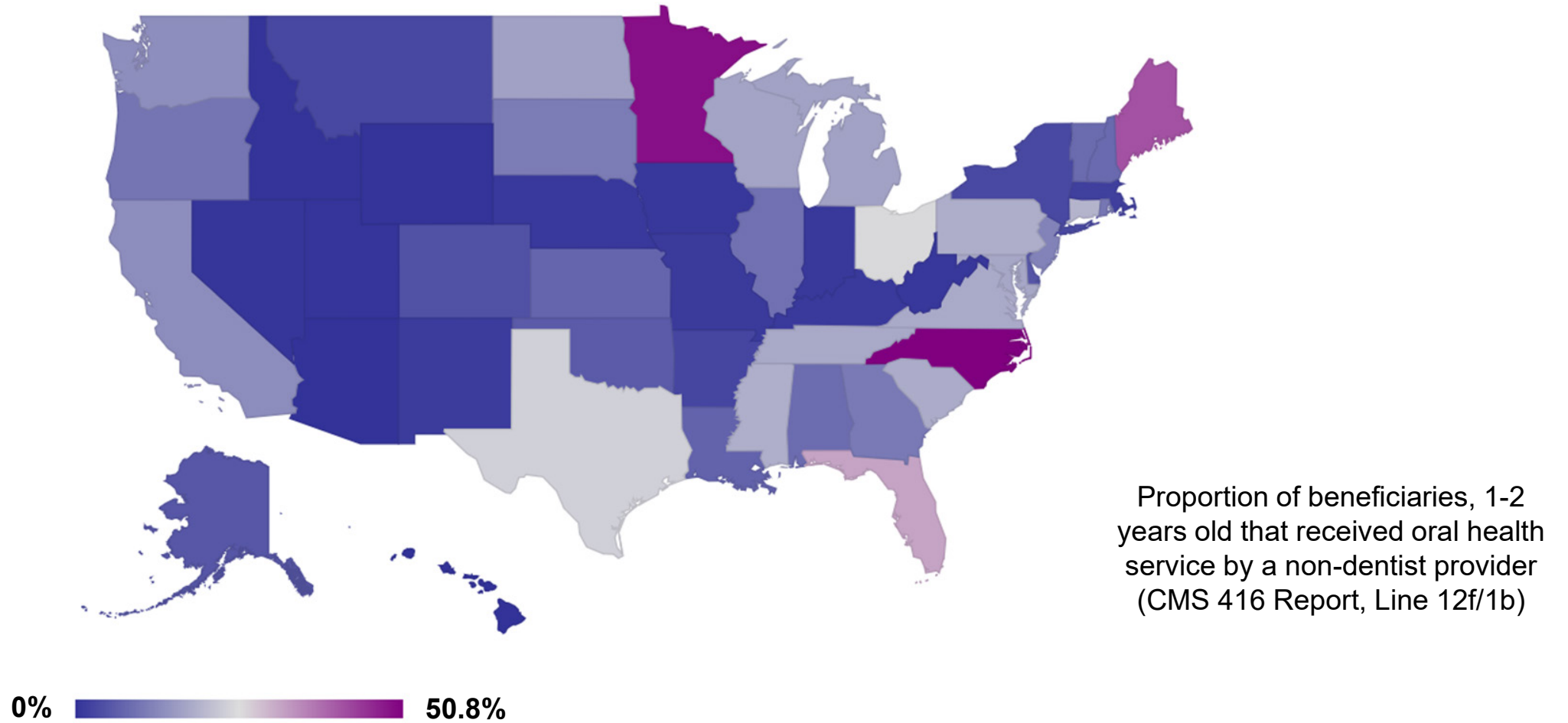
Webinar #1: “Pathways to Improving Children’s Oral Health Using Silver Diamine Fluoride”

Webinar #2: “Improving Children’s Oral Health Using Fluoride Varnish in Non-Dental Settings”

Webinar #3: “Oral Health Care Coordination and Effectuated Referrals”



# Oral Health Services by Non-Dentist Providers



# Clinical Recommendations for Topical Fluoride Use

## Clinical Recommendations for Use of Professionally-Applied or Prescription-Strength, Home-Use Topical Fluoride Agents for Caries Prevention in Patients at Elevated Risk of Developing Caries<sup>1</sup>

