MSDA Corporate Round Table Meeting

Belle Haven Country Club
Alexandria, VA
Wednesday, November 30, 2022
9:30 AM to 4:00 PM
Reception Following
MSDA Corporate Round Table Meeting

Thank You

Meeting Sponsor
Belle Haven Country Club
Alexandria, VA

SCHEDULE OF EVENTS

Wednesday, November 30th
9:30 AM—4:00 PM
MSDA Corporate Round Table Meeting

Wednesday, November 30th
4:00 PM—5:30 PM
Reception

Wednesday, November 30th
5:30 PM
Busses to Hotel Indigo and DCA
**MSDA Corporate Round Table Meeting Agenda**

**Continuing the Equity in Oral Healthcare Discussion**

**Wednesday, November 30, 2022**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Meet and Greet Continental Breakfast</td>
<td></td>
</tr>
<tr>
<td>9:30</td>
<td>Welcome and Introductions</td>
<td>Heather Miller, MSDA President</td>
</tr>
<tr>
<td>10:30</td>
<td>MSDA Strategic Plan; Program/Profile Updates &amp; 2023 Symposium</td>
<td>Mary E. Foley, MSDA Executive Director</td>
</tr>
<tr>
<td>11:00</td>
<td>Federal Updates</td>
<td>Natalia Chalmers, DDS, MHSc, PhD Chief Dental Officer, CMS</td>
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<td></td>
<td></td>
<td>Renee Joskow, DDS, MPH, FAGD Senior Advisor to the NIDCR Director AD, Office of Science Policy and Analysis</td>
</tr>
<tr>
<td>12:00</td>
<td>Networking Lunch</td>
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</table>
# Afternoon Agenda

## Continuing the Equity in Oral Healthcare Discussion

**Wednesday, November 30, 2022**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Speaker</th>
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</thead>
<tbody>
<tr>
<td>1:30</td>
<td>Emerging Issues and Other Topics</td>
<td>Group Discussion</td>
</tr>
<tr>
<td></td>
<td>• New Medicare Policy</td>
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<tr>
<td></td>
<td>• Silver Diamine Fluoride</td>
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</tr>
<tr>
<td>2:00</td>
<td>New Tools and Measures for Medicaid Administrators</td>
<td>Mary Foley—MSDA</td>
</tr>
<tr>
<td></td>
<td>• <em>Oral Health Equity Self-Assessment Tool</em></td>
<td>Heather Miller—IA Medicaid</td>
</tr>
<tr>
<td></td>
<td>• <em>Artificial Intelligence</em></td>
<td>Ankit Khandelwal—Overjet</td>
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<tr>
<td></td>
<td></td>
<td>Chris Balaban—Overjet</td>
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<tr>
<td></td>
<td></td>
<td>Larry Paul—SKYGEN</td>
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<tr>
<td></td>
<td></td>
<td>TY Hamilton—P&amp;R Dental</td>
</tr>
<tr>
<td>3:30</td>
<td>Upcoming Projects:</td>
<td>Mary E. Foley—MSDA</td>
</tr>
<tr>
<td></td>
<td>• Piloting Diagnostic ICD-10 Codes</td>
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<td></td>
<td>• Document Medical Necessity for Medicaid</td>
<td></td>
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<tr>
<td></td>
<td>• Measure Oral Health Outcomes</td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td>Adjourn—Reception</td>
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MSDA Corporate Round Table Meeting

Welcome and Introductions

9:30 AM
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<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris</td>
<td>Balaban</td>
<td><a href="mailto:chris@overjet.ai">chris@overjet.ai</a>;</td>
</tr>
<tr>
<td>Sean</td>
<td>Boynes</td>
<td><a href="mailto:sboynes@avesis.com">sboynes@avesis.com</a></td>
</tr>
<tr>
<td>Mindy</td>
<td>Broda</td>
<td><a href="mailto:Mindy.Broda@envolvehealth.com">Mindy.Broda@envolvehealth.com</a>;</td>
</tr>
<tr>
<td>Jerry</td>
<td>Caudill</td>
<td><a href="mailto:jcaudill@avesis.com">jcaudill@avesis.com</a>;</td>
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<tr>
<td>Jerry</td>
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<tr>
<td>Jeff</td>
<td>Chaffin</td>
<td><a href="mailto:jchaffin@deltadentalia.com">jchaffin@deltadentalia.com</a>;</td>
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<tr>
<td>Natalia</td>
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<td><a href="mailto:Natalia.Chalmers1@cms.hhs.gov">Natalia.Chalmers1@cms.hhs.gov</a>;</td>
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<tr>
<td>Marty</td>
<td>Dellapenna</td>
<td><a href="mailto:Mfoley@medicaiddental.org">Mfoley@medicaiddental.org</a></td>
</tr>
<tr>
<td>Margaret</td>
<td>Delmore</td>
<td><a href="mailto:Margaret.Delmore@dhcs.ca.gov">Margaret.Delmore@dhcs.ca.gov</a>;</td>
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<tr>
<td>David</td>
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<td><a href="mailto:David.DePorter@EnvolveHealth.com">David.DePorter@EnvolveHealth.com</a>;</td>
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<tr>
<td>Shawn</td>
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<td><a href="mailto:sferguson@specialolympics.org">sferguson@specialolympics.org</a>;</td>
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<tr>
<td>Mary</td>
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<tr>
<td>David</td>
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<td><a href="mailto:David.F.Fray@uth.tmc.edu">David.F.Fray@uth.tmc.edu</a>;</td>
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<tr>
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<tr>
<td>Justin</td>
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<tr>
<td>David Lavely</td>
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<td><a href="mailto:David.Lavely@EnvolveHealth.com">David.Lavely@EnvolveHealth.com</a>;</td>
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<tr>
<td>Timothy Martinez</td>
<td>Health Net</td>
<td><a href="mailto:timothy.martinez@cahealthwellness.com">timothy.martinez@cahealthwellness.com</a>;</td>
</tr>
<tr>
<td>Linda Maytan</td>
<td>MN Medicaid</td>
<td><a href="mailto:linda.m.maytan@state.mn.us">linda.m.maytan@state.mn.us</a>;</td>
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<td>Terra McClelland</td>
<td>Benevis</td>
<td><a href="mailto:tmcclelland@benevis.com">tmcclelland@benevis.com</a>;</td>
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<td>Aaron Messer</td>
<td>Florida Medicaid</td>
<td><a href="mailto:Aaron.Messer@ahca.myflorida.com">Aaron.Messer@ahca.myflorida.com</a></td>
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<tr>
<td>Heather Miller</td>
<td>Iowa Medicaid</td>
<td><a href="mailto:hmiller@dhs.state.ia.us">hmiller@dhs.state.ia.us</a>;</td>
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<tr>
<td>Roxanne Parkins</td>
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<td><a href="mailto:rparkins@medicaiddental.org">rparkins@medicaiddental.org</a>;</td>
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<tr>
<td>Steve Perlman</td>
<td>Boston University</td>
<td><a href="mailto:sperlman@bu.edu">sperlman@bu.edu</a>;</td>
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<tr>
<td>Elizabeth Pitts</td>
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<td>Rick Rader</td>
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<td>Vanessa Rastovic</td>
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<tr>
<td>Anne Schwartz</td>
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<td><a href="mailto:Ann.Schwartz@deltadentalsd.com">Ann.Schwartz@deltadentalsd.com</a>;</td>
</tr>
<tr>
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<tr>
<td>Mark</td>
<td>Wolff</td>
<td>UPENN</td>
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</tbody>
</table>
MSDA Corporate Round Table Meeting

MSDA Update

10:30 AM
Vision
Optimal Oral Health
for Medicaid | Medicare | CHIP Beneficiaries

Mission
Accelerating oral health equity for Medicaid, Medicare, & CHIP members through innovation, program improvement, policy development, & advocacy.

