



Oral Health: Putting Teeth into the Health Care System



Alliance for Health Reform

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CMS Oral Health Initiative

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

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**.

Goal to be based on data available in 2012.

CMS Oral Health Strategy

- Work with states to develop oral health action plans
- Provide technical assistance to states and facilitate peer-to-peer learning
- Outreach to providers
- Outreach to beneficiaries
- Partner with other HHS agencies

CMS Oral Health Strategy::

http://www.cms.gov/MedicaidDentalCoverage/Downloads/5_CMSDentalStrategy04112011.pdf

State Action Plans

- State Medicaid agencies encouraged to develop and submit an “action plan” to accomplish the two goals by FFY 2015.
- Stakeholder participation is critical.
- Aligning efforts:
 - State oral health plan
 - Healthy People 2020 goals
 - HRSA MCHB Title V performance indicators

Action Plan Template

Background:

- Identify existing access issues and barriers
- Describe existing dental delivery system
- Provide data on current provider (dentists and non-dentists) participation rates
- Recent oral health improvement initiatives (describe content and results, and provide analysis of effectiveness)
- Compare HEDIS Annual Dental Visit measure (or a variation) to CMS 416 line 12a (optional)
- Provide reimbursement rates and strategies for 10 identified procedures
- Describe efforts to increase sealant placement and any results
- Describe existing collaborations with dental and dental hygiene schools
- Describe status of use of electronic dental records

Action Plan Template

Activities to Achieve Goal:

- Describe the activities underway or planned for implementation to achieve the dental access goals.
- Provide details on these activities.
- Describe any potential barriers to success anticipated, and plans to address those barriers.

Template examples of possible access-improvement activities:

- Increase or reconfigure reimbursement rates
 - Reduce administrative barriers
- Develop and improve collaboration and partnerships

CMS Technical Support

- **Working with States to develop or improve collaborations**
- **Partnership for Alignment Project**
- **Best Practices (in partnership with MSDA)**
- **Connecting States with successful models**

Patient Protection and Affordable Care Act

Section 5304, Alternative Dental Health Care Providers Demonstration Project

Includes community dental health coordinators, advance practice dental hygienists, independent dental hygienists, supervised dental hygienists, primary care physicians, dental therapists, dental health aides, and any other health professional that the Secretary determines appropriate.

(From PUBLIC LAW 111–148)

Patient Protection and Affordable Care Act

- ELIGIBLE ENTITIES.— institutions of higher education, including community colleges; public-private partnerships; federally qualified health centers; Indian Health Service facilities; State or county public health clinics; health facilities operated by an Indian tribe or tribal organization, or urban Indian organization providing dental services; public hospitals or health systems;
- And must be within a program accredited by the Commission on Dental Accreditation or within a dental education program in an accredited institution

(From PUBLIC LAW 111–148)

CMS and Oral Health

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