

Use of Dental Services in Medicaid and CHIP

An excerpt from the Secretary's Report on the Quality of Care for
Children Enrolled in Medicaid and CHIP

SEPTEMBER 2013

Full Report: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Ann-Sec-Rept.pdf>

Appendices: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2013-Ann-Sec-Rept-App.pdf>

DENTAL AND ORAL HEALTH SERVICES

States' efforts over the past decade have resulted in improved access to dental care for children covered by Medicaid and CHIP. Between 2007 and 2011, almost half of all states achieved at least a 10 percentage point increase in the proportion of enrolled children who received a preventive dental service during the reporting year.¹ Despite considerable progress in pediatric oral health care in recent years, tooth decay remains the most common chronic disease among children. As such, children's oral health continues to be a primary focus of improvement efforts in both Medicaid and CHIP, through which all enrolled children have dental coverage.

Over the past several years, CMS has worked with federal and state partners, the dental and medical provider communities, and other stakeholders to continue to improve children's access to dental care. Launched in April 2010, CMS's Oral Health Initiative has two goals: (1) increase the proportion of Medicaid and CHIP children ages 1 to 20 who receive a preventive dental service by 10 percentage points; and (2) increase the proportion of Medicaid and CHIP children ages 6 to 9 who receive a sealant on a permanent molar by 10 percentage points.

In April 2013, CMS set state-specific baselines and FFY 2015 goals for children's use of preventive dental services, based on data reported by states on the FFY 2011 Form CMS-416.² CMS invited Medicaid agencies to develop Oral Health Action Plans as a roadmap to achieving these goals.

CMS offers technical assistance to states to develop and implement their Oral Health Action Plans. It also hosts a quarterly series of webinars entitled The CMS Learning Lab: Improving Oral Health Through Access.³ In September 2013, CMS released a strategy guide highlighting effective approaches for state Medicaid programs. It also released oral health education materials available for order at no cost.⁴

Important components of these efforts are the data used to set baselines and monitor progress. To improve the completeness and accuracy of data, CMS initiated a quality improvement process for FFY 2010 Form CMS-416 data, from which the data originate. Data are checked against a series of audit criteria intended to identify possible reporting and arithmetic errors. This audit has been made a permanent part of the data-submission process.

State performance related to children's access to dental care is evaluated through two measures in the Child Core Set.⁵ The measures are as follows:

1. Preventive Dental Services
2. Dental Treatment Services

To streamline reporting and reduce burden on states, in FFY 2012, CMS began calculating these measures on behalf of states using data from the CMS-416. The two dental measures were reported by at least 25 states for the FFY 2012 reporting year and are included in this section.

¹ See <http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-04-18-13.pdf>.

² Ibid.

³ See *CMS Learning Lab*, available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>.

⁴ These materials are available at <http://www.insurekidsnow.gov/professionals/dental/index.html>.

⁵ The two Child Core Set dental measures parallel reporting on lines 12b and 12c of the Form CMS-416.

PREVENTIVE DENTAL SERVICES (PDENT)
Measure Steward: Centers for Medicare & Medicaid Services

Tooth decay, or dental caries, is the most common chronic disease of children. It is a growing problem: among children ages 2 to 5, the prevalence of early childhood caries increased 15 percent between 1988–1994 and 1999–2004. Low-income children suffer disproportionately from tooth decay: in 1999–2004, 32 percent of children in households with incomes above 200 percent of the federal poverty level (FPL) had tooth decay, compared with 54 percent of children in households with incomes below 100 percent of FPL. The disease is almost entirely preventable through a combination of good oral health habits at home, a healthy diet, and early and regular use of preventive dental services. This measure assesses the extent to which children are receiving preventive dental services.

