



Using Dental Services and Benefits to Motivate Families to Enroll in Medicaid and CHIP

Connecting Kids to Coverage National Campaign

Webinar Transcript February 27, 2015

Riley Greene: This is Riley Greene with the Connecting Kids to Coverage Campaign. Thank you for joining our webinar on Using Dental Services and Benefits to Motivate Families to Enroll in Medicaid and CHIP. We are so excited to have you online today. We have a great lineup of presenters. A couple of housekeeping items. We will have two question and answer sessions throughout the presentation, one in the middle and one at the end. We ask that you use the chat box in your control panel, that's the little grey panel on the right hand side of your screen. As you have questions, submit your chat, and Donna Cohen Ross and I will read those together during the question and answer session. A copy of the slides and a recording of the webinar will be available on insurekidsnow.gov about a couple of weeks following the webinar. With that, I will turn it over to Donna Cohen Ross to kick us off.

Donna Cohen Ross: Great, thank you Riley. And hopefully our words are coming in loud and clear to all of you. We are really thrilled to be here this afternoon. We know that we have a very large audience this afternoon as we always do when we are focused on this really important topic. We're very excited because we have some new materials to share with you, we have great participation from some of our partners which I'll share in a moment. We are ready to get started. Before we do though, and folks in the room may laugh, but as we were waiting to get on for the webinar to go live, we were looking at this wonderful photograph here. And in my ignorance, I asked, "What's that blow dryer doing on the cabinet shelf behind the little girl and the dentist?" I learned what it was while we were waiting for you to all come in. So one of the things that we'll do to see if the chat box is really working is if you know what that piece of equipment is for, send it through the chat and we'll see how many people are certainly more informed than I am. I am going to get educated this afternoon.

Riley Greene: We'll warm our chat box up that way.

Donna Cohen Ross: We'll warm the chat box up. So let's move ahead though, because we do have so much to cover. Our agenda this afternoon is pretty full. We are going to talk about enrolling children into health coverage during a day of free dental care. We'll talk a little bit more about that in a moment, but this is really a fabulous activity that gets children oral health care but also hooks them up with health coverage through Medicaid and CHIP. We're going to talk about using Title V funding for oral health initiatives. We are going to talk about ways that together we can encourage families to "Think Teeth," which of course many of you know is the theme of our oral health materials. And we're also going to be giving you a tour of some of our campaign resources. To those of you who join us pretty regularly for our webinars, you know that we are



always very excited and encouraging of our national partners and their participation in our webinars, and so we are going to hear from one of our national partners during the webinar. I'll introduce him a little bit later. But I wanted all of you to know that Nina Perez from Moms Rising, one of our most wonderful partners and I guess leading the way in the social media realm, is live tweeting today during the webinar. She is going to be sharing all the great information that we'll be learning about. She'll be talking about what you're talking about but letting a much broader audience, our Twitter audience, know about what we are focused on today. So Nina and the folks at Moms Rising, thank you for bringing us into this broader communications world. I want to just start off by showing a picture which is right here on the slide on your screen right now. One of the things that you've heard us say in many webinars is that one of the ways that we can be sure to connect with families whose children might be eligible for Medicaid and CHIP is to connect with them when they're seeking care or when they're in need of care. And one of the things we've learned a number of years ago from the national survey of parents that we conducted here at CMS was that there are certain things that are particularly motivating for families. We asked, what are the things that would get you to apply for coverage for your child? And you can see here that among the top reasons, 68% of parents in our survey cited dental care as a motivating factor for enrolling their child in Medicaid or CHIP. 68%. So we know that families really value dental care, and when we help them find a way to get that care for their children, of course along with ongoing coverage and care for the other things their children need, we are serving their needs and making sure that they are able to provide the care that they want to provide for their children. So this is really a motivating factor, not just for families but for us in the outreach realm as well. I'm going to go now to the reason we're all assembled, and that is to hear from our speakers. I'm going to introduce first my colleague and friend, Laurie Norris, who is the Senior Policy Advisor here at CMS. She heads up our Oral Health Initiative, and she is going to talk a little bit more about the Medicaid and CHIP dental benefits and also how we are approaching promoting oral health care and this initiative at CMS. So Laurie, thank you for joining us today.

Laurie Norris: Thank you Donna, and good afternoon everyone. As Donna said, this whole campaign is focused on connecting kids to coverage. But I think we all recognize that that is really only the first step. Connecting kids to care is equally important. So I'm going to focus my remarks today on how to connect kids to oral health care and some ways in which CMS is trying to support our partners to do that. Next slide. All children enrolled in Medicaid and CHIP do have dental benefits. This is just a foundational fact. And they are pretty good benefits, they really cover the scope of everything a child might need: teeth cleanings, checkups, x-rays, fluoride treatments, dental sealants, fillings, medically necessary root canals and crowns, and on the Medicaid side certainly medically necessary orthodontia. And in most states CHIP also covers some orthodontia. So it's a very good benefit, but the challenge can be to make sure that parents know about the benefit first of all, and that they know how to access it secondly. And that can be a big challenge and has proved to be over the years. So in the next slide, we can see what the trends have been in terms of Medicaid enrolled children ages 1 to 20 using dental services. And this slide starts over on the left in the year 2000 and it takes us all the way to the year 2013. You can see here that utilization has been increasing pretty steadily over that thirteen



