Asking for Directions and Building New Freeways: Report of the Medicaid and CHIP Stakeholder Group Breakout Session

Facilitators: Mark Segal, DDS and Mary Foley, RDH, MPH
Authors: Steve Geiermann, DDS; Timothy Martinez, DMD; and Mary Foley, RDH, MPH

BACKGROUND
On Tuesday, June 27th as part of the 2011 National Medicaid and CHIP Oral Health Symposium: New Directions for Medicaid and CHIP Dental Programs, healthcare providers, payers, educators, state Medicaid and CHIP Dental Program administrators and policymakers came together following a breakout session entitled Asking for Directions. Each group was independently tasked with answering a series of questions regarding perceptions and experiences with their respective state Medicaid and CHIP dental programs. The five groups discussed key Medicaid and Children’s Health Insurance Program (CHIP) issues, policies and program models. Building upon these discussions, each group then identified State and Federal program and/or policy gaps, and then offered recommendations that could potentially improve their relationship with state programs. Upon completion of the breakout session, in a subsequent session entitled Building New Freeways, all participants reconvened collectively to share information and to learn from each individual stakeholder group. The collective audience then delivered strategic recommendations for policy makers aimed at improving the national state Medicaid and CHIP oral health care delivery system.

HEALTHCARE PROVIDERS
This group included general dentists, dental hygienists, pediatric dentists, pediatricians and an oral radiologist. Those gathered cited the following members of the oral healthcare delivery system as missing and would have appreciated their presence: diverse medical colleagues, including family practitioners, internists, nurse practitioners, physician assistants and nurses; other members of the dental team, including dental assistants and office staff; social workers; case managers; community health workers; Head Start personnel; and speech pathologists.

What are your perceived roles, responsibilities, and mission as members of the oral healthcare delivery system?

The group perceived their roles and responsibilities as members of the oral healthcare delivery system to include the following:

- Ensuring access to quality oral health care across the lifespan
- Providing an integrated health home where medical, dental and behavioral health are viewed as essential primary care within an interdisciplinary approach to patient care
- Creating innovative service delivery models through collaboration and case management
- Ensuring practice sustainability
- Educating patients and the public about the importance of prevention
- Engaging whole communities to increase oral health awareness
- Advocating for change

How do you currently interface or engage with federal and/or state Medicaid and CHIP dental programs?

Discussions between providers and state and federal agencies often start within local health professional societies and
oral health coalitions and then percolate up to corresponding groups within the state level. There is not a standard form of communication employed across the states. Each state administers their own program and within that program, depending upon the program model, communication may be direct between the state and the provider or may be indirect via a contractor, such as a health maintenance organization (HMO), managed care organization (MCO) or other third party benefits administrator (TPA). In those dire circumstances whereby communication fails, litigation may become the avenue of last resort. Though often effective in raising awareness and getting action, such lawsuits tend to antagonize the very entity that providers most need to partner with. Litigation can be a two-edged sword. Most problems can be resolved through improved communication and training of providers, state administrators, third-party payers, and compliance officers.

In some cases, Medicaid providers try to communicate directly with the Centers for Medicare and Medicaid Services (CMS), which can be frustrating, especially if the provider is faced with an audit, an allegation of fraud, or is simply seeking clarification on eligibility requirements, medical necessity, or billing practices. The Medicaid-CHIP State Dental Association serves as an interface to facilitate greater communication at both the state and federal levels.

How have federal and/or state Medicaid programs helped to facilitate or advance your role and responsibilities as part of the oral healthcare delivery system?

Medicaid programs communicate with providers through a variety of means, such as direct communication to individual providers; face-to-face meetings with the leadership of professional organizations; meetings with a broad stakeholder groups; and through written communication and guidance.

In the case where providers are able to meet face-to-face with state administrators, providers report having the opportunity to offer “real” input and desired outcomes have been realized. Providers further reported that states with an established professional oral health advisory committee that convened annually provided for effective communication and improved program administration. It was also noted that state Medicaid agencies that participated in a state oral health coalition and collaborated more regularly with State Oral Health programs often experienced fewer problems.

RECOMMENDATION
National and state advisories to federal and State Programs are recommended to facilitate the transfer of information and improved program administration.