Measure Description

- This measure shows the percentage of children ages 1 to 20, eligible for Medicaid or CHIP Medicaid Expansion programs (that is, eligible for the EPSDT benefit), enrolled for at least 90 continuous days, who received preventive dental services.⁶
- The EPSDT benefit provides comprehensive and preventive health care services, including dental services, for children under age 21 who are enrolled in Medicaid.⁷

Overview of State Reporting

- The number of states reporting the Preventive Dental Services measure in CARTS increased from 22 states for FFY 2010 to 37 for FFY 2011.⁸ In FFY 2010 and 2011, states reported data on this measure in two ways: through CARTS and Form CMS-416 (the annual EPSDT report). The number of states reporting may vary depending on the data source used for public reporting.⁹
- To reduce state reporting burden and have a single information source, in FFY 2012, CMS formally began calculating this measure on behalf of states based on data submitted as part of the CMS-416. It should be noted, however, that performance data from the CMS-416 have been presented for

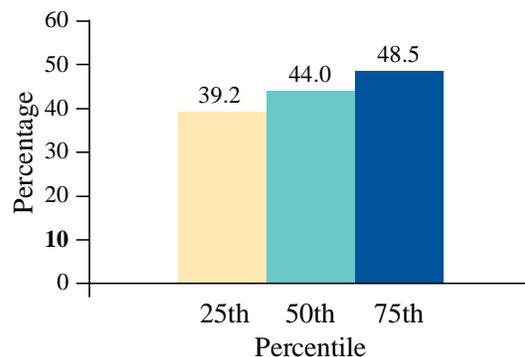
this measure since the 2011 Secretary’s Report.

- For the FFY 2012 Core Measures reporting cycle, all 51 states submitted data for this measure on the FFY 2011 CMS-416.¹⁰

State Performance

- The median rate among the 51 states reporting the measure for the FFY 2012 Core Measures reporting cycle was 44 percent, with a 9-point spread between the 25th and 75th percentiles (Exhibit PDENT.1).
- Performance on this measure ranged from 14 percent to 58 percent among states, with considerable geographic variation across states (Exhibit PDENT.3, next page).

Exhibit PDENT.1. Percentage of Children Receiving Preventive Dental Services, FFY 2012 Core Measures Reporting Cycle (n = 51 states)



Source: Mathematica analysis of FFY 2011 CMS-416 reports.

⁶ This measure is calculated using the administrative method (claims/encounter data).

⁷ <http://www.medicicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>.

⁸ The term “states” includes the 50 states and District of Columbia.

⁹ The 2011 and 2012 Secretary’s Reports reflect the number of states reporting the dental measures in CARTS, whereas the performance data for this Report are drawn from the CMS-416 and represent all 51 states. CMS formally began calculating this measure on behalf of states using CMS-416 data for the FFY 2012 Core Measures reporting cycle.

¹⁰ States are to submit the CMS-416 report to CMS by April 1st of each year. At the time of this writing, CMS had not received enough FFY 2012 data from states to make meaningful comparisons. As such, this Report includes data submitted by states on the FFY 2011 CMS-416.

Trends

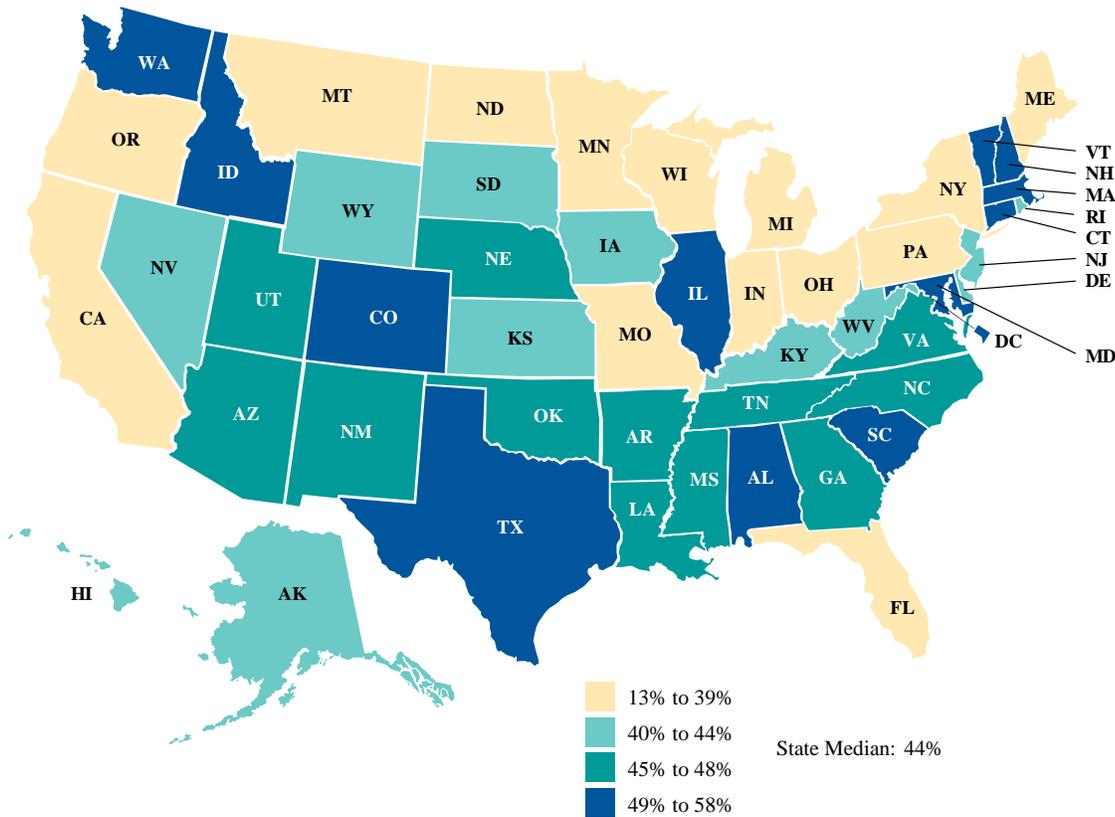
- Among the 51 states reporting data for this measure on the CMS-416 for two years using the new reporting definition,¹ the median rate increased by less than 1 percentage point between the FFY 2011 and FFY 2012 reporting cycles (Exhibit PDENT.2).