**Strength of recommendations:** Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

**Strong**  
Evidence strongly supports providing this intervention

**In favor**  
Evidence favors providing this intervention

**Weak**  
Evidence suggests implementing this intervention only after alternatives have been considered

**Expert Opinion For**  
Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation

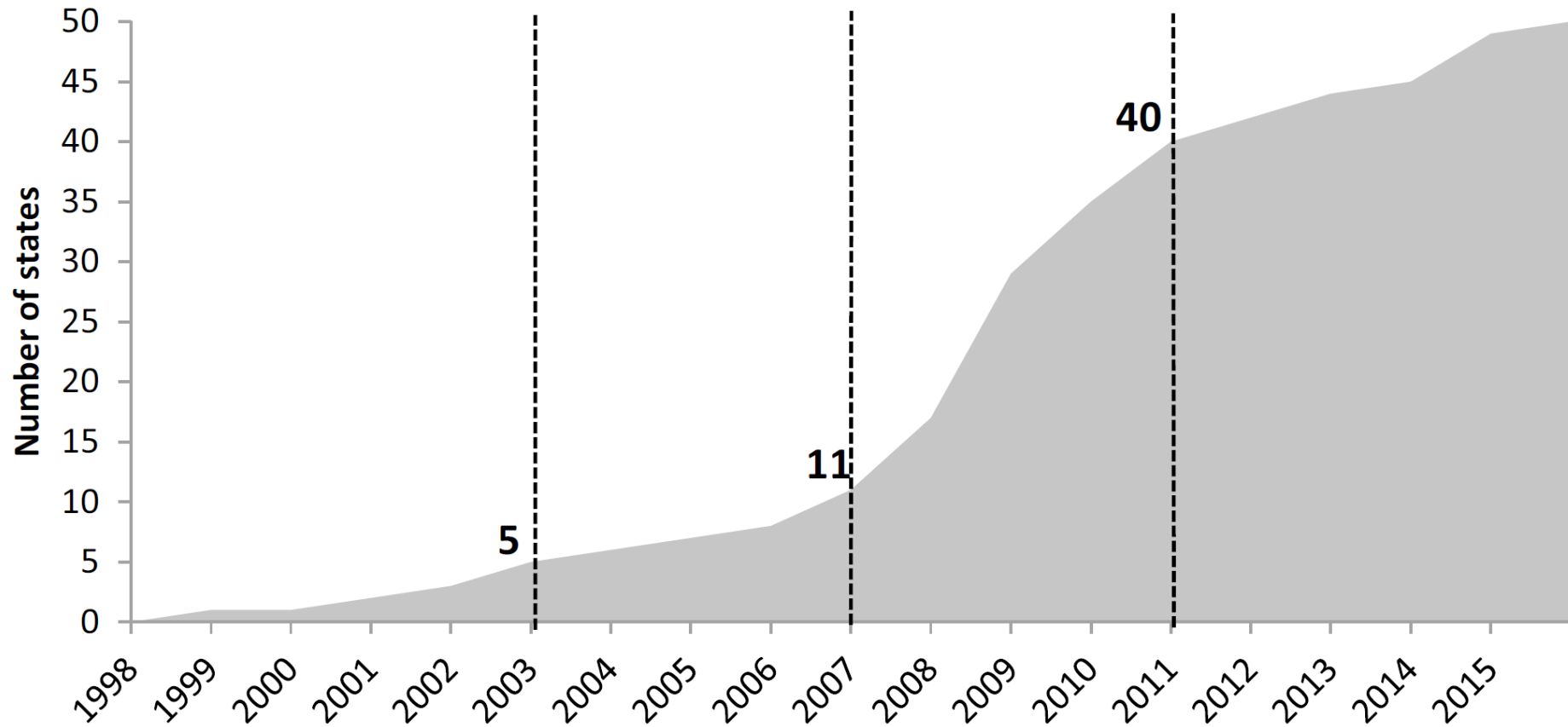
**Expert Opinion Against**  
Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention

**Against**  
Evidence suggests not implementing this intervention or discontinuing ineffective procedures



Age Group or Dentition Affected	Professionally-Applied Topical Fluoride Agent	Prescription-Strength, Home-Use Topical Fluoride Agent
<b>Younger than 6 years</b>	2.26% fluoride varnish at least every 3 to 6 months ● In Favor	
<b>6-18 years</b>	2.26% fluoride varnish at least every 3 to 6 months ● In Favor <b>OR</b> 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● In Favor	0.09% fluoride mouthrinse at least weekly ● In Favor <b>OR</b> 0.5% fluoride gel or paste twice daily ● Expert Opinion For
<b>Older than 18 Years</b>	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For <b>OR</b> 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse at least weekly ● Expert Opinion For <b>OR</b> 0.5% fluoride gel or paste twice daily ● Expert Opinion For
<b>Adult Root Caries</b>	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For <b>OR</b> 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse daily ● Expert Opinion For <b>OR</b> 0.5% fluoride gel or paste twice daily ● Expert Opinion For

# States Adopting a Medicaid Policy for Reimbursement of Fluoride Varnish by Non-Dental Providers



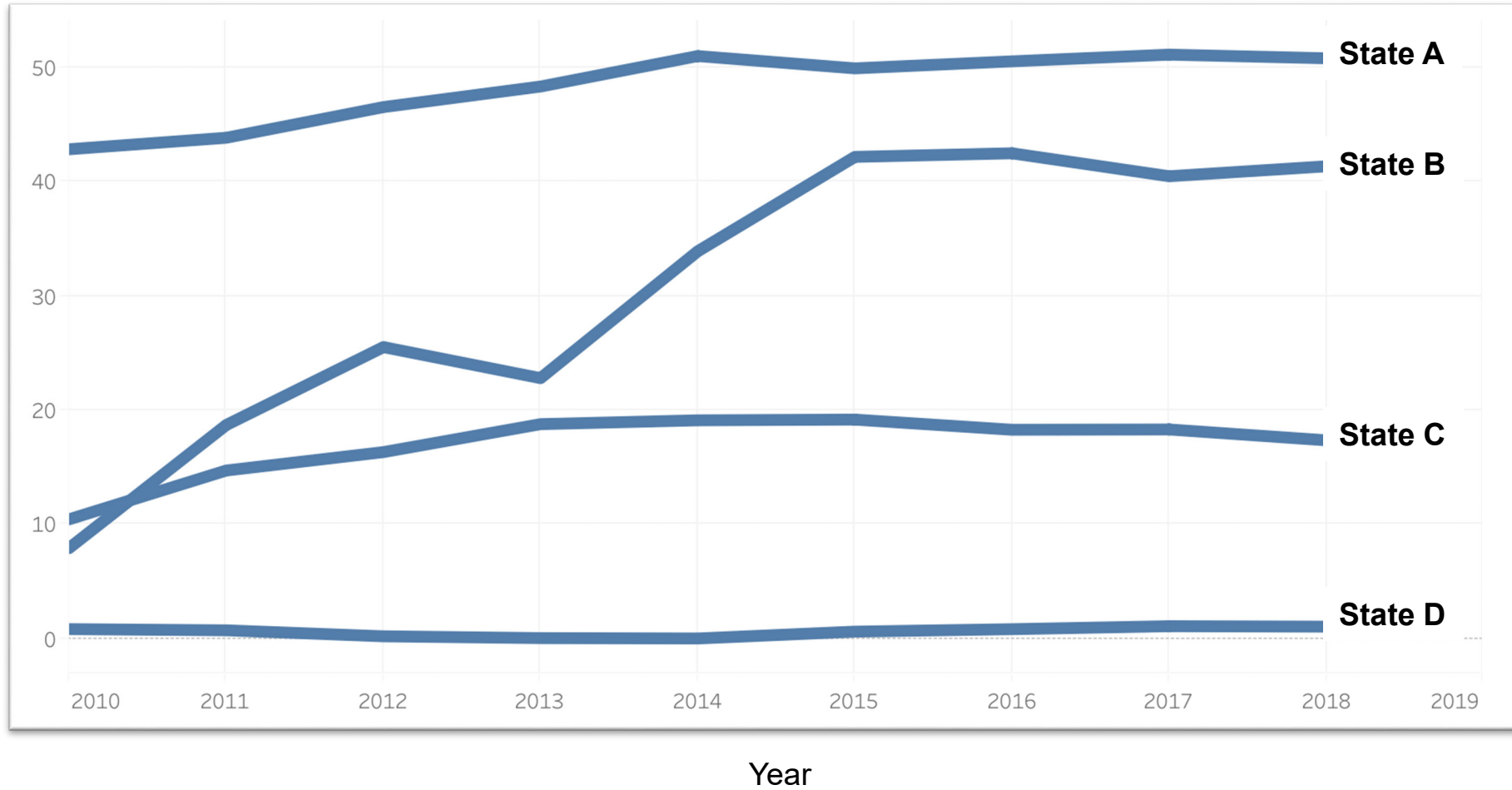
# Medicaid Fluoride Varnish Policy and Oral Health

