



Connecting Kids to Coverage National Campaign

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

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Darshana Panchal: Thank you everyone for joining today's webinar, hosted by the Centers for Medicare and Medicaid Services and the Connecting Kids to Coverage National Campaign. My name is Darshana Panchal, and I work with Porter Novelli Public Services. We are a contractor to the Connecting Kids to Coverage National Campaign, supporting its outreach and enrollment efforts as it relates to Medicaid and CHIP.

Darshana Panchal: I'll be moderating today and before I pass the mic over for an official welcome, I wanted to mention a few housekeeping items and a quick poll. If you've joined this webinar on the WebEx desktop platform, you'll see a few features that will be helpful to you. Today we encourage you to submit any questions that you have into the Q&A box to all the presenters and we'll either respond in the Q&A box or respond verbally during the Q&A portion of the presentation. If you've joined just via audio today and are not able to type into the Q&A box, feel free to follow up with any questions you may have via email after the webinar and we'll make sure to follow up with you.

Darshana Panchal: A reminder that this webinar is being recorded. The recording, along with the presentation slides, will be posted on InsureKidsNow.gov in the next week or so and will be made available for the public to view. It looks like we have over 150 participants on this webinar, so before we dive in, it would be helpful to know who we have here with us today. We have a poll question that should pop up on the right side of your WebEx platform. To answer the question, select what best describes your organization or your role. We understand there might be some overlap with some of these options so we of course, just ask you to select whichever one you feel is most appropriate. All right, looks like the poll is closed, but just based off of the results, this is really helpful to us to know that a large majority of the people who are on this webinar are from the not profit community organizations. We have a decent mix of people from - who are eligibility enrollment officers or staff. We have some dental and medical staff here as well. And from also state Medicaid agency and from CMS and other government agencies. So this is really helpful, thank you. With that, I'd love to pass it over to Amy Lutzky with CMS for an official webinar welcome. Take it away, Amy.

Amy Lutzky: Hi, everyone. This is Amy Lutzky, I'm the deputy director in the Children and Adults Health Programs Group here at CMS. I have the honor and privilege of getting to work on the Connecting Kids to Coverage National Campaign. I hope everyone is keeping warm on this very chilly, snowy, icy, February day. February, besides being known for wintry weather, is the National Children's Dental Health Month. While promoting access to dental care is really a year round mission for us, February is an important opportunity for organizations to focus on this critical Medicaid and CHIP benefit.

Amy Lutzky: Healthcare providers recommend children get a dental checkup every six months and we know that Medicaid and CHIP programs were struggling to meet that standard of care before the COVID-19 public health emergency. But now that situation has actually gotten even more critical. Recent data trends show a decline in the use of oral health services among Medicaid and CHIP beneficiaries due to the public health

emergency. Looking at March through July of 2020, there was a 50% decline in dental services compared to the same time period in 2019. This analysis is available in a COVID-19 data snapshot on Medicaid.gov, and more to come on this during Dr. Chalmers' presentation in a little bit.

Amy Lutzky: While families may have concerns about COVID-19 exposure in medical settings, leading experts, including the CDC and the American Dental Association, are assuring families that the protective controls in place in dental settings do keep risk low and are encouraging families who may have delayed dental care, to catch up on missed appointments before untreated dental problems become more severe.

Amy Lutzky: The Connecting Kids to Coverage National Campaign, champions the importance of dental health and its relationship to children's overall health, success in school, and wellbeing. It is a critical benefit for us to highlight in our efforts to enroll eligible children in Medicaid and CHIP and to encourage our current beneficiaries to utilize preventive dental services.

Amy Lutzky: We're so pleased to have with us today, Dr. Natalia Chalmers, who will present on the important trends in oral health services among Medicaid and CHIP beneficiaries and how early intervention can promote positive health outcomes. After Dr. Chalmers' presentation, Darshana Panchal, from our contractor, Porter Novelli, will be showcasing our latest oral health resources your organization can use in outreach and enrollment efforts.

Amy Lutzky: Now, I'd like to introduce Dr. Chalmers. She is on a six month detail from the Food and Drug Administration and is currently serving as a dental officer within the Center for Medicaid and CHIP services here at CMS. Dr. Chalmers is a board certified pediatric dentist and diplomat of the American Board of Pediatric Dentistry. She brings over 20 years of clinical and research experience. She earned her DDS at the Faculty of Dental Medicine at the Medical University of Sofia, a PhD in oral microbiology from the graduate partnerships program between NIH, National Institute of Dental and Craniofacial Research and University of Maryland School of Dentistry. A certificate in pediatric dentistry from the University of Maryland School of Dentistry, a master's in clinical research from Duke Medical University and a certificate in drug development and regulatory sciences from the UCSF School of Pharmacy.

