Policies to Optimize Oral Health in Early Childhood

New York State Oral Health Coalition

October 26, 2023

Chelsea Fosse, DMD, MPH

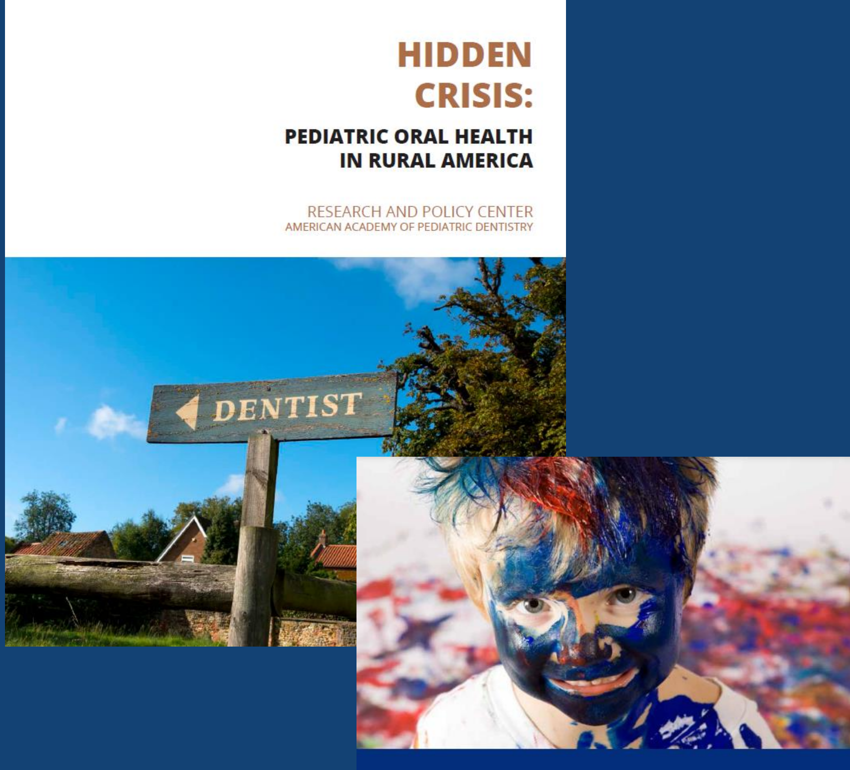
AAPD Research & Policy Center

AAPD Research & Policy Center

The RPC aims to conduct impactful oral health services research and advance sound policies that improve the oral health and overall health of children.

We do this by:

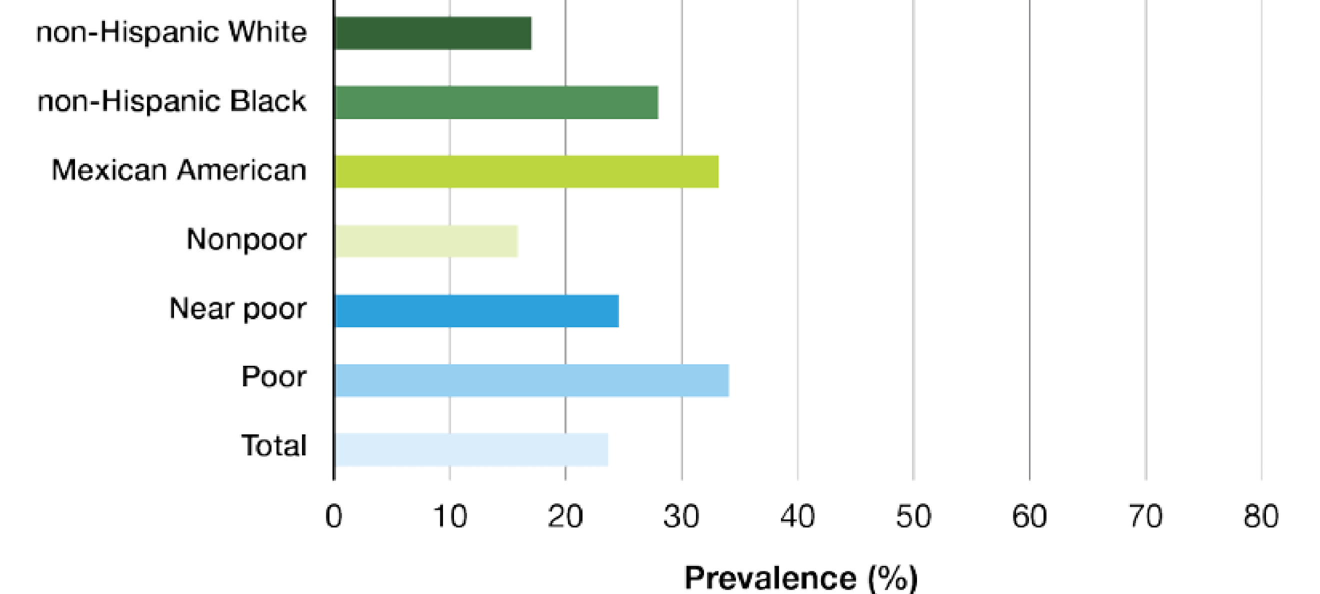
- administering primary research
- monitoring existing reputable data sources
- synthesizing evidence for guideline development
- collaborating with other leaders in oral health and health policy
- generating discussion on contemporary issues in pediatric dentistry



Plan for Today

1. **Why are we here?** The current problem & promising opportunities.
2. **Where do we go from here?** (*Hint:* Early oral health intervention!)
3. **AAPD advocacy updates and recent efforts** (OR access, Medicaid unwinding, federal agency engagement, etc.)
4. **Recommended resources** (AAPD RPC, HPI, and more!)