year period. The blue line on the top shows what percentage of children enrolled have received any kind of dental service in the year. You can see that we're just a hair under the 50% point there with the any dental service data. The red line is for preventive dental services. So fewer kids are receiving preventive dental services. And the green line is for dental treatment services. So what we can see here is that still only 1 out of every 2 children who is enrolled is getting a dental service in any given year. So CMS is trying to help improve this number. On the next slide you'll see one way in which we're trying to do this ourselves and support our partners to do this as well. As Donna mentioned, we have developed a series of oral health education materials which we call the Think Teeth materials. You see here on the slide several of them, there are more that are not depicted here. We have one piece that is focused on children up to the age of 3 that really talks about how dental caries or decay or dental disease happens in young children. The fact that it is a bacteria based disease that is transferred from the parent to the child, so is transmissible and it is completely preventable, and it gives pointers for parents as to how to do that. We also have materials that are specifically focused on pregnant women. It's really important for pregnant women to get their mouths healthy before they have their babies so that they have less of an opportunity to pass the disease along to their infants. These materials are available in English and Spanish and in several different formats. And the really great news is that they are available for free. The one that you don't see here is a piece that is targeted to children at all ages. So really we cover the landscape in terms of oral health education materials, and you'll hear a little bit later in the call today about how you can participate in helping promote these materials. We've also done some additional, created some additional materials to help you use oral health to promote enrollment in Medicaid and CHIP on the Insure Kids Now web page. You can get access to sample Facebook posts, Tweets, newsletter articles, this really cute little Think Teeth button that you can put on your own website, distribution tips and more. So we're really trying to help you promote oral health through your pathways as well. Next slide. One of our recently released materials is this flyer that is targeted directly to parents and specifically to parents whose children have special health care needs. One of the things that we recognize is that these children can not necessarily go to any dentist and get their needs met. And there is a certain level of vetting that a parent needs to do to find the right dentist for their child depending on their child's needs. And this flyer covers the steps that a parent can take, the types of questions they can ask before they have their first appointment to locate a dentist who can really sensitively and adequately meet their child's special needs. This is available in English and Spanish as well. You cannot order hard copies of this from us, but you can certainly download it and print it out yourself and we hope that you'll let folks in your network know that this resource is available so parents can start taking advantage of it. We also have another tool which we know we've talked to you about before. We hope that you're using it. It's our Find a Dentist tool, which parents, caregivers, social service agencies, any child-serving interested person, can use this tool. Physicians can use this tool. To find a dentist that accepts a specific health plan in a specific state and is located in a particular geographic area. We think it's a super tool and we've been working really hard to get the word out that it's available on the Insure Kids Now website and anybody can use it. We've also designed this cute little widget that is over on the left that is embeddable again on anybody's website as a really quick entryway into the search tool by just saying what



state you live in, what plan your child is in, and what zip code you live in, and you'll get a list of dentists. Next slide. That's my last slide. Back to you Donna.

Donna Cohen Ross: But don't go away Laurie, don't go away. If we ever wondered whether or not the chat box worked, we actually have very strong affirmation that in fact it does work because we have been getting lots of ideas through the chat on what that piece of equipment in the first photograph actually is. And we have everything from something to harden fillings, to check for cancers, to whiten teeth, to dry things quickly. All kinds of ideas. And Laurie, I'm going to put you on the spot and ask you if you can reveal the true nature of that piece of equipment.

Laurie Norris: Well, before I do so I have to say I'm a lawyer and not a dentist. But I think I know what that is. [laughter] I think it's, the person who said to dry things quickly. When you apply a sealant on a tooth, it's important to have a dry field or else the sealant may not take. So I think it's to dry the field in the child's mouth before applying the sealant. So the prize goes to the person who said to dry things quickly.

Riley Greene: That's right Laurie, and I will say that our number one response was a sealant light or curing light. So I think you both had exactly the right answer, but we really loved some of the more creative ideas.

Donna Cohen Ross: Unfortunately we do not have prizes for all of you, but we do appreciate some of the great ideas and some of them were actually pretty funny. But we will move on in the webinar but we just really wanted to thank you and thank you Laurie for that great opening presentation. Stick with us because we'll have questions and answers in a little while. Now it is my great pleasure to invite and to welcome Colleen McCauley, who is the Health Policy Director at Public Citizens for Children and Youth, PCCY in Philadelphia. We have worked with PCCY and Colleen for a very long time on many different aspects of our outreach and enrollment campaign, but today Colleen is going to talk to us about a really great activity that PCCY has been engaged in for quite some time, and that is Give Kids a Smile Day, and how PCCY uses this among other things to help enroll eligible children in Medicaid and CHIP. So Colleen, welcome, and I'm going to turn it over to you.

Colleen McCauley: Great, thanks very much. I'm very happy to be able to share some of the experience we've had here in Southeast PA, and I'm looking forward to learning a bunch of stuff as well. So, I'm at Public Citizens for Children and Youth. We are a children's advocacy and policy organization working on behalf of kids in Southeastern PA as you've heard, which includes Philadelphia and the surrounding suburbs. And we primarily work on issues related to health, K-12 education, childcare and family economic security. The staple of our health work over the years has been our help line. Over the past twenty years, we estimate that we have helped about 14,000 kids either apply for health insurance over the phone, help them resolve their health insurance dilemmas and challenges, and refer kids to health care providers including dental and mental health and vision, whatever resource a family needs we are there to help connect them. The help line is available over the phone for free and in any language. We use a



language line interpretation service. We are getting ready to mount our twelfth annual Give Kids a Smile Day. It's a day of free dental care, and I imagine some folks on this call, perhaps you've done your Smile Day this month during Children's Oral Health Month. We designed our Smile Day based on the model provided by the American Dental Association, Smile Day is their event. And they provide a really great road map for how to do Smile Day, and I have a reference for their how-to manual at the end of this presentation. That is the road map we use to design our smile day. We estimate over the last eleven years we've done this that we've assisted nearly 3,000 kids secure dental care, and from our records 60% of those kids were uninsured and we offered and assisted those families to apply for coverage. We have many goals that are affiliated with our Smile Day, and the most obvious one is that we want to get kids dental care, directly connect them. On Smile Day, but not just on Smile Day, we'd like to see these kids find a dental home. So we tell parents when they call us, if you like the care that your child receives on Smile Day, think about making that dental practice your dental home. And we're very intentional to recruit dental practices that accept CHIP and Medicaid to make it easy for those kids who do have insurance or who we help get insurance, that they can return to that practice. The goal also is to get kids coverage. We are actually applying for kids when they call to make their dental appointment for Smile Day. And another goal of the day is to raise public awareness that our help line exists and about the importance of oral health. We do a tremendous amount of outreach for this event to get kids to obtain this free care. So we have this great opportunity, this exposure, to let the public know about our help line and about the importance of oral health. So there are a lot of moving parts for Smile Day, but I think about four major components about how to organize one of these. And again, there is a great road map to do so from the American Dental Association. But first you have got to get dental practices recruited. Our goal for this year was 350 kids to secure free dental care on Smile Day, and we estimated that would take about ten to twelve participating dental practices. One of our dental schools here, Penn Dental, came through and we actually have 400 slots for kids this year across twelve practices. And the practices, it's really important that the practices dictate what they are going to do that day. They are generously giving their time. So the practices tell us how many kids they're going to see, what kind of care they are going to provide, how old the kids are that they'll treat. We do highly encourage the practices to at a minimum provide a cleaning. Some practices in the past have just wanted to do exams where they look in the child's mouth and provide some education, but parents and kids are much more satisfied when they can get some level of clinical care like a cleaning. So we've got to recruit the practices, but then we've got to fill those dentist chairs, and so we've got to do the outreach. And that is the bulk of what I'll talk to you about. The third component for Smile Day is to operate a call center. So on behalf of those twelve dental practices, parents call my office. They speak to a cadre of volunteers that we have to make an appointment for Smile Day. Then as I said we're also going to apply for those kids who are uninsured for Medicaid and CHIP on Smile Day. So who is this day for? It's a free day of dental care. We are trying to particularly reach children who are uninsured, and in this region of Pennsylvania and certainly nationally, kids who are disproportionately uninsured are kids who live in immigrant families or who are immigrants themselves, and teenagers. So that's who we're reaching out to. We also welcome kids who have insurance, who have medical assistance or CHIP, and they haven't seen a dentist



