

Health Equity and Childhood Oral Health: Improving Access to Care with Medicaid and CHIP

Webinar: February 9, 2023

2:30 – 3:30 p.m. ET

Agenda

- Healthy Equity and Children's Dental Health: Trends and Insights
 - CAPT Wanda Finch, Deputy Director, Office of Minority Health, Centers for Medicare & Medicaid Services
- Oral Health: An Evidence and Data-Driven Approach to Achieve Better Health, Equity, and Fiscal Responsibility
 - Natalia Chalmers, DDS, MHSc, PhD, Chief Dental Officer, Office of the Administrator, Centers for Medicare & Medicaid Services
- Medi-Cal Dental: Spanish-Language Outreach and Resources
 - Monique Garcia, Member and Provider Services Section Chief, Medi-Cal Dental
- Connecting Kids to Coverage National Campaign Resources
 - Helen Gaynor, MPH, Outreach Contractor, Connecting Kids to Coverage National Campaign, Porter Novelli Public Services, Inc.
- Questions and Answers



Healthy Equity and Children's Dental Health: Trends and Insights



CAPT Wanda Finch

Deputy Director

Office of Minority Health, Centers for Medicare

& Medicaid Services





CMS Office of Minority Health

The Centers for Medicare & Medicaid Services (CMS) is the largest provider of health insurance in the United States, responsible for ensuring that more than 170 million individuals supported by CMS programs (Medicare, Medicaid, Children's Health Insurance Program, and the Health Insurance Marketplaces) are able to get the care and health coverage they need and deserve.













The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) is one of eight offices of minority health within the U.S. Department of Health and Human Services. CMS OMH works with local and federal partners to eliminate health disparities while improving the health of all minority populations, racial and ethnic communities, people with limited English proficiency, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.







CMS Office of Minority Health

Mission

CMS OMH will lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS's policies, programs, and partnerships.

Vision

All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care quality and access.



Equity Versus Equality

- Health equity: the attainment of the highest level of health for all people
- While equality offers the same opportunities, equity ensures fairness



Source: https://www.rwjf.org/en/insights/our-research/ infographics/visualizing-health-equity.html



Social Determinants of Health (SDOH)



What are Social Determinants of Health?

The social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. ¹

Why are SDOH important?

It's estimated that between 70-90% of health is determined by SDOH. This doesn't mean that the clinical encounter doesn't matter – but instead, that health and health outcomes are influenced by the context of a person's place and space in society.





Health Equity at CMS

Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.



CMS 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

XX

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's operations







"As the nation's largest health insurer, the
Centers for Medicare & Medicaid Services has
a critical role to play in driving the next decade
of health equity for people who are underserved.
Our unwavering commitment to advancing
health equity will help foster a health care
system that benefits all for generations to come."



Dr. LaShawn McIver, Director, CMS Office of Minority Health

CMS Framework for Health Equity 2022–2032

Definition of Health Equity

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

CMS Framework for Health Equity Priorities



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



PriOrity 5: Increase All Forms of Accessibility to Health Care Services and Coverage

To read the CMS Framework for Health Equity 2022-2032, visit go.cms.gov/framework The CMS Framework for Health Equity expands on the existing CMS Equity Plan to include all CMS programs: Medicare, Marketplace, Medicaid, and CHIP and is informed by research and stakeholder input.

Learn more about the framework at go.cms.gov/framework



CMS Framework for Health Equity: 5 Priority Areas



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2: Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps



Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

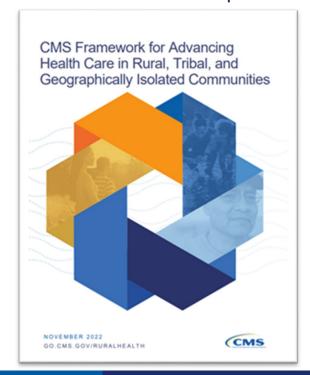


Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage



CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

To ensure that CMS's approach is responsive to the unique needs of for rural, tribal, and geographically isolated communities, CMS engaged with listening session participants and federal partners across the nation with lived experience receiving health care or supporting health care service delivery in these communities to help shape the CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities. The Framework focuses on six priorities over the next five years.



https://go.cms.gov/ruralhealth



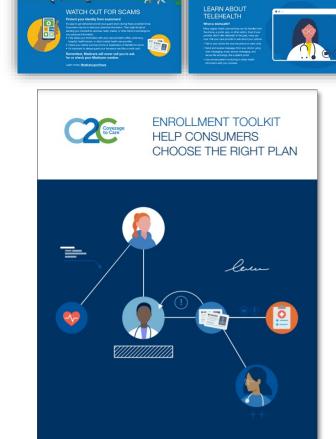
Coverage to Care (C2C)



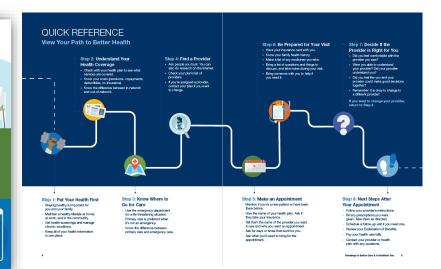
C2C aims to help individuals understand their health coverage and connect to primary care and the preventive services that are right for them, so they can live a long and healthy life.