Amy Lutzky: Her research has appeared in the Journal of Public Health Dentistry, Pediatric Dentistry Journal of American Dental Association and Health Affairs. Dr. Chalmers, thank you so much for joining us today and presenting on this important topic.

Dr. Natalia Chalmers: Thank you, Amy for the kind introduction. It is my pleasure today to share with you, thoughts on how connecting children to coverage and care related to their oral health, really matters. We will explore why oral health is important for children and go beyond the fact that they're healthy. It actually impacts their overall life and overall health. We're going to talk about the role of parents when we talk about children's oral health and coverage. As we know, parents or caregivers play an essential role in the children's wellbeing. And we'll focus on how their oral health coverage and experience may be integral to the care for children, their coverage.

Dr. Natalia Chalmers: We'll look at the impact of the COVID-19 pandemic and how that's impacted dental services utilization and compare that to other health services. Then with great excitement, we'll share with you what our team at CMS has been doing in launching the oral health learning collaborative between 14 states, in effort to improve children's oral health.

Dr. Natalia Chalmers: I think we all like to see children who are in perfect health. As a practicing dentist, I can assure you that's absolutely possible. It is a incredible joy to see 20 year olds who have never experienced tooth decay in their life because these diseases are preventable. We know what works. We know that early access to care is key, prevention and having these regular checkups that we talked about, really make a difference and could help children live a healthy life.

Dr. Natalia Chalmers: Unfortunately though, many times in my clinic, we see children who have severe early childhood caries. Just for the non-clinicians on the call, I want to point out this child on the bottom that's presented here is not even one year old. The way we know this is because not all of his teeth or her teeth have erupted. This is the first primary molar that's just peeking through the gums. And yet this child already has severe early childhood caries and disease that's progressed to the point where they would need care, possible root canals and crowns, in order to stop this irreversible process.

Dr. Natalia Chalmers: The child on the top is about three years of age. You can appreciate at the top of the teeth image here, all are impacted by severe early childhood caries. The question becomes, what are the key drivers that help us keep children on this side where they're healthy and have healthy lifestyles, compared to children who show signs of this early disease?

Dr. Natalia Chalmers: Let's think about the impact of poor oral health on children. In a recent systematic review and meta analysis, we saw evidence of the association between poor oral health and academic performance. These findings are based on 14 comprehensive studies and looking over 140,000 children. They highlight how much poor oral health has a negative effect on the student absenteeism and achievement in school. Poor oral health was significantly associated with increased odds of poor academic performance and missing days at school. In addition to this, poor oral health can lead to pain and infection and for many children a need to visit the emergency department.

Dr. Natalia Chalmers: Just when we think about the impact on oral health, it's really quite a shift to think that it's not only about them having good oral health and beautiful smiles, but it's how well they'll do in life. Because you can imagine, if you're missing school because you are in pain, or need to seek care, your parents are also missing work. I believe on average, two and a half days parents are missing from work to address the needs of their children's oral health needs.

Dr. Natalia Chalmers: In addition to this, really what's driving some of this is to think, "If children are really doing poorly at school, are there other things that may be going on? Are they in pain, are they really able to pay attention?" Oral health then becomes this pathway to achieving lifelong success in life with good academic performance and attendance in school. I love that one of the studies actually cited, indicated that children who had better oral health actually did well with their homework. Good oral health really is not only about health per se. It impacts the wellbeing of the children.

Dr. Natalia Chalmers: This is really important when we think about where the disease is. I titled this slide as Medicaid Bears the Burden of Disease, because it's very important to understand the differences between the prevalence of untreated disease in the children who live under the 100% of federal poverty level, versus those that are over 200% of the poverty level. You see these dramatic differences, so children in disadvantaged populations tend to be impacted significantly more by untreated decay and overall dental cavities. A really important consideration here and why connecting kids to coverage matters even more.

Dr. Natalia Chalmers: In addition to this, oral health is about equity. If we look at the school age children, these are children six to 11, again, we are looking at the same trends. Children who are under the 100% of the poverty level versus more than 200% of the federal poverty level and break them down by white, Black and Hispanic, you see the differences between prevalence of these diseases among children in school age group and also adolescents. The same trends persist. This becomes really important and connecting children to coverage is one way to address the health inequities that exist.