Nurture Innovation
Improve Programs
Advance Policy
Lead Advocacy

Professional Development
Partnerships
Integration
Data
Silver Diamine Flouride in Medicaid Programs

Base Reimbursement Fees SFY 2019

Values

- AL: $10
- CO: $5.48
- DE: $6.44
- HI: $14.85
- IN: $3.58
- ME: $2.75
- MN: $10.2
- MT: $10
- NH: $15
- NC: $15
- OK: $15
- PA: $15
- VT: $15
- WA: $3
- WI: $6.5

- $19.35
- $28.42
- $24.74
- $14.5
- $20.45
- $30
- $24.4
- $25
- $32.28
- $51
- $62.83
- $98.5
Administration Overview

Survey Questions:
- List your traditional fee-for-service programs.
- List your contract vendors.
- Enter information for your fiscal intermediary.

Overview: 2017 Administrative Models

<table>
<thead>
<tr>
<th>State</th>
<th>Traditional FFS Model</th>
<th>Number of Contractual Vendors</th>
<th>Fiscal Intermediary?</th>
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<tbody>
<tr>
<td>Pennsylvania</td>
<td>1</td>
<td>8</td>
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Overview: 2017 Contractual Vendors

<table>
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<tr>
<th>State</th>
<th>Type: Medical</th>
<th>Type: Dental</th>
<th>Model: MCO</th>
<th>Model: ACO</th>
<th>Model: ASO</th>
<th>Structure: Carve-In</th>
<th>Structure: Carve-Out</th>
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</thead>
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<td>Pennsylvania</td>
<td>8</td>
<td>8</td>
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</table>
MSDA National Profile of State Medicaid & CHIP Dental Programs

2023 Survey Update
MSDA Project Updates
2022
Medicaid Oral Health Policy Academy for Adults with Intellectual and Developmental Disabilities

Phase 1 Purpose [2021-2022]

• To establish a group learning environment and guide participants toward designing and developing a state-specific, fiscally viable, carve-out dental benefit to address the complex oral health needs of adults with I/DD.

• To create and publish a tool kit and white paper for use by state Medicaid dental program administrators, contract vendors and advocates.
Policy Academy for Adults with I/DD  
*Phase 1 Design*

- Learning Collaborative with 5 state teams
  - Medicaid dental director
  - Medicaid dental program staff
  - Stakeholders
- Explored existing state Medicaid authority
- Identified existing dental policy and benefits
- Created state-specific model benefit for adults with I/DD
- Applied fees to estimate program costs
Policy Academy for Adults with I/DD

PHASE 1 Outcomes

TOOL KIT

Medicaid Dental Benefit for Adults with I/DD

WHITE PAPER

Medicaid Oral Health Policy Academy for Adults with Intellectual and Developmental Disabilities (I/DD) TOOL KIT

PHASE 1

STEP 1
IDENTIFY POLICY PATHWAYS
Policy Academy for Adults with I/DD

*Phase 2 Purpose*

[2022-2023]

To evolve the state Medicaid dental benefit for adults with I/DD into a *Value-Based Program*
Policy Academy for Adults with I/DD
Phase 2 Value Add Incentives

• Vendor offers to deliver services **beyond** those required under state contract

• Costs absorbed by Vendor/MCO

• Examples:
  • Additional dental services
  • Use of ICD Codes
  • Education materials
Health Care Payment Learning & Action Network (HCPLAN)

LAN
Alternative Payment Models

## Shared Savings Model [LAN 3.A.]
### ECC Disease Management Impact on OR

**Table 1. ECC Disease Management Impact on Operating Room Costs BCH**

Boston Children’s Hospital (BCH) Operating Room Costs, Historical Control versus ECC DM Protocols

<table>
<thead>
<tr>
<th>Patient Count:</th>
<th>Historical Control</th>
<th>ECC DM Protocol</th>
<th>Reduction</th>
<th>Fewer patients referred to OR</th>
<th>Reduction in Medicaid payment</th>
<th>Incentive:</th>
<th>Net savings</th>
<th>per patient kept out of OR</th>
<th>per ECC patient</th>
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<tr>
<td>129</td>
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<td>401</td>
<td>20.90%</td>
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<td>$219,635</td>
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<td>$20,050</td>
<td>$180,450</td>
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<td>$50</td>
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</table>

Net savings: $180,450 per ECC patient, $50 per patient kept out of OR.
Centers for Inclusive Dentistry

Purpose
To expand infrastructure and capacity within FQHCs to increase access to oral healthcare services for individuals with intellectual and developmental disabilities (I/DD)
Centers for Inclusive Dentistry

Step 1
Expand Infrastructure
New specialized dental equipment

Step 2
Expand Capacity
Training at UPENN and NYU

Step 3
Increase delivery of dental services for individuals with I/DD
NCD is an independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities.

NCD is comprised of a team of Presidential and Congressional appointees, an Executive Director appointed by the Chair, and a full-time professional staff.
National Council on Disabilities (NCD) Project Purpose

- **Query oral healthcare providers** that formerly participated in Medicaid programs and waivers that facilitate the treatment of patients with I/DD as to why they no longer do.

- **Query oral healthcare providers** as to whether low Medicaid reimbursement rates disincentivize them from participation in the treatment of patients with I/DD through Medicaid and, if so, inquire as to what rate might serve as a sufficient incentive.

- **Query oral healthcare providers** that have in the past and still do participate in Medicaid programs and waivers as to why they continue to participate.

- **Query non-participating oral healthcare providers** concerning what policies would incentivize them to participate in providing care to patients with I/DD through Medicaid and related waivers.
National Council on Disabilities
Report- Currently Under NCD Review

• MSDA partnered with AADMD and SCDA
• Research Questions
• Input from the Population/Providers
• Documented the study
• Developed a Return-on-Investment model for funding a dental benefit
• Promising Practices
• Recommendations
• Call for Equity
• Report was submitted 9.30.22

• Awaiting FINAL REVIEW by NCD
Orange County
Local Oral Health Program

To evaluate LOHP and provide technical assistance in the implementation of the LOHP Strategic Plan
Chief Dental Officer Oral Health Updates
DE & MD Virtual Townhall

Natalia I. Chalmers DDS, MHSc, PhD
*Diplomate, American Board of Pediatric Dentistry*

Chief Dental Officer, Office of the Administrator
Centers For Medicare & Medicaid Services
“You’re Not Healthy Without Good Oral Health.”
– Surgeon General C. Everett Koop
Every day, CMS ensures that **154.7 million** people in the U.S. have health coverage that works.

