

Think Teeth: New Developments in Medicaid Children's Oral Health

Today's Presentation

- Discuss the value of Medicaid and CHIP and their role in oral health outcomes
- Learn about new oral health research
- Highlight CMS resources to help you share key oral health messages with pregnant women and parents of young children



Children's Health Coverage: Moving in the Right Direction

- Between 2008 and 2012, 1.7 million children gained coverage, mainly through Medicaid and CHIP
- Participation rate moved from 81.7% in 2008 to 87.2% in 2011
- But there is still more work to do
 - Millions more children and teens are eligible but not enrolled

Sources: HHS News Release http://www.hhs.gov/news/press/2013pres/07/20130702b.html
Medicaid/CHIP Participation Among Children and Parents, 2012
http://www.urban.org/UploadedPDF/412719-Medicaid-CHIP-Participation-Among-Children-and-Parents.pdf



Families Value Medicaid and CHIP

- More than 90% of parents are satisfied with their children's coverage
- Availability of dental care is a top factor motivating enrollment
 - 68% of parents chose dental care as a top reason for enrolling their child
 - 81% of Spanish-speaking parents chose dental care as top reason





Medicaid & CHIP Children's Dental Benefits

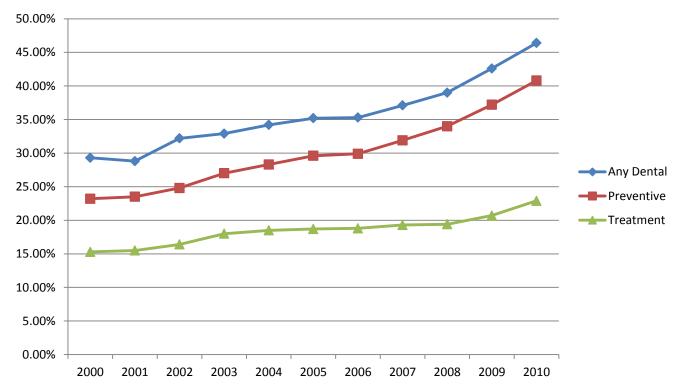
- Teeth cleanings
- Check ups
- X-rays
- Fluoride treatments
- Dental sealants
- Fillings





Steady Progress in Access to Dental Care

Changes in the Percentage of Children Ages 1–20 Covered by Medicaid and Receiving Dental Services, FY 2000–2010, National Averages



Source: Leighton Ku, et al., Increased Use of Dental Services by Children Covered by Medicaid: 2000-2010, Medicare & Medicaid Research Review, Vol. 3, No. 3 (2013).

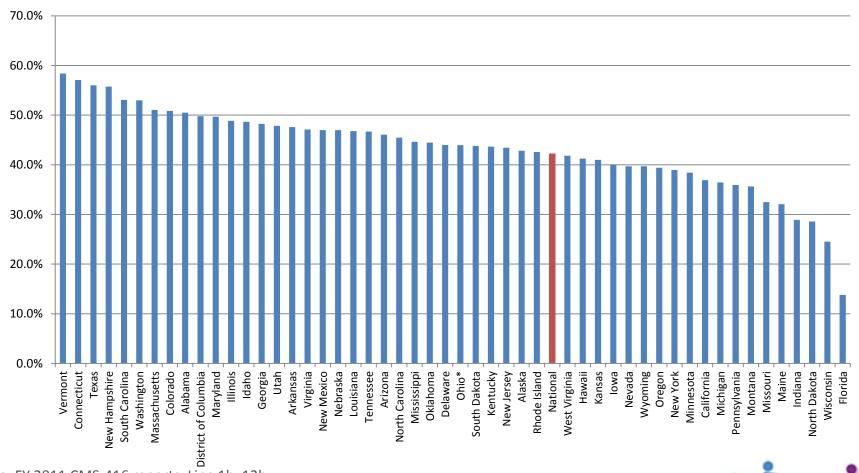


CMS Children's Oral Health Initiative

- 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.
 - Baseline year is FY 2011. National baseline is 42%.
 - Goal year is FY 2015. National goal is 52%.
 - Every state has its own baseline and goal.
- 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.
 - Baselines and goals to be set soon.



Percentage of children, age 1-20, enrolled in Medicaid for at least 90 days who received any preventive dental service, FY2011 (12b)



Source: FY 2011 CMS-416 reports, Line 1b, 12b

Note: *FY 2011 data for Ohio are not yet available so FY 2010 data was substituted. Estimates for OH are included in the National figure for FY 2011.



Dental Services for Children and Parents in the HUSKY Program: Utilization Continues to Increase Since Program Improvements in 2008

Mary Alice Lee, Ph.D.