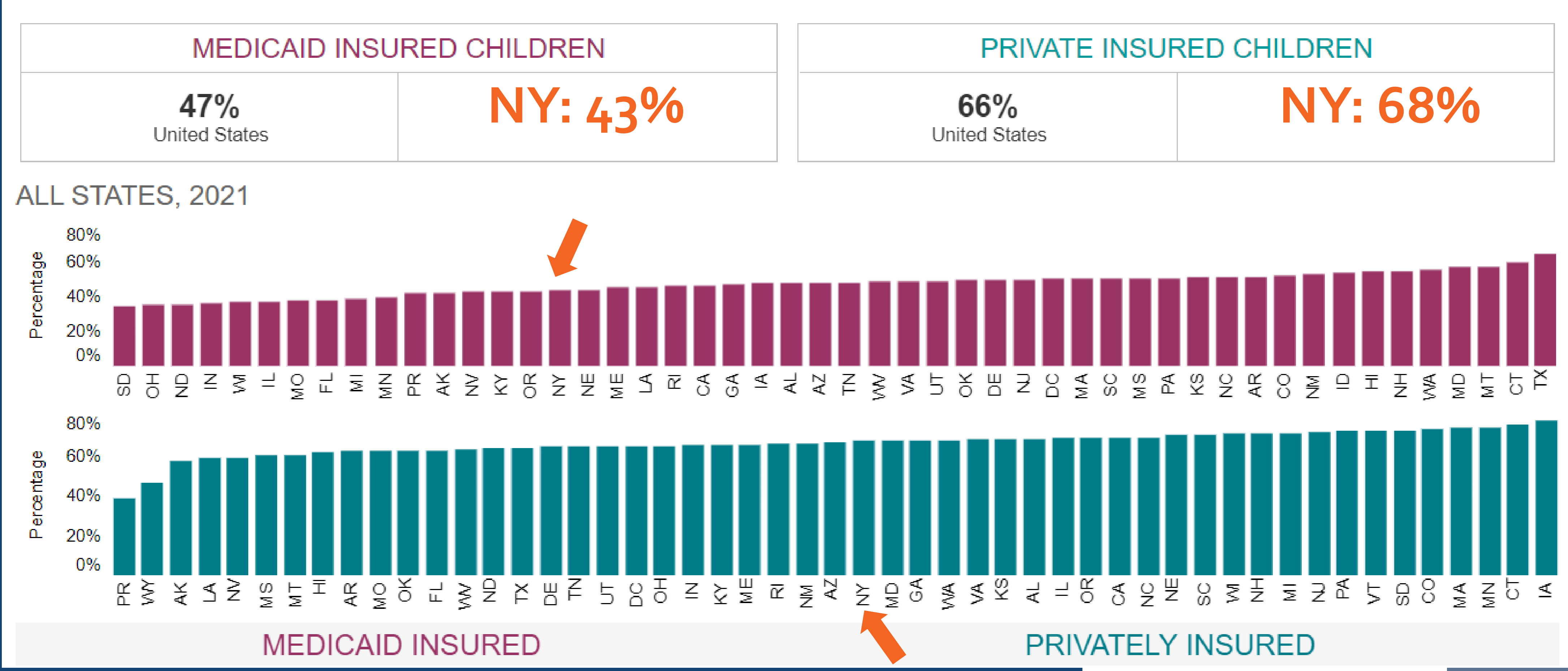
Why are we here?



Disparities persist.

Oral Health in America: Advances and Challenges

Why are we here?



[ADA Health Policy Institute: Dental Care Utilization Rate for Children]

Oral Health is Vital to Overall Health & Well-Being

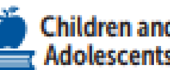
Released March 2023

2023 Medicaid & CHIP Beneficiaries at a Glance: Oral Health

KEY FACTS

Oral health is vital to overall health and well-being. Dental caries is the most common chronic disease among children and adults in the United States. Oral diseases like tooth decay, gum disease, and oral cancer greatly impact daily life, including speaking, eating, and interacting with others.[1]

Impact of Poor Oral Health Across the Lifespan[1]



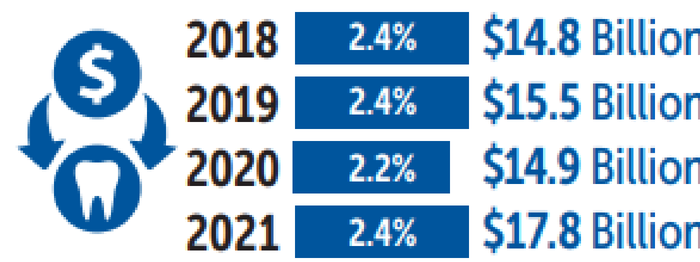
Children and Adolescents
- Delayed growth and development
- Impaired school attendance and academic performance

Adults
- Increased risk of chronic health conditions
- Lower work productivity and employability

Pregnant Individuals
- Increased risk of health complications
- Preterm birth and low birth weight

Older Adults
- Nutritional deficiencies due to trouble eating
- Declining overall health and longevity

Medicaid and CHIP Expenditures for Dental Services, 2018-2021[2]



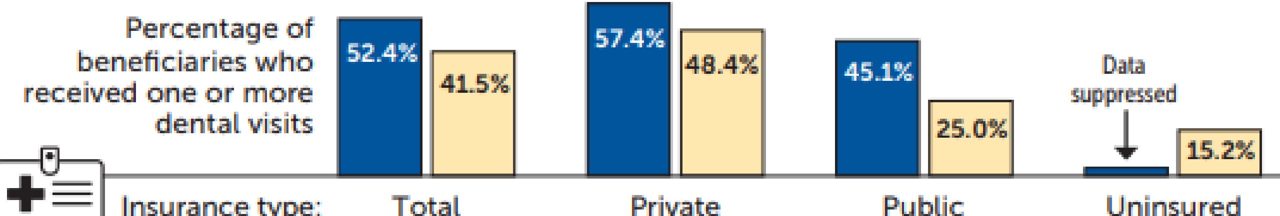
Year	Dental service expenditures as a percentage of total expenditures	Expenditures
2018	2.4%	$14.8 Billion
2019	2.4%	$15.5 Billion
2020	2.2%	$14.9 Billion
2021	2.4%	$17.8 Billion

Dental service expenditures as a percentage of total expenditures

Note: Dental expenditures in this exhibit do not include spillover medical costs such as dental-related visits to hospital emergency departments, inpatient admissions, or exacerbation of conditions such as diabetes attributable to poor oral health.

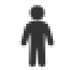
DISPARITIES IN DENTAL CARE USE BY INSURANCE TYPE

Dental Visit Utilization by Type of Medical Insurance Coverage, 2019[3]



Percentage of beneficiaries who received one or more dental visits

Insurance type:	Total	Private	Public	Uninsured
Children	52.4%	57.4%	45.1%	Data suppressed
Adults	41.5%	48.4%	25.0%	15.2%



Children   Adults

Notes: Data include survey respondents ages 0 to 18 for children and ages 19 to 64 for adults. Data were suppressed for uninsured children due to small sample sizes. Insurance coverage type is based on medical insurance coverage and is not dental-specific. Respondents with any private insurance coverage during the year were assigned to the private insurance category.