C2C Resources

- Roadmap to Better Care
- 5 Ways to Make the Most of Your Health Coverage
- COVID-19 Resources
- Enrollment Toolkit
- Telehealth Resources
- Prevention Resources
- Partner Toolkit
- And more



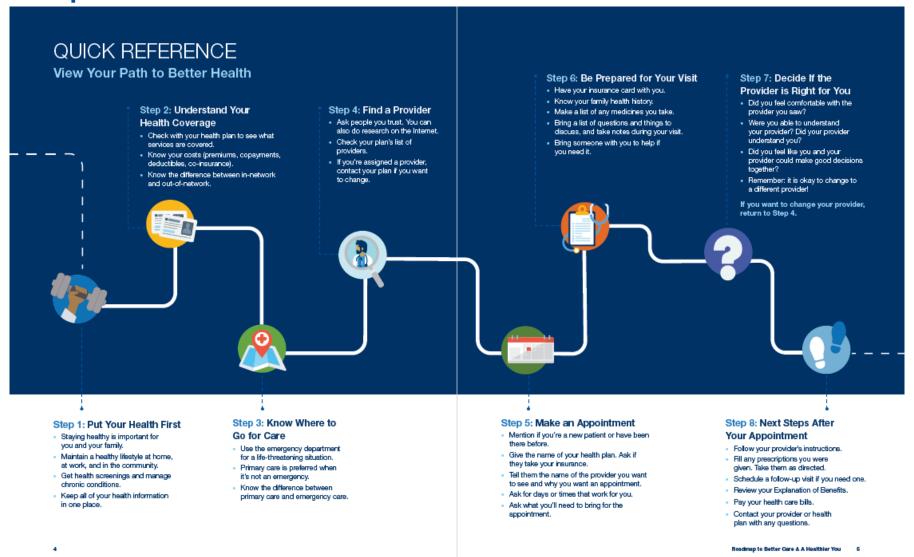
CORONAVIRUS AND YOUR HEALTH COVERAGE: GET THE BASICS STAY SAFE GETTING THE CARE YOU NEED, AT HOME







Roadmap to Better Care



8 Steps in Roadmap to Better Care

- Explains what health coverage is and how to use it to get primary care and preventive services.
- Includes 8 steps for better care:
 - 1. Put your health first
 - 2. Understand your health coverage
 - 3. Know where to go for care
 - 4. Find a provider
 - 5. Make an appointment
 - 6. Be prepared for your visit
 - 7. Decide if the provider is right for you
 - 8. Next steps after your appointment
- Resource also incudes information about Explanation of Benefits, a sample insurance card, and the
 differences between a provider's office and the emergency department.
- Available in 9 languages: English, Spanish, Arabic, Chinese, Haitian Creole, Korean, Russian, Vietnamese, and Ukrainian.

CMS Health Equity Technical Assistance Program



HealthEquityTA@cms.hhs.gov

CMS Health Equity TA program supports quality improvement partners, providers, and other CMS stakeholders by offering:

- Personalized coaching and resources
- Guidance on data collection and analysis
- Assistance to develop a language access plan and disparities impact statement
- Resources on culturally and linguistically tailored care and communication
- Training and resources to help embed health equity in stakeholder's strategic planning:
 - Guide to Developing a Language Access Plan
 - Guide to Implementing the National CLAS Standards



Connect with CMS OMH

Contact Us

OMH@cms.hhs.gov

Visit Our Website

go.cms.gov/omh

Listserv Signup

bit.ly/CMSOMH

From Coverage to Care

CoverageToCare@cms.hhs.gov

Health Equity Technical
Assistance Program

HealthEquityTA@cms.hhs.gov

Rural Health

RuralHealth@cms.hhs.gov



Oral Health: An Evidence and Data-Driven Approach to Achieve Better Health, Equity, and Fiscal Responsibility



Natalia I. Chalmers DDS, MHSc, PhD

Diplomate, American Board of Pediatric Dentistry

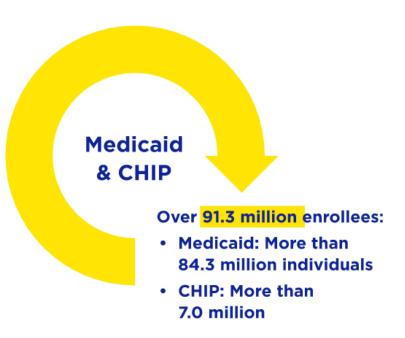
Chief Dental Officer

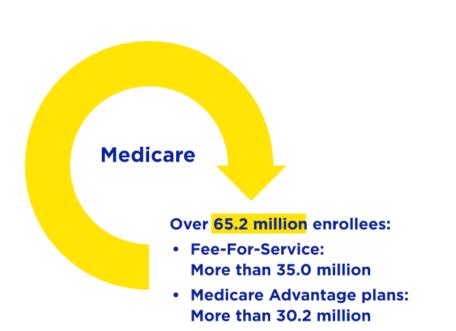
Office of the Administrator, Centers for Medicare & Medicaid Services





Every day, CMS ensures that 160.8 million* people in the U.S. have health coverage that works.







*Subtotal: 172.8 million. Adjust for Medicare/Medicaid dual eligibles (-12 million).