Dr. Natalia Chalmers: One question that becomes very important is, where children access health services. I've highlighted on this slide what we typically think of a location where you get dental services. This is our dental clinic and we have some children with very well established dental homes that are able to seek and access dental care before there are emergencies and acute situations. They are regular patients, they return again and again. But even in my practice, we have patients who only seek care when there is a problem.

Dr. Natalia Chalmers: In addition to this, is this broad healthcare system that actually touches a lot of points related to oral health. The emergency department, and we'll see in a little bit, I'll show you some trends later, has become a point of care for many. Not only for dental problems, but specifically related to our topic today, for dental needs as well; children and adults. Many of them probably have a true emergency and only show up one time, but we also have those that show again and again and again, indicating the lack of access to a dental service prior to this visit. Some of these patients are so sick that they get actually admitted in the hospital and they have to stay there for a few days. If there is an abscess the abscess needs to be treated.

Dr. Natalia Chalmers: Then others, such as children with special healthcare needs, or children with developmental disability, for them the safest and sometimes most appropriate place really, is to be taken care of in the ambulatory surgery. These are day centers or parts of the hospital where surgeries are performed and children are restored to health in a dental rehabilitation visit. Of course, the urgent clinics are also part of that system.

Dr. Natalia Chalmers: I highlighted here the schools, because for many of the children, that is an important point of access to dental services. While they're in school they could have access to a hygienist or a dentist and receive some of these preventive services. I also highlighted here, the arena to point to the fact of many adults, more so than children, charity events have become the access to dental services. Where you line up at 4:00 in the morning, wait for hours so that your tooth could be extracted if you have infection.

Dr. Natalia Chalmers: One thing that's really interesting about patients who present to the emergency department for dental needs, is that in a study from Massachusetts, the evidence was quite strong that 91% of them actually didn't have a preventive dental visit in the previous year. This really highlights the importance of regular dental checkups and preventive visits before an emergency situation arises.

Dr. Natalia Chalmers: In order to access healthcare services, coverage really, really matters. Here we're going to look at that for the children, adults and seniors, as it relates to oral health. This is really important. As you know, most of the children on Medicaid and CHIP are covered for dental services under the EPSDT and yet, we still see significant differences between the utilization. This is in 2018, how many children received any dental service. Again, you see quite difference between the states.

Dr. Natalia Chalmers: The middle graph highlights the coverage that's available for adults, or the parents of these children. We'll see later how parents' experiences and attitude toward oral health really drive the access and connection to dental services for children. Here you see that some states have no coverage, others offer emergency only, while others have extensive dental coverage. Really important to consider. Many of you probably know that for Medicare, that coverage is conditional and only available for certain indications. But what the map is showing is these are the states colored by the adults age 65 and older who have all of their natural teeth extracted. The proportion of adults have all their natural teeth extracted.

Dr. Natalia Chalmers: This becomes a really big issue when many of these older adults have chronic comorbidities that require healthy nutrition and they're dealing with really poor oral health. We're not going to go into details of how inflammation driven by poor oral health impacts the overall health, but this is just to highlight that before you have access to the healthcare services, coverage really matters.

Dr. Natalia Chalmers: In order to utilize this coverage, one needs to find a practice. What this map is showing us, is that there's quite a bit of difference between the number of dentists per 100,000 residents population if you look at that. Nationally, that's about 61 dentists per 100,000. But you just appreciate that geographically that looks very different. We have states with really high ratio of dentists to population and compared to others, it's very low.

Dr. Natalia Chalmers: In addition to this, for the Medicaid beneficiaries, their participation, one thing is to have the dentists who are there in the state, but the other piece to that is how many of them actually participate in the Medicaid program? Nationally, only about 38% of dentists participate in the Medicaid and CHIP to offer child dental services. Again, you just will see that there is difference between the states for the number of dentists who are enrolled in the program. That presents an additional challenge and access barrier.

Dr. Natalia Chalmers: I highlighted before, the fact that for some of the children and adults, emergency department becomes a point of care. Let's just look at the children who are here as zero to 18 and you will see that throughout the years, this is a seven year trend, we see that a number of children, this is number of visits per 1,000 of the population, still continue to access the emergency department rooms for dental needs. Is this an opportunity? Really an important question to think about. Is this their perhaps first time of seeking care, recognizing how important oral health is? And are there interventions that could be put in place to address this?