**Medicaid & CHIP**
- Over **87.8 million** enrollees:
  - Medicaid: More than 80.9 million individuals
  - CHIP: More than 6.9 million

**Medicare**
- Over **64.3 million** enrollees:
  - Fee-For-Service: More than 34.8 million
  - Medicare Advantage plans: More than 29.4 million

**Marketplace**
- Over **14.5 million** applicants:
  - State based & Federal Marketplaces

*Subtotal: 166.6 million. Adjust for Medicare/Medicaid dual eligibles (-11.9 million).

Source: https://www.cms.gov/pillar/expand-access
CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.
CMS Framework for Health Equity 2022-2032

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data
Priority 2: Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps
Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities
Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
Priority 5: Increases All Forms of Accessibility to Health Care Services and Coverage

Chronic Pain Experience

Understand access to covered treatment and services for people with chronic pain.

This visual is derived from stakeholder interviews focusing on the experiences of those living with and treating chronic pain. Its intent is to highlight the most prominent barriers experienced by people accessing care and the influences acting on providers, ultimately affecting the person with chronic pain, their quality of care, and their quality of life. These sentiments were derived from requests for information (RFIs) conducted by CMS and CDC, including as part of CDC’s efforts to understand and integrate the lived experiences of patients and providers into its update to the 2016 opioid prescribing guideline.

Insurance and Providers

Person with Pain

Person with pain

Weight of chronic pain experience

Family member/caregiver feeling lost

Person with pain feeling lost without support

Person with substance use disorder not connected to ongoing care

Failing care into one hand

Painful regulatory environment, along with misapplication of clinical practice guidelines, including the 2016 CDC opioid prescribing Guideline.

Positive regulatory environment along with misapplication of clinical practice guidelines, including the 2016 CDC opioid prescribing Guideline.

Trending towards step down

Looking for step up?

Involuntary insurance coverage

Ineffective insurance coverage

Insufficient insurance coverage

Providers off star

Insufficient reimbursement

Appropriate reimbursement of treating guidelines

Inappropriate reimbursement of treating guidelines

Dysfunctional provider — patient relationship

Quality of life

Financial burden

Mental health

Work and day to day tasks

Quality of life

Logistical access

Provider collaboration

Provider fear

Person with pain

Person with pain

Person with pain

CMS

Oral Health, Equity, Fiscal Responsibility and Inflammation (Clinical Outcomes)

- Equity
- Fiscal Responsibility
- Inflammation (Clinical Outcomes)
CMS Vision Statement and Strategic Pillars

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

- **Advance Equity**: Advance health equity by addressing the health disparities that underlie our health system.
- **Expand Access**: Build on the Affordable Care Act and expand access to quality, affordable health coverage and care.
- **Engage Partners**: Engage our partners and the communities we serve throughout the policymaking and implementation process.
- **Drive Innovation**: Drive Innovation to tackle our health system challenges and promote value-based, person-centered care.
- **Protect Programs**: Protect our programs’ sustainability for future generations by serving as a responsible steward of public funds.
- **Foster Excellence**: Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS’s operations.

Source: https://www.cms.gov/cms-strategic-plan
HHS Finalizes Physician Payment Rule Strengthening Access to Behavioral Health Services and Whole-Person Care

Finalizing Payment for Dental Services that are Integral to Covered Medical Services

CMS is codifying current policies in which Medicare Parts A and B pay for dental services when that service is integral to treating a beneficiary's medical condition. Medicare will also pay for dental examinations and treatments in more circumstances, such as to eliminate infection preceding an organ transplant and certain cardiac procedures beginning in CY 2023 and prior to treatment for head and neck cancers beginning in CY 2024. Finally, CMS is establishing an annual process to review public input on other circumstances when payment for dental services may be allowed.
HHS Approves 12-month Extension of Postpartum Medicaid and CHIP Coverage in North Carolina

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

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

Health Information Technology Divide
Diagnostic Coding
Integration and Coordination of Care
Charity and Oral Health

Virginia Remote Area Medical

Oklahoma Mission of Mercy

New Mexico Mission of Mercy

Maryland Mission of Mercy
Where People Manage Oral Health

8758 h ← 8760 hours in a year → 2 h

People spend more hours managing their oral health at home than in a clinical setting.
Population with Any Dental and Medical Visits

A: Dental only (8.6%)
B: Medical only (34.4%)
AB: Dental and Medical (37.1%)
C: Neither dental nor medical (19.8%)

121.2 million
28.2 million
112.3 million
64.7 million

Overall Proportion of the Population with Any Dental or Medical Visits by Insurance Coverage

Dental Visit in the Past Year By Poverty

- **Children Ages 2-18Y**
  - 2000: 26.5%
  - 2016: 58.3%

- **Adults Ages 19-64Y**
  - 2000: 49.3%
  - 2016: 47.0%

- **Adults Ages 65+Y**
  - 2000: 24.8%
  - 2016: 61.3%

Source: Yarbrough and Vujicic Oral health trends for older Americans JADA 2019
Percentage of Medicaid Beneficiaries Ages 1 to 20 Who Received Preventive Dental Services, FFY 2020

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

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

Source:
Mathematica analysis of Form CMS-416 reports (annual EPSDT report), Line 1b and 12b, for the FY 2020 reporting cycle as of July 2, 2021. Starting with FFY 2020, some states calculated and submitted their Form CMS-416 reports, while others chose to have CMS produce their Form CMS-416 reports using the Transformed Medicaid Statistical Information System (T-MIS) data. The FFY 2020 reporting cycle includes services provided between October 2019 and September 2020.

Children With A Dental Visit In The Past Year

<table>
<thead>
<tr>
<th>Year</th>
<th>White</th>
<th>Asian</th>
<th>Hispanic</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-06</td>
<td>53.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-18</td>
<td>55.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005-06</td>
<td>44.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-18</td>
<td>45.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005-06</td>
<td>33.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-18</td>
<td>46.9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005-06</td>
<td>37.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017-18</td>
<td>42.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Δ 12.9%

Racial Disparities

Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey
Parents Dental Care Experience is Key to Coverage and Access

- Child with Dental Visit
- Child without Dental Visit

<table>
<thead>
<tr>
<th>Proportion</th>
<th>Parent with Dental Visit</th>
<th>Parent without Dental Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85.9</td>
<td>2.9</td>
</tr>
<tr>
<td></td>
<td>62.8</td>
<td>27</td>
</tr>
</tbody>
</table>

Source: Isong et al. Pediatrics 2010
Adults With A Dental Visit In The Past Year

Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey
Urban-Rural Differences in Dental Care Use Among Adults Aged 18–64

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

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

- The CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities updates and builds upon the CMS Rural Health Strategy, released in 2018, to reflect changes in the health care landscape since its development.