Exhibit PDENT.2. Trends in the Percentage of Children Receiving Preventive Dental Services, FFY 2011–2012 Core Measures Reporting Cycles (n = 51 states)

Rate	FFY 2011	FFY 2012
U.S. Total	40.8	41.5
Median	43.2	44.0
25th Percentile	38.2	39.2
75th Percentile	46.8	48.5

Source: Mathematica analysis of FFY 2010 and 2011 CMS-416 reports.

Exhibit PDENT.3. Geographic Variation in the Percentage of Children Receiving Preventive Dental Services, FFY 2012 Core Measures Reporting Cycle (n = 51 states)



Source: Mathematica analysis of FFY 2011 CMS-416 reports.

To view state-specific data for this measure, please see Table PDENT at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2012.zip>.

¹ Starting with the FFY 2010 CMS-416, the population of children for whom the receipt of dental services was to be reported shifted from all children, regardless of length of enrollment, to children covered by Medicaid for at least 90 continuous days.

DENTAL TREATMENT SERVICES (TDENT)
Measure Steward: Centers for Medicare & Medicaid Services

Tooth decay, or dental caries, is the most common chronic disease of children. If left untreated, tooth decay can negatively affect a child’s physical and social development and school performance. The prevalence of untreated tooth decay among children ages 2 to 5 increased 7 percent between 1988–1994 and 1999–2004. Among children ages 2 to 11, untreated tooth decay disproportionately affects low-income children: in 1999–2004, 33 percent of children in households with incomes below 100 percent of the federal poverty level (FPL) had untreated tooth decay, compared with 28 percent of children between 100 and 200 percent of FPL and 15 percent of those above 200 percent of FPL. This measure assesses the extent to which children are receiving dental treatment services.

Measure Description

- This measure shows the percentage of children ages 1 to 20 eligible for Medicaid or CHIP Medicaid Expansion programs (that is, individuals eligible for the EPSDT benefit), enrolled for at least 90 continuous days, who received dental treatment services.¹²
- The EPSDT benefit provides comprehensive and preventive health care services, including dental services, for children under age 21 who are enrolled in Medicaid.¹³

Overview of State Reporting

- The number of states reporting the Dental Treatment Services measure in CARTS increased from 19 states for FFY 2010 to 35 for FFY 2011.¹⁴ In FFY 2010 and 2011, states reported data on this measure in two ways: through CARTS and Form CMS-416 (the annual EPSDT report). The number of states reporting may vary depending on the data source used for public reporting.¹⁵
- To reduce state reporting burden and have a single information source, in FFY 2012, CMS formally began calculating this measure on behalf of states based on data

¹² This measure is calculated using the administrative method (claims/encounter data).