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

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



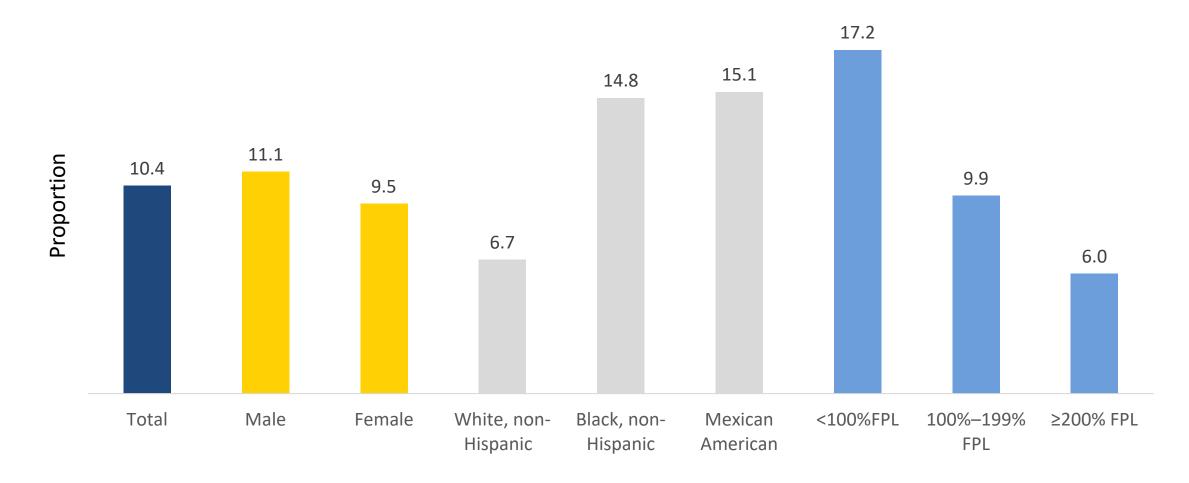
FOSTER EXCELLENCE

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





Prevalence of Untreated Tooth Decay In Primary Teeth Among Children Aged 2–5 Years