- In alignment with the CMS Framework for Health Equity 2022—2032, this Framework supports CMS’s overall efforts to advance health equity, expand access to quality, affordable health coverage, and improve health outcomes for all Americans.
Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies

Listening session participants and federal partners from across the country emphasized the importance of engaging individuals with lived experience receiving or supporting the delivery of health care services in rural areas to better understand their needs and the impacts of CMS programs and policies in these areas.
Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities

Listening session participants and federal partners highlighted the need for CMS to harness and share its own data as well as its associates’ data to better understand geographic health disparities and gain insight into the specific needs of people living in rural, tribal, and geographically isolated areas.
Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities

Listening session participants and federal partners underscored the importance of supporting the rural health workforce, including improving recruitment and retention of health care providers and allied health professionals, strengthening rural health care provider competencies to provide high-quality care, and reducing administrative and financial burdens on rural providers.
Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities

Listening session participants and federal partners emphasized the need to expand access to and use of medical and communication technology, including expanding telehealth services covered by CMS and improving health information technology infrastructure.
Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities

Listening session participants and federal partners highlighted the need to improve access to a full continuum of care, including integration and coordination of care, by exploring opportunities to enhance Medicare, Medicaid, CHIP, and Marketplace coverage of many different services and supports, including those that address transportation challenges and other SDOH in rural communities.
Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

Listening session participants and federal partners encouraged CMS to continue to leverage its existing authorities to test demonstrations and models of care that meet the needs of rural communities, and to identify synergies and promote alignment and collaboration across a broad array of rural allies and government agencies to advance care approaches that are designed for and by rural communities.
Seniors With A Dental Visit In The Past Year

Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey
Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Dental Exam in 2019

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/ethnicity</th>
<th>Language Spoken at Home</th>
<th>Income</th>
<th>Dual Eligibility Status</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Male</td>
<td>White non-Hispanic</td>
<td>English</td>
<td>$&lt;10,000</td>
<td>61</td>
</tr>
<tr>
<td>44</td>
<td>40.9</td>
<td>47.9</td>
<td>33.8</td>
<td>33.3</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black non-Hispanic</td>
<td>17.9</td>
<td>17.9</td>
<td>32.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanic</td>
<td>33.8</td>
<td>33.8</td>
<td>21.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Race/Ethnicity</td>
<td>33.3</td>
<td>33.3</td>
<td>19.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Language other than English</td>
<td>44</td>
<td>44</td>
<td>21.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$&lt;10,000</td>
<td>$10,000 - $14,999</td>
<td>$15,000 - $19,999</td>
<td>25.9</td>
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<tr>
<td></td>
<td></td>
<td>$20,000 - $24,999</td>
<td>$25,000 - $29,999</td>
<td>$30,000 - $39,999</td>
<td>30.2</td>
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<tr>
<td></td>
<td></td>
<td>$40,000 - $49,999</td>
<td>$50,000 - $75,000</td>
<td>Not dually eligible</td>
<td>46.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Full/partial benefit dually eligible</td>
<td>61</td>
<td>61</td>
<td>47.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not dually eligible</td>
<td></td>
<td></td>
<td>42.6</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019
National Health Expenditure

Dental is 4% of all Health Expenditures, $124 Billion

Source: National Health Expenditure, Centers for Medicare and Medicaid Services
Medicaid and Medicare Dental Spending

• In 2019, $15.5 billion was spent on dental services by Medicaid and CHIP, representing 2.1% of Medicaid and CHIP expenditures for all services.
• In 2019, $1.9 billion was spent on dental services by Medicare, representing 0.2% of Medicare expenditures for all services.

Source: National Health Expenditure, Centers for Medicare and Medicaid Services
Percentage of Medicare FFS Beneficiaries with the 21 Selected Chronic Conditions: 2018

Source: CMS Chronic Conditions Chartbook 2018
Distribution of Medicare FFS Beneficiaries by Number of Chronic Conditions and Total Medicare Spending: 2018

- **0 to 1 condition**: 31.1% of beneficiaries, 6.0% of total Medicare spending
- **2 to 3 conditions**: 29.1% of beneficiaries, 16.3% of total Medicare spending
- **4 to 5 conditions**: 22.1% of beneficiaries, 24.0% of total Medicare spending
- **6+ conditions**: 17.7% of beneficiaries, 53.7% of total Medicare spending

Source: CMS Chronic Conditions Chartbook 2018
Concentration Curve of Health Care Expenditures, U.S. Civilian Noninstitutionalized Population, 2017

<table>
<thead>
<tr>
<th>Cumulative Percentage of Expenditures</th>
<th>Cumulative Percentage of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
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</tr>
<tr>
<td>$200</td>
<td>0.1</td>
</tr>
<tr>
<td>$400</td>
<td>0.5</td>
</tr>
<tr>
<td>$600</td>
<td>1.3</td>
</tr>
<tr>
<td>$800</td>
<td>2.9</td>
</tr>
<tr>
<td>$1,000</td>
<td>5.5</td>
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<tr>
<td>$1,200</td>
<td>10.0</td>
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<td>$1,400</td>
<td>18.0</td>
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<td>$1,600</td>
<td>33.9</td>
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<tr>
<td>$2,000</td>
<td>78.1</td>
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<tr>
<td>$2,200</td>
<td>99%</td>
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</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Medicaid</th>
<th>Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 people</td>
<td>$100</td>
<td>$3</td>
</tr>
<tr>
<td>50</td>
<td>$3</td>
<td>$3</td>
</tr>
<tr>
<td>5</td>
<td>$50</td>
<td>$55</td>
</tr>
<tr>
<td>1</td>
<td>$22</td>
<td>$26</td>
</tr>
</tbody>
</table>

Percentage of Persons by Type of Service and Percentile of Spending, 2017, All Payers

Poor Oral Health Has Impacts Beyond Healthcare

- Poor oral health is linked to all-cause mortality.
- Poor oral health is linked to substance use disorders.
- Poor oral health impacts children's school attendance and performance.
- Poor oral health is an obstacle to employment.
EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS

- Equity
- Fiscal Responsibility
- Readmissions
- Mortality
- Opioids
- Antibiotics
Emergency Department Visits for Dental Conditions

Source: ADA Health Policy Institute
Percentage of Emergency Department Visits by Adults at which Opioids were Prescribed

- Dental pain
- Urolithiasis
- Fracture injuries
- Nonfracture injuries
- Extremity pain
- Back pain
- Headache or migraine
- Abdominal pain
- Chest pain

Source: National Center for Health Statistics Report 135, 2020
Medicaid Adult Beneficiaries Emergency Department Visits for Non-Traumatic Dental Conditions


Center for Medicaid and CHIP Services
Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, by State, 2019

Population: Medicaid and CHIP beneficiaries ages 21 to 64 with full Medicaid or CHIP benefits and not dually eligible for Medicare.