in a while for whatever reason or perhaps because their parents as Laurie was mentioning, they don't know where to find a dentist that accepts their Medicaid or their CHIP. So kids with insurance are also welcome for Smile Day. Outreach again is critical to fill those dental chairs. These are our four main partners for this initiative. And schools come right up to the top. Staff in schools work with kids every day, and staff there are likely to know which kids have insurance, which don't, which kids have mouth pain, which kids have unmet healthcare needs. And particularly in those school buildings, it's the nurses, counselors, English language learner teachers, bilingual counselors, we have those staff here in Southeastern PA, those are the staff we want to make sure know that Smile Day exists so they can tell their students. Again, high schools are very important. We have a high school in our target area with 2,000 kids, and 40 languages are spoken in that high school alone. Immigrant organizations, for the reasons I just mentioned, because of our target population. And immigrant organizations who provide health or social service resources, who provide legal counsel. They've all been very amenable to helping us spread the word. Faith based organizations are critical as well. Here in the Philadelphia region, the Archdiocese conducts masses in Spanish and Vietnamese, and our Catholic social services have been very anxious to help spread the word to their constituents. And then we have primary care practices, particularly practices that don't have dental. I used to work in a primary care office and we didn't have dental, and I often felt impotent about where to refer individuals who didn't have insurance. So this is their opportunity to refer kids to free care, so they're an important partner. So how do we do this? We do this, we are looking at our flyer for this year. We are doing it the week of spring break for kids in this region, and we are also publicizing on this flyer not only can you get free dental care, but you can get help applying for health insurance. That is important to publicize for parents. And we are going to reach out, ask our partners to reach out in a number of ways. For the schools, we highly encourage them to copy the flyers, which I've neglected just to mention that we have translated into the top languages spoken in this region. For us that's Vietnamese, Mandarin, Bengali, and Spanish. So we encourage schools to copy these flyers and to send them home to every student if possible or to key students, we know the cost can be prohibitive to make copies of flyers. But posting on the website doesn't cost much money if any, and many schools do post it right on their home page. One of my favorite things I love to encourage schools to do is to send a recorded telephone message about Smile Day to all their students, and we make it easy for schools. We put together a sample phone script that schools can modify a little bit and record and go ahead and send it. We have schools also that are putting information on their cable channel, they're getting Smile Day information to their Home and School Associations or PTAs. They are leaving stacks of flyers in their front office. We just missed an opportunity to send the flyer home with report cards in this region, but that would have been a great opportunity. And then some schools are also including Smile Day in their paper and electronic newsletters. For the community based organizations, again we've asked them to help disseminate these flyers to their constituents. And over the past two years we've built up a pretty rich list of 150 organizations in the region that we can send this to and ask them to share it. And then we're going to use some traditional communications venues, some media venues, English and non-English. We have PSAs for radio and television. We have submitted descriptions and blurbs to community based papers. And we



also find, other folks may find this, when we do a press release or a media advisory that the community papers often just cut and paste what we've written and drop it right into their papers. Again we try to make it as easy for folks as possible. We are also going to try to get ourselves invited to a couple of local radio stations and possibly the local morning news program to have a family join us to publicize Smile Day as well. The gist of this is to do application assistance, make sure kids are getting coverage. So last year we made 220 dental appointments and 100 of those kids were uninsured. We went ahead and assisted 41 of those families to apply for coverage. So when parents call to make an appointment for Smile Day we ask them their child's insurance status and if they are uninsured we do offer as soon as we've completed making their kid an appointment we offer to send them to our help line staff member to go ahead and apply for coverage. Often, we can start and complete that application over the phone. Parents may have to send us some additional information in the mail or over fax, but if they've got 20 minutes we can collect the critical information needed for the application and get it done. We do use a language line, so we can talk to parents in any language. So what have we learned? Some highlights from what we've learned over the last couple years. It only learned us ten years to learn this first issue, that if we offer parents the opportunity to apply for coverage when they call to make their kid's dental appointment, we have a much higher rate of application completion. Typically in the past, when the parent would say their child was uninsured we would make a note and say, okay, we'll call you in a week or so and start that application. Last year, when we were able to just refer them on the spot to our Help Line staff it worked very smoothly and we had more kids that we could help get coverage. This year we are going to need to enlist the help of a partner organization. I've got one coworker who enrolls kids, so we're going to need some help on Smile Day to get more kids enrolled. And then the other lesson learned I would say is to start the outreach early, six to eight weeks in advance of the event. It gives your target community the opportunity, more time to hear about the event, hear about it several times, so then they can finally take action and give a call. I would just add one other lesson learned here. If you are going to mount a Smile Day, it is important to do it on a day that kids are not in school in order to get the partnership from the schools to publicize it. If you are asking children to come for free dental care on a day they're in school, the schools aren't going to be too happy about that. And so on this last slide is me, and I'm happy to talk to folks about our experience with Smile Day. Below my name is the link to the American Dental Association's manual on how to do Smile Day. Again, detailed help. Timelines, sample press releases, ideas for who to join your coalition to get Smile Day off the ground. It's a really rich resource. Thanks very much.