The Effect of Poor Dental Health on Children

Severe Early Childhood Caries





Joanna Douglass, BDS, DDS Source: smilesforlifeoralhealth.org



Poor academic performance



Emergency Department Use



School attendance, i.e. student absenteeism

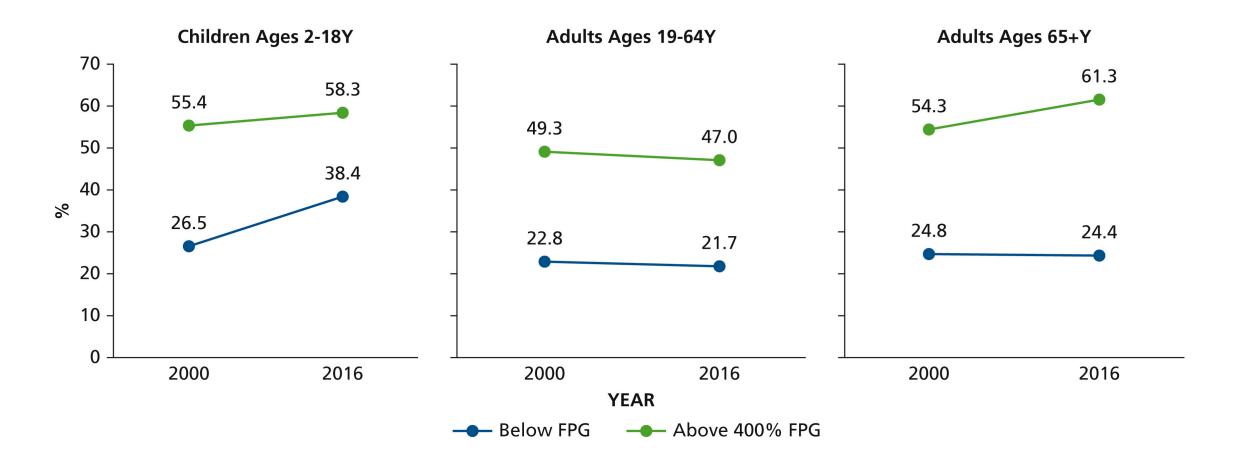


Pain and Infection

Source: Ruff et al. Journal of the American Dental Association 2019

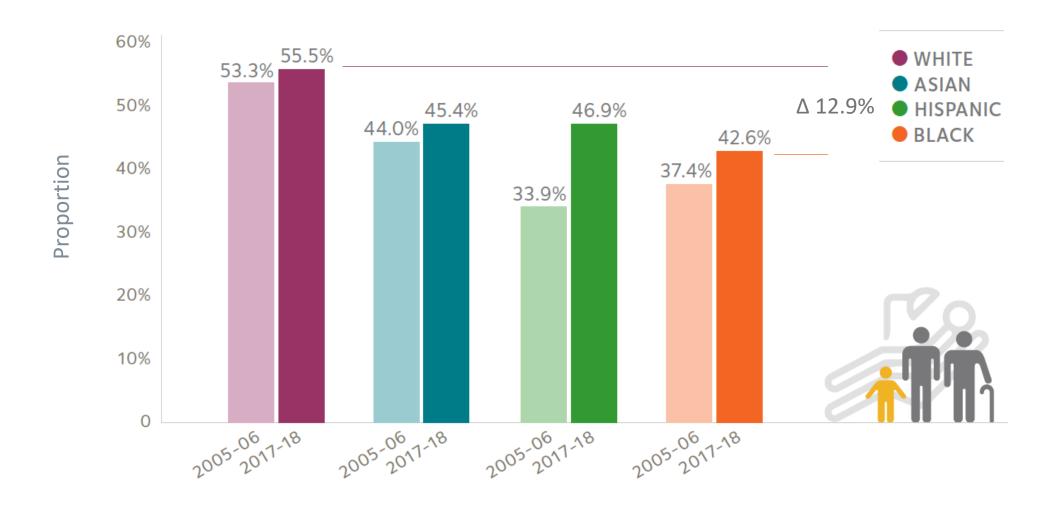


Dental Visit in the Past Year By Poverty



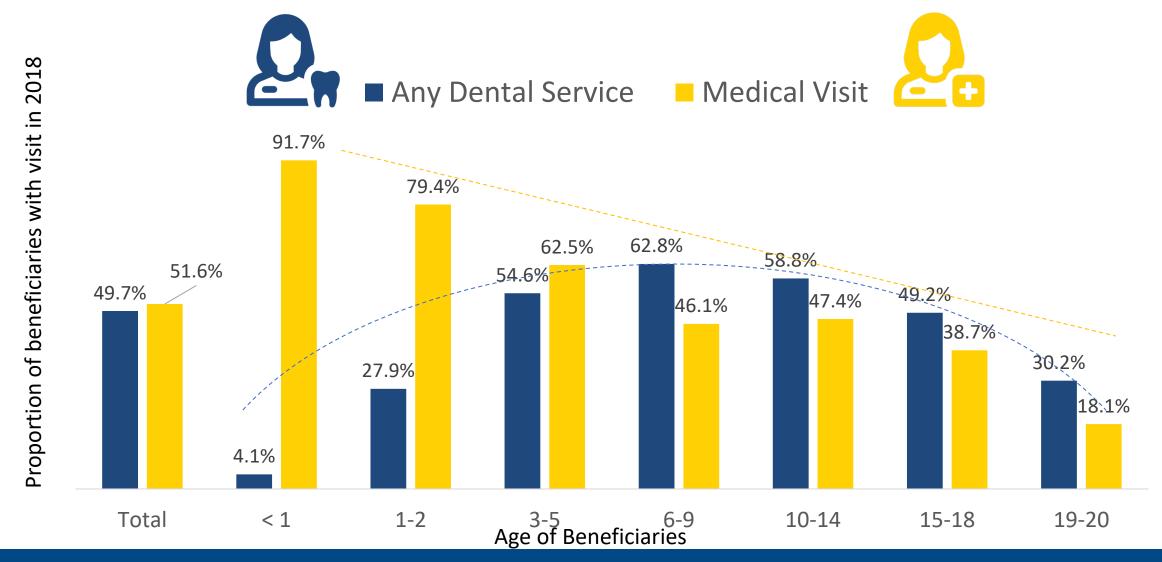


Children With A Dental Visit In The Past Year



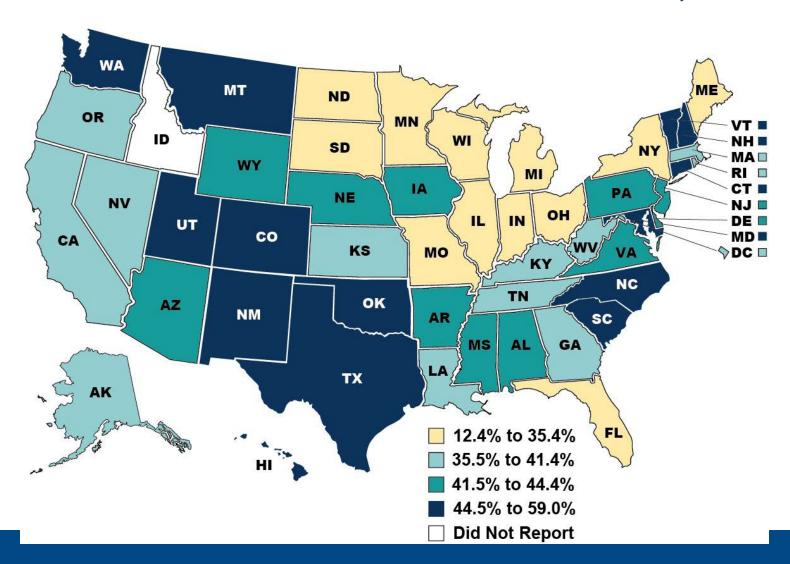


Children With Annual Dental or Medical Visits





Percentage of Medicaid Beneficiaries Ages 1 to 20 Who Received Preventive Dental Services, FFY 2020



Population: Beneficiaries ages 1 to 20 enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days and eligible for EPSDT services

Notes:

This measure shows the percentage of children ages 1 to 20 who are enrolled in Medicaid or Medicaid expansion CHIP programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the measurement period (October 2019 to September 2020).

Source:

Mathematica analysis of Form CMS- 416 reports (annual EPSDT report), Lines 1b and 12b, for the FFY 2020 reporting cycle as of July 2, 2021.

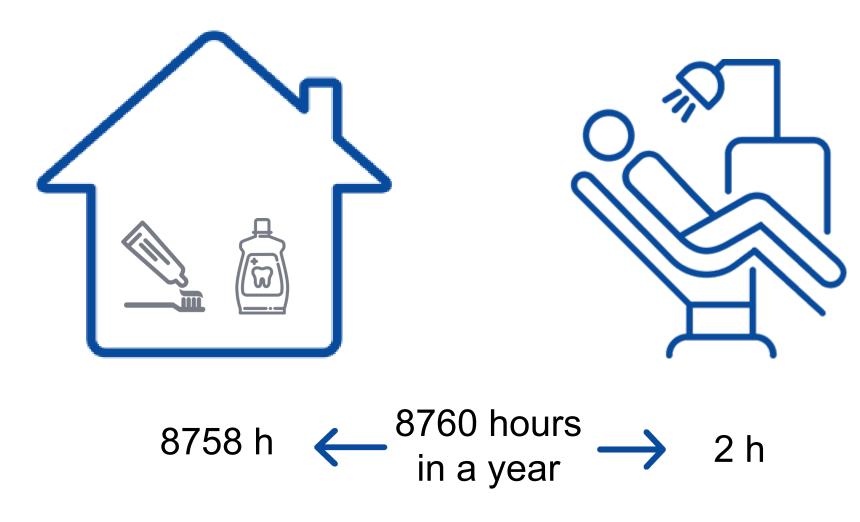
Starting with FFY 2020, some states calculated and submitted their Form CMS-416 reports, while others chose to have CMS produce their Form CMS-416 reports using Transformed Medicaid Statistical Information System (T-MSIS) data. The FFY 2020 reporting cycle includes services provided between October 2019 and September 2020.