Notes:
Non-traumatic dental conditions (NTDCs) are dental conditions such as cavities or dental abscesses that might have been prevented with regular dental care. Emergency Department (ED) visits for NTDCs may indicate a lack of access to more appropriate sources of medical and dental care. CMS assessed state-level data quality in the 2019 TAF file using the following metrics: total enrollment, inpatient (IP) and other services (OT) claims volume, completeness of diagnosis code (IP file); completeness of procedure code (OT and IP files); and expected type of bill code (IP file). States with an unusable data quality assessment (TN, SC) are shown in white. Results for remaining states were rounded to whole numbers, and then states were assigned to quartiles. States with a high concern data quality assessment are shown with a hatched overlay. For additional information regarding state variability in data quality, please refer to the Medicaid DG Atlas, available at: https://www.medicaid.gov/dg-atlas/weboms.

Source:
CMS analysis of calendar year 2019 T-MISIS Analytic Files, v 5.0.

Additional information available at:

Rate of Dental Services for Children During the PHE

After an initial steep decline, remained slightly below averages from prior years

Comparing the PHE period (March 2020 – April 2022) to the pre-PHE period, the data show that the average number of dental services per 1,000 beneficiaries under age 19 per month declined by ~20%.

Note: Data for recent months are likely to be adjusted upward due to claims lag.

Figure 1. National Medicaid and CHIP enrollment, February 2020 to June 2022, CMS Performance Indicator Data

Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data as of August 22, 2022.

Note: This analysis includes preliminary enrollment data from 50 states and the District of Columbia. "FFQRA" refers to the Families First Coronavirus Response Act. Section 3006 of FFQRA includes a continuous enrollment provision, which makes available a temporary 5.1 percentage point increase to each state or territory’s federal medical assistance percentage (FMAP) during the national public health emergency. As a condition of receiving the FMAP increase, states must meet several requirements pertaining to eligibility and maintenance of enrollment.

"The cumulative change compares the most recent enrollment data to February 2020, which serves as a baseline of enrollment prior to the impacts of the COVID-19 pandemic and FFQRA's continuous enrollment condition. For additional information on Medicaid and CHIP enrollment from December 2019 to June 2022, please see Appendix A.

Public Enrollment and Service Use Data

The Centers for Medicare & Medicaid Services (CMS) released the Medicaid and Children’s Health Program (CHIP) Enrollment and Service Use Data Tables for the first time to the public.

The first set of data tables includes monthly and annual counts of Medicaid and CHIP beneficiaries by the following enrollment characteristics: (1) program type, (2) scope of benefits, (3) dual eligibility status, (4) eligibility groups, and (5) managed care plan participation.

The second set of data tables include monthly counts and rates of services use in the following categories: (1) acute care, (2) behavioral health, (3) blood lead screening, (4) child screening, (5) services for COVID-related conditions, (6) contraceptive care, (7) COVID-19 testing, (8) dental care, (9) perinatal care, (10) pregnancy outcomes, (11) provision of services via telehealth, and (12) vaccinations. These files include information for the 50 states, Washington, DC, Puerto Rico, and the US Virgin Islands.

Oral Health: Challenges and Opportunities

- System Capacity
- Increased Enrollment
- PPE
- Forgone Care

- Vaccines and Vaccination
- Telehealth
- Pandemic
- School-based Programs
MSDA Corporate Round Table Meeting

Renee Joskow, DDS, MPH, FAGD

NIDCR Update
Networking Lunch

Thank You

Meeting Sponsor

12:00 PM
MSDA Corporate Round Table Meeting

Emerging Issues and Other Medicaid Topics

1:30 PM
Silver Diamine Fluoride News

• Advantage Arrest® Silver Diamine Fluoride 38% Gel
  • December 2022
  • Unit-dose only
  • $5.33 per dose, treats up to 5 teeth

• Informal Survey of State-by-State coverage
  • D1206, D1354 and D1355

• Caries Drug Trial Update
Silver Diamine Fluoride News

• D1355 – For primary prevention or remineralization.
  • Medicaments applied do not include topical fluorides.

• JADA Cover Article – August 2018
  • Conclusions and Practical Implications - Yearly 38%
    SDF applications to exposed root surfaces of older
    adults are a simple, inexpensive, and effective way of
    preventing caries initiation and progression.

• Site specific only
Other Topics of Interest?
MSDA Corporate Round Table Meeting

New Tools and Measures for Medicaid Administrators

Oral Health Equity Self-Assessment Tool
Artificial Intelligence

2:00 PM
The Iowa Medicaid Project
Oral Health Equity Self-Assessment Tool

Tell us about yourself...

Please complete the survey below. Your responses will help us find the perfect resources to help you improve your health and brighten your smile.

General Member Information

Enter your Medicaid ID located on your Dental Wellness Plan card.

Please enter your response

AQ

Please enter 7 numbers followed by a letter.
Oral Health Equity Self-Assessment Tool

Tell us about yourself...

Please complete the survey below. Your responses will help us find the perfect resources to help you improve your health and brighten your smile.

General Member Information

Enter your Medicaid ID located on your Dental Wellness Plan card.

Please enter your response

AQ

Please enter 7 numbers followed by a letter.
Member Self-Assessment Report

Equity Assessment

1. Select your race and ethnicity.
   - American Indian or Alaskan Native
   - Hispanic or Latino
   - White / Caucasian
   - Black or African American
   - Asian or Pacific Islander
   - Other (please specify)

   Ukrainian

2. Do you have any disabilities?
   - Yes (please specify)
   - No
   - Physical Disability
   - Intellectual and/or Developmental Disability
   - Other (please specify)

3. Select the primary language you speak at home.
   - English
   - Spanish
   - Other (please specify)

4. What is the overall condition of your mouth?
   - Poor
   - Fair
   - Good
   - Excellent

5. Select your gender identity.
   - Male
   - Female

6. Have you had any dental pain in the last month?
   - Yes
   - No
Member Self-Assessment Report

Dental Risk Factors

When was the last time you saw a dentist?

Please enter your response

- Over a Year
- Within the last year

Why did you not see a dentist in the last year? Check all that apply.

- Fear
- Trouble finding a dentist
- No reason/need
- Transportation
- I only go when I have problems
- Other (please specify)

Please enter 1-60 letters. You may use commas, slashes, spaces.
Would you like additional support services? Check all that apply.

Done!