Dr. Natalia Chalmers: But most importantly, you'll see that this is a much bigger problem for the young adults from 19 to 34 year olds. When it comes to the payer, this is about \$2.7 billion every year, in 2014 there was a shift and Medicaid became the biggest payer for these emergency department visits for dental conditions. That becomes a real opportunity to think about the fiscal responsibility and addressing oral health and prevention early on.

Dr. Natalia Chalmers: Here's one of these opportunities. As I pointed out to you, the clinical picture highlighted a child that was very young. One or the second one was about three years of age. So let's look at this. In the darker colors here you see children, this is a national estimate, proportion of children that received any dental service. In the lighter pink you see those that had a medical visit, a periodic screening. I want you to appreciate two things. First of all, overall they're not very different, but their pattern of utilization is dramatically different. For dental services you have this U shaped utilization pattern and for medical services you have this downhill slope.

Dr. Natalia Chalmers: Let's just look at that for a second for children who are under one. Very few children make it to the dentist prior to their first birthday. Yet again, we know that these early months after the first tooth erupts, six months, seven months, it's really important to start establishing these oral hygiene practices. But many of them go to the primary providers. Here's an opportunity to work with our colleagues and integrate oral health in the evaluation of these very young beneficiaries. That trend remains with the children who are one to two and now here, they are introducing other things to their diet, really the opportunity for education and intervention still remains because again, only very few will make it to the dentist. The same is true to children who again, these are preschool age children three to five.

Dr. Natalia Chalmers: I'll talk in a little bit, but our learning collaborative that is addressing severe early childhood caries, is focusing on these three age groups and the partnership between dental practices and primary care practices to improve the utilization of prevention services, such as topical fluoride.

Dr. Natalia Chalmers: Then you see children after six, that presents an opportunity here for integration and collaboration with the medical colleagues in a different way. A dentist could be potentially screening for diseases, checking blood pressure, really because many more children will actually go to the dentist compared to the physician.

Dr. Natalia Chalmers: Why does coverage matter? This is a really standout paper and we'll talk a little bit more about its findings. It was published in Pediatrics. But really important - obviously, children without dental insurance coverage are less likely to receive the recommended dental visits compared to their privately or publicly insured peers. I put these two concepts here just to help us reflect that coverage is only the first step. Obviously, it's very important. You have to have the key to the door. But you also have to have a point of

access to that service in order to utilize it. Again, the earlier that happens, the better the outcomes for the children.

Dr. Natalia Chalmers: This is from our report card from Mathematica's analysis of again, the CMS-416 on the annual report of children who are receiving preventive services, not any dental services, as we showed just a little bit ago, but preventive, focus on prevention. Again, just to appreciate that there is huge geographic variation. In some states 30% of children, only a third will receive services. While in others it's really great. Many of them are getting to the dentist and receiving preventive services.

Dr. Natalia Chalmers: We have made incredible progress in addressing health equity as it relates to oral health. Here you see a 16 year trend for dental visit in the past year by poverty. In the blue line are children who live below the federal poverty guidelines and the green one is above. There's not a lot of change here in this line because children just have generally very good access if they don't live in poverty. But we have made tremendous, tremendous progress for children living below the poverty line and many more are getting to the dentist for a prevention visit. That trend unfortunately, is not true for adults living in poverty or seniors living in poverty. A big opportunity, going forward.

Dr. Natalia Chalmers: And you will say, "Why does this matter?" It matters a lot because parents are the first caregivers for the children and I know this from my practice. There are two ways this can go. If parents have poor oral health, these are true stories, one of them said, "Oh, I got a full denture for my high school graduation." Their expectation that this is normal is going to impact significantly what they do or don't do for their children. The other parents were so motivated by the devastation of poor oral health, that they would do anything to assure that their children have the best care possible. And yet for many, they just don't really understand. Yes, they are baby teeth, they are going to exfoliate, but they have a tremendous impact on the trajectory of the child's overall health and future oral health in the adult dentition. And as I pointed out early before, also impacts their school performance and that's linked to academic performance and employability, all of these things.

Dr. Natalia Chalmers: Then the other struggle that I hear from parents all the time is, "I tell my children to brush their teeth all the time." One thing that I have found dramatically important, is to help parents be successful with their strategies at home to make sure that they provide the best support to their children to achieve best oral health. About a third of the Medicaid enrollees are children with special healthcare needs. And while we like to think that parents don't do anything more than a quick check after 12, for many of these children parents are completely engaged and actually performing the brushing for these children day and night. That becomes a real opportunity for education and support to give them strategies to be successful.