Senior Policy Fellow
Connecticut Voices for Children
malee@ctvoices.org

http://www.ctvoices.org/sites/default/files/h13dentalcare11useincreasesfull.pdf

This report was prepared by Connecticut Voices for Children under a contract between the Department of Social Services and the Hartford Foundation for Public Giving, with data management and analyses by MAXIMUS, Inc.

Connecticut's HUSKY Program: Dental Services for Children and Parents

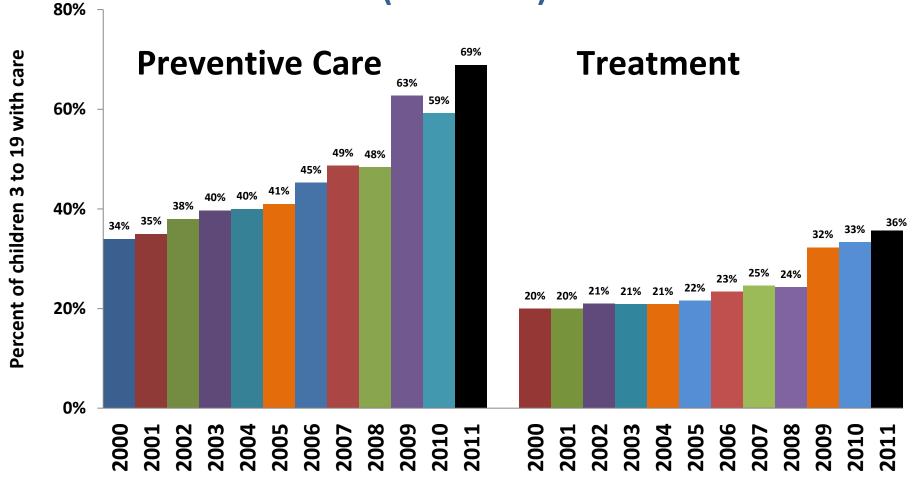
- Connecticut's Medicaid and CHIP programs cover dental services for children and adults, including parents and pregnant women
- Connecticut funds independent performance monitoring in the HUSKY Program
- Major program changes in 2008
 - Dental services: carved-out of managed care
 - Client and provider assistance: enhanced
 - Reimbursement for child services: increased

Provider Reimbursement for Selected Dental Services

Procedure	Fees for Children's Services			Fees for Adult Services		
	2005	2011	Increase	2005	2011	Increase
Periodic oral evaluation	\$18.80	\$35.00	86%	\$10.34	\$18.20	76%
Limited evaluation problem	\$20.80	\$48.00	131%	\$11.44	\$24.96	118%
Comprehensive oral evaluation	\$24.58	\$65.00	164%	\$13.52	\$33.80	150%
Bitewings (2 views)	\$16.54	\$32.00	94%	\$9.10	\$16.64	83%
Amalgam (1 surface)	\$30.82	\$95.00	208%	\$16.96	\$49.40	191%
Amalgam (2 surfaces)	\$39.14	\$114.00	191%	\$21.53	\$59.28	175%
Extraction-erupted tooth	\$34.44	\$115.00	234%	\$18.94	\$59.80	216%