Donna Cohen Ross: Thank you so much Colleen, and thanks especially for bringing our attention to the Give Kids a Smile Day manual. But I'm also going to ask you if you know about another resource, because one of our questions is from Christina Feingold. She's asking her question about whether or not there is a Smile Day in South Bay, California. My question for you Colleen is, is there a place where folks can go to see if there are people in their community, organizations like yours, that are already mounting Smile Day and our folks listening in today can perhaps partner with them. Is there a way to find that out?



Colleen McCauley: There is a way to find that out. The American Dental Association asks organizations, entities that are mounting a Smile Day, to register with them. So they can catalog where these activities are happening, how many kids are being helped. So I don't know exactly where it lives on their website. But certainly there's a point person for Smile Day on the American Dental Association staff, and they can be helpful and let you know where these events are happening.

Donna Cohen Ross: Great. Thank you Colleen, and we'll find that website and we'll get it out to folks so you can see if there is already something in your community that you want to connect with. So let's get further into some questions and answers. We have some questions already coming into the chat for both Colleen and for Laurie. If you have questions use the chat box. As I said before, we've already determined that many of you know just what to do. Laurie, I'm going to ask you to see if you can respond to one of the questions that we got earlier on during your presentation. And I think this question came in with respect to some of the materials that you highlighted from the Think Teeth campaign, particularly the materials that give ideas about good practices for oral care. Our questioner is asking, when is the appropriate time with respect to work flow, when is a good time to give patients these materials and who should do the giving? The dental assistant, the dentist, someone else? What is the best way to effectively use these materials in that setting?

Laurie Norris: That's a terrific question. I think what I have heard from people who do this work, which again I do not, is that it's often the medical assistants, the nurse practitioners, not the physicians themselves, who have a little more time with the patient or with the family, with the parent and the child, and may not be doing an active clinical intervention who have a little bit of time to chat with the parent and maybe find out what's going on at home around oral care and make a few recommendations, provide a little bit of information, and then provide this flyer as a take home to reinforce information that's given during the visit. So really anybody could do it, but I think in terms of workflow and effectiveness of communication it is often the nurse or medical assistant who can connect with the family and do that best.

Donna Cohen Ross: Great, thank you so much Laurie. I want to just take this moment to say we are also doing well in the world of Twitter. Nina, thanks if you're listening which I hope you still are, thank you for tweeting out so many messages. We're looking at a lot of the folks who are re-tweeting those messages. We have a number of people from community health centers, from the American Academy of Pediatrics, the Washington Board of Health. These messages, we're really multiplying the reach of these messages by having you participate in re-tweeting them and tweeting your own messages as well. So that, I guess that's an object lesson for how we can really amplify our efforts. We do have a couple more questions, but we also have some folks who have entered into the chat that they're actually doing some similar work, similar to Smile Day, activities to give free dental screenings and gift bags that include toothpaste, toothbrushes, floss, a coloring book about dental health. So Tatiana, thank you for sharing that. One of the questions, and this is kind of a specific question Colleen for you. You talked about the different partners that you engage to help you promote Smile Day. Schools were high on your list. But one of our questioners, Mary Beth Healy, asks whether you've ever done Smile Day at a specific



school. Are schools open to that, to focusing on a particular school building and trying to engage the students there?

Riley Greene: Donna, I'll actually add to that question because we just had one come in from Chris Ahlers that I think is related. And Colleen, Chris is asking, do these volunteer offices who provide the care continue to see these children on an ongoing basis? And I think that aligns with Mary Beth's question in terms of, who are the types of providers you bring on, are they ever school based providers, and then how does that relationship continue after the Smile Day is hosted?

Donna Cohen Ross: Great. Colleen, what do you think?

Colleen McCauley: Our experience over the years has been that children receive the dental care outside of the schools at these private dental practices. I know that there are Smile Days in other parts of the country that are bringing the mobile services into a school for children, and I know that happens. It's not the model that we use, but I know other folks have been successful in doing that. There was a second part of this question, can you remind me? >> Riley Green Yes. So the second part of the questions is, do the offices who provide the care on a volunteer basis on Give Kids a Smile Day continue to see these children on an ongoing basis, which I think you addressed in your presentation is really the goal, it's really to connect kids with providers that they become regular patients with. And Chris was wondering also if you have any sense of what percentage of parents stay with the office and do come on a regular basis? Maybe you have data or maybe you just have anecdotal feedback from your providers on the kind of success of those ongoing relationships.

Colleen McCauley: Excellent question. So we do know that, and only anecdotally, that some of the kids from Smile Day continue to receive care at these practices, and in fact as a kids' advocacy and policy organization we've been interested over time to monitor that very closely. We have not successfully raised funds to do that kind of monitoring, so I only have anecdotal information about that. But I will tell you, that is one of the benefits that we talk to practices about, to ask them to do Smile Day, we talk to them about the possibility that these children can become their clients. And we have a fabulous core group of dentists that do this every year. Again, I can only say anecdotally, they keep coming back because they are able to maintain Smile Day kids over time as their clients.

Donna Cohen Ross: Great, thank you so much Colleen. I think it's important, one of the takeaways that I got from this question and answer is of course we are focused on making sure that kids get the care that they need, but this could also be advantageous to the providers as well in making sure they are making connections with patients who need their services and who they can establish an ongoing relationship with. So thanks for that, and I'm just going to take a half a second to give a shout out to our friends at Oral Health America. They've been, we're seeing that they've been involved in our Twitter storm here and we really do appreciate the great work that they do and value our partnership with them. So we're going to move along. I'm going to thank Laurie and Colleen again for participating. We'll have some more Q&A later. But now it's time



to move to our next speaker, and that is Mary Kay Brinkman. Mary Kay is an Oral Health Consultant with the Bureau of Oral and Health Delivery Systems in the Iowa Department of Public Health. She is going to talk to us about using Title V funding, and she's going to tell us what Title V funding is for those of us who may not be familiar with it. Using Title V funding for oral health initiatives. Mary Kay, welcome this afternoon.