Dr. Natalia Chalmers: Again, this is really important and we'll talk about this, but parents who have had a dental visit, their children are actually more likely to have a dental visit. This is the paper that I was highlighting again and just recently, I believe within the last couple of months, the findings of this study have been replicated with the more recent version of this survey. So really important to look at that paper. But what these studies are telling us, that among the parents who had a dental visit in the previous year, these are the parents who had a dental visit, close to 86% of their children also had a dental visit. Conversely, among the parents who didn't have a dental visit or they deferred it, only 63% had a dental visit.

Dr. Natalia Chalmers: Among the parents who had their dental care deferred in the previous year, they couldn't make it, 27% of their children also had care that was deferred. They didn't make it to the dentist. In contrast, only with 2.9% of parents who had a dental visit but their child didn't make it. This highlights just how important the parents are in driving kids' coverage and also kids' access to these services. I know this from my practice, I know parents who are highly motivated will make the necessary arrangements to make sure the children have access to the prevention services that they need.

Dr. Natalia Chalmers: We're going to look now a little bit more in detail on the impact of the COVID-19 pandemic access to important and essential dental services. What you see here, is in the three lines above that are dotted, we see the trends for access to any dental services for the years 2017, 2018, 2019. You can just appreciate that they look pretty much the same. Here is the well known provider September slump after kids go back to school. Everybody's trying to get a check in before school starts. We know that this pattern of utilization looks like this.

Dr. Natalia Chalmers: This is what the pandemic has done to access to any dental services. Obviously, in April many clinics were closed and slowly reopened. We still haven't made it to the pre-COVID levels in terms of access to any dental services.

Dr. Natalia Chalmers: What I highlighted initially, is how coverage and utilization varies at each state. That has been true in the impact of the pandemic and reopening. What we see here are five states; North Dakota, Oklahoma, the Virgin Islands, Virginia and Wyoming and how they have recovered following the complete shutdown in April. Let's just look at Wyoming. Wyoming, this is the pre-COVID levels. Significant dip here because of everybody's basically closed. Then you can actually appreciate it if you draw a line here. Wyoming in June probably had a little bit higher utilizations than before. Again, this is the kind of demand that you would see and expect with children who didn't have access. The same is true, Oklahoma had a very similar recovery. Very close to 80% of their pre-COVID level.

Dr. Natalia Chalmers: But what I'd like to highlight is that for other states, this is not the case. District of Columbia, Florida, Missouri, New Jersey, Rhode Island, they have had a very different path of recovery from the COVID-19 pandemic. Some of them, they're not even at 30% or 40% of the pre-COVID levels. What this means for our beneficiaries, that they are going for much longer times without care and that obviously has an impact on the disease development and their future needs. If we were treating small cavities initially, now if a year goes by, these are now much bigger problems. That, paired with the increasing enrollment that we see in the program, really could have a dramatic impact.

Dr. Natalia Chalmers: One thing I wanted to highlight here, is if you look at this... By the way, this is a publicly available report and we will provide the links. It also provides a summary of the impact on children's vaccinations, children's screening and dental services. Just appreciate how dramatically the decrease in dental services has been from March to July of 2020.

Dr. Natalia Chalmers: In order to help address this and help states alleviate the impact of severe early childhood caries, our team has launched a learning collaborative. We are calling it the CMS Advancing Prevention and Reducing Childhood Caries in the Medicaid and CHIP Beneficiary Population. It's a really exciting opportunity that we have now 14 states enrolled who have been participating. Very happy to share the states that have enrolled. We have Alaska, California, Connecticut, Idaho, Louisiana, Massachusetts, Missouri, Mississippi, North Dakota, New York, Oklahoma, Oregon, South Dakota and Washington, who are joining us in this learning collaborative to improve the oral health of our beneficiaries.

Dr. Natalia Chalmers: You will have access and actually all the webinars and recordings and slides are available for you to view. The first webinar of this collaborative focused on pathways to improving children's oral health using silver diamine fluoride. The second one using fluoride varnish in a non-dental setting and many of the states have chosen this as their approach and focusing on children under six. Then oral healthcare coordination and effectuated referrals. If you have time, listen in to learn from what some states are doing amazing work and progress to address the oral health care needs of our beneficiaries.