What problems (policies, legislation, rules and regulations, cultural or other) have you encountered with federal or state Medicaid/CHIP programs in attempting to carry out or advance your work?

Issues exist that affect providers and impede the administration of a well-oiled Medicaid oral healthcare delivery system. Navigation of the Medicaid system is by no means intuitive. State systems are complex and inconsistent. In some states, traditional fee-for-service administration exists; however in many states, the program infrastructure has become multi-dimensional. A combination of traditional fee-for-service, managed care, and third party administration is in place. In addition, there are inconsistencies regarding standard of care, and what is perceived or designated as “medically necessary”. Mixed messages, burdensome credentialing processes, unrealistic timelines, and inconsistent communication can be frustrating. Though much data is generated, its analysis leaves much to be desired. Customer service can be poor at times and lead to an adversarial relationship between providers and the state dental Medicaid system.

What barriers exist that prohibit/interfere with the successful advancement of your work?

There are other challenges to assuring an effective Medicaid/CHIP oral healthcare delivery system. Patients sometimes cross state lines to receive services. Inconsistent state Medicaid dental policies and regulations limit the capacity of clinicians to provide consistent care across their practice. What might be deemed “medically necessary”
and thus a reimbursable service in one state may not be in another. In addition, eligibility criteria for both patients and providers can vary from state to state. State Dental Practice Acts can also limit what dentists and non-dentist providers can do. Often Medicaid agencies do align payment policies and regulations with State Dental Practice Acts, preventing all dental providers from practicing at the top of their license. Further, Medicaid policies do not support the delivery of oral health and disease prevention services by medical providers. Primary oral healthcare services such as thorough risk assessment, anticipatory guidance, and/or appropriate use of fluoride varnish are an essential part of early oral healthcare and primary prevention of oral diseases and conditions. Finally, the lack of standardized oral healthcare quality measures and dental diagnostic codes for use by both providers and Medicaid/CHIP administrators leaves the meaning of quality oral healthcare undefined.

What suggestions or recommendations would you offer to federal and/or state Medicaid/CHIP dental programs to improve your roles and responsibilities as critical members of the healthcare team?

The healthcare provider group envisioned a brighter future and offered the following recommendations for improvement of the Medicaid/CHIP oral healthcare delivery systems:

Federal:

- Provide a guidance to states for the development of consistent provider credentialing across the states
- Provide a guidance to states on “medically necessary” oral healthcare for the development of consistent oral health benefits and polices across the states
- Consider expanding Medicare to include payment of oral healthcare services for Medicare beneficiaries
- Ensure that all federal Medicaid/CHIP positions are filled with competent representatives of the dental profession
- Ensure that all federal Medicaid/CHIP dental officials are eager to communicate regularly with their constituents
- Assure that the CMS Chief Dental Officer position is filled and held by a representative of the dental/dental hygiene profession
- Collaborate more regularly with national dental professional organizations, such as AAPD, ADA, and MSDA

State:

- Establish presumptive eligibility for providers
- Implement simple provider credentialing processes
- Implement administrative policies that promote and support all members of the dental team providing care at the top of their license
- Implement and sustain policies that support the delivery of oral healthcare services across the lifespan
- Implement mechanisms that promote transparency across providers, payers and consumers of the oral healthcare delivery system
- Employ improved communication strategies between providers, state Medicaid dental program administrators, program integrity representatives, and consumers
- Provide timely feedback to inquiries
- Institutionalize a state Medicaid-CHIP dental advisory team
- Expand program improvement efforts using quality and performance metrics and measures developed in collaboration with professional organizations
- Employ MSDA Best Practices in program quality improvement efforts
- Institutionalize program improvement efforts using consistent metrics and measurement in-house and with state contractors such as HMOs, MCOs and TPAs
- Employ pay for performance strategies to promote quality driven oral healthcare
- Implement policies that promote and support the delivery of preventive and chronic disease management services
- Institute provider preventive service reports for self-assessment against peers
“Provide a guidance to states for the development of consistent provider credentialing across the states.”
• Ensure that all state Medicaid positions are filled with competent officials who are eager to communicate regularly with their constituents

• Increase active participation on state oral health coalitions

• Collaborate with state Title V/Maternal and Child Health agencies to expand Medicaid and CHIP policies that increase access to oral healthcare services for shared program beneficiaries

POLICYMAKERS
Leadership from professional organizations, including AAPD, ADA, AGD, AAFP, ADEA, CMS, CDC, HRSA and MSDA, and others representing Medicaid and CHIP advocacy groups made up the Policymakers’ Group. The following report represents the discussion that took place among in response to the questions asked to this group during the Breakout Session.

