National Medicaid Dental Review Summary and CMS Updates

2009

Background

- Despite improvement in the dental status of children over the past several decades in the US, poor children suffer twice as much dental caries as more affluent children and their decay is more likely to remain untreated (2000 Surgeon General’s Report)
- The Surgeon General’s Report on Oral Health noted that only one in five – or 20% of Medicaid eligible children were receiving a dental service.
Background Continued:

- The GAO noted in 2000 that “analysis of key dental health indicators...showed large disparities between low-income groups and their higher-income counterparts”.
- A recent review of the 416 EPSDT reports from 2007 however reveals that the national average for providing dental services is now 34% of eligible Medicaid children.

More

- The prevalence of dental caries for the youngest of children has not decreased over the past decade, despite improvements for older children. (1)
- “CDC reports that early childhood tooth decay is trending upward, affecting more than one-quarter (28%) of US 2-5 year olds and impacting a higher percentage of poor and low-income children.” (2)
- AHRQ has reported in the 2007 MEPS Dental Chart Book that children in upper income groups are much more likely to have had a dental visit in the last year than their low-income counterparts. (3)
US Dental Expenditures 2008

- Total US dental spending = $102.5 Billion
- Total spent by Private Insurance = $48.1 Billion
- Total out of pocket dental spending = $45.4 Billion
- Total dental spending by Medicare = $200 million
- Total dental spending by Medicaid = $8 Billion.

(CMS Health Accounts Data)

February 2007- November 2008

- At least three Children Died as a Result of Dental Infections
- Three Congressional Oversight Hearings Held
- GAO Medicaid Dental Studies Conducted
- CMS Medicaid Dental EPSDT State Reviews Conducted
<table>
<thead>
<tr>
<th>State</th>
<th>Total Number of Dental Services (line 12a)</th>
<th>Total Eligibles (line 1)</th>
<th>Percent Receiving a Dental Service</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>8478</td>
<td>44,868</td>
<td>19%</td>
<td>46</td>
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<tr>
<td>Nevada</td>
<td>30647</td>
<td>155,354</td>
<td>20%</td>
<td>45</td>
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<td>Florida</td>
<td>352741</td>
<td>1,691,136</td>
<td>21%</td>
<td>44</td>
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<td>Wisconsin</td>
<td>105394</td>
<td>498,162</td>
<td>21%</td>
<td>43</td>
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<td>Missouri</td>
<td>257865</td>
<td>664,330</td>
<td>24%</td>
<td>42</td>
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<td>Montana</td>
<td>15066</td>
<td>61,369</td>
<td>25%</td>
<td>41</td>
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<td>New Jersey</td>
<td>351026</td>
<td>682,257</td>
<td>26%</td>
<td>40</td>
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<td>DC</td>
<td>25125</td>
<td>96,063</td>
<td>26%</td>
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<td>Arkansas</td>
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<td>Pennsylvania</td>
<td>301565</td>
<td>1,211,334</td>
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<td>New York</td>
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<td>Louisiana</td>
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<td>Delaware</td>
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<td>Michigan</td>
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<td>Maryland</td>
<td>158894</td>
<td>507,916</td>
<td>31%</td>
<td>31</td>
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</table>
Some Concerns and Issues Observed

- Dental care does not appear to be a priority for many Medicaid-Eligible families – revealing a need for education.
- Many States do not make dental specific information available to beneficiaries.
- Many dentists interviewed indicated their Medicaid patients needed more preventive dental education than routinely provided.
- Missed appointments was a continual theme observed. Most providers made several attempts to improve this problem, but it continues.
- Below market dental fees was mentioned by most providers as a concern and an issue.

Closing Remarks on the Reviews

- Most States knew they needed improvement and many were taking steps to improve dental care access.
- There are some innovative programs and pilot projects making improvement in dental access, but many of these are not state-wide.
- All States expressed concern for their Medicaid-eligible children’s dental care and plan to continue working to improve access.
CMS UPDATES
CMS Oral Health TAG

- Has met monthly since last summer
- Has assisted CMS in various projects (including the updating of the CMS 416 and the Qs and A document)
- Plans being discussed to add a State CHIP Director in the near future
- Will provide assistance and input as CHIPRA projects are developed

Dental Quality Alliance

- Steering Committee to meet this summer
- Full Dental Quality Alliance Membership will have broad stakeholder representation
- Subcommittees will develop individual dental quality measures for Medicaid/CHIP programs initially and more later
- Many groups developing their own measures currently – but we need to discuss together at the same table
- CHIPRA legislation dictates quality and performance measurement development
CMS National Dental Medicaid Town Hall Forum

- Over 110 people registered for on-site meeting; 240 signed on via the web-cast
- We are working on a summary of the meeting and will post on CMS webpage.
- Web-cast will be archived on the HRSA website
- Presentations are available from National MCH Oral Health website

CHIPRA

Provisions that affect oral health services:
- Required dental services under CHIP;
- Use of INSURE KIDS NOW for reporting dental providers and benefits in the State;
- Reporting requirements for CHIP and Medicaid dental services
- Educational Material for parents of newborns,
- Quality and performance measures, etc.
- CMS has also established a mailbox to collect CHIPRA questions. The address is CMSOCHIPRAQuestions@cms.hhs.gov
For more information please contact:

A. Conan Davis, DMD MPH  
Chief Dental Officer  
CMS  
Conan.Davis@cms.hhs.gov  
www.cms.hhs.gov/MedicaidDentalCoverage/