Additional information available at:

https://www.medicaid.gov/medicaid/qua lity-ofcare/downloads/performance- measurement/2021child-chart-pack.pdf



Where People Manage Oral Health

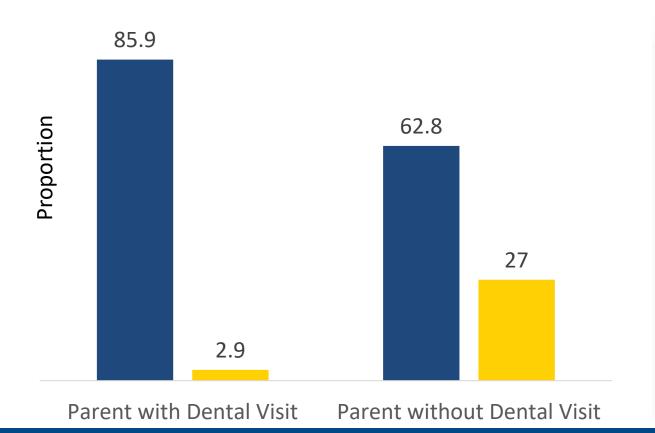


People spend more hours managing their oral health at home than in a clinical setting.



Parents Dental Care Experience is Key to Coverage and Access

■ Child with Dental Visit ■ Child without Dental Visit



By Brandy J. Lipton, Tracy L. Finlayson, Sandra L. Decker, Richard J. Manski, and Mingan Yang

The Association Between Medicaid **Adult Dental Coverage And** Children's Oral Health

care, Medicaid-eligible children are more likely to experience tooth decay than children in higher-income families. Using data from the 1999-2016 National Health and Nutrition Examination Survey and the 2003, 2007, and 2011-12 waves of the National Survey of Children's Health, we examined the association between Medicaid adult dental coverage (an optional benefit) and children's oral health. Adult dental coverage was associated with a statistically significant 5-percentage-point reduction in the prevalence of untreated caries among children after Medicaid-enrolled adults had access to coverage for at least one year. These policies were also associated with a reduction in parent-reported fair or poor child oral health with a two-year lag between the onset of the policy and the effect. Effects were concentrated among children younger than age twelve. We estimated declines in poor oral health among all racial and ethnic subgroups, although there was some evidence that non-Hispanic Black children experienced larger and more persistent effects than non-Hispanic White children. Future assessments of the costs and benefits of offering adult dental coverage may consider potential effects on the

tooth decay compared with children in higher-income families but are less likely to visit the tal benefits available to publicly insured children dentist annually (29 percent versus 55 percent).2 when a parent has a dental visit. As many general All state Medicaid programs cover a comprehendentists treat both adults and children,7 families sive set of preventive and restorative dental services for children under the Early and Periodic may cluster their appointments when both parents and children have dental coverage, reducing Screening, Diagnostic, and Treatment benefit. transportation barriers and requiring less time Although financial barriers are frequently re- off work. Parent dental coverage may also reduce ported as the reason for not receiving needed out-of-pocket health care spending,5 which dental care among both adults and children,3 could increase available resources for children's noncost barriers may also play an important role in explaining income-based disparities in chil-

Children are more likely to have regular dental tooth decay remains the most visits when their parents have dental coverage or ease.1 Medicaid-eligible children may facilitate children's dental care use in sever

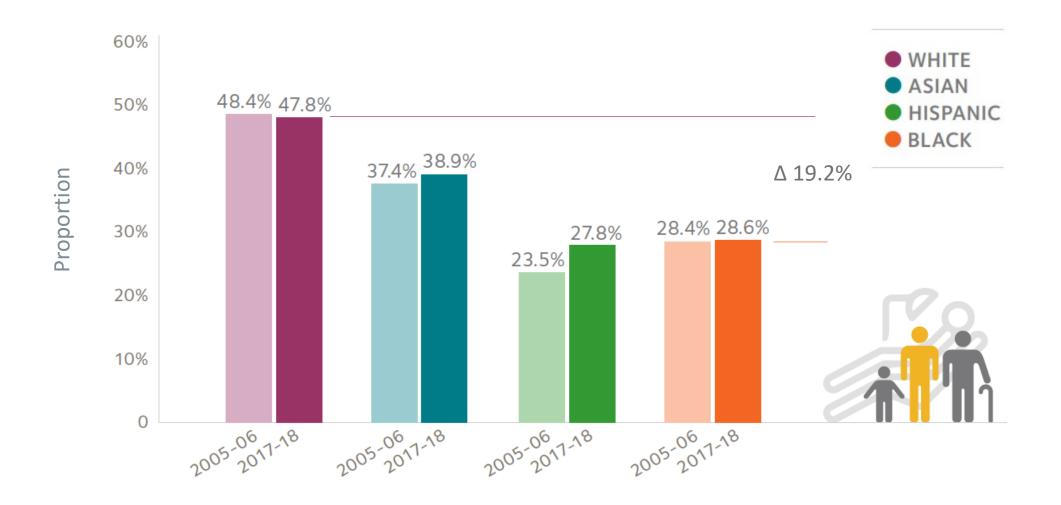
In contrast to the requirements for children states are not required to provide any level of

professor in and chair of the Department of Dental Public Health at the University of Maryland School of Dentistry in Paltimore, Manyland

Public Health, San Diego State University.



Adults With A Dental Visit In The Past Year





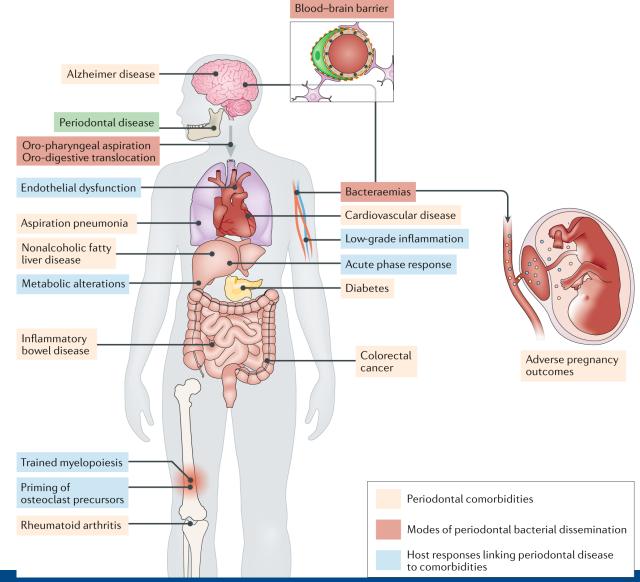
Periodontal Disease and Associated Inflammatory Comorbidities