**State policies supporting non-dental primary care providers application of fluoride varnish are associated with improvements in oral health for young children with public insurance.**

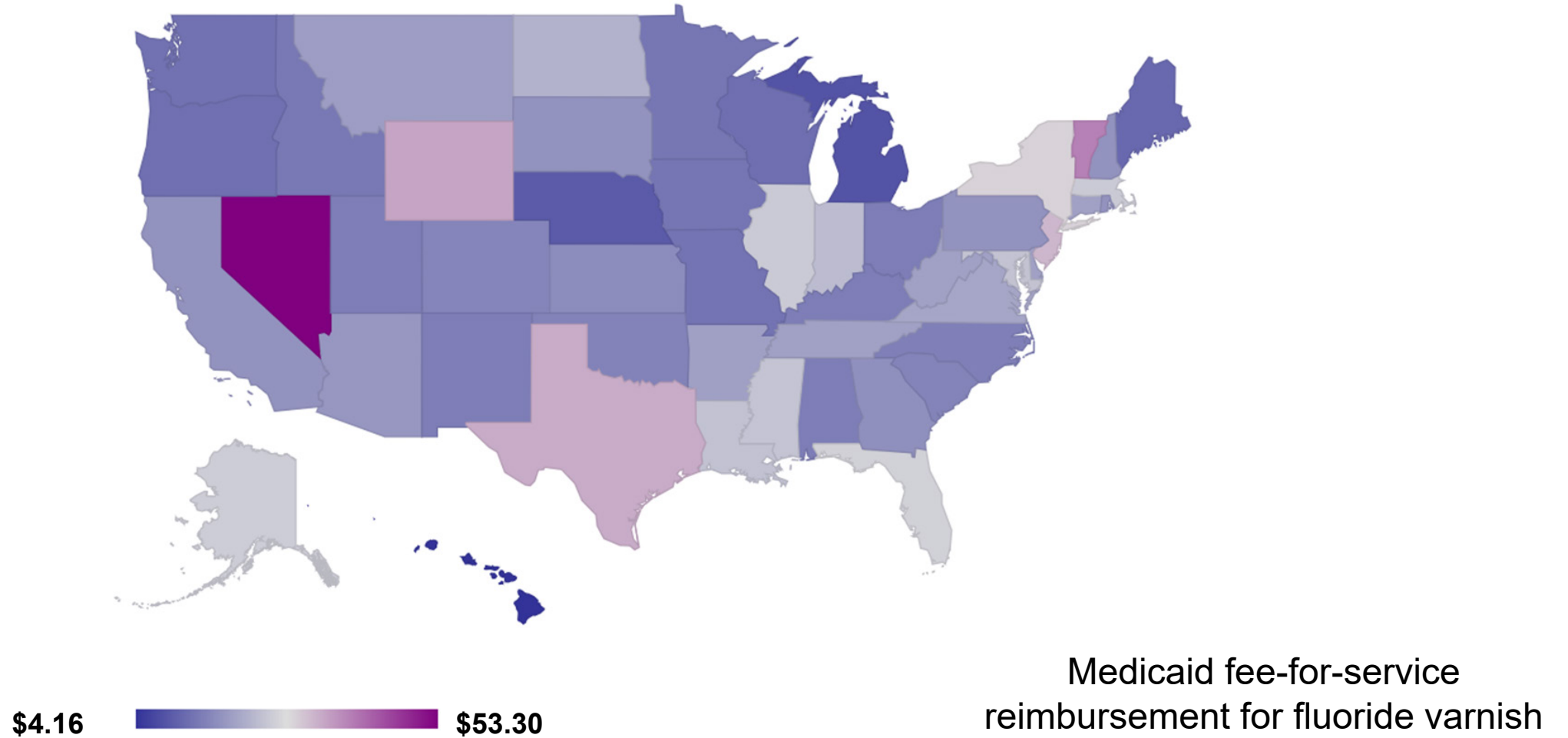
Variables	Odds ratio (95% CI)
Key explanatory variables	
Years since state implemented Medicaid fluoride varnish policy (ref: no policy)	
<2 years	0.93 (0.72–1.21)
2 or 3 years	0.92 (0.76–1.11)
4 or more years	0.78 (0.60–1.01)
Public health insurance (ref: private health insurance)	0.70*** (0.62–0.81)
Public health insurance × years since state implemented Medicaid fluoride varnish policy	
Public health insurance × Medicaid policy implemented < 2 years ago	1.21 (0.84–1.76)
Public health insurance × Medicaid policy implemented 2 or 3 years ago	1.02 (0.82–1.28)
Public health insurance × Medicaid policy implemented 4 or more years ago	1.28* (1.03–1.60)