CMS (March 2023)

Progress & Priorities

CHILDREN'S HEALTH

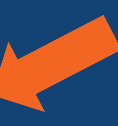
By James J. Crall and Marko Vujicic

ANALYSIS

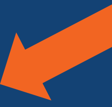
Children's Oral Health: Progress, Policy Development, And Priorities For Continued Improvement

"We offer promising strategies for reducing gaps and suggestions for overcoming challenges to future progress, including:

- Renewed emphasis on oral health during early childhood



- Greater integration in education and clinical service delivery programs



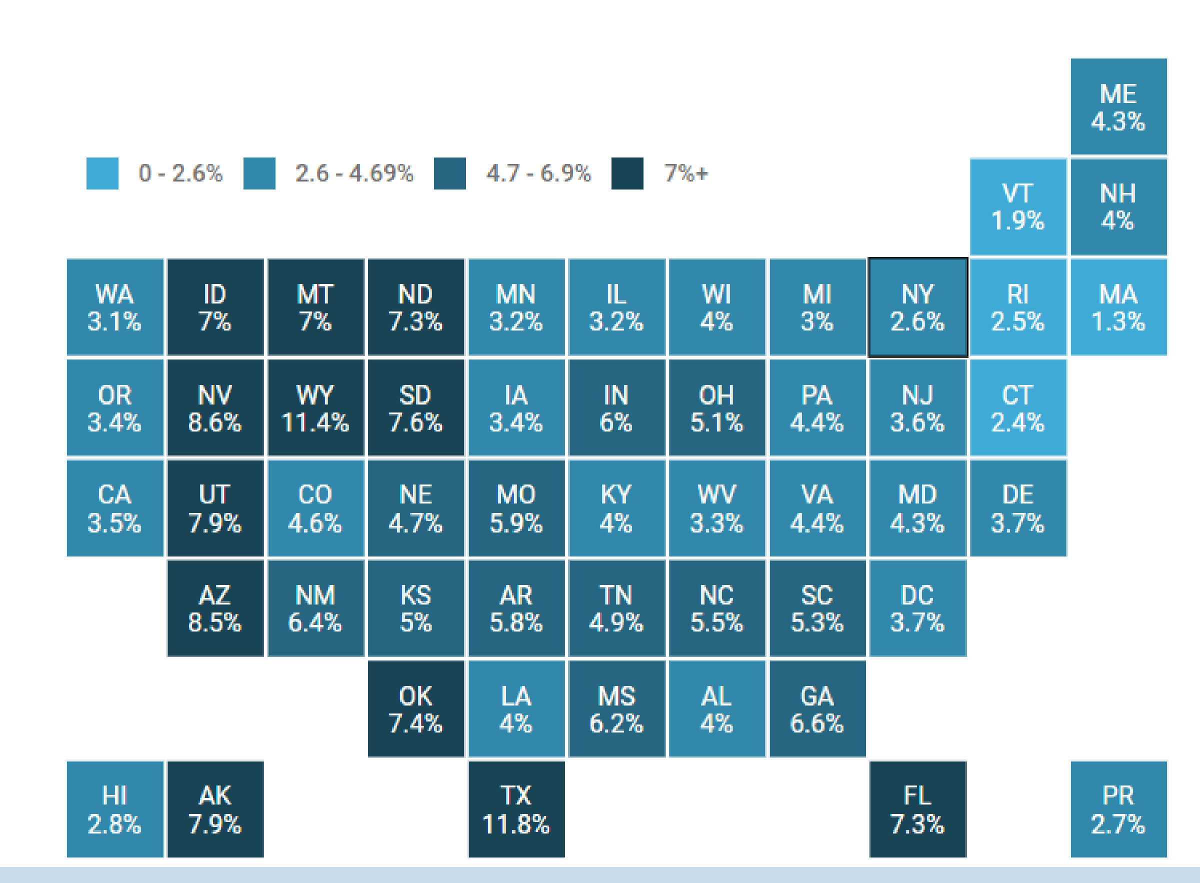
- Development of standardized quality measures
- Data collection systems that support more robust surveillance, program monitoring, and system improvements."

Crall JJ, Vujicic M. Children's Oral Health: Progress, Policy Development, And Priorities For Continued Improvement. Health Aff (Millwood). 2020 Oct.

Uninsured Rate Among Children

Child Uninsured Rate 2021

Between 2019 and 2021, the national child uninsured rate improved from 5.7% to 5.4%, reversing the negative trend from 2016 to 2019 when the child uninsured rate increased.