Periodontitis Inflammatory Comorbidities

- Cardiovascular disease
- Type 2 diabetes mellitus
- Rheumatoid arthritis
- Inflammatory bowel disease
- Alzheimer disease
- Nonalcoholic fatty liver disease
- Cancers

Dissemination

- Bacteremia, hematogenous
- Oro-pharyngeal dissemination
- Oro-digestive dissemination





Association Between Maternal Periodontal Disease and Adverse Pregnancy Outcomes









Maternal periodontal disease increases the odds of low birthweight by

Maternal periodontal disease increases the odds of preterm birth by

Maternal periodontal disease increases the odds of spontaneous abortion by

Maternal periodontitis increases the odds of any maternal complications by

10%

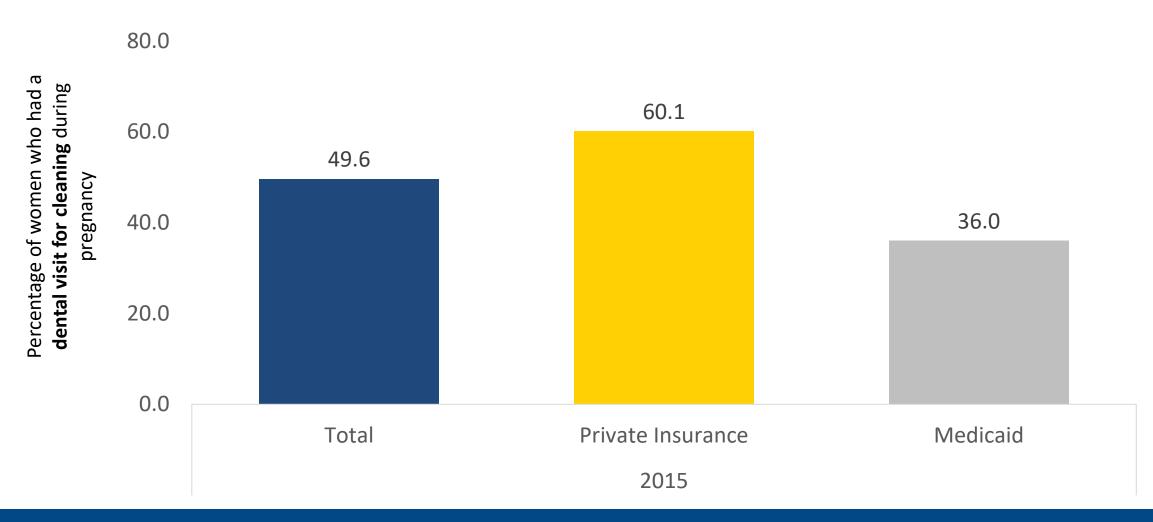
15%

34%

19%



Dental Visit During Pregnancy





FOR IMMEDIATE RELEASE September 22, 2022

Contact: HHS Press Office 202-690-6343

media@hhs.gov

HHS Approves 12-month Extension of Postpartum Medicaid and CHIP Coverage in North Carolina

Announcement comes as CMS also celebrates all 50 states and D.C. providing dental coverage in Medicaid/CHIP for pregnant and postpartum individuals, part of the Biden-Harris Administration's push for more comprehensive health care to support families, children, and communities in need.

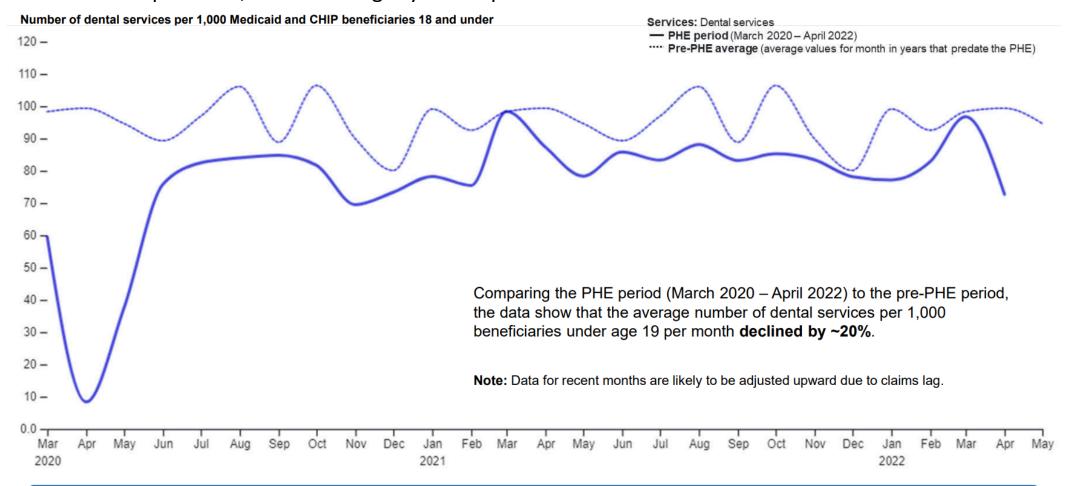
Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare & Medicaid Services (CMS), approved the extension of Medicaid and Children's Health Insurance Program (CHIP) coverage for 12 months after pregnancy in North Carolina. As a result, up to an additional 28,000 people - PDF will now be eligible for Medicaid or CHIP for a full year after pregnancy in North Carolina. With today's approval, in combination with previously approved state extensions, an estimated 361,000 Americans annually in 24 states and D.C. are eligible for 12 months of postpartum coverage. If all states adopted this option, as many as 720,000 people across the United States would be guaranteed Medicaid and CHIP coverage for 12 months after pregnancy.