What are your perceived roles, responsibilities, and mission as members of the oral healthcare delivery system?

Policymakers perceived their roles and responsibilities as members of the oral healthcare delivery system to include:

• Advocating for oral health as a voice for those who cannot speak for themselves

• Encouraging the adoption of state policies that promote and support evidence-based oral healthcare and supportive legislation

• Facilitating the development of state policies that uphold Federal Medicaid and CHIPRA legislation

• Promoting and supporting innovative health services research to enhance oral healthcare

• Promoting and supporting MSDA Best Practices to enhance access to care

• Promoting and supporting quality driven oral health care services

• Seeking adequate appropriations to support such services

• Facilitating effective communication and collaboration among state programs, federal agencies and other interested oral health stakeholders

How do you currently interface or engage with federal and/or state Medicaid and CHIP dental programs?

Policymakers outside of government represent a critical role in facilitating policies that affect federal and state programs as well as legislation and regulation. Those policymakers outside of government interested in assuring quality driven oral healthcare services and improved oral health outcomes engage federal and state Medicaid program staff regularly. They often participate on advisory committees and provide expert opinion in the development of program policies and protocols. Several emerging Medicaid/CHIP dental issues have led policymakers to the table for engagement:

QUALITY IMPROVEMENT AND THE USE OF DATA
Policymakers are promoting the advanced use of data systems for program quality improvement. Such policymakers recognize the usefulness of organizing and analyzing data more effectively to evaluate federal and state policies, program administration, healthcare service delivery and program outcomes. On the federal level, CMS, CDC, and HRSA reported that efforts are underway to strengthen and enhance their respective data systems and those systems that interact with state programs. While these federal data systems are unique and independent, and interpretation of data is not transferrable, all three agencies collect and use their data to support each other's programs. CMS, HRSA and CDC have all noted their commitment to improving the quality of data available to the public and improving the data systems in place to collect and report on oral health related issues.

State policymakers and program administrators also noted the need to utilize data systems more effectively for program improvement. As such, many have increased their IT development efforts. The Patient Protection and Affordable Care Act (ACA) includes a provision for state IT development. Many states are seizing the opportunity of heightened funding that this Law provides to improve their data collection systems.

PROGRAM INTEGRITY
Program integrity comprises three main areas: fraud, abuse and waste. In recent years, state audits, enabled by the use
of advanced information technology systems, have uncovered fraud, abuse and waste by some providers. These unlawful practices have stirred policymakers, program administrators and other providers, creating mistrust in both directions and the need for greater accountability across systems. Policymakers from professional organizations often serve as the liaison between federal and state policymakers and dental providers caught up in such processes. More education and training regarding Medicaid/CHIP rules and regulations is needed to reduce the potential and observance of fraud, abuse and waste across the oral healthcare delivery system.

How have federal and/or state Medicaid programs helped to facilitate or advance your role and responsibilities as part of the oral health care delivery system?

CMS has implemented an Oral Health Technical Advisory Group (OHTAG). This group meets by conference call monthly. This monthly conference call provides an opportunity for state and professional policy makers to provide input, guidance and technical assistance to CMS administrators and for participants to ask questions of federal program policy makers. The dialog is well attended and provides a venue for education and professional development of the broader policymaker network as well as for state Medicaid and CHIP dental program administrators.

What problems (policies, legislation, rules and regulations, cultural or other) have you encountered with federal or state Medicaid/CHIP programs in attempting to carry out or advance your work?