NEW YORK

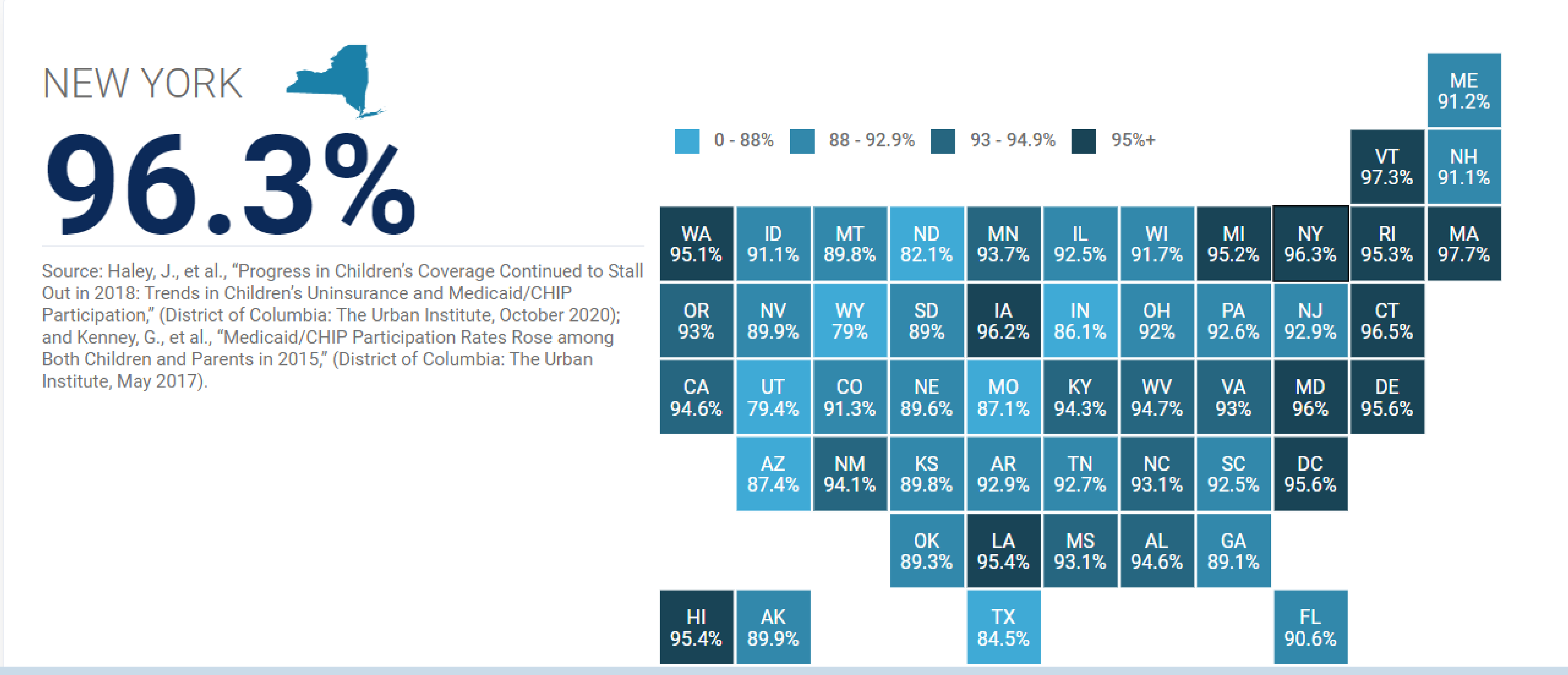
2.6%

Source: Georgetown University Center for Children and Families analysis of the Table HIC-5, Health Insurance Coverage Status and Type of Coverage by State - Children Under 19: 2008 to 2021, U.S. Census Bureau American Community Survey (ACS).

When children are uninsured, they are **more likely to have unmet health needs** and lack a usual source of care, diminishing their chances to grow into healthy and productive adults.

[Georgetown University Health Policy Institute: Children's Health Care Report Card (2022)]

Medicaid Enrollment Among Eligible Children



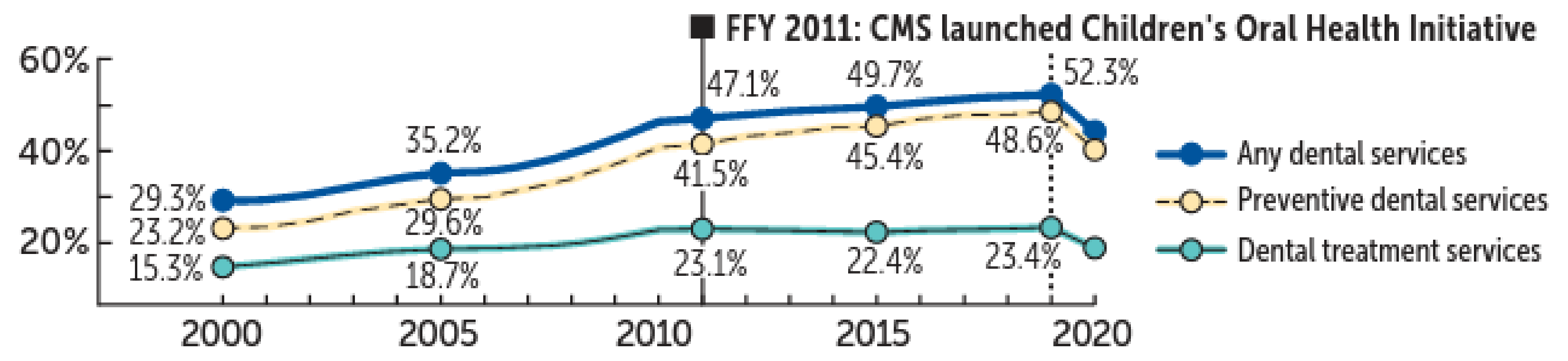
Dental Service Use in Medicaid and CHIP

Child and Adolescent Oral Health

ACCESS/UTILIZATION OF CHILDREN AND ADOLESCENTS' ORAL HEALTH CARE SERVICES

States are required to provide dental benefits to children covered by Medicaid and CHIP.

Percentage of Children and Adolescents, Ages 1 to 20, Enrolled in Medicaid for at Least 90 Continuous Days Who Received Dental Services, FFY 2000-2020[4]