CMS celebrates all 50 states and D.C. providing dental coverage in Medicaid/CHIP for pregnant and postpartum individuals.



Rate of Dental Services for Children During the PHE

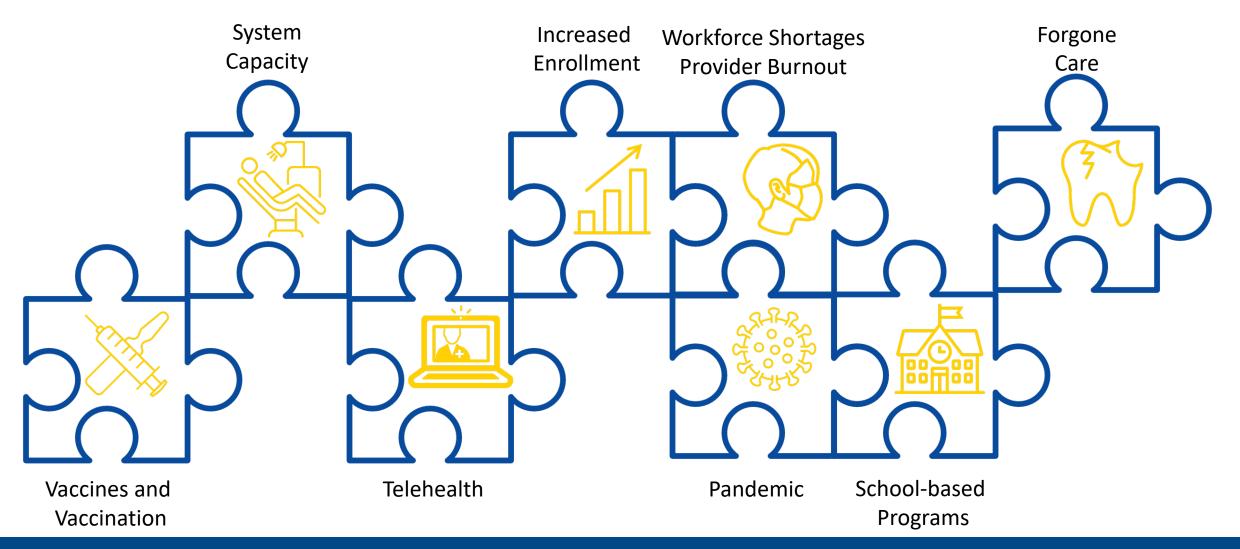
After an initial steep decline, remained slightly below pre-PHE levels



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7 in DataConnect using final action claims. They are based on June T-MSIS submissions with services through the end of May. 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 May are incomplete, results are only presented through April 30, 2022. The PHE period includes data for March 2020 through April 2022. The pre-PHE average is the average of all values for that month in the years that predate the PHE, using data from January 2018 through February 2020. The PHE period rate may not be directly comparable to prior years' average rate since, for some states, there are increased suspensions of eligibility redeterminations during the PHE, which may inflate the denominator Medicaid population.

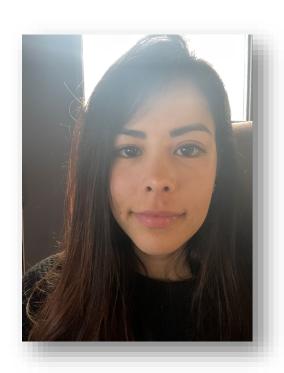


Oral Health: Challenges and Opportunities





Medi-Cal Dental: Spanish-Language Outreach and Resources



Monique Garcia

Member and Provider Services Section Chief

Medi-Cal Dental







What is *Smile*, *California*?



A campaign designed in 2018 to help Medi-Cal members make the most of their dental benefit.



Offers resources and educational materials to Medi-Cal members about their dental benefits.



Visit Smile, California today!

www.smilecalifornia.org
https://sonriecalifornia.org/

Smile, California Stats

- Increase in Annual Dental Visits from 2018 to 2019
- Increase in Preventative Dental Services 2018 to 2019 for ages 1-20
- Increase in molar sealants 2018 to 2019 for children ages 6-9



SmileCalifornia.org

SmileCalifornia.org is the best source for information about the Medi-Cal Dental Program, covered services and good oral health habits.

You can also find Medi-Cal Dental providers by ZIP code using the Find a Dentist tool.

The website is available in English and Spanish. Landing pages are available in 17 threshold languages.

English: https://smilecalifornia.org/
Spanish: https://sonriecalifornia.org/



Outreach in Spanish

- SonrieCalifornia.org
- Monthly Member Articles
- Facebook Live Events
- Social media captions
- Videos
- Outreach Materials
- Fotonovelas



Best Practices

- Culturally and linguistically appropriate messaging
- Knowing and addressing known barriers
- Partnerships with community partners
- Material tailored to key member populations
- Updates based of state and local partner feedback



Member & Partner Resources

The member's page was designed with oral health resources and more information about Medi-Cal's dental benefits.

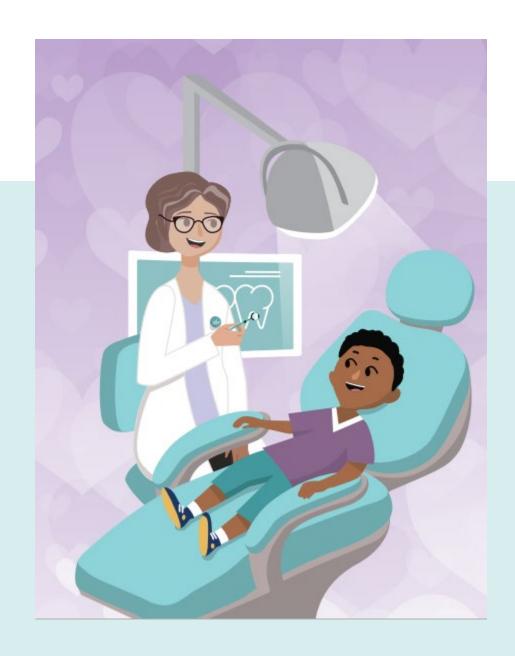
The Provider and Partner page has resources available.