The major problems that policymakers reported were related to Medicaid, EPSDT, CHIPRA and PPACA legislation and program operation. Policymakers reported the following problems:

- Lack of “user friendly” information available regarding the Laws
- Limited knowledge and understanding among policymakers about the Laws
- Lack of federal and state guidance defining operational policies and protocols
- Inconsistencies in legislative interpretation across state programs
- Variations in operational definitions and interpretation of “medically necessary”
- Inconsistencies across states in eligibility requirements and benefits
- Lack of an adult oral health benefit and the impact of this on Emergency Room utilization
- Complex state program design: blend of traditional, fee-for-service, managed care, and health maintenance organizations making it difficult for providers and beneficiaries to enroll, participate and navigate the system

What barriers exist that prohibit/interfere with the successful advancement of your work?

Policymakers reported an array of barriers that interfere with the advancement of oral health promotion and access to care

- Limited state Medicaid and CHIP oral health program infrastructure and capacity
- Confusion continues to exist regarding FMAP and the changes resulting from the ACA are uncertain
- State rules regarding beneficiary eligibility are complex and protocols concerning enrollment are cumbersome;
- Rules lack clarity and promote misunderstanding
- Law suits and audits interfere with the advancement of program and provider relations
- Rural areas are low priority

What suggestions or recommendations would you offer to federal and/or state Medicaid/CHIP dental programs to improve your roles and responsibilities as critical members of the healthcare team?

Many State policymakers are recognizing and promoting the integration of oral health care into primary health care. There are a growing number of states that have developed policies that support such integration. Recognition that
prevention and disease management strategies are key to advancing oral health is mounting and many State programs are now reimbursing physicians and other primary care providers for delivering preventive oral health care services to Medicaid/CHIP beneficiaries. More and more states are recognizing our medical colleagues as “members of the dental team” and reimbursing them appropriately for their service.

In recent years, many State Medicaid/CHIP dental programs have adopted professional guidelines and recommendations set forth by the American Association of Pediatric Dentistry (AAPD) and the American Dental Association. The AAPD’s pediatric oral healthcare periodicity schedule is an example of one professional guideline that has been adopted by several states. Such guidelines or similar standards of care, when adopted by state Medicaid/CHIP dental programs, promote consistency across the profession and the national oral healthcare delivery system.

Policymakers continue to be diligent in their efforts to promote and enhance state Medicaid/CHIP oral health programs and have offered the following specific recommendations to federal and/or state Medicaid/CHIP dental programs:

- Change the oral health paradigm from treatment to prevention, emphasizing disease management across the lifespan, while incentivizing individual risk assessment to develop comprehensive treatment plans: one size does not fit all
- Define essential benefits, utilize dental diagnostic codes and develop consistent performance measures to track quality, while implementing evidence-based clinical guidelines
- Mandate adult dental Medicaid services in order to enhance a family-centric approach to oral health care
- Provide adequate staffing of state dental Medicaid programs with each state having a Medicaid dental director who collaborates freely with the state oral health director
- Establish a mandatory state Medicaid/CHIP advisory committee with representatives from all interested stakeholder groups to encourage collaborative advocacy for policymaking
- Develop effective communication networks that include federal partners, state dental Medicaid programs, state dental Medicaid advisory committees, individual providers and patient advocates
- Identify a national champion
- Update safety net reimbursement systems to current industry standards using improved data collection and analysis
- Mandate that states incorporate FQHC healthcare services data on annual CMS Form-416 report

STATE MEDICAID/CHIP DENTAL PROGRAM ADMINISTRATORS
Over 25 Medicaid/CHIP dental program administrators participated in the Program Administrator Breakout Session.

What are your perceived roles, responsibilities and mission as members of the oral healthcare delivery system?

Program administrators believe that their fundamental responsibility is to advocate for program policies that promote and support oral healthcare benefits for Medicaid/CHIP dental beneficiaries. To effectively achieve this, program administrators:

- Design and implement benefit structures that support the delivery of preventive oral healthcare
- Establish reimbursement rates that favor and promote preventive services
- Recruit and sustain a vibrant provider network by developing adequate coding, billing and rate setting policies
- Educate families to access and utilize dental services, especially preventive benefits
- Reach out to stakeholders to establish and maintain partnerships
- Establish compliance regulations
- Serve as a policy analyst
• Provide intelligence to claims processing and management
• Draft rules and manuals that support Medicaid and CHIP Laws
• Provide clinical expertise for investigations and hearings
• Train fiscal agents
• Train providers
• Analyze data, develop reports and manage program quality improvement efforts
• Design and develop RFPs for program contracting with HMOs, MCOs and TPAs

How do you currently interface or engage with federal and/or state Medicaid and CHIP dental programs?