Mary Kay Brinkman: Thank you so much. I really appreciate this opportunity to share our experiences with our I-Smile program and the relationships that we have in our state with our state Medicaid program. During the 2005 legislative session, the Iowa Care Medicaid Reform Act, House File 841, was approved. The reform bill included provisions relating to Medicaid and appropriations, and also included language that requires Medicaid enrolled children in Iowa to have a dental home. It had been pretty clear that access to oral health care in this state was a critical problem, especially for low income kids. Fortunately, the Department of Public Health and the Department of Human Services which manages our Medicaid program in Iowa have a close working relationship. As a matter of fact, for several years we have had an interagency agreement to EPSDT services as part of our state Title V system. DHS worked with us at IDPH as well as other stakeholders to determine how to achieve this dental home goal. As a result of that collaboration, next slide please, the result of that collaborative effort is now known as I-Smile Dental Home Initiative. When we were deciding how to structure I-Smile, it is a natural fit to integrate it within our existing local Title V child health system. For those of you that are unfamiliar with Title V, it was enacted by Congress in 1935 as part of the Social Security Act and authorized the Maternal and Child Health Services Program. In 1981, the Title V Maternal and Child Health Services Block Grant was created. Currently the purpose of these block grants to states is to create federal-state partnerships to develop services systems in our nation's communities to meet critical challenges in maternal and child health. In Iowa, MCH is administered by the Department of Public Health and contracts with local public and private non-profit agencies. These local contractors are responsible for helping families receive regular health services including dental. As I just mentioned, we already had agreements in place with Medicaid for EPSDT, which also allows a local qualified contractor to bill Medicaid for some services provided to Medicaid enrolled women and children, including time spent providing care coordination, and for dental services such as screening and fluoride application. These are barriers that Medicaid-enrolled children face to get care in dental offices. As a result, I-Smile is now the oral health component of Iowa's Title V system. Much of the I-Smile programs and policies were developed by using our lessons learned through the previous program we had called ABCD, the Access to Baby and Child Dentistry. Some of the things that we saw that worked with ABCD were having dedicated oral health funding, having a dental hygienist as the local oral health coordinator, being sure to fill gaps in services where they were needed and where we were able, and we need to build oral health infrastructure, both state and local. At the bricks and mortar state dental offices and clinics, there is a system to ensure that oral health is understood and that care is sought and there is an ability to receive care. We began receiving funds from DHS through the interagency agreement in 2006, and then began providing funding to our Title V child health agencies to implement I-Smile statewide in December 2006. The first requirement was for each agency to employ a dental hygienist as their I-Smile coordinator. We



extractions, and will have one more appointment to finish his treatment. He is no longer suffering from pain and infection and will be able to concentrate in school and play the way a four year old boy should. Thanks for giving me this opportunity to share this information about I-Smile everyone, and please visit our website for more information or contact Tracy Rodgers who oversees the I-Smile program or myself if you have any questions. Thanks so much.

Donna Cohen Ross: Mary Kay, thank you for that really terrific presentation. I think your blend of really focused data on how I-Smile has helped and also the wonderful stories that you have shared throughout have really helped to give us a very good vision of what I-Smile is all about. Thank you for that. Stick with us, we are going to come back in a little while with questions and answers. And now we're going to go to our final presenter, who represents one of our other national partners that is really a joy to work with, and that is Matt Jacob. He is the Director of Communications and Outreach at the Children's Dental Health Project. He is going to talk about the work that the Children's Dental Health Project is doing on their own and also very much with us at Connecting Kids to Coverage to promote good oral care for kids and also to help us in getting our materials out to you. Matt, thank you so much for joining us, and I'm turning it over to you.

Matt Jacob: Thanks Donna, I appreciate it, I'm happy to participate. Next slide please. I just want to give you a real quick overview of who the Children's Dental Health Project is, the priorities that guide us, I think this slide says it all. Prevention is our focus. We believe very strongly that turning things around in the area of oral health means reaching these situations upstream so we avoid the downstream problems of tooth decay, especially rampant tooth decay. If we can reach kids early, we know that we can make a real difference, not just in those years but in the years down the line. Because the truth is that the kids that have serious oral health problems are going to become adults with serious oral health problems. We also believe very strongly in family-centered risk-based care. Next slide please. And of course the evidence basis is a big part of that, it has to drive all of our thinking about the best oral health prevention strategies. We often at CDHP refer to this as an upside down problem, and it's the fact that children with the most need tend to get the least care. That is why I think that it pleases us that there is EPSDT, that I think a lot of parents are surprised at how robust and how comprehensive services for dental care are within Medicaid and CHIP, and we think that's really important. And in terms of just frequency and reaching kids at ages before they might normally access school-based services, Early Head Start, Head Start, and working closely with those stakeholders we think is very important. We are busy working to try to extend federal funding for CHIP, which is an issue that has come up in Congress. 8 million kids receive medical and dental services in CHIP, and for a variety of reasons I won't get into if a decision isn't made soon to extend that funding there could be some really tough decisions that states are going to have to make because they are trying to finalize their budgets. We worked very hard to get pediatric dental benefits identified as one of the essential health benefits within ACA. We're pleased that more kids are getting coverage and we're monitoring the way the coverage has been rolled out and what states are doing to get a better understanding of what we can do to improve the situation. Next slide please. Systems change is a big part of improving oral health. I think when people think of oral