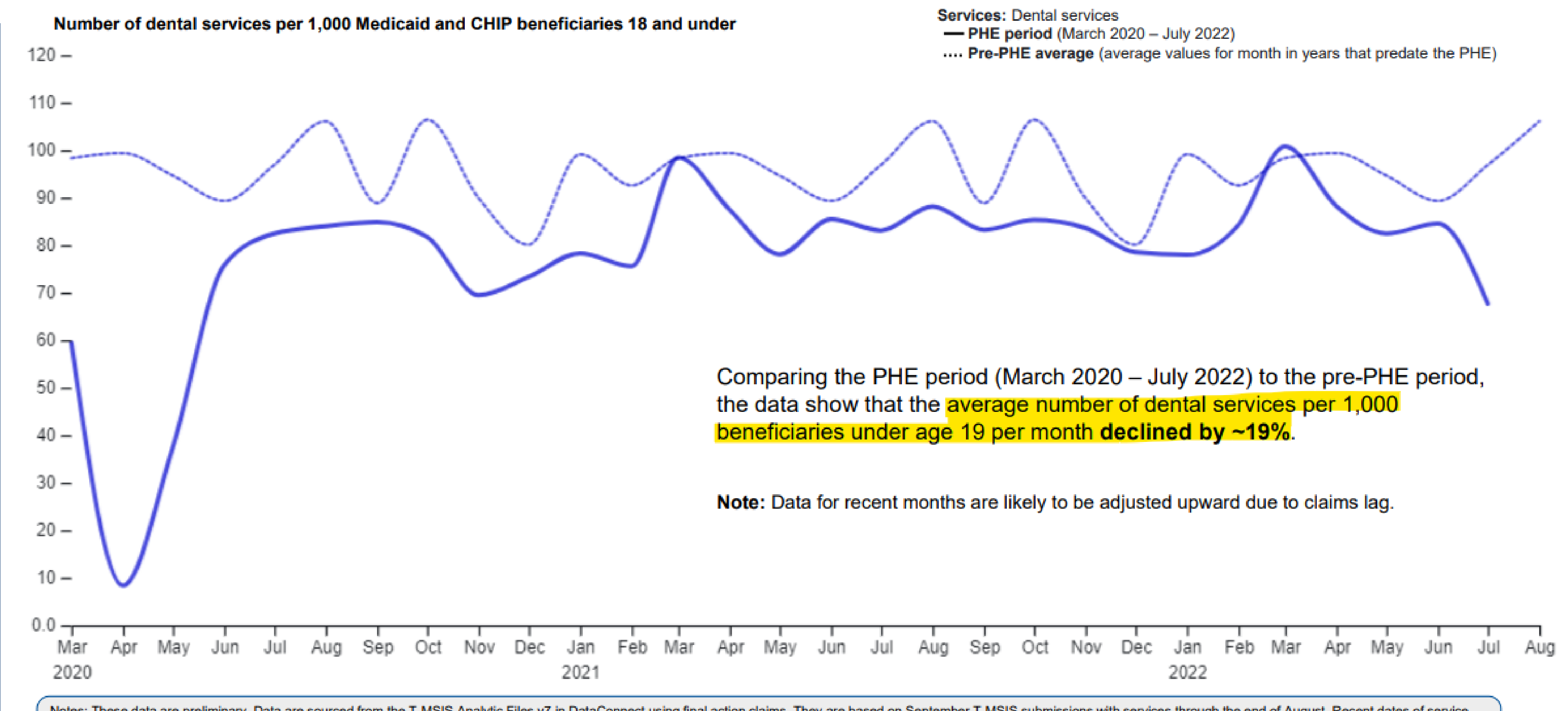


Notes: Federal fiscal year (FFY) 2011–2020 percentages include data reported by states to CMS as of March 4, 2022. The data reflect the national percentage of children receiving selected dental services across states from FFY 2000 to FFY 2020. The highest rates of dental service use occurred in FFY 2019, as indicated by the dotted line in the exhibit. Rates of service use fell in FFY 2020 due to disruptions in care during the COVID-19 public health emergency.

[CMS: 2023 Medicaid & CHIP Beneficiaries at a Glance: Oral Health (March 2023)]

Dental Service Use Down ~20% from “Normal”

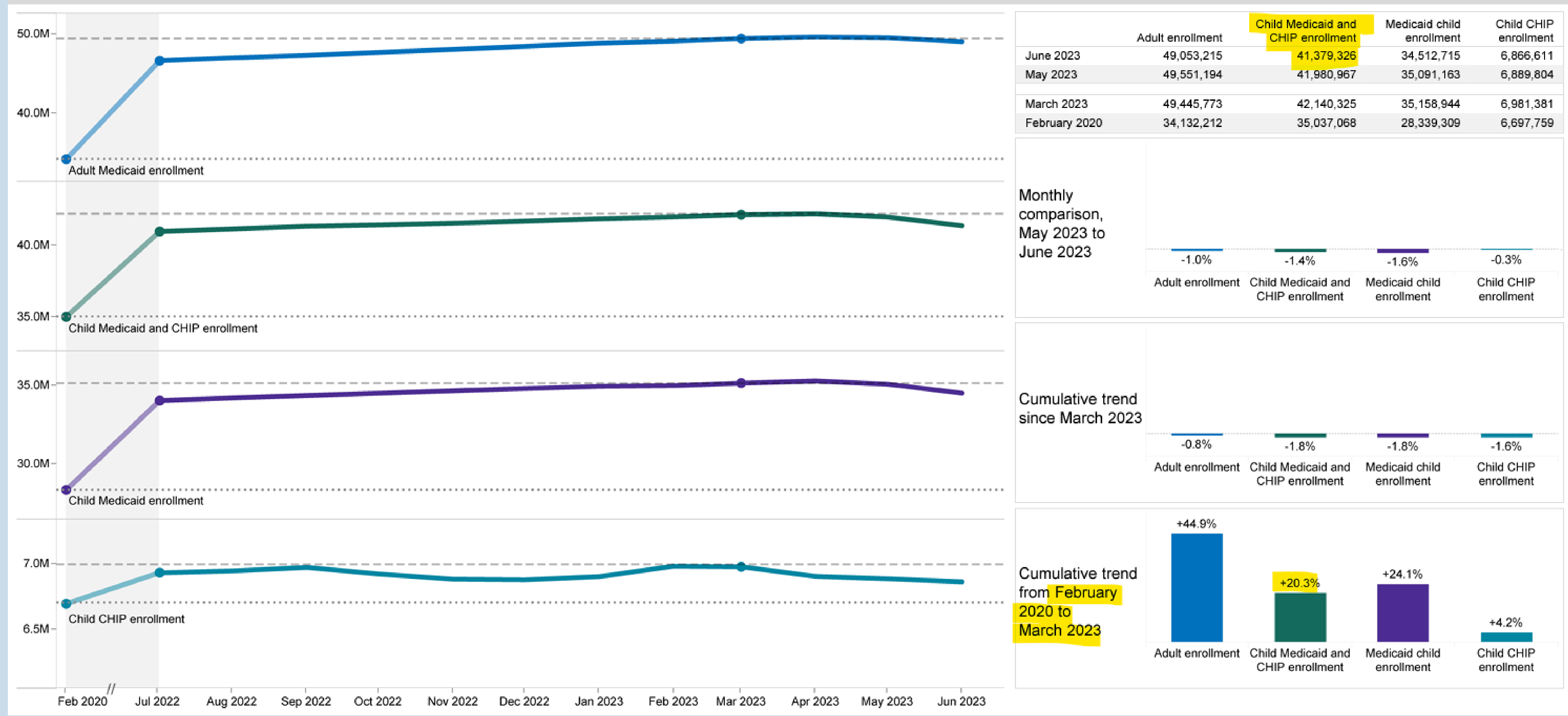
Preliminary data show the rate of dental services for children during the PHE, after an initial steep decline, rebounded but remained slightly below averages from prior years



Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v7 in DataConnect using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout, and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2022. The PHE period includes data for March 2020 through July 2022. The pre-PHE average is the average of all values for that month in the years that predate the PHE, using data from January 2018 through February 2020. The PHE period rate may not be directly comparable to prior years' average rate since, for some states, there are increased suspensions of eligibility redeterminations during the PHE, which may inflate the denominator Medicaid population.