# Trends in Oral Health Services by a Non-Dentist Provider

Proportion of 1- to 2-Year-Old Beneficiaries with Oral Health Services by a Non-Dentist Provider



# Variation in Fluoride Varnish Reimbursement



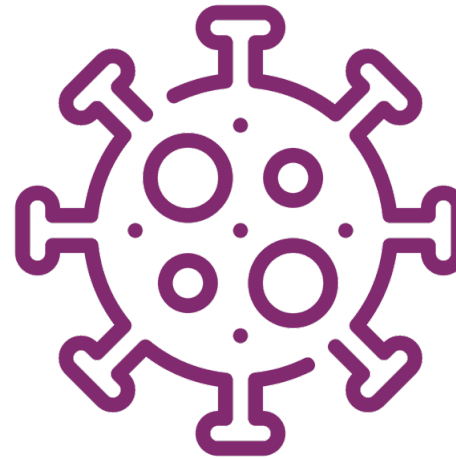
# Connecting Children to Coverage and Care



Why Oral Health and Coverage Matter



Role of Parents in Children's Oral Health and Coverage



Impact of COVID-19 on Utilization



CMS Oral Health Learning Collaborative



# For More Information

## **Natalia I. Chalmers DDS, MHSc, PhD**

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Centers for Medicare & Medicaid Services

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# Questions?

Please type them into the Q&A box!

# Connecting Kids to Coverage National Campaign Resources



**Darshana Panchal, MPH**



# Current Priorities

## Missed Care

Encourage families to enroll in Medicaid and CHIP, then to call their doctors and other healthcare providers to schedule any missed appointments

### Make the call!

Schedule an appointment to catch up on missed vaccinations and care to ensure your kids are protected.  
#Enroll365



  
InsureKidsNow.gov

### Protect their tomorrow by making the call today.

Enroll in Medicaid and the Children's Health Insurance Program (CHIP) to connect your child to health coverage. Already covered? Call today to schedule your child's medical appointments.

#### KEEP YOUR KIDS HEALTHY BY SCHEDULING THEIR ROUTINE MEDICAL VISITS.

KIDS SHOULD HAVE:



Dental checkups every

**6 months\***



The annual flu shot and

**9 vaccines**

by the age of 6<sup>11</sup>



**6 well-visits**

for babies between the ages of 0 to 11 months<sup>12</sup>



**7 well-visits**

for kids between the ages of 1 to 4<sup>13</sup>



**1 annual**

well-visit for kids 5 and older<sup>14</sup>



Kids also need

**Eye Exams**

as part of well-visits

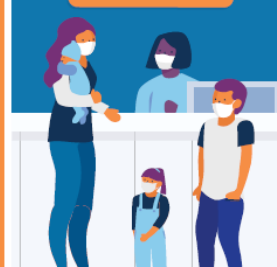
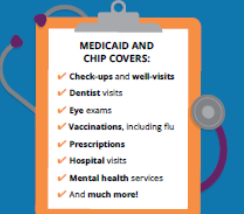
✓ 0 to 3 months

✓ 6 months to 1 year

✓ About 3 years

✓ About 5 years<sup>15</sup>

#### YOUR KIDS MAY BE ELIGIBLE FOR FREE OR LOW-COST HEALTH COVERAGE.



Now is the time to make up any missed vaccines and appointments!

Go to [InsureKidsNow.gov](https://www.insurekidsnow.gov) or call 1-877-KIDS-NOW (543-7669) to find out about coverage in your state.