State dental Medicaid administrators participate on the Oral Health Technical Advisory Group, consult with regional CMS specialists, interact with the American Dental Association’s State Public Assistance program, and cooperate with the Office of the Inspector General. They collaborate with their respective state oral health programs in the development and implementation of state oral health plans. They interact with representatives of the Health Resources Services Administration, the Centers for Disease Prevention and Control, and provide intelligence to the Governor’s Office and other state executive offices. Lastly, these program administrators contribute to the influence and success of the Medicaid/CHIP State Dental Association (MSDA).

Through collaboration with MSDA, state dental Medicaid administrators improve the recognition and importance of oral health by emphasizing quality through partnerships between states and CMS. Data collection is improved, new performance measures are established and “Promising Practices” are published.

What problems (policies, legislation, rules and regulations, cultural or other) have you encountered with federal or state Medicaid/CHIP programs in attempting to carry out or advance your work? What barriers exist that prohibit/interfere with the successful advancement of your work?

State program administrators have obstacles to surmount. During the Symposium Breakout Session the following challenges were noted:

• Variations in Medicaid/CHIP programs with their different benefit structures and rates
• Lack of integration between medical and dental services
• Lack of clarity in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) statute around the definition of medical necessity
• Inconsistencies between Medicaid and Medicare policies
• The paucity of significant performance measures and lack of CMS guidance on performance and quality
• Lack of mandated adult services
• Minimal accountability expectations of clients

What suggestions or recommendations would you offer to federal and/or state Medicaid/CHIP dental programs improve our roles and responsibilities critical members of the healthcare team?

The state Medicaid/CHIP oral health program administrators were extremely vocal in their recommendations to improve their dental programs, suggesting the following:

• Encourage CMS to promote greater collaboration with MSDA to state dental Medicaid and CHIP directors
• Encourage CDC to expand state infrastructure grants to include Medicaid/CHIP dental infrastructure
• Encourage HRSA, ACF and state Title V, Head Start, WIC, and school-based dental programs to promote and actively integrate program services with state Medicaid/CHIP dental programs and benefits
• Increase latitude in how the fiscal resources are spent
• Utilize greater pay for performance incentives
• Publish a clear definition of dental and/or medical necessity that would be consistent across the states
• Establish and sustain a 90% Federal FMAP match
• Establish benchmarks for rates

EDUCATORS
Few dental educators participated in the Symposium Educator Breakout Session. Of those that did participate, the group unanimously reported that the role and responsibility of dental, dental hygiene, and medical educators is significant.

In what capacity do you or your group currently serve as members of the oral healthcare delivery system?

Dental and dental hygiene educators contribute to the oral healthcare delivery system in a variety of ways, including training the future dental workforce and keeping current practitioners informed through continuing education. Clinical education, as well as cultural competency and minority health training through professional development, is crucial to sustaining the strength of the Medicaid/CHIP dental provider network. Oral health services research, which provides scientific evidence for the development of effective and efficient state Medicaid/CHIP dental policies, is also a significant contribution by dental educators. Dental students and faculty practices within dental educational institutions provide direct clinical services within academic settings, school-based programs, and Federally Qualified Health Centers to Medicaid/CHIP dental beneficiaries.

Educators also participate in state provider networks, serve on advisory committees and state coalitions, and assist in the development of state oral health plans. State Medicaid/CHIP dental programs often offer special rates and/or policies, such as removal of prior authorizations or the use of enhancement fees for dental schools.

How do you currently interface or engage with federal and/or state Medicaid and CHIP dental programs?

Dental, dental hygiene and medical educators typically engage with federal and state Medicaid/CHIP policymakers through their representative professional organization, the American Dental Education Association (ADEA).

How have federal and/or state Medicaid programs helped to facilitate or advance your role and responsibilities as part of the oral health care delivery system?