Dr. Natalia Chalmers: This is one of the reasons why we focused on oral health services by non-dentists. You remember that chart that I showed with the utilization. This is just highlighting the differences between states and the proportion of beneficiaries. These are very young children; one to two, who have received an oral health service by a non-dental provider. This is our target approach. You will see that for some states, again,

this is extremely low, close to zero and now they're really almost 50% of the beneficiaries having access to oral health services by non-dental providers.

Dr. Natalia Chalmers: The intervention that we have chosen for the learning collaborative is evidenced based. You can look at the strength of the recommendations and the clinical recommendations published in JADA in 2013. But these are the recommendations for the use of professionally applied or prescription strength, home use topical fluoride agents for caries prevention in patients with elevated risk of developing cavities. We have in favor for the age group of younger than six, the professionally applied topical fluoride varnish.

Dr. Natalia Chalmers: Obviously, the stronger the evidence, the better the intervention, so we feel that with the trend in utilization and the strength of the evidence we have, really setting up the states for great success. One thing that's really helping states in this endeavor, is that many of them have adopted a Medicaid policy for reimbursement of fluoride varnish in a non-dental setting. Perhaps, talking about dental coverage in a non-dental provider setting is yet another opportunity to expand access to coverage and have these conversations with parents about the importance of oral health. Here you see, excuse me, how many states are providing reimbursement for fluoride varnish in non-dental settings. Today, all states have some reimbursement for fluoride varnish. I think we're about to see a map in a little bit of how different that reimbursement is.

Dr. Natalia Chalmers: But when it relates to this, two things are really important. Again, I want to highlight that these state policies really impact what providers do. These state policies are supporting non-dental primary care providers in applying fluoride varnish. They were associated with improvements in oral health for children. But these things take time. If you implement the policy, you don't expect immediately to see some effect. For many of these, public health insurance, which are the Medicaid and CHIP beneficiaries children and implementation of four years ago, were significantly associated with improved oral health outcomes in young children. Really encouraging to now see.

Dr. Natalia Chalmers: Again, you saw the map, but we just wanted to also highlight that some states are starting at zero and others are starting here around the 20 percentile of oral health services and others are doing really great. What we have in our collaborative is a great mix of states who are going to support each other in the learning and figure out strategies to help them improve fluoride varnish applications in a non-dental setting. This is just the last piece that I mentioned. States have implemented and paid for fluoride varnish, but their reimbursement rates vary dramatically. If you remember, the state that had some of the highest rates of utilization don't necessarily have the highest reimbursement rates. It's really important to think of the complexity of access to care. It requires obviously, coverage, access, point of access and policies that cover reimbursement.

Dr. Natalia Chalmers: I hope you've appreciated of how important oral health is for children and their overall wellbeing, their school performance and lifelong health. The role of parents and what parents can do for their children related to coverage and access to health services. The impact on COVID and what that means for both parents and patients in seeking access to dental services and how that varies dramatically through states. And the learning we're excited to share and develop with the 14 states that have joined our collaborative.

Dr. Natalia Chalmers: Thank you for your attention and I think we have some time for questions and answers.

Darshana Panchal: Yes, thank you so much for the presentation, Dr. Chalmers. We are just looking through some of the questions now. I know you have answered some of these questions during your presentation that were posed earlier on. But we do have one question that just came in from Michael. The question is: Comprehensive dental benefits are part of the ACA pediatric essential benefits. Children may go between Medicaid, CHIP and ACA insurance market. How is the learning collaborative advancing access to care in the state insurance exchange market?

Dr. Natalia Chalmers: Oh, that's a great question. First of all, you're absolutely right. Second, we are working with the states in assessing where they see the biggest needs for improvement and what populations they would like to target. It would be really up to the state to decide where they want to focus their efforts. We're truly excited and we think that there will be different approaches as it comes to focus areas. Some of them will choose geographic areas, so really, stay tuned. That's all I have to say. It varies for each state.

Darshana Panchal: Great, thank you. We did have another question come in from Cindy. The question is: Which reimbursement model promotes access? Is it fee for service or managed care?

Dr. Natalia Chalmers: Oh, Cindy, great question. Both have strengths and weaknesses and I think it will have to be evaluated in the context of the state and other policies that exist.

Darshana Panchal: We have a question from Connie. What is found to be the top three causes for caries under age three?