Medicaid and CHIP are state programs. Coverage varies by state. For more information, visit [InsureKidsNow.gov](https://www.insurekidsnow.gov) or call 1-877-KIDS-NOW (543-7669). © 2023 InsureKidsNow.gov

  
InsureKidsNow.gov

# Current Priorities

## Dental & Oral Health

Medicaid and CHIP cover dental health services, including check-ups, x-rays, fluoride treatments, dental sealants, fillings, and more

### Oral health impacts overall health!

Make the call to catch up on missed dental visits to ensure your kids stay healthy.

#Enroll365



  
InsureKidsNow.gov

# New Dental Animated Video

- Highlights coverage of dental care under Medicaid and CHIP
- Animated :15 video available in English and Spanish
- Additional videos focused on benefits available soon



# New & Refreshed Dental Resources

- Print materials
  - Poster
  - Flyer
  - Tear pad
- Online materials
  - Social media posts
  - Static graphics and GIFs
  - Web banners and buttons



It's important to visit the dentist while you are pregnant. Why? Your oral health is important for your growing baby's health.

- Tooth decay is caused by bacteria. Your baby can "catch" the bacteria from you.
- Keeping your teeth and gums healthy now can help protect your baby's teeth later.
- Here's how you can prevent dental disease:
  - Brush and floss daily, and use fluoride toothpaste.
  - Eat a healthy diet.
  - Visit the dentist. Dental care during pregnancy is safe –



...ding a dentist,  
...hygienist that you

...coverage through  
...r pregnant women.





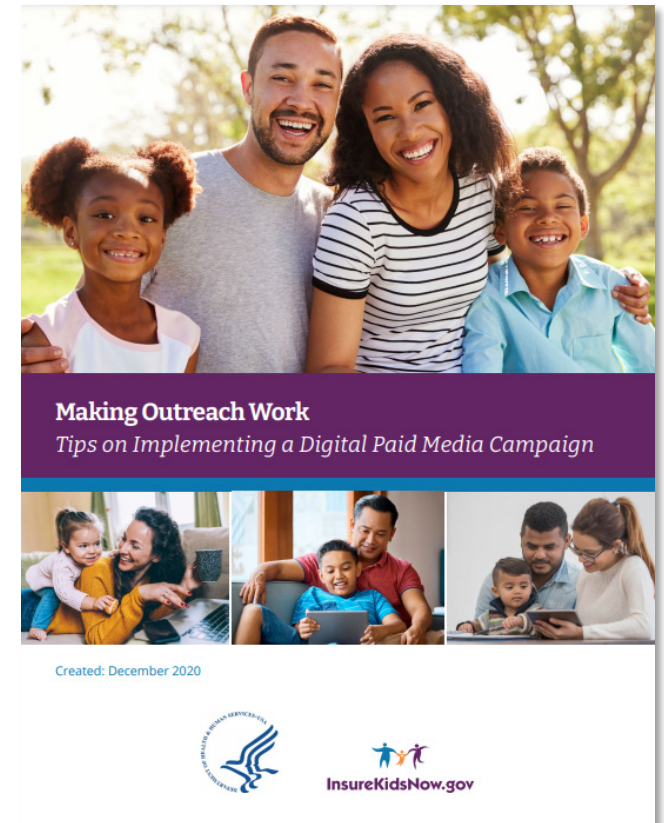
# New Resources Cont.

## Social Media Toolkit

Overview and tips on how to reach key audiences on Facebook, Twitter, and Instagram

## Paid Media Toolkit

Step-by-step instructions and useful tips to conduct effective paid media outreach



# InsureKidsNow.gov

- The website for Campaign information and resources

 | **InsureKidsNow.gov** **Resources** 🔍 Search | Get Email Updates | En Español

1-877-KIDS-NOW (1-877-543-7669)

**Find Coverage for Your Family** ▾ **Campaign Information** ▾ **Outreach Tool Library** ▾ **Webinars & Videos** ▾ **Campaign Notes eNewsletter** ▾ **Initiatives** ▾

Millions of children and teens qualify for free or low-cost health and dental coverage through Medicaid & the Children's Health Insurance Program (CHIP).

[Learn about coverage options](#) for your family or help us [spread the word](#) about free or low-cost health insurance coverage!



# Keep in Touch

**Interested in learning more about the Campaign and its resources?**

- Email us: [ConnectingKids@cms.hhs.gov](mailto:ConnectingKids@cms.hhs.gov)
- Follow us on Twitter: [@IKNgov](https://twitter.com/IKNgov)
- eNewsletter sign up: [“Campaign Notes”](#)





Questions?