health, the first thing they think about is the dentist, and we think that's great. But we also want them to think about not only the broader team of dental professionals like dental hygienists, dental assistants, and others, but to think health care at large, to recognize that pediatricians and primary care providers have roles to play, community health workers have roles to play, school-based services are delivering a lot of preventative care to kids and we can do better on that score. I mentioned earlier Head Start, those are important settings for us to reach and do more to ensure that kids there are getting the services that they need. Next slide please. We have been working very hard as Donna said to both promote the Connecting Kids to Coverage Campaign and making sure that all of those kids that right now, today, could be enrolled but aren't because of a variety of reasons, that they do get coverage. We really want to build awareness about that. We know that when parents and caregivers find out that dental coverage is built into Medicaid and CHIP, some of them are surprised by that. It's a real opportunity, and it's a selling point. It's a chance for us to really get families' attentions and do what we can to ensure more of them get connected to care. We've also been working to help promote those Think Teeth materials that Laurie Norris spoke about earlier. They are excellent new materials for parents, some simple steps they can take to help their kids move on the road to optimal oral health as well as for pregnant women. We had a February 19 Twitter storm that we hosted along with the National Network for Oral Health Access, CMS played a big role in that, and a lot of different stakeholders. I was really pleased that we reached more than 650,000 Twitter accounts with tweets and re-tweets. We had a lot of wonderful partners, Moms Rising has already been mentioned by Donna on this webinar. In addition to that, a whole bunch of people, community health centers and foundations, and it was really great to have that. Next slide please. We are planning to have a blog carnival on the week of March 16-20, and we really look forward to telling you more about that. But this is going to give you the highlights. The When, I mentioned. If you don't have a blog individually, or your organization doesn't have a blog, the best news that I have for you is you can still participate. It's really simple. If you have a blog, that's a place where you would write some kind of article about Medicaid and CHIP, the important role that these programs play as the oral health safety net for so many kids as well as pregnant women. And in addition to that, encouraging people to learn more, to know how they can enroll, and to promote these Think Teeth materials because they do an excellent job. The way they're written is very accessible, there is not too much text, they really were created with an eye to busy parents and trying to give them quick concise information that they can act on. So it's something I want to encourage you to promote. But whether you have an e-newsletter, whether you have a newsletter that you place on your website somewhere, or if you do have a blog, almost every organization has some kind of vehicle that would enable them to participate in this. So we're calling it a blog carnival, but I want to underscore that if you don't happen to have a blog that does not mean you can't participate in some way. Next slide please. One of the things we're also doing is we're looking to disseminate a one-pager that sums up those Think Teeth materials and also has some of the basic information about enrolling any time and finding out more information at conferences. So if your organization is having a conference coming up of members, of supporters, please let me know. My email address is right there, mjacob@cdhp.org. We have a one-pager we can share with you, you can easily drop your logo on the top, and this is



something you can circulate at your conference. The whole idea is, this is one more way to promote awareness of those Think Teeth materials. I think Laurie mentioned, in addition to general tips for parents of kids there is a great new fact sheet for parents of special needs kids. Next slide please. So this is my contact info. I want to put in another plug, please don't hesitate, if you think you'll have time, and surely at some point the week of March 16-20, one of those five days you can have time just to post some kind of article on your blog or include it in your e-newsletter that you send out. We would love to have your participation, and I know Donna if I'm remembering correctly you told me that CMS will be helping us with this as well.

Donna Cohen Ross: You bet we will, and maybe like other organizations, we have a blog and an e-newsletter, and I'm going to guess that you won't be upset if we say that we'll do something on both.

Matt Jacob: I love it.

Donna Cohen Ross: We're thinking about what we want to convey through both those avenues, but I'm hoping that the types of things that we've heard today and we've heard in the chat are the kinds of things that folks will feel really free to blog about. Some of those stories, the kind of stories that you heard Mary Kay tell, some of you in the chat have been talking about what a great thing it is to be able to find a dentist who takes Medicaid and CHIP coverage. Those are the kinds of things that people need to hear. So we hope that you turn those great stories and sentiments into blogs for the blog carnival. So Matt, thank you so much. Stick with up because we're going to open it up to question and answer in just a little while. But before we do I'm going to turn it over to Riley who is going to take us through a quick tour of some of the other materials we have available for all of you on insurekidsnow.gov. So thank you.

Riley Greene: Absolutely. Thanks Donna, and thanks to all of our speakers so far. You've shared some really great content, and I would just encourage folks as I'm giving an overview of these campaign resources to keep submitting your great questions through the chat box. They can be questions for Matt and Mary Kay who we just heard from, but if you had a question that came to mind for Colleen or Laurie from the beginning part of our presentation, they are still with us and happy to jump in as well. So I will take a quick tour here through our Connecting Kids to Coverage Campaign resources. As Laurie and Matt both mentioned, we've developed some great oral health materials that are customizable. And I will say, while we are featuring oral health materials on this webinar because they are poignant here, we also have general materials such as back to school, a teen flyer, and others that are also customizable with your program name, your website and phone number, and up to two different logos. Those are completely free to get customized, you just send in your information to CMS and then you'll get a print-ready PDF sent back to you. They are available in English and Spanish, and many of our general materials are also available in other languages that you can see on the right hand side here, Chinese, Korean, Vietnamese, Hmong, and more. We also have a big suite of social media materials. Here I'm featuring some oral health specific materials that are graphics that you can share on Facebook and Twitter. We have even written some sample tweets, so it's an easy list for you all. But we also have more generic, just like the print materials we have some more general or generic social



media graphics and sample social media posts as well. As a campaign, we send out regular newsletter articles. We call them our Campaign Notes. We have them specifically on oral health as well as other topics. We also have template articles that you all can use that you can pull down from our website and share with your community partners. So the one featured here is the oral health template newsletter, but we have other topics as well. So we encourage you all to pull those down, tailor them as you see fit for your organization, and then share them with local community outlets that may have an opportunity to post this content on your behalf. We've also developed TV and radio PSAs, Public Service Announcements. We have 30- and 60-second versions in both English and Spanish for radio and television. Included with those PSAs are tips for using PSAs and some pitch letters in both English and Spanish. So, guiding you on who you can reach out to, how, what your ask might be, and other ideas for where you can get those PSAs posted. For example, for oral health you might contact the dentist provider that has a closed circuit TV in their waiting room and ask them to play our PSA that features the benefits of Medicaid and CHIP and the eligibility levels for folks who apply. Some other campaign resources of course include our fabulous webinars, one of which you're hearing right now. All of our webinars, the slides and a recording are available online at this link. I sent this link out via the chat, and of course you can find it on insurekidsnow.gov. But we have a copy and a recording of every webinar we have done, so if you have colleagues that were interested in joining but couldn't today, you found this material useful and you wanted to share it with a broader coalition, we encourage you to search through that library and find the other different topics that might be of interest to you all. And in the same vein, we have a really robust outreach video library, wherein we feature different grantees across the country who are doing innovative, unique and promising outreach strategies in different populations. That features folks from across the country, and actually a little plug here is that our upcoming outreach video on enrollment will be on this very topic, using a free day of dental services to kind of hook people in and enroll them in Medicaid and CHIP, featuring our very own Colleen McCauley and PCCY's Smile Day initiative. Finally, we'd love to hear from you. We have a number of different ways to get in touch. You can email us at insurekidsnow@fleishman.com, or call 1-855-313-KIDS (5437). We answer that email and phone regularly, in fact I have the pleasure of answering that phone line so I would love to hear from you all. If you want a copy of today's slides you can email us, if you have any questions for our speakers you could send a follow up, if you're interested in these oral health materials you could shoot us a note and we could help you get connected, all that good stuff. We really want to hear from you. And of course we hope you sign up for our newsletters if you haven't already. Our newsletters include our webinar invitations, our campaign notes featuring outreach strategies, and a lot of good content and resources for you all to use. And finally, as Donna has been mentioning, we are active on Twitter @IKNGov. We hope that you follow us so you can learn about campaign resources, participate in Twitter storms like the one we're doing today during the webinar, and all of that other good stuff online. So that was a rapid fire overview of campaign resources, and we are back to questions and answers. We'll just pull up some questions you all are asking. I'll take this first one, which is from Meredith Potter, asking, is there a copy of the presentation available to print or have emailed? The answer is yes. Again, if you email that insurekidsnow@fleishman.com, the contact that we