[CMS: Medicaid & CHIP and the COVID-19 Public Health Emergency]

Child Enrollment Up 20% from Pre-COVID



	Adult enrollment	Child Medicaid and CHIP enrollment	Medicaid child enrollment	Child CHIP enrollment
June 2023	49,053,215	41,379,326	34,512,715	6,866,611
May 2023	49,551,194	41,980,967	35,091,163	6,889,804
March 2023	49,445,773	42,140,325	35,158,944	6,981,381
February 2020	34,132,212	35,037,068	28,339,309	6,697,759

Figure 2. National adult and child enrollment in Medicaid and CHIP, February 2020 to June 2023, CMS Performance Indicator Data

CMS: Medicaid and CHIP Enrollment Trend Snapshot (June 2023)

Let's Get Kids Connected to Care – Early!

"The age one dental visit allows for the early prevention and identification of dental disease, maximizing the use of conservative, nonsurgical caries management techniques, such as silver diamine fluoride (SDF) and fluoride varnish, for early cavity prevention and arrest."

"Children who had their first preventive dental visit by age one were more likely to have subsequent preventive visits but were not more likely to have subsequent restorative or emergency visits."

Supported by:

- American Academy of Pediatrics (AAP)
- American Dental Association (ADA)
- American Academy of Pediatric Dentistry (AAPD)

The Importance of the Age One Dental Visit

https://www.aapd.org/globalassets/media/policy-center/year1visit.pdf

Bright Futures

Bright Futures
ORAL HEALTH
Pocket Guide

COMPONENTS OF ORAL HEALTH SUPERVISION

Optimal oral health supervision for pregnant and postpartum women, infants, children, and adolescents should contain the following components:

Components of Oral Health Supervision	Provided by Oral Health Professionals	Provided by Other Health Professionals
Family preparation	✔	✔
Interview questions	✔	✔
Risk assessment	✔	✔
Examination, including assessment of risk for developing oral disease	✔	
Screening, including recognizing and reporting suspected abuse or neglect	✔	✔
Preventive procedures, such as application of fluoride varnish	✔	✔
Anticipatory guidance	✔	✔
Measurable outcomes	✔	✔
Referrals, as needed	✔	✔

EARLY CHILDHOOD • 1–4 YEARS

Screening

Visually inspect the lips, tongue, teeth, gums, inside of the cheeks, and roof of the mouth.

Examination

The first oral examination should occur within 6 months of the eruption of the first primary tooth, and no later than age 12 months. Thereafter the child should be seen according to a schedule recommended by the dentist, based on the child's individual needs and risk for developing oral diseases.

Anticipatory Guidance

Discuss with Parents:

Oral Health Care

- If the child has not yet been to a dentist, making an appointment for the child's first dental visit, thereby establishing a dental home.
- After the initial dental visit, making the next appointment for the child according to the schedule recommended by the

https://www.mchoralhealth.org/pocket/

Bright Futures Periodicity vs. Dental Periodicity

BF/AAP Well-Child Periodicity Schedule°	AAPD Dental Periodicity Schedule*
• Determine whether a child has a dental home • Assess risk for developing tooth decay • Apply fluoride varnish • Determine whether fluoride supplements are needed	• Conduct clinical oral exam • Assess growth and development • Assess risk for developing tooth decay and other oral diseases • Perform X-rays§ • Perform cleaning and apply topical fluoride • Determine whether fluoride supplements are needed • Provide anticipatory guidance and counseling (e.g., oral hygiene, dietary practices, nonnutritive habits, injury prevention, speech/language development)

° BF/AAP: First assessment at age 6 months followed by assessments at ages 9, 12, 18, 24, and 30 months and at ages 3, 4, and 5 years.

* AAPD: First exam at the eruption of the first tooth and no later than age 12 months. Repeat every 6 months or as needed based on child's risk status and susceptibility to oral disease. Includes assessment of pathology and injuries.

https://eclkc.ohs.acf.hhs.gov/publication/guide-dental-periodicity-schedule-oral-exam

First Oral Exam

State	1st Oral Exam	State	1st Oral Exam	State	1st Oral Exam
AK	6–12 months	KY	6–12 months	NY	6–12 months
AL	6–12 months	LA	6–12 months	OH	6–12 months
AR	6–12 months	MA	6–12 months	OK	6–12 months

0-6 months	1 state (MS)
0-12 months	6 states (MI, NC, NJ, OR, SC, WY)
6-12 months	40 states
1-2 years	1 state (AZ)
2-3 years	1 state (IL)
No periodicity identified	2 states (NM, WA)

https://eclkc.ohs.acf.hhs.gov/publication/guide-dental-periodicity-schedule-oral-exam

D0145 Coverage Nationally

Oral evaluation for a patient under three years of age and counseling with a primary caregiver

Recognized and Reimbursed	37
Recognized but Not Reimbursed	4
Not Recognized	10
Highest Rate	$ 144.97
Lowest Rate	$ 20.00
Median Rate	$ 35.50
Mean Rate	$ 42.27
NY Rate	$ 30.30

AAPD interim analysis, publication to be released in 2023

Recommended Dental Periodicity Schedule

AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth®

	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination [1]	•	•	•	•	•
Assess oral growth and development [2]	•	•	•	•	•
Caries-risk assessment [3]	•	•	•	•	•
Radiographic assessment [4]	•	•	•	•	•
Prophylaxis and topical fluoride [3,4]	•	•	•	•	•
Fluoride supplementation [5]	•	•	•	•	•
Anticipatory guidance/counseling [6]	•	•	•	•	•
Oral hygiene counseling [3,7]	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling [3,8]	•	•	•	•	•
Counseling for nonnutritive habits [9]	•	•	•	•	•
Injury prevention and safety counseling [10]	•	•	•	•	•
Assess speech/language development [11]	•	•	•		
Assessment developing occlusion [12]			•	•	•
Assessment for pit and fissure sealants [13]			•	•	•
Periodontal-risk ssessment [3,14]			•	•	•
Counseling for tobacco, vaping, and substance misuse				•	•
Counseling for human papilloma virus/ vaccine				•	•
Counseling for intraoral/perioral piercing				•	•
Assess third molars					•
Transition to adult dental care					•

AAPD Periodicity Schedule

Oral Health in Childcare Centers

The AAPD encourages childcare centers, early education providers, and parents to implement preventive practices that can decrease a child's risk of developing ECC.