- Make an appointment with a dentist
- Find Food or Meal Services
- Access Transportation
- Get more information about my dental health
- Find Shelter
- Find Home Health Care
- Contact me about other questions I have
- Find Child Care

☑️ No, thank you! (all other options will be unavailable)
## Member Report

### Survey Results

<table>
<thead>
<tr>
<th>Date/Time Submitted</th>
<th>8/10/2021 04:36 PM EST</th>
</tr>
</thead>
<tbody>
<tr>
<td>IME Number</td>
<td>123456789</td>
</tr>
<tr>
<td>What is your ethnicity</td>
<td>Asian or Pacific Islander</td>
</tr>
<tr>
<td>Health: Do you have any major health condition like diabetes, heart disease, stroke, cancer or Parkinson's Disease?</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral Health: What is the overall condition of your mouth?</td>
<td>Fair</td>
</tr>
<tr>
<td>Oral Health: Have you had dental pain in the last month?</td>
<td>No</td>
</tr>
<tr>
<td>Oral Health: Do your gums bleed when you brush?</td>
<td>No</td>
</tr>
<tr>
<td>Oral Health: Are all of your teeth gone?</td>
<td>No</td>
</tr>
<tr>
<td>Oral Health: Do you smoke or use e-cigarettes?</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral Health: Do you brush your teeth with fluoride toothpaste?</td>
<td>No</td>
</tr>
<tr>
<td>Oral Health: Do you frequently snack on sugary foods or drinks?</td>
<td>No</td>
</tr>
<tr>
<td>Access: How long has it been since you last visited a dentist or a dental clinic for any reason?</td>
<td>Over 2 years</td>
</tr>
<tr>
<td>Access: If you did not see a dentist in the last 12 months, what were the main reasons?</td>
<td>Fear, Inconvenient location or time, Transportation</td>
</tr>
<tr>
<td>Support Services: How may we help you?</td>
<td>Make an appointment with a dentist, Get more information about my dental health, Access Transportation</td>
</tr>
</tbody>
</table>
Member Resources

Thank you for completing the survey.
You may find helpful informations using the links below

**Dental Resources**
Supplemental Nutritional Assistance Program (SNAP)
To see if you're eligible for SNAP, visit www.dhs.ia.gov/how-to-apply
If you already receive SNAP, you can access your account information on the web at https://www.connectiit.com/. There is no charge for using online access.

**Food Assistance**
Supplemental Nutritional Assistance Program (SNAP)
To see if you're eligible for SNAP, visit www.dhs.ia.gov/how-to-apply
If you already receive SNAP, you can access your account information on the web at https://www.connectiit.com/. There is no charge for using online access.

**Child Care**
Supplemental Nutritional Assistance Program (SNAP)
To see if you're eligible for SNAP, visit www.dhs.ia.gov/how-to-apply
If you already receive SNAP, you can access your account information on the web at https://www.connectiit.com/. There is no charge for using online access.

**Find a Dentist**
Supplemental Nutritional Assistance Program (SNAP)
To see if you're eligible for SNAP, visit www.dhs.ia.gov/how-to-apply
If you already receive SNAP, you can access your account information on the web at https://www.connectiit.com/. There is no charge for using online access.

**Transportation**
Supplemental Nutritional Assistance Program (SNAP)
To see if you're eligible for SNAP, visit www.dhs.ia.gov/how-to-apply
If you already receive SNAP, you can access your account information on the web at https://www.connectiit.com/. There is no charge for using online access.

**Housing**
Supplemental Nutritional Assistance Program (SNAP)
To see if you're eligible for SNAP, visit www.dhs.ia.gov/how-to-apply
If you already receive SNAP, you can access your account information on the web at https://www.connectiit.com/. There is no charge for using online access.
Vendor Aggregate Report
Frequency Distribution of New Members by Race & Ethnicity  N=200

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>200 New Members</td>
<td>100%</td>
</tr>
<tr>
<td>AI</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>A/PI</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>B/AA</td>
<td>20</td>
<td>10%</td>
</tr>
<tr>
<td>H/L</td>
<td>24</td>
<td>12%</td>
</tr>
<tr>
<td>W/C</td>
<td>140</td>
<td>70%</td>
</tr>
<tr>
<td>Prefer to NA</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>
Frequency Distribution by Race & Ethnicity
N=200

- AI: 1 (1%)  
- A/PI: 5 (3%)  
- B/AA: 20 (10%)  
- H/L: 24 (12%)  
- W/C: 140 (70%)  
- Prefer to NA: 3 (2%)  
- Other: 3 (2%)

0  20  40  60  80  100  120  140  160
0%  10%  20%  30%  40%  50%  60%  70%  80%
## Vendor Disparities Report

**Dental Pain Among New Members by Race & Ethnicity**

N=45/200

<table>
<thead>
<tr>
<th></th>
<th># Dental Pain</th>
<th>% Dental Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>23%</td>
</tr>
<tr>
<td>AI</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>A/PI</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>B/AA</td>
<td>19</td>
<td>42%</td>
</tr>
<tr>
<td>H/L</td>
<td>14</td>
<td>31%</td>
</tr>
<tr>
<td>W/C</td>
<td>8</td>
<td>18%</td>
</tr>
<tr>
<td>Prefer to NA</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>
Vendor Disparities Report

*Dental Pain Among New Members by Race & Ethnicity*  
N=45/200

Dental Pain by Race & Ethnicity N=45
### Dental Pain Among New Members by Specific Racial & Ethnic Cohorts

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th># Dental Pain</th>
<th>% Dental Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AI</strong></td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>A/PI</strong></td>
<td>5</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td><strong>B/AA</strong></td>
<td>20</td>
<td>19</td>
<td>95%</td>
</tr>
<tr>
<td><strong>H/L</strong></td>
<td>24</td>
<td>14</td>
<td>58%</td>
</tr>
<tr>
<td><strong>W/C</strong></td>
<td>140</td>
<td>8</td>
<td>6%</td>
</tr>
<tr>
<td>Prefer to NA</td>
<td>3</td>
<td>2</td>
<td>67%</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>3</td>
<td>1</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Subtotals</strong></td>
<td></td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>
MSDA Corporate Round Table Meeting

Leveraging Overjet AI to Improve Utilization Review
How can AI be applied in dentistry?
○ AI can improve oral health by creating a future that is clinically precise, efficient and patient-centric
Dental payers currently review claims manually for utilization management, which is costly, error-prone and slow.

Key Challenges:

- **Millions of dollars spent** by each payer for limited review
- **Inconsistent decisions** lead to high appeals
- **5%* fraud, waste, abuse** still makes it through

*NHCAA
Overjet automates administrative, clinical, and fraud review for payers.

1. **Auto Accept Valid & Medically Necessary Claims:** ~65%
2. **Automated Requests Sent for Missing Information:** ~15%
3. **Require Clinical Review and Presented for Review on Overjet’s Platform:** ~20%
Selecting the right AI partner will ensure faster value realization for the state programs

- Ability to **quantify the dental outcomes** the dental disease and pathology to enable consistent reviews
- **Configurable and automated workflow systems** to create clinical rule engines suited to clinical adjudicate claims

- **Strong clinical, engineering, and machine learning teams** to drive constant innovation
- Backing from solid investors and sufficient funding to ensure company growth

- **Experience with multiple insurance payers in production**
- Experience with implementing different set of complex procedure categories to drive ROI
How does Artificial Intelligence and Deep Learning depict and identify clinical findings?
Does Dentistry Need Help with **Standardization?**

The unlabeled image shown to 75 US licensed dentists to identify caries. Correct caries now labeled in blue.

Aggregate output of the 75 dentists. Every tooth was diagnosed as requiring treatment.
Overjet’s AI platform is build on configurable building blocks of dental anatomy and diseases...