shared a minute ago, we would be happy to send you a copy of the slides. And then a recording and a copy will be available on insurekidsnow.gov in about two weeks. And another question here, I'm just picking through, from Deborah Fuller. Is there a turnaround time to get a response back from the design team when you submit a customization order? Yes, it is two weeks. So you send in, it is totally free to have it customized, we just need about two weeks to pull together that customized PDF and then they'll send you a print ready file.

Donna Cohen Ross: Great, thanks so much Riley, and thanks for your good questions. I'm going to skip now to one that came in a little bit earlier. This is a question for Mary Kay, so I hope you're still with us Mary Kay.

Mary Kay Brinkman: I'm here.

Donna Cohen Ross: Great. So the question was really asking you to clarify, and this is a question from Karen Phillips. She wanted a little bit of clarification, and that is around whether the state of Iowa received Title V funding and then provided those funds to counties for the program, the I-Smile program. I think she is clarifying that, I think maybe Karen is one of your colleagues in Iowa. She said the counties did not individually apply for or receive the Title V funding, but she's asking you to please clarify, is that correct?

Mary Kay Brinkman: Yes. The Title V funding goes down to the child health contractors who have applied through an RFP process. So it's not individual counties. Sometimes it is a county public health agency that we contract with that usually involves more than one county, we have a number of those local public health agencies that can apply for Child Health Title V funding. And then I-Smile is a part of that. The bulk of the I-Smile funding though does come through Medicaid and through legislative appropriation. The combination of, we operate the I-Smile program through these agencies that have received the block grant funding through an RFP process, and then the I-Smile itself is funded through Medicaid appropriations. It's the bulk and there is a federal match in there too. A combination of funding for I-Smile, yes, but not individual counties.

Donna Cohen Ross: Great, thanks Mary Kay. I'm going to keep you in the loop here, and also ask Colleen to get ready. This is a question that I think I'd like to hear from both of you. First of all, this comes from Wendy Hepin. The first thing she says is "Go Iowa!" I think you have a lot of your friends from your state on the call. But she also asked a really important question, and you both kind of alluded to it when we talked about kids maybe connecting with a dentist for the first time at the various activities that you are undertaking, and then keeping a relationship with those dentists. But one question that Wendy asked is whether or not it is common to have providers who participate in Smile Day that at first at least don't accept Medicaid in their practice. And I guess I would just think about this question in two ways and ask for you both to answer it. In your recruiting of dental providers to participate, do you talk to them ahead of time about accepting Medicaid and CHIP coverage, and do you have policies around that, do you have rules around that? And then secondly, for those who maybe at the outset don't accept Medicaid and CHIP coverage, are there some things that you do to help bring them into the fold?



Mary Kay, I'm going to go to you first, and then ask if Colleen might want to address the same question.

Mary Kay Brinkman: So you're asking me then specifically related to the Smile Day or to the I-Smile program in general?

Donna Cohen Ross: Why don't you answer it whichever way helps you explain what you do to get more dentists to participate in the program?

Mary Kay Brinkman: I think for I-Smile in general, I think that the I-Smile coordinators do recruit dentists, I think I would say that the vast majority already are accepting Medicaid but they may not be taking new Medicaid. A lot of states have that problem of providers that they enroll in Medicaid and they take Medicaid eligible patients, but they won't take new patients. I think what our I-Smile coordinators have been able to do through their recruitment and their working with a dentist is that sometimes they can get dentists who might not be taking new patients. So if a patient were to call the office and ask if they could have an appointment they might be told no, but the I-Smile coordinators have set up a relationship where they can get dentists who will take clients who were referred through the I-Smile program. Those dentists are taking Medicaid and CHIP already. I hope that answers the question a bit about the relationship that they're building.

Donna Cohen Ross: Very helpful Mary Kay. Colleen, are you with us? Do you have another way of answering that question?

Colleen McCauley: I am with you, and over the years we have come to be very intentional about recruiting dentists for Smile Day that accept at least one of the CHIP or Medicaid plans. Again, those are the kids that take us up on it. Or if the kids are getting insured they are going to have Medicaid or CHIP, and so because we have this goal of kids to stay having a dental home, dentists have to accept CHIP or Medicaid to fulfill that goal. I think it's a great stretch goal, it would be a great stretch goal if we encounter a dentist who doesn't accept Medicaid or CHIP to explore that a bit with them, why don't you do that, we can connect you with dentists who do and have a good experience. We've had a dental coalition in the past, and we've had a couple of our dentists who took a presentation on the road to other dentists to talk about the advantages of participating. So we don't, all our dentists take Medicaid or CHIP but it's good food for thought.

Donna Cohen Ross: Great. Thanks so much Colleen. I'm going to get to another question, but it kind of follows on what you and Mary Kay have just talked about. But one of the things I would just ask you, and I think this is a yes or a no question, and that is, my guess is that both of you through the programs that you run you are helping families identify dentists who do accept Medicaid and CHIP so that their enrolled children can get coverage. I know that that's a big part of what you do. Is that right?