Participants of the Educator Group reported that they are unaware of any programs or services offered by CMS that supports their roles and responsibilities within the oral health care delivery system. At least one state Medicaid agency (MassHealth) however, has supported recent dental graduates by offering loan forgiveness to those dental providers who agree to work in federally designated professional shortage areas. These types of federal loans are generally granted via National Health Services Corp Loan Forgiveness program.

What problems (policies, legislation, rules and regulations, cultural or other) have you encountered with federal or state Medicaid/CHIP programs in attempting to carry out or advance your work?

The major issues that dental educators reported were: 1) limited benefit structure; and 2) low reimbursement rates. These issues hindered the ability of the dental institutions to provide dental services to many Medicaid beneficiaries. Specifically, adult dental is not a mandated service and thus dental benefits are generally not covered. Many low-income adults frequent the dental institutions for oral healthcare due to lower fee schedules. However, for Medicaid beneficiaries, even a reduced fee schedule may be prohibitive.

What suggestions or recommendations would you offer to federal and or state Medicaid/CHIP dental programs to improve your roles and responsibilities as critical members of the healthcare team?

Educators offered the following recommendations to state
and federal dental Medicaid/CHIP administrators to improve their programs:

- In conjunction with the American Dental Education Association and MSDA, establish a network of dental faculty to provide input on healthcare financing
- Integrate modules on healthcare reform and community-based programs into dental curricula
- Develop CODA competencies in public and private healthcare financing

**PAYERS**
The Payer Group was made up of private industry representatives that work for dental benefits companies, health maintenance organizations, and managed care organizations. This group supports many different roles within the oral healthcare delivery system, specifically:

- Creating a dental provider network by facilitating services to members and coordinating programs;
- Implementing policies and program design;
- Providing data to states;
- Providing expertise to state administrators for policy development and benefit structure design
- Facilitating services to beneficiaries
- Developing and maintaining a provider network; including credentialing, and enrollment;
- Educating providers and beneficiaries
- Manage state Medicaid and CHIP data systems including data collection, analysis, reports and program integrity
- Implement policies

What are your perceived roles, responsibilities and mission as members of the oral healthcare delivery system?

The group perceived their roles and responsibilities as members of the oral healthcare delivery system to include improving quality, serving as fiscal agents, and acting as a central intermediary among patients, providers, policy makers, state dental Medicaid program administrators, and state and federal agencies. This role can play out in many different ways depending upon the nature of the state contracts. Communication can be either enhanced or delayed depending on whether the contract is directly with the state or the payer acts as the intermediary.

How have federal and or state Medicaid programs helped to facilitate or advance your role and responsibilities as part of the oral health care delivery system?

Federal and/or state dental Medicaid programs can influence payers through a variety of means, such as:

- Educating payers about Medicaid and CHIPRA laws and regulations
- Requiring outreach efforts to eligible individuals
- Mandating policies related to eligibility, enrollment and provider networks
- Utilizing EPSDT as a legislative framework for programmatic goals and targets
- Encouraging partnerships with professional organizations, such as the American Dental Association and the American Association of Pediatric Dentistry, to promote evidence-based guidelines, standards and policies
- Promoting medical/dental collaboration and integration efforts

What problems (policies, legislation, rules and regulations, cultural or other) have you encountered with federal or state Medicaid/CHIP programs in attempting to carry out or advance your work?

Payers can equally be frustrated by federal and/or state dental Medicaid programs when attempting to make a difference. Such obstacles include a lack of understanding of the importance of oral health; lack of coverage for needy individuals, especially children; poor or insufficient state infrastructure to recruit and retain providers; and lack of incentives or penalties for recipients, though there are strict requirements for providers. Other hindrances include a lack of consistent non-discrimination requirements, lack of education or literacy of recipients, lack of published best
“Provide guidance to states on ‘medically necessary’ oral healthcare for the development of consistent oral health benefits and polices across the states.”
practices or models for improvement, program integrity delays, multiple credentialing issues and generalized redundancies.

What suggestions or recommendations would you offer to federal and or state Medicaid/CHIP dental programs improve your roles and responsibilities critical members of the healthcare team?

