CMS Oral Health Initiative: Update on Goals and Action Plans

2012 MSDA National Medicaid and CHIP Oral Health Symposium: Designing Quality in High Definition

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CMS Oral Health Initiative - Goals

**Goal #1** – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a preventive dental service.

Data sources are Form 416 line 12b and CARTS Section G.
Baseline year is FFY 2011. Goal year is FFY 2015.

**Goal #2** – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a dental sealant on a permanent molar tooth.

Data sources are Form 416 line 12d and CARTS Section G.
This goal will be phased in.
Dental Utilization Improved, 2000-2009, Even While Enrollment Increased

Variation Among States in Utilization: “Any Dental Service” (2009)


Source: CMS-416 2009 state reports.
Wide Variation Among States in Rate of Improvement: “Any Dental Service”

Percent Change, Any Dental Services, 2000-2009

Percentage receiving any dental service, 2009 by age

Age (Yrs)

<1  1-2  3-5  6-9  10-14  15-18  19-20

0%  10%  20%  30%  40%  50%  60%
Data Collection: the CMS Form 416

Total children ages 0-20 (enrolled for at least 90 days) receiving:

- Line 1b – eligibles enrolled for at least 90 days
- Line 12a – any dental service
- Line 12b – a preventive dental service
- Line 12c – a dental treatment service
- Line 12d – a sealant on a permanent molar tooth
- Line 12e – a dental diagnostic service
- Line 12f – an oral health service provided by a non-dentist
- Line 12g – any dental or oral health service (12a+12f)

Data Collection: CARTS

Total children ages 0-18 (enrolled for at least 90 days) receiving:

- Line 1b – eligibles enrolled for at least 90 days
- Line 12a – any dental service
- Line 12b – a preventive dental service
- Line 12c – a dental treatment service
- Line 12d – a sealant on a permanent molar tooth
CMS Form-416 Mini-audits

• EPSDT Form - 416 Input Validation Report
• State: [Redacted]
• Year: 2011
• Import Date/Time: 05/16/2012 1:58:04 PM

<table>
<thead>
<tr>
<th>Row / Column</th>
<th>Validation Violation</th>
<th>Validation Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b. CN / Age Group 1-2</td>
<td>is &gt; Line 1b</td>
<td>Line 12b (number of eligibles receiving preventive dental services) should never be greater than Line 1b (number of children eligible for 90 continuous days)</td>
</tr>
</tbody>
</table>

Limitations on Dental Data

• Data limitations
  – Managed care
  – FQHCs
  – Indian Health Service
  – School-based Health Centers
    • (school-based, school-linked)
Initial core set of pediatric quality measures: Measures 13 and 17

- Measure 13 – total eligibles who received a preventive dental service (ages 1-20)
  - 22 states reported in 2010

- Measure 17 – total eligibles who received a dental treatment service (ages 1-20)
  - 19 states reported in 2010

CHIPRA Quality Improvement State Grantees: Oral Health

- Maryland (with Georgia and Wyoming)
  - Targeting youth with serious behavioral health challenges, using a care management entity (CME) model, the goal is to improve overall health of CME participants by ensuring access to and coordination with comprehensive physical and oral health services consistent with wellness and EPSDT standards of care.

- North Carolina and Pennsylvania
  - Test the use of a pediatric electronic health record (EHR) format that includes oral health, and its impact on quality measures.

- South Carolina
  - Host an Oral Health Learning Collaborative focused on involving physicians in risk assessment and preventive care for children ages 12 to 36 months.
Insure Kids Now: Dental Provider Directory

- [www.insurekidsnow.gov](http://www.insurekidsnow.gov)
- Must be “current and accurate”
- Must include both Medicaid and CHIP providers
- Required to be updated at least quarterly
- States can upload data directly OR can delegate task to MCOs or dental benefits administrators
- Telephone quality surveys conducted in 2011 and 2012
- Technical assistance available from CMS

CMS 2012 Medicaid/CHIP Quality Conference

“Dental Honors”

- In Recognition of Valuable Contributions to Improve Children’s Dental Access and Health Care Quality
  - Reported both Measures 13 and 17 for FFY 2010
  - Performed above the national average (40 percent) on ESPDT-eligible children receiving a preventive dental services (FFY 2009)
  - Reported relatively complete and accurate data on the IKN website provider directory, based on the 2010 telephone survey

- The winners are:
  - Alabama, Vermont, Washington, West Virginia
The Dental Action Plan

The purpose of this Action Plan:

(1) to identify what activities States intend to undertake in order to achieve these dental goals, and

(2) serve to assist States in their efforts to document their current activities and collaborations to improve access

States are asked to:

– provide baseline information on existing programs
– identify access issues and barriers to care that they are currently facing

Mining Data for Program Improvement

Examine data. Is it accurate and complete?

Identify gaps or under-reporting

Examine data by demographics, geography, delivery system, provider mix, etc. for variations

Examine for potential causes of variation
Mining Data for Program Improvement

Use data to:
- Identify strategies for quality improvement
- Reduce administration barriers
- Target beneficiary education and outreach
- Nurture partnerships and collaborations
- Target reimbursement strategies

Implement strategies to improve use of services = Policies

Evaluation, follow-up, needed changes or improvements

The Dental Action Plan

Data specifics in the template

- Reimbursement rates – especially for preventive and diagnostic services
- Provider rates – dental and non-dental
- Comparison of 416 data vs. other datasets (e.g. HEDIS)
The Dental Action Plan

Lessons Learned

• What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe.
• If the activities did not achieve the results that you had expected, please describe the lessons learned.

Quality Improvement

CMS Learning Labs – “Increasing Oral Health Through Access”

Oral Health Action Plans and Technical Assistance
Media Scrutiny on Quality

A Vision for Quality and Accountability

• Dental care for children should meet high levels of professional quality and accountability regardless of the setting in which care is obtained.
• Develop standardized metrics for use across all delivery sources that ensure appropriate, comprehensive, and effective dental care while identifying and eliminating waste, fraud, and abuse.
• Every child has ready access to evidence-based prevention and disease management strategies, and if those fail can get the right treatment at the right time in the right place.
Resources

- All things “dental” in Medicaid and CHIP
  - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html
- Use of Dental Services in Medicaid and CHIP (excerpt from Secretary’s 2011 Quality Report)
- Medicaid and CHIP Quality Initiatives
- CMS 416 Data
  - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html
- Performance Measurement in Medicaid and CHIP
- Pediatric Quality Measures Program

CMS and Oral Health

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