Colleen McCauley: Yes that's correct.

Donna Cohen Ross: And Mary Kay as well?

Mary Kay Brinkman: Yes.



Donna Cohen Ross: Okay. So the question that came in was asking if there is a toll-free phone number for parents where someone can assist them in finding dental coverage. If you remember back to Laurie's presentation early on in the hour, we do have an online way for people to locate a dentist in their area, and that is through that widget and that Dental Locator which she mentioned which you can find on insurekidsnow.gov.

Riley Greene: And just to add to that Donna, we'll go back one slide here. Here is the information for connecting with us here at Connecting Kids to Coverage. And if you're looking for a hotline that can help folks just get connected to where they can learn more about Medicaid and CHIP in their state, we can certainly tell people local numbers to call or state numbers to call just for coverage. Connecting to a provider not so much but for coverage absolutely. And to Tatiana's question, we can certainly help you in ordering the templates if you were having trouble doing so last time.

Donna Cohen Ross: Okay, thanks Riley. But let's give everybody the Insure Kids Now toll free number, because that's the number that you can give to families, they can call anywhere in the country and they will get connected to the program in their state. There we go right there, this is actually the homepage for the Insure Kids Now website, and you can see that number is 1-877-KIDS NOW or 1-877-543-7669. If a parent or anyone else calls that number, they'll be connected to the hotline in their state, and they can be helpful to you as well in finding a provider that your child or a child that you're caring for can use. So thank you, there's lots of different ways.

Riley Greene: And we just sent that number out via the chat so you can copy it down.

Donna Cohen Ross: Great. I think we've addressed all the questions that have come through. We have a couple of minutes more, and that never happens. So I'm going to ask our four presenters, Laurie, Colleen, Mary Kay, and Matt, is there any last minute piece of information that you'd like to share with our audience before we wrap up? Anyone, just jump right in. If there is something you forgot to say or something that the conversation jogged in your memory, now is your moment.

Laurie Norris: Donna, this is Laurie. I will take advantage of that opening to say that CMS has a Children's Oral Health Initiative going on right now, and we have given every single state a goal to improve the rate at which children enrolled in Medicaid receive preventive dental services by ten percentage points. So wherever you are, there is someone in your state who is working on achieving this goal. Very often, the Oral Health Coalitions in the state are part of that effort. So if children's oral health is a topic that you want to make a contribution towards improving in your state, I highly recommend that you look up the Oral Health Coalition in your state if you're not already involved with them and get connected. They are all connected with the Medicaid agencies in the states, and those Medicaid agencies are working on improving the way their programs are structured and the way that they do outreach and the way that they contract with their managed care organizations, the way that they incentivize providers. They are using all



sorts of tools and methods to connect with more families and get more kids into care. We would really love for you to be a part of that if that is something that you're interested in doing.

Donna Cohen Ross: Great, thank you so much Laurie. And I would just add that one of the great things about these kinds of initiatives is that over time you can really see progress across the states that really show that we're doing better. So thank you. Is there anyone else?

Mary Kay Brinkman: This is Mary Kay, and I just want to thank Laurie for making that shout out because we'd love to hear from anyone who would like to be involved state wide, and that would be great. You can contact either Tracy or myself, and our contact information will be in the slides. Also you can go to the ismiledentalhome.iowa.gov website if you want to connect with an I-Smile coordinator. There is a map on there that shows exactly who the coordinator is if you have a local question or need local resources. So that's ismiledentalhome.iowa.gov.

Donna Cohen Ross: Great. Thanks so much Mary Kay. Colleen or Matt?

Colleen McCauley: This is Colleen. So during the webinar, someone asked the question about how to find out if Smile Days are going on in their area. And I did confirm, on the American Dental Association site in the section on Give Kids a Smile Day, there is a page where you can inquire if a Smile Day is happening. There is also an 800 number and email address for Give Kids A Smile Day at the ADA. The phone number for the Give Kids a Smile Team is 800-621-8099, or you can email the Give Kids a Smile Team at gkas@ada.org. >> Riley Green Thanks so much Colleen, this is Riley. I just sent that out through the chat as well so you have it in front of you if you want to copy and paste it.

Donna Cohen Ross: Matt, I think I'm going to give you the final word here if you have any last minute instructions or motivational words for the blog carnival.

Matt Jacob: I just want to say thanks again Donna and everyone for asking me to be a part of this webinar. I want to make another plug, please consider joining that blog carnival. You don't have to have a blog, that obviously is ideal, but if you have an e-newsletter, and I think 99.9% of you do, please participate. It's just great. The nice thing is you really have an opportunity to shape what you say. We will have some sample content for you, but I think the themes we're talking about will fit in very nicely to where your state or your community is right now, and you can obviously provide additional context. But this is really about enrolling children and empowering parents and their families to help them achieve optimal oral health.

Donna Cohen Ross: Great. I can't think of a more perfect way to end our webinar today, so thank you for that final direction for all of us. I want take a moment to let you all know that our next webinar is going to be on a topic that really follows nicely from this, I think Laurie said it early on in her remarks. We care about enrollment, we care about getting kids and families coverage, but we also care very deeply about the care that they get once they have coverage. We know that there are things that we need to do to help boost health literacy. How do we help people understand how to use that Medicaid card once they get it? Will they understand how to make an appointment with a physician? Will they understand what is meant by a co-pay, if there



is a co-payment in the CHIP program that their child is enrolled in? We are going to talk a lot about health literacy at our next webinar which is going to be in March, next month. You'll be, I hope that if you're not already signed up for our e-newsletter you do it right away because that is how we let you know when our next webinar will be and how to sign up for it. So that is a great to do for all of you as you close out today. So let me thank all our speakers again, Laurie, Colleen, Mary Kay and Matt. I want to thank very much our team here, our Connecting Kids to Coverage Team here at GMMB, Riley, Sandy, Jenna, everyone else who has helped to make this a really important and I hope productive hour and a half for all of you. Thank you everyone, and I'll be looking at your blogs in that blog carnival coming up the week of March 16. So thank you everyone.