The payers offered the following recommendations as a means to improve federal and state dental Medicaid programs by enhancing the collective roles of the healthcare team:

- Create mechanisms for two-way communication, including convening forums to bring the aforementioned oral health stakeholders to the table to find common ground, while establishing state dental Medicaid advisory committees
- Holding listening sessions when considering implementation of recommendations
- Require and monitor outreach activities to increase eligibility and access
- Encourage CMS to provide minimum requirements based on evidence-based best practices, while publishing said practices to improve all programs
- Legislate a state dental Medicaid/CHIP director position with an expectation of public health training
- Implementation of a 90% federal FMAP match

BUILDING NEW FREeways
After the various stakeholder groups reported out their individual recommendations to improve state and federal Medicaid and CHIP dental programs, the assembled participants offered these common suggestions for action, including:

- Standardize EPSDT core benefit structures to establish consistency in care and eliminate variance from state to state
- Build communication among stakeholders, including participation and communication activities with MSDA, ADA, and AAPD
- Implement policies that provide comprehensive oral health coverage across the lifespan
- Implement policies that support and promote oral health anticipatory guidance with well-baby visits beginning at two weeks of age
- Establish and convene at least annually state Medicaid/CHIP oral health advisory committees
- Advocate for adequate appropriations to implement oral health care reform legislation
- Increase patient advocacy representation within MSDA and its symposia
- Support passage of the Special Care Dentistry Act, which seeks to increase oral health access and services for the aged, blind and disabled
- Collaborate with CMS, HRSA, CDC and the following programs to advance access to quality driven oral health care services: Title V, CMMI, Office of Head Start and the Maternal and Child Health Bureau

CONCLUSION
The 2011 National Medicaid and CHIP Oral Health Symposium: New Directions for Medicaid and CHIP Dental Programs brought together healthcare providers, payers, educators, state Medicaid/CHIP dental program administrators and policymakers to discuss key Medicaid/CHIP issues, policies and program models, as well as identifying gaps in those programs. Upon completion of each stakeholder group offering recommendations for improvement of the federal and state dental Medicaid/CHIP programs, all participants came together to strategize collectively to suggest additional ways to improve the dental Medicaid/CHIP delivery system. Attention to recommendations contributed by each group and by the collective audience will help advance oral health, oral healthcare, and reduce costs associated with both for Medicaid and CHIP dental programs.
Navigating with GPS: CMS Data Sources on the Use of Dental Services

Marsha Lillie-Blanton, DrPH

The Centers for Medicare and Medicaid Services (CMS) recognizes the role data plays in assessing quality in state Medicaid and CHIP programming. In order to adequately utilize data however, valid and reliable quality measures must first be established. CMS is working to help establish those measures so that the data collected from state Medicaid and CHIP programs may provide the insight needed for program improvement. This article discusses the multiple streams of data available to CMS, and how that multiplicity creates challenges. It identifies and describes four primary sources of dental data and a range of concerns about data quality and reporting. The author provides examples of how CMS has examined quality issues and how the agency has tried to use the data to begin to measure state progress on improving children’s access to dental care.

In 2010, the Centers for Medicare and Medicaid Services (CMS) announced the Oral Health Strategy. This national initiative targeting all state Medicaid and CHIP programs has two main goals: To increase the rate of children ages one to twenty enrolled in Medicaid or CHIP who receive any preventive dental service by ten percentage points over a five year period; and to increase the rate of children ages six to nine enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by ten percentage points over a five year period (this goal will be phased in during year two or three of the initiative). The strategy is part of a larger effort by the agency which aims to improve the quality of health, health care, and lower costs associated with healthcare for Medicaid and CHIP populations.

CMS recognizes the vital role quality assessment via data collection and analysis plays in addressing quality improvement. Language included in the reauthorization of the Children’s Health Insurance Program, in 2009, (CHIPRA 2009) specifically calls for the development of pediatric quality health measures, and further allocates resources to CMS and AHRQ for the identification of such measures. To date, twenty four measures have been selected, including two dental measures:

1. The number and percent of eligible children receiving a preventive dental service; and
2. The number and percent of eligible children receiving a dental treatment service.

CMS recognizes that these measures offer limited usefulness because they do not reflect health status, health outcomes, needs, or use of services relative to need.