Dr. Natalia Chalmers: Thank you for the great question. First Connie, one thing that we need to appreciate is that severe early childhood caries, which would be any disease that you see under three, is an infection disease. It's an infection that's transmitted from the mother, the caregiver to the child. That would be the first ecological reason. We know that there are certain pathogens who are strongly associated with the disease. I tell my moms in the practice who come and they are very well aware of strep throat because when kids have it they know it's an infection. I said, "Well, your children have a strep tooth." That is really important. To understand the chronic infection nature of the disease.

Dr. Natalia Chalmers: Diet is really important too. We've heard severe early childhood caries used to have different names in the past. Nursing caries, baby bottle caries. Children who constantly feed and that bottle is at mouth all the time and there is no oral hygiene practices, that really is another thing we know contributes to the disease.

Dr. Natalia Chalmers: Then just risk factors overall of the child. We know that this is a multifactorial disease that takes time. If you never see a toothbrush until you're three, that will have a significant impact on your risk for disease. We may think that this is unheard of or not known, but there are parents who think that children don't need to brush their teeth until they're much older. So fluoride toothpaste and at this age, actually they could use it in a very safe way with a pea size amount and techniques for brushing. I mean, that's the other thing, is parents always struggle to brush their wiggly toddler's teeth. But I would say having access to a fluoridated toothpaste twice a day and having regular checkups, along with reducing the transmissibility and the infection of the disease between caregivers and children, would really help. Then addressing that nutritional component.

Dr. Natalia Chalmers: I'm not sure if that answered your questions, but these are some of the things that I review with the parents who come to my practice so they know. They first understand it's a strep tooth, diet really matters and also they could do something about it. They could bring the child to the dentist, they could have the fluoride varnish applied, and we could address any problems that arise early on.

Darshana Panchal: Thank you so much, Dr. Chalmers. It looks like we are getting additional questions specifically on the learning collaborative. I know there's additional information about this on [Medicaid.gov](https://www.Medicaid.gov), so we can send through that link to the individuals who are asking for more information just for the sake of time. There is time for one more question. It's in reference to slide 27. Can the improvements in oral health be described?

Dr. Natalia Chalmers: This was related to the fluoride varnish. States implementing fluoride varnish for reimbursement policies and then looking at the oral health improvement. This is a survey, so report of improved oral health. I encourage you to look at the paper, it's really a great, comprehensive overview of how

the evaluation was done. But children had better oral health. It wasn't done through a clinical examination, but it's still very strong and relevant.

Darshana Panchal: Got it, thank you so much. For the sake of the time and the next section of the webinar, for any questions that we didn't get to address during the presentation, we will make sure to follow up afterwards. For those who are looking for more information on the learning collaborative, we'll make sure to get that link out to everyone or hopefully, one of my colleagues can drop it into the chat box.

Darshana Panchal: All right. Well, thank you again for the wonderful presentation. I think this is a really great segue into the next portion of the webinar, which is highlighting new materials and resources from the Connecting Kids to Coverage National Campaign.

Darshana Panchal: As a reminder, one of the main goals of the national campaign is to create opportunities for families to get their eligible children and teens signed up for coverage under Medicaid and CHIP, and to remind parents to renew their child's coverage every year if they're already enrolled.

Darshana Panchal: Many of you may recall our Peace of Mind initiative that we launched last year in the spring of 2020, which aims to help parents rest easy, knowing their children and teens have access to these essential medical services through Medicaid and CHIP. As we live through the pandemic, the national campaign has adapted these resources to ensure partners and organizations can continue conducting outreach to families. Specifically and especially during this past flu season, to remind families that Medicaid and CHIP cover the seasonal flu vaccine and we have a number of resources available related to the flu. And as we're confronted with other challenges as a result of the public health emergency, such as what Dr. Chalmers has been touching on, the decrease in utilization of services covered under Medicaid and CHIP and missed appointments.

Darshana Panchal: With that in mind, in line with our Peace of Mind look and feel, we've launched our Missed Care initiative, which aims to encourage families to enroll in Medicaid and CHIP and then to call their doctors and other healthcare providers to schedule any missed appointments, such as routine checkups and vaccinations.

Darshana Panchal: The campaign has developed two animated videos, an infographic highlighting the importance of staying on top of and catching up on routine care. Social media graphics and content, ready made newsletter articles, text messages and much more. All resources are available in English and Spanish on InsureKidsNow.gov and new resources continue to be added to this website around the missed care initiative.