Medi-Cal Covers **Dental Care** for Seniors A Healthy Smile Never Gets Old

National Children's Dental Health Month (NCDHM)

- Promotes the benefits of establishing good oral health early in life.
- For February, Smile, California is focusing on the importance of preventive dental care, by inspiring Medi-Cal members to love their teeth and visit the dentist regularly during the month of February.



Stay In Touch!

Website:

English: https://smilecalifornia.org/
Spanish: https://sonriecalifornia.org/

Facebook: /SmileCalifornia

Instagram: @SmileOnCalifornia

YouTube: @SmileCalifornia

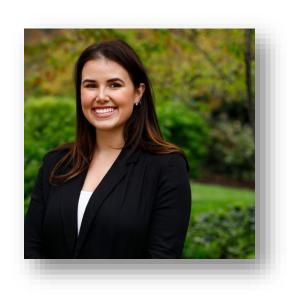
Email: dental@dhcs.ca.gov







Connecting Kids to Coverage National Campaign



Helen Gaynor, MPH

Outreach Contractor, Connecting Kids to Coverage National Campaign

Porter Novelli Public Services, Inc.





Connecting Kids to Coverage National Campaign: Initiatives

The Connecting Kids to Coverage National Campaign reaches out to families with children and teens eligible for Medicaid and the Children's Health Insurance Program (CHIP) to encourage enrollment and to raise awareness about the health coverage and specific benefits available under these programs.

The Campaign conducts annual initiatives tied to priority topics and key times of year:

- Oral Health
- Mental Health
- Vaccinations
- Missed Care

- Peace of Mind
- Youth Sports
- Year-Round Enrollment

- Back-to-School
- Rural Communities
- Multicultural Outreach



InsureKidsNow.gov

The website for Campaign information and resources

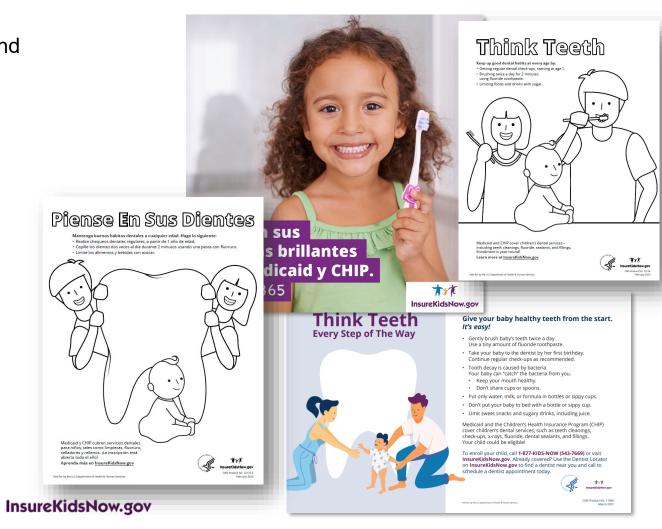


Initiatives: Oral Health

Tooth decay can negatively affect a child's physical and social development. Campaign materials remind families that children enrolled in Medicaid and CHIP have coverage for comprehensive dental services.

Resources

- Digital videos
- Posters and palmcards
- Infographics
- eSignatures
- Live reads
- Newsletter templates
- New: Coloring pages



New Materials for Multicultural Outreach

Dental Health Materials

Poster, Flyer, and Tear Pads now available in 24 languages at InsureKidsNow.gov





Outreach Tool Library

Find all Campaign Materials in the Outreach Tool Library:

- Ready-to-print posters
- Palmcards
- Social media posts
- Text messages
- Videos
- PSAs
- Template newsletters





Preventive and routine

healthcare ensures that



Customizable Resources

Many Campaign resources can be customized to include information specific to your community:

- Visit the Outreach Tool Library at <u>www.lnsureKidsNow.gov/outreach-tool-library/index.html</u> to review the Customization Guide
- Email CMS Division of Multimedia Services (DMS) with customization requests and your organization's information:
 - MultimediaServices@CMS.hhs.gov
 - Grantees must include their project officers on the email



Your program name(s)

Your website and/or phone number

Up to two logos



Medicaid and CHIP Continuous Enrollment Unwinding

In March 2020, CMS waived certain Medicaid and CHIP requirements and conditions. The easing of these rules helped prevent people with Medicaid and CHIP from losing their health coverage during the pandemic.

- Soon, the continuous coverage requirement will come to an end and states will be required to restart eligibility reviews on April 1, 2023.
- The Connecting Kids to Coverage National Campaign encourages beneficiaries to:
 - Update their address, email, and phone number with their state Medicaid offices
 - Check their mail for a letter regarding their Medicaid or CHIP renewal
 - · Complete their renewal form, if received.
- Resources and additional information are available at Medicaid.gov/Unwinding, including a Communications Toolkit and graphics in 7 languages, including English and Spanish. Partners can find:
 - Social media copy and graphics
 - Drop-in articles and key messaging
 - The Medicaid.gov/renewals page to help families connect with their state Medicaid office.



Keep in Touch

Interested in learning more about the Campaign and its resources?

- Email us: <u>ConnectingKids@cms.hhs.gov</u>
- Follow us on Twitter: @IKNgov
- eNewsletter sign up: <u>"Campaign Notes"</u>





Questions?