Therefore, the AAPD encourages childcare centers to:

- utilize oral health consultation, preferably by a pediatric dentist, at least once a year and as needed
- promote the… establishment of a dental home no later than 12 months
- maintain a dental record as part of the child's health report
- sponsor on-site, age-appropriate oral health education programs for the children
- provide in-service training programs for personnel
- familiarize parents with the use of and rationale for oral health procedures administered through the program

https://www.aapd.org/research/oral-health-policies--recommendations/oral-health-in-child-care-centers/

School-Entrance Oral Health Examinations

AAPD:

- **advocates legislation requiring a comprehensive oral health examination** by a qualified dentist for every student prior to matriculation into school
- advocates such legislation to **include subsequent comprehensive oral examinations** at periodic intervals throughout the educational process
- encourages local leaders to **establish a referral system** to help parents obtain needed oral health care and establish a dental home for their children
- opposes regulations that would prevent a child from attending school due to noncompliance with required examination
- encourages its members and the dental community at large to **volunteer in programs for school-entry dental examinations**

https://www.aapd.org/research/oral-health-policies--recommendations/Mandatory-school-entrance-oral-health-examinations/

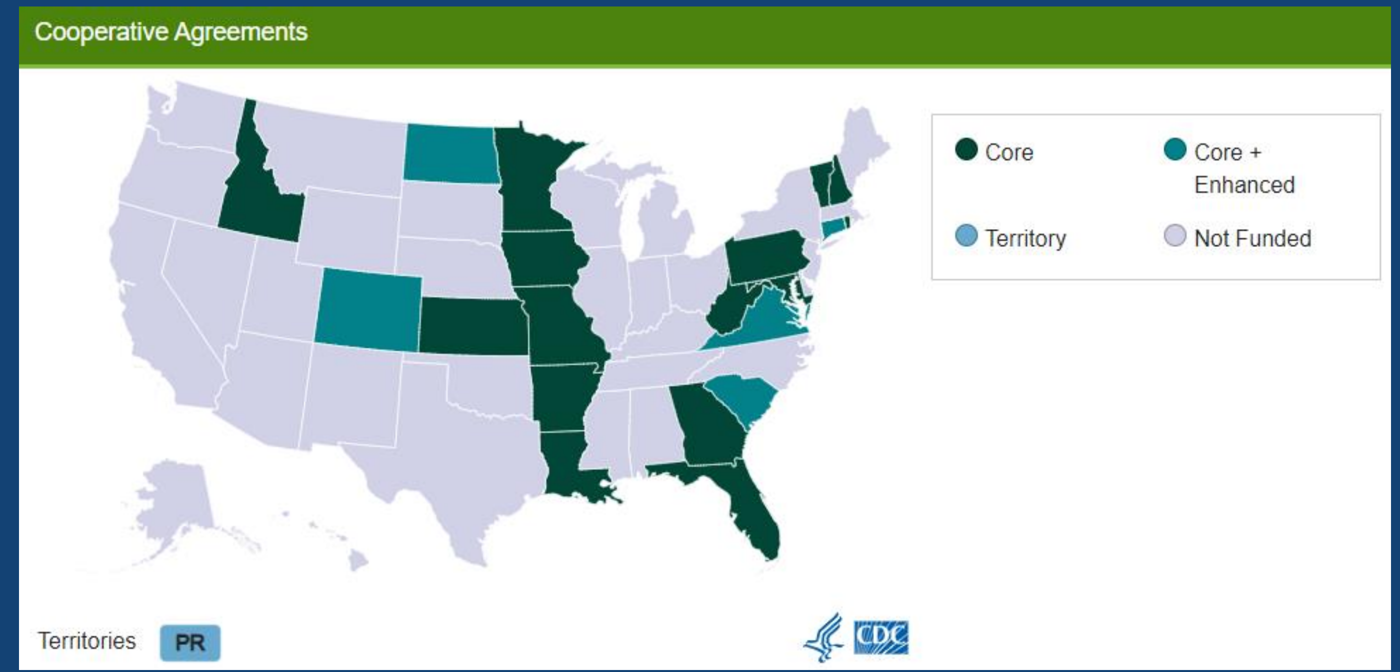
Social Determinants of Children's Oral Health and Health Disparities

AAPD:

- supports broader policies and programs that help to alleviate poverty and social inequalities
- encourages dentists and the oral health care team to collect a social history from patients, provide anticipatory guidance that is sensitive to SDH, and connect patients with helpful resources (e.g., social service organizations, food banks) when needed
- supports inter-professional educational approaches to train students as well as practicing dentists and health professionals on the social determinants of health
- endorses interdisciplinary approaches to improve oral health that account for social determinants of chronic diseases
- supports additional research to understand mechanisms underlying the social determinants of oral health

https://www.aapd.org/research/oral-health-policies--recommendations/social_determinents/#section-purpose