- Tooth and associated number
- Tooth Surface
- Radiographic Crown area
- CEJ points
- Bone
- Apex points
- Endodontic Obturation
- Caries and progression to and through enamel
- Restorations and associated surfaces involved
- Ceramic/Metallic and PFM Crowns
- Root surface and non-root surface Calculus
- Defective margins around both crowns and restorations
  - DEJ
  - Enamel
  - Posts
  - Incisal Edge
...driving automated utilization guideline reviews for key dental procedures

Periodontics (SRP, Osseous Surgery)
- Bone Levels on BW’s (mm)
- Bone ratios on PA’s (%)  
- Presence of calculus and distinction between root and non-root calculus
- Applicable to BW, PA, and Pano radiographs

Prosthodontics (Core Build Up, Post and Core)
- DMF%
- Periodontal Health (bone loss)
- Root Canal presence & quality of obturation (mm from end of gutta percha to apex)
- Incisal Edge on anterior teeth
- Marginal Integrity around Existing Crowns
- Image Quality thresholds
- Applicable to both BW and PA radiographs

Dental Surgery (Surgical EXT, Impactions, Implants)
- Percent of clinical crown impacted within bone
- Angulation of impacted tooth
- Applicable to panoramic radiographs and PA radiographs

Orthodontics
- Intraoral Photography
- STL analysis
- HLD analysis
- Radiographic Analysis
Overjet leverages AI to identify core dental outcomes through a quantitative approach and supports a plethora of procedures such as

- Crowns
- Bridges
- Core Build-Up
- Scaling and Root Planing
- Implants
- Periapical Radiolucency
Impactions Examples

Osseous surgery, extractions, perio surgery and endodontics and many more...
D4341 periodontal scaling and root planing—four or more teeth per quadrant. This procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature.
Notes:
D7230 removal of impacted tooth – partially bony Part of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
D7240 removal of impacted tooth – completely bony Most or all of crown covered by bone; requires mucoperiosteal flap elevation and bone removal.
Crowns and Core-buildups

CDT Code: D2740
Tooth #: 19
Overjet Review Result: Accept (A003)
Reason: Posterior tooth with RCT detected.
Overjet’s Dental Payment Integrity System™
evaluates every claim and designates a provider score

Duplication: Same image, different patients

Manipulation: Tampering of images

Treatment previously claimed but never conducted

Evidence of Photoshopping

Crown claimed for tooth #3 but virgin tooth detected later
Driving ROI leveraging AI
Strong backing from Investors, extensive experience in insurance and a solid team makes Overjet a reliable partner.

- Payors in Production: 7
- Insured Members Covered in Production: 30M+
- Funding received backed by leading Silicon Valley investors: $80M
- Claims processed by AI in Production: 2M+
- Average ROI realized by Payors: ~5-7X
Case Study: Production Client with ~4M managed membership achieved 7X ROI in 6 months by leveraging AI for utilization review

**OVERALL ROI**

- **~700% (~7X)**

  Actual ROI achieved from using Overjet - Crowns/CBU procedures only

- **~$9M**

  Net incremental savings over 6 months (Savings - total cost) achieved (Crowns and CBU through initial launch)

- **~$20M - $25M**

  Projected annual incremental savings once all procedure types are rolled out (SRP, Crown, Bridges, Perio Surgery, Inlay/Onlay, etc.)

**REALIZED/PROJECTED SAVINGS BY PROCEDURE TYPE**

- **Crown:** $9,000,000
- **CBU:** $2,500,000
- **SRP:** $6,500,000
- **Bridges:** $3,900,000
- **Perio Surgery:** $2,000,000
- **Inlays/Onlays/Veneer:** $300,000
"Indeed, what amounts to a “silent epidemic” of dental and oral diseases is affecting some population groups. This burden of disease restricts activities in school, work, and home, and often significantly diminishes the quality of life."

David Satcher MD, PhD, Surgeon General, 2000

Section 6: Emerging Science and Promising Technologies to Transform Oral Health

The adventent and improvement of information and data science facilitates the accuracy of diagnosis and effective treatment planning. This will ultimately lead to improvements to evidence-based care.
Opportunities for Quality Improvement, Standardization

Institute for Health Care Improvement “Quintuple Aim”

- Improving population health
- Enhancing the care experience
- Reducing costs
- Provider/staff well-being
- Achieving health equity

http://www.ihi.org/

1. Oral Health in America: Advances and Challenges
Thank You!
But first...a little about P&R Dental Strategies

P&R Dental Strategies is a dental insights company that delivers customized, actionable business intelligence and objective dental quality measurement for payers, employers and consumers.

- **70+** National and regional payers contributing monthly data updates
- **4.8 Billion+** Procedures captured, adding over 40 million per month
- **Secure & Compliant** URAC accredited, HIPAA compliant, SFG Shared Assessments, SOC 2 and HITRUST certified
- **110 Million+** Commercially insured members represented in DentaBase claims data
- **50 States** Represents dentists from every state in the U.S.

The Authority on Dental Quality
DentistSource™

Data + Informatics + Dental Domain Expertise

Claims visibility into the active U.S. dentists and practices

Supplemented with additional data sources

DentaBase®
Multi-payer claims database

Primary Research
Organizational websites, press releases, public information

Claim Review Outreach
456,000 pended claims in 2021

Network Accuracy Specialists
Direct engagement with 133,000+ practice locations in 2021

Traditional Credentialing Sources
Including NPI, licensing and sanction boards

Feeding DentistSource™

- Group Practice Hierarchy
- DSO Affiliation
- Improved Address Accuracy
- 220,000+ U.S. Access Points Verified


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- **Secure & Compliant** URAC accredited, HIPAA compliant, SFG Shared Assessments, SOC 2 and HITRUST certified
- **110 Million+** Commercially insured members represented in DentaBase claims data
- **50 States** Represents dentists from every state in the U.S.
Images in the Workflow

Current State of Images in the Average Workflow

**Avg # of Claims**
- 10k per day – Smaller Payer
- 15k to 20k – Mid-Size Payer
- 35k+ - Large Payer

**CareFirst – Estimated Avg 5,200 per day**

**Avg # of Images per Claim**
- 4 to 5 Images per Claim
- Mix of radiographs, claim forms, perio charts, other paper notes

**Avg Image Source**
- 60% Internal to Payer (e.g., Mailroom)
- 40% mix of image vendors

70% of the treatment procedures do not currently require or benefit from Radiographs/X-rays in the claim submission process.

30% of the treatment procedures require the submission of radiographs and other supporting clinical documentation with the claim for specific procedure categories.

An unquantified portion of these claims may be submitted with images anyway.

Avg 40% will be provided through a 3rd party image vendor.

Avg 60% will be provided through traditional payer processes.

Intake and evaluation of the image files requires multiple processes to scale and accomplish securely & effectively.

Avg 25% will be received without any documentation or insufficient for clinical review. Photocopies and scans continue to be prevalent.
Example: AI-Image Reviewed Radiograph Reference
Image(s)

Possible Outcomes

Radiograph documents minimum requirements for AI-recommended approval

Human Clinical Review

Possible Outcomes

Non-Diagnostic Images – Additional Information Required

Clinician recommended approval

Clinician recommended partial denial

Clinician recommended full denial

Binary Process – Meets Requirements or Human Review

A qualified licensed dentist is required in today’s insurance regulatory environment to deny or partially deny for clinical necessity.