Darshana Panchal: Another priority area for the campaign every year and particularly in February for National Children's Dental Health Month, is our oral health initiative, or also known as our Think Teeth initiative. The Think Teeth initiative focuses on promoting essential dental and oral health services covered under Medicaid and CHIP, encouraging families to enroll so they can get access to these services, but also to remind those that are already enrolled to use their dental benefits and to see a dentist if they missed an appointment in the last year.

Darshana Panchal: These resources can be incorporated into your current National Children's Dental Health Month outreach efforts and can also be used throughout the year to keep kids smiling all year long. We're excited to highlight some of the more specific dental or Think Teeth resources on the next few slides here.

Darshana Panchal: The first resource we'd like to highlight is the animated video. This 15 second video highlights that when eligible families enroll in Medicaid and CHIP, they can get peace of mind knowing that they have access to important dental services. We'll actually take a minute to demonstrate the video now.

Video Narration: *Keep kids smiling all year long. Dental services are covered for children and teens who have Medicaid and CHIP. Enroll today to get peace of mind and big smiles. Learn more at InsureKidsNow.gov. Paid for by the US Department of Health and Human Services.*

Darshana Panchal: Like we mentioned earlier, this video follows the same design of our Peace of Mind resources with that animated look and feel. This dental video is a part of a larger series of 15 to 30 second videos being developed by the campaign that highlight the various benefits covered under Medicaid and CHIP. These videos can be used on social media or embedded on your organization's website. And they can also be included in newsletters or other communications you share with families in your community.

Darshana Panchal: The dental video and additional videos on other benefits will soon be available on InsureKidsNow.gov and on YouTube within the Connecting Kids to Coverage playlist on the CMS YouTube channel in English and Spanish. Videos are being added to the website frequently, so we encourage you to check back often. We also have videos currently available right now highlighting the flu vaccine, general vaccinations and missed care that are ready to go on the website for you to take a look at.

Darshana Panchal: The campaign is also making available refreshed Think Teeth print materials including posters, fliers and a tear pad focused on the importance of health coverage to cover dental services, with some resources focusing on specifically the importance of dental coverage for pregnant women and babies. These customizable materials can be placed around your community to spread the word about Medicaid and CHIP and you can also distribute the materials to community partners or share them with businesses who may have been affected by economic downturn.

Darshana Panchal: The campaign also has ready to use social media content, graphics, GIFs, web banners, buttons that can help you spread the word about Medicaid and CHIP online as well. Some of these resources are already available on InsureKidsNow.gov and others will soon be available. They will all be available to you in English and Spanish.

Darshana Panchal: As you look through the InsureKidsNow.gov website, we also highly encourage you to view and download our newest toolkits on social and paid media. These resources may be helpful, especially now. While normally social media is a great way to reach families, it takes on a particular importance this year while more traditional outreach practices like getting fliers into school info packets and setting up booths and in person events may be a little bit more difficult.

Darshana Panchal: The social media and paid media toolkits are specifically designed for Medicaid and CHIP outreach with the goal of reaching key audiences such as parents and other like minded organizations where they are so you can share your message about enrolling or renewing coverage. The paid media toolkit also includes different examples of how you can execute a paid media campaign at different budget levels. You'll find both of these resources on the InsureKidsNow.gov website.

Darshana Panchal: Speaking of this great website, this will be your go-to place for all campaign information and access to the resources that we discussed today. Resources can be found by material type under the outreach tool library tab or by topic under the initiatives tab. We've recently added new pages under the initiatives tab on vaccinations and missed care and encourage you to check those out for new materials as they're being rolled out.

Darshana Panchal: Just as a friendly reminder, if you have any questions about the resources that we discussed today, feel free to email us at ConnectingKids@cms.hhs.gov. If you're not already, please also follow us on Twitter @IKNgov and engage with us. And sign up for our Campaign Notes eNewsletter. This is distributed usually every month or so and throughout the year to provide updates on campaign activities.

Darshana Panchal: With that, I know we are limited on time, but if there are any immediate questions, hopefully my colleagues have responded to most of them. But if you do have a question feel free to type it in in this last minute or so and we can definitely follow up with you after the webinar. I'll take a look to see if there are any questions that we can address in this last minute. All right, it looks like most questions we'll likely follow up via email with each participant individually.

Darshana Panchal: With that, a big thank you to Dr. Chalmers for your presentation today. We very much appreciate you taking the time to share your knowledge with this group. We'll go ahead and conclude and as a reminder, these slides and recording of the webinar will be made available on our website. Thank you to everyone for joining. Wherever you are in the States, we hope you're warm, hope your safe and have a good rest of the day.