¹³ <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html>.

¹⁴ The term “states” includes the 50 states and District of Columbia.

¹⁵ The 2011 and 2012 Secretary’s Reports reflect the number of states reporting the dental measures in CARTS, whereas the performance data for this Report are drawn from the CMS-416 and represent all 51 states. CMS formally began calculating this measure on behalf of states using CMS-416 data for the FFY 2012 Core Measures reporting cycle.

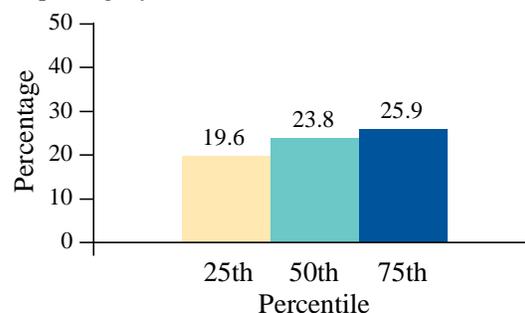
submitted as part of the CMS-416. It should be noted, however, that performance data from the CMS-416 have been presented for this measure since the 2011 Secretary’s Report.

- For the FFY 2012 Core Measures reporting cycle, all 51 states submitted data for this measure on the FFY 2011 CMS-416.¹⁶

State Performance

- The median rate among the 51 states reporting the measure for the FFY 2012 Core Measures reporting cycle was 24 percent, with a 6-point spread between the 25th and 75th percentiles (Exhibit TDENT.1).
- Performance on this measure ranged from 8 percent to 51 percent among states, with considerable geographic variation across states (Exhibit TDENT.3, next page).

Exhibit TDENT.1. Percentage of Children Receiving Dental Treatment Services, FFY 2012 Core Measures Reporting Cycle (n = 51 states)



Source: Mathematica analysis of FFY 2011 CMS-416 reports.

¹⁶ States are to submit the CMS-416 report to CMS by April 1st of each year. At the time of this writing, CMS had not received enough FFY 2012 data from states to make meaningful comparisons. As such, this Report includes data submitted by states on the FFY 2011 CMS-416.

Trends

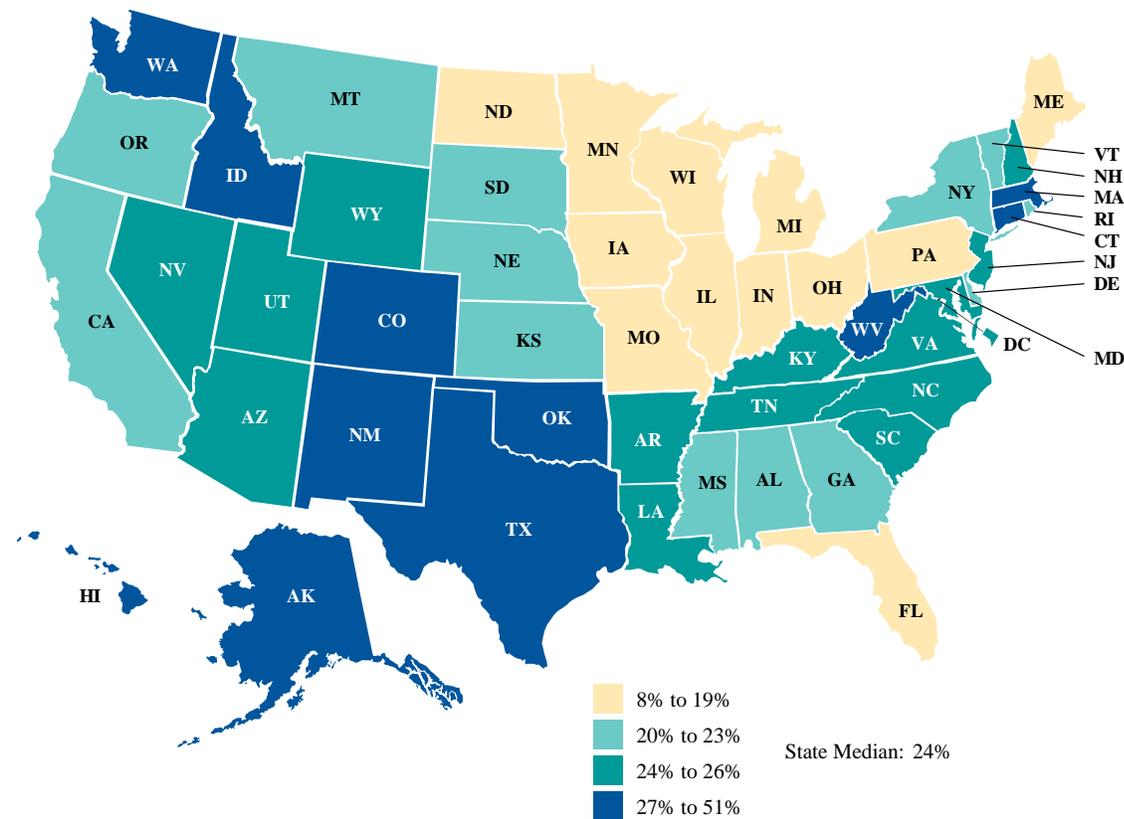
- Among the 51 states reporting data for this measure on the CMS-416 for two years using the new reporting definition,² the median rate increased by less than 1 percentage point between the FFY 2011 and FFY 2012 reporting cycles (Exhibit TDENT.2).