Efficiencies Gained

Human clinical resources can focus on the right reviews – avoid reviewing clearly documented/evidenced approvals.

Benefits of Clinical Review Aided by AI-Image Review

Vary by Procedure and Case Specific documentation.
### Example: Periodontics – Scaling & Root Planing

#### Example of Al-Image Review – Recommended Approval

<table>
<thead>
<tr>
<th>Submitted Procedure Code</th>
<th>Quadrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4342</td>
<td>UL</td>
</tr>
</tbody>
</table>

**Claim Recommendation:** One or more teeth meet minimum criteria. Recommend approval (“A”).

**Al-Image Review**

**Claim Recommendation:** Recommend approval of UL as submitted (D4342).

**Human Clinical Review Outcome**

**Claim Recommendation:** Recommend approval of UL as submitted (D4342).

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Quadrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4341</td>
<td>UL</td>
</tr>
</tbody>
</table>

**Claim Recommendation:** Recommend approval (“A”) of procedure when there are 4 or more teeth in the quadrant where CEJ to Bone Level is equal to or greater than [3mm] but not equal to or greater than [8mm]*.

If 1 or more teeth equal to or greater than [8mm], clinical review required.

If less than 4 or more qualified teeth in the quadrant and submitted CDT code is D4341, alternate benefits require clinical review (“N”).

Where criteria is not met and the client has specific guidelines for alternate benefit consideration (e.g., D4346), alternate benefits require clinical review (“N”).

**Variability**

The minimum and maximum bone loss requirements are variable to align with client criteria.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Quadrant</th>
</tr>
</thead>
<tbody>
<tr>
<td>D4342</td>
<td>UL</td>
</tr>
</tbody>
</table>

**Claim Recommendation:** Recommend approval (“A”) of procedure when there are 1 to 3 teeth in the quadrant where CEJ to Bone Level is equal to or greater than [3mm] but not equal to or greater than [8mm]*.

[If 1 or more teeth equal to or greater than [8mm], clinical review required.]

If at least one tooth meets criteria, recommend approval (“A”) without further review on coding. If no tooth in the quadrant meets criteria, needs additional clinical review (“N”).

Where criteria is not met and the client has specific guidelines for alternate benefit consideration (e.g., D4346), alternate benefits require clinical review (“N”).

*Not equal to or greater is associated with prognosis and may not apply to all benefit plans.
Example: Periodontics – Scaling & Root Planing

**Payer 1:** Periodontics UR Claims Volume

<table>
<thead>
<tr>
<th>Case Study Data</th>
<th>Unique Claims</th>
<th>Unique Images</th>
<th>Unique Radiographs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18,261</td>
<td>28,688</td>
<td>15%</td>
</tr>
</tbody>
</table>

P&R cleansed non-radiographic attachments and de-identified radiographs prior to AI-Image review.

3mm Minimum Requirement

| A | 1,094 | 10.2% |
| N | 9,648 |
| Grand Total | 10,742 |

~2,700 Claims didn’t have a radiograph in the attachments

“N” claims include 2,770 claims where the radiograph quality did not support AI review and will likely be “LOI” (26% of the total claims).

**Which ones to review?**

ProntoAI rank-order provides prioritization of resource allocation and inventory management.

**Documentation does not support coding or treatment**

6,878

**26% Image Quality**

2,770

The Authority on Dental Quality
Focus on the Outliers

Using Smart Claim Selection — Statistics and the power of Big Data support intelligent choices that are not otherwise visible to traditional reviewers and prioritize where to spend your time and resources for the most impact.
Management of Outliers: An effective process to ensure that outlier claims are targeted for review and the correct process of claims with unnecessary, unbundled or upcoded procedures is recommended. In addition to cost-effective claims administration, outlier providers are known to adjust billing behavior based on the known patterns of claims adjudication.

Added Value:

There is an observed sentinel effect impacting outlier behavior and reducing the risk of abusive claims.

Identification of behaviors outside the norm across a variety of metrics

Statistical evaluation based on outliers both above and below the norm

Over 200 standard ratios are the foundation of profiling.
The Impact on Members & Providers

Stakeholder Perception
Cost-containment/claim review is not perceived favorably by members or providers

Impact on Provider Satisfaction
When deployed in an efficient manner, Utilization Review can lead to improvements in provider satisfaction.

A Paradigm Shift
An outlier management focus can be the "best friend" for providers practicing within the norm - reducing claims submission time and hassles for the best dentists.

Member & Provider Impact:
Lower Provider Abrasion! Improved Customer Experience!
Combining the Strengths of Both Data and AI-Image Review for a Complete Optimized Plan

**Data Review**
- Not Selected OR Selected
- AND
- Meets Clinical Guidelines

**Image Review**
- Not Selected OR Selected
- AND
- Image is not sufficient for evaluation

**Dental Consultant Review**
- Not Selected OR Selected
- AND
- Requires further clinical review

- OR
- Image is not sufficient for evaluation
- AND/OR
- No Image with Claim

Synthesis supports continuous tuning and refinement of the machine learning.

Dental Consultant Review supports calibration.

The Authority on Dental Quality
Adding Additional AI-Image Review Incrementally

Roadmap Methodology

P&R takes a very calculated approach to product development leveraging the DentaBase® platform to analyze the most impactful ways to incorporate AI-Image Review and modifications to the ProntoAI platform.

Benefit eligibility of ~70% of the treatment procedures is not generally impacted by inclusion of radiographs/X-rays in the adjudication process.

- **Scaling & Root Planing**: Implemented in early 2022
- **Crowns**: AI-Image Review capability currently in development
- **Direct Restorations & Oral Surgery**: Identified next for development
- **Endodontics, Fixed Prosthodontics, Implants**: Future Phase in 2023
Thank you!

http://pandrdental.com
MSDA Corporate Round Table Meeting

Larry Paul, DDS
SKYGEN
MSDA Corporate Round Table Meeting

MSDA’s Upcoming Events
3:30 PM
State Medicaid Pilot
ICD-10 Diagnostic Codes

**Purpose:**
- Improve documentation of Medical Necessity
- Measure Oral Health Outcomes

**Design:**
- Learning Collaborative with States and Vendors

**Start Date:**
February 2023
2023 MSDA Annual Symposium

Save the Dates

April 30 - May 2
2023

The Mayflower Hotel
Washington DC
MSDA Corporate Round Table Reception

Thank You

Meeting Sponsor
The Medicaid|Medicare|CHIP Services Dental Association (MSDA) is the national membership non-profit organization representing all State Medicaid and CHIP Dental Programs, as well as the managed care and accountable care organizations and providers that contract with State Medicaid programs to administer and deliver quality oral healthcare services to their beneficiaries. Our vision is: Optimal oral health for all Medicaid, Medicare and Children’s Health Insurance Program (CHIP) beneficiaries.
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