Dental Care for Children and Adolescents in HUSKY A (Medicaid): 2000-2011

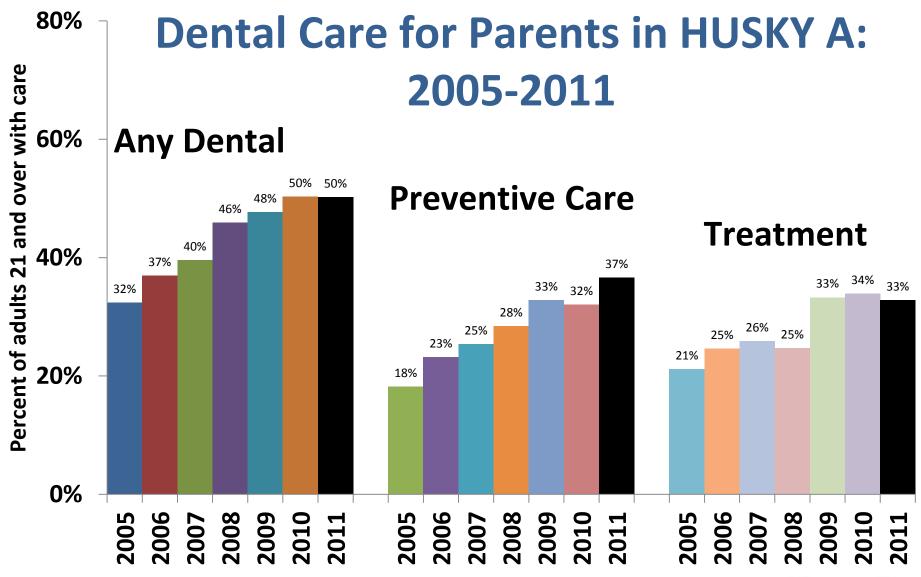




Additional Evidence of Improvement

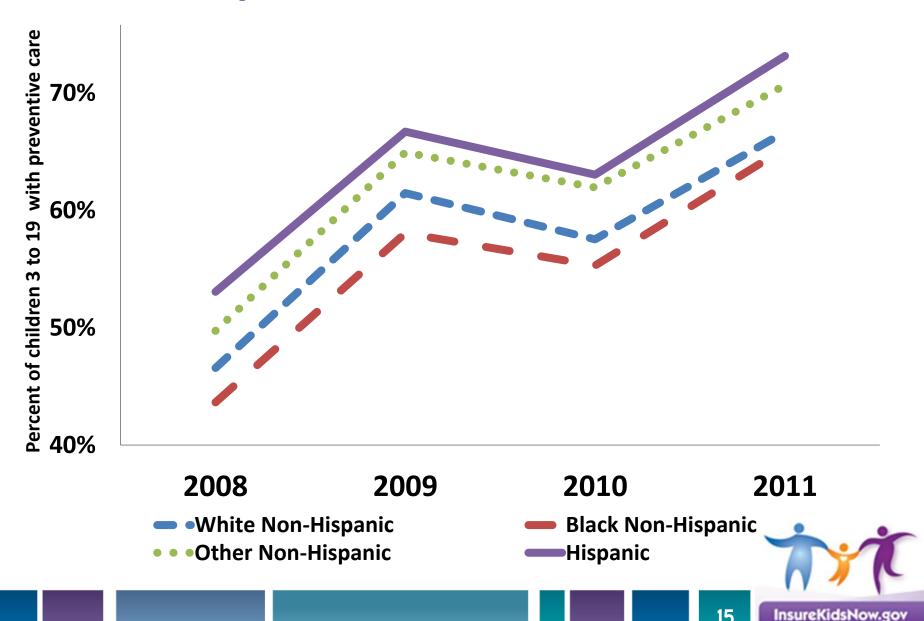
Indicator	2008	2011				
Young children with preventive care:						
• Age 1	8%	25%				
• Age 2	21%	51%				
2+ preventive care visits : Ages 2-19	31%	50%				
Sealants placed:						
Ages 6-8	26%	33%				
Ages 9-11	25%	34%				
Ages 12-14	26%	37%				







Racial/Ethnic Differences Persist



The Relationship Between Medical Well Baby Visits and First Dental Checkups for Young Children in Medicaid

Dr. Donald L. Chi

Assistant Professor of Oral Health Sciences
University of Washington School of Dentistry
dchi@uw.edu

Supported by NIDCR/NIH Grant Numbers RC1DE020303 and K08DE020856



Research Hypotheses

- First dental visit for all children by age 12 months (AAPD 2012-13)
- Medical well baby visit (WBVs) (Sieber & Mariotti 2011)
- 10 WBVs by age 36 months (AAP)
- WBVs as a conduit for earlier first dental visits for infants in Medicaid

Two Hypotheses

Frequency of WBVs → earlier first dental visits

Earlier first WBVs → earlier first dental visits



Iowa Medicaid Data

- Born in 2000 and enrolled in Medicaid for 41 months (N=6,332)
- Survival analysis

Outcome: Age at first dental visit (months)

Predictor 1: WBV Frequency

Age Period

Birth to 12 months

1m, 2m, 4m, 6m, 9m

12 months to 24 months

12m, 15m, 18m

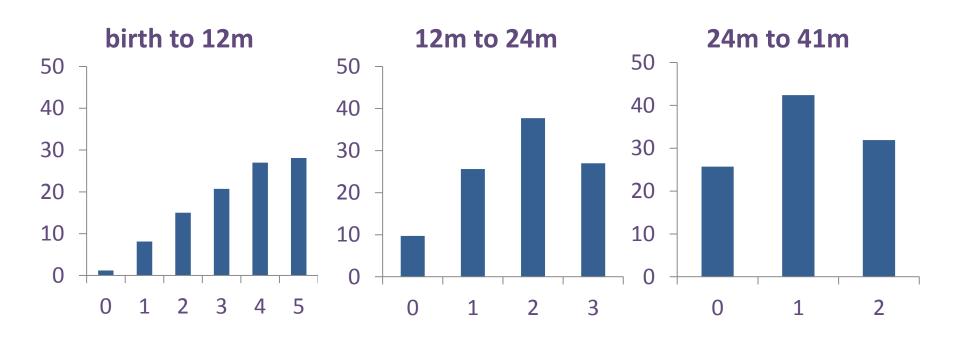
24 months to 41 months

24m, 36m

Predictor 2: Age at first WBV (months)



% of Medicaid-enrolled infants with specified number of WBVs by age





Results

WBV Variables	Hazard Ratio	95% CI	<i>P</i> -value
WBV Frequency			
• Birth to 12 months	0.97	0.93, 1.02	0.20
• 12m to 36m	2.96	1.41, 6.15	0.004
• 36m to 41m	1.25	1.14, 1.36	<0.0001
Age at First WBV	6.07	0.79, 46.65	0.08

- Number of WBVs before age 12m not related to earlier first dental visits
- More WBVs age 12m to 41m related to earlier first dental visits
- Age at first WBV not related to earlier first dental visits

Chi DL, Momany ET, Jones MP, Kuthy RA, Askelson NM, Wehby GL, Damiano PC. (2013). The relationship between medical well baby visits and first dental checkups for young children in Medicaid. <u>American Journal of Public Health</u>. Feb;103(2):347-354.



