CMS aims to be a major force and a trustworthy partner for the improvement of health and health care for all Americans

CMCS carries this mission forward with a particular emphasis on making Medicaid and CHIP the best programs they can be

Beneficiaries are our focus

Partnerships are critical to success
Profile of Children’s Coverage, 2009

All Children
- Medicaid: 33%
- ESI: 53%
- Other: 10%
- Uninsured: 10%

Children Below 133% Federal Poverty Level
- Medicaid: 66%
- ESI: 15%
- Other: 17%
- Uninsured: 66%

Source: HHS ASPE analysis of the 2010 Annual Social and Economic Supplement to the Current Population Survey
Lessons from Children’s Coverage Efforts: Success is Possible

- Uninsurance rates for *children* have steadily dropped due to Medicaid/CHIP
- Coverage levels holding steady even in economic downturn

<table>
<thead>
<tr>
<th>Year</th>
<th>Children below 200% of poverty</th>
<th>Children above 200% of poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>23%</td>
<td>6%</td>
</tr>
<tr>
<td>1998</td>
<td>16%</td>
<td>5%</td>
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<tr>
<td>1999</td>
<td>12%</td>
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<td>2009</td>
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</tbody>
</table>
“While there have been notable improvements in the oral health of Americans, oral diseases remain prevalent across the country, especially in vulnerable and underserved populations.”

*Institute of Medicine, Advancing Oral Health in America, April 8, 2011*
Oral Health Care Is Essential to Maintaining Health

• Oral health can contribute to serious disease for adults and children:
Oral Health Care and Children’s Health

• **Better Health for Kids:**
  – Low-income children who receive preventive dental care by age 1 are less likely to require subsequent restorative dental work or visit an emergency room

• **Lower Costs to the System:**
  – The dental costs of these children are almost 40 percent lower over a 5-year period than they are for children who receive their first preventive visit after age one
Ensuring access to oral health care for low-income children is a significant challenge:

- 25 percent of children account for 80 percent of dental disease
- Kids who live below the poverty level are twice as likely to have untreated decay
- In 2009, only 38 percent of Medicaid eligible children received any dental services.

There is a sizeable gap between the number of children who need dental care and the number of children who receive it.

- In 2009, 16 million Medicaid- and CHIP-enrolled children did not receive any dental care.
- In 2014, an estimated 5.3 million more children will have dental coverage.
Barriers to Access to Dental Care

- Limited availability of dental providers
- Low reimbursement rates
- Administrative burdens on providers
- Lack of clear information for beneficiaries
- Missed dental appointments
- Transportation
- Lack of cultural and linguistic competency
- Need for consumer information about benefits of dental care
Current Fiscal Pressures

- Enrollment among families and children has grown sharply due to the recession
  - Medicaid is intended to be a countercyclical program
- Despite enrollment growth, state Medicaid spending declined during the recession
- While enrollment growth explains recent growth in costs, the real cost drivers lie elsewhere
Better Care, Better Health, Lower Costs

Population Health

Experience Of Care

Per Capita Cost
New Tools: Delivery System and Payment Reform

- Primary care provider increase (2013)
- Accountable Care Organizations
- Medical and health homes
- Bundled payments to integrate care
- Global payment demonstrations
- No payment for HACs
- Center for Medicare and Medicaid Innovation Center
- Federal Coordinated health Care Office (“Duals”)
Purpose – to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid and CHIP…while preserving or enhancing the quality of care furnished…”

Focus—Better healthcare, better health, reduced costs

Opportunity to “scale up” – authority to expand successful models to the national level
Recent Progress: CMS’s Work on Children’s Oral Health

- **2008** reviews 16 states performing below 30% utilization
- **2010** reviews 8 states with promising practices
- **2010** announces Oral Health Initiative
- **2010** holds two multi-state collaborative workshops
- **2011** releases Oral Health Strategy
Modeled on Healthy People 2010 Goals

- Increase the proportion of Medicaid and CHIP children (ages 1-20) who receive preventive dental care each year

- Increase the proportion of children (ages 6-9) who receive a dental sealant on a permanent molar tooth (will be phased in).

Goal: 10 percentage point increase over 5 years nationally and in each state. Baseline year is 2011.
CMS Oral Health Strategy

- Work with states to develop pediatric oral health action plans
- Strengthen technical assistance to states & facilitate peer-to-peer learning
- Outreach to providers
- Outreach to beneficiaries
- Partner with other HHS agencies
Innovative Practices

• **Increase or reconfigure reimbursement rates** (Alabama, Maryland, Nebraska, North Carolina, Texas, Virginia)

• **Reduce administrative barriers** (Alabama, Virginia, Maryland)
  
  • Eliminate or reduce prior authorization requirements
  • Use standard commercial insurance dental electronic claiming form
  • Reduce provider enrollment paperwork and time lines
  • Designate specific provider relations contacts
Innovative Practices

- Develop and improve collaboration and partnerships with stakeholders (Texas, Maryland, Virginia, Rhode Island, Nebraska)
  
  state public health agency • state dental and dental hygiene organizations • schools • advocates • local health departments • social service agencies • tribal organizations • legislative leaders • oral health coalitions • hospitals • pediatricians

- Establish performance targets and feedback loops (Arizona, Rhode Island)

- Change the delivery system (Rhode Island, Maryland, Virginia)
Innovative Practices

• Partner with dental schools for loan repayment assistance and public health clinical rotations (Alabama, Nebraska, Texas)

• Authorize dental hygienists to apply sealants without a prior dental exam (Nebraska, Maryland)

• Develop training and partner with pediatricians to perform oral health risk assessments, fluoride varnish, referrals (North Carolina, Maryland, Alabama, Rhode Island, Texas)

• Track and analyze gaps in access to care & design custom approaches to addressing identified gaps. (North Carolina)
Key to Reaching Our Goals: Assuring that all Partners are at the Table
New Directions for Medicaid and CHIP Dental Programs

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