Exhibit TDENT.2. Trends in the Percentage of Children Receiving Dental Treatment Services, FFY 2011–2012 Core Measures Reporting Cycles (n = 51 states)

Rate	FFY 2011	FFY 2012
U.S. Total	23.0	23.1
Median	23.5	23.8
25th Percentile	20.2	19.6
75th Percentile	25.8	25.9

Source: Mathematica analysis of FFY 2010 and 2011 CMS-416 reports.

Exhibit TDENT.3. Geographic Variation in the Percentage of Children Receiving Dental Treatment Services, FFY 2012 Core Measures Reporting Cycle (n = 51 states)



Source: Mathematica analysis of FFY 2011 CMS-416 reports.

To view state-specific data for this measure, please see Table TDENT at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2012.zip>.

² Starting with the FFY 2010 CMS-416, the population of children for whom the receipt of dental services was to be reported shifted from all children, regardless of length of enrollment, to children covered by Medicaid for at least 90 continuous days.

Quality Improvement in Dental Managed Care

During this reporting cycle, managed care plans in three states conducted mandatory PIPs focused on improving performance on the annual dental visit rate (Table 6). All states currently reporting dental PIPs also reported PIPs on this topic during the 2011–2012 cycle.

In Georgia, for example, the PIPs resulted in a statistically significant improvement over the baseline rate for the annual dental visit measure for children ages 2 to 21 for all MCOs. Interventions in Georgia included community outreach and education through dental events, providing dental services to members via a mobile van, and dental presentations at local Head Start locations. Provider-focused interventions included a pay-for-performance program for high-volume practices that improved quality scores, missed opportunity reports, handbooks, and annual dental rate report cards to providers. Member-focused interventions included outreach and education such as telephone calls to remind members of their dental benefits and to offer assistance in finding a dentist, missed appointment reminders, and educational newsletters.

Table 6. Dental Care Performance Improvement Projects (PIPs) Included in External Quality Review (EQR) Technical Reports, 2012–2013 Reporting Cycle

State	Number of MCOs Participating	Performance Measure(s) and/or Aims	Comments	Results
Georgia*	3 (All)	Annual dental visit	Detailed intervention information	Improvement, not all statistically significant
Missouri*	6 (All)	Annual dental visit	Detailed intervention information	Varied by MCO
New Jersey*	4 (All)	Varied by MCO; Improve oral health, annual dental visit	No intervention information	None reported

Source: EQR technical reports submitted to CMS for the 2012–2013 reporting cycle as of May 13, 2013. Notes: Analysis includes PIPs that were listed in the EQR technical report for each state.

* State reported a PIP on this topic during both 2011–2012 and 2012–2013 reporting cycles.

Additional details can be found in the EQR technical report tables at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/>

Source: Mathematica analysis of FFY 2011 CMS-416 reports.

To view state-specific data for this measure, please see Table TDENT at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Performance-on-the-Child-Core-Set-Measures-FFY-2012.zip>