Clinical, Policy and Public Health Implications

- Emphasis on earlier first dental visits during early life WBVs (birth to age 12m)
- Medical and dental collaborations to ensure consistent oral health messaging
- STAY TUNED...





Questions & Answers



Keep Kids Smiling: Promoting Oral Health

Through the Medicaid Benefit for Children & Adolescents





Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

September 2013

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html

Materials to Promote Oral Health



Tear pad



http://www.insurekidsnow.gov/professionals/dental/index.html



Materials to Promote Oral Health



Poster/Flyer

http://www.insurekidsnow.gov/professionals/dental/index.html



Materials to Promote Oral Health

- Facebook posts
- Tweets
- Newsletter/blog articles
- Website buttons and banners
- Distribution tips



http://www.insurekidsnow.gov/professionals/dental/index.html





Text4baby

- A free service of the National Healthy Mothers, Healthy Babies Coalition
- Text messages for key points in pregnancy and baby's first year
 - "Babies eat about 6-8 times a day now. If bottle feeding, don't prop bottle. It can cause choking, overeating & tooth decay." week 14
 - "Keep brushing your child's teeth each day with a toothbrush & water. Ask your doctor or dentist what type of toothpaste baby should use." week 45
- Sign up by texting BABY (or BEBE for Spanish) to 511411

ACOG Remarks

Dr. Diana Cheng

Director of Women's Health

Maryland Department of Health and Mental Hygiene

Vice-chair

American College of Obstetricians and Gynecologists (ACOG) Committee on Health Care for Underserved Women

diana.cheng@maryland.gov





COMMITTEE OPINION

Number 569, August 2013

Committee on Health Care for Underserved Women

Reviewed by the Oral Health Care During Pregnancy Advisory Committee. This committee is composed of representatives from the American College of Obstetricians and Gynecologists, the American Dental Association, and the Health Resources and Services Administration's Maternal and Child Health Bureau and coordinated by the National Maternal and Child Oral Health Resource Center at Georgetown University. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed.

Oral Health During Pregnancy and Through the Lifespan

www.acog.org/

Committee Opinions #569



Oral Health During Pregnancy

- Teeth cleaning, dental x-rays, local anesthesia are safe during pregnancy
 - Delaying needed dental work is risky
- Medicaid may cover oral health care during pregnancy and postpartum
- Decrease of cavity-causing bacteria from mother to baby
- Oral health is important
 - Do not neglect during pregnancy





Next Steps

You Have an Important Role to Play

- Join us in spreading the word about:
 - Free and low-cost health insurance for pregnant women, children and teens – and how they can apply
 - Importance of good oral health habits for pregnant moms and kids up to age 3



Tips for Providers

- Display materials in clinics and offices
- Send information home with patients
- Harness local OBGYN and hospital networks
 - Distribute flyers in information packets
 - Send information with visiting nurses and other home visitors
 - Encourage childbirth or parenting instructors to share materials in their classes

Tips for Community Groups and Government Agencies

- Share materials on website, Facebook, blogs
- Use our drop-in newsletter articles
- Display materials in waiting areas; distribute at community events
- Share with professional networks; create joint planning opportunities for pediatricians and dentists or OBGYNs and dentists
- Encourage eligible pregnant women and children to enroll in Medicaid and CHIP for benefits including dental coverage

Helpful Links

- Visit <u>www.insurekidsnow.gov</u>
 - Download or order oral health education materials
 - Watch the TV PSA
 - Get ideas on how to help get eligible children enrolled
- Visit <u>www.medicaid.gov</u>
 - Download Keep Kids Smiling
- Subscribe to updates at https://public-dc2.govdelivery.com/accounts/USCMS/subscriber/new
- Call 1-855-313-KIDS or email
 InsureKidsNow@fleishman.com
 to find out more about outreach materials and activities



Oral Health Social Media Blitz

- Children's Dental Health Project social media blitz starts today (Thanks CDHP!)
- Post or send messages on Twitter or Facebook, please use the #CMS hashtag
- To participate, send an email to Matt Jacob at CDHP (mjacob@cdhp.org)





Questions & Answers