State Funding Opportunities for Prevention of Oral Disease

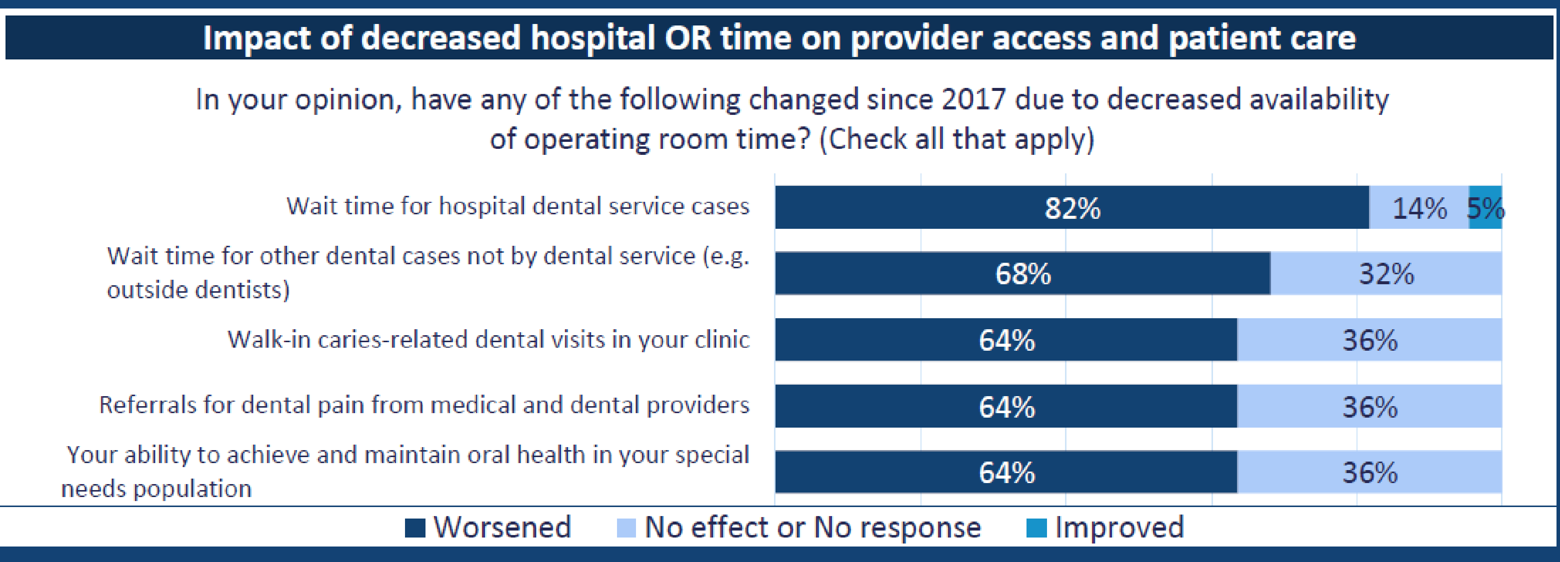


"School-based sealant programs (SBSPs) increase sealant use and reduce caries…

The SBSP [is] an important and effective public health approach that complements clinical care."

JADA | CDC-Funded Cooperative Agreements: State Actions to Improve Oral Health Outcomes

Operating Room Denial for Children's Dental Cases



Factors contributing to HOR availability for dental cases

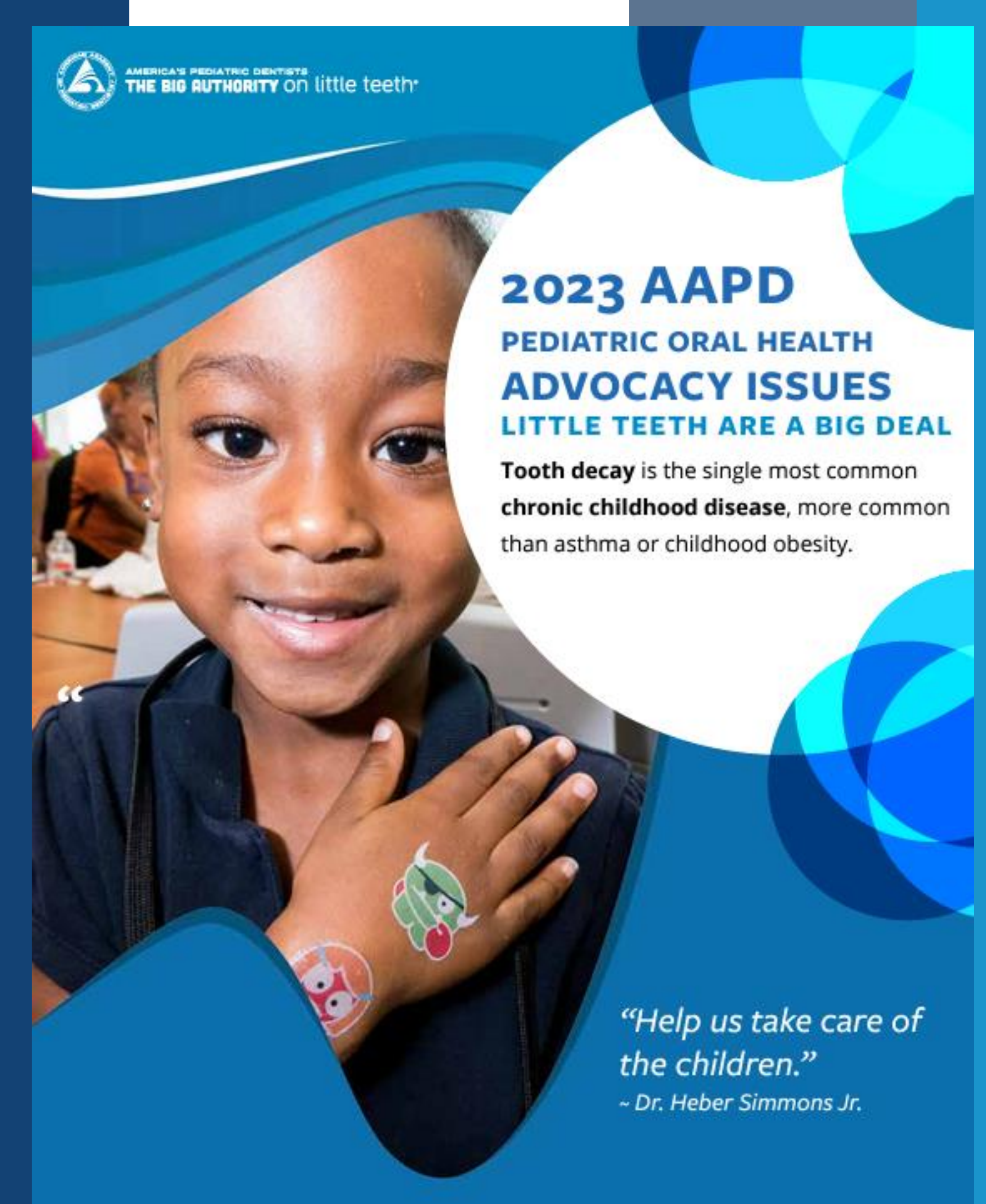
What factors have contributed most to the change in OR availability for dental cases at your hospital? (Ranked by order of importance.)

1. **Shortage of staff in OR** or surgical center
2. **Inadequate OR availability for all providers** who need it
3. **Poor reimbursement** to hospitals for facility fees for dental cases
4. **Competing medical cases** are a priority, based on perceived value/importance
5. **Shortage of staff in dental** program
6. **Availability of other venues** in the community (eg, non-affiliated surgicenters)

AAPD poster at NOHC 2023

AAPD Pediatric Oral Health Advocacy Priorities

1. Operating room access
2. Ensuring Lasting Smiles Act
3. Title VII Funding (workforce development)



https://www.aapd.org/globalassets/aapd-advocacy-handout.pdf

Operating Room Access

ACCESS TO OPERATING ROOMS FOR PEDIATRIC DENTISTS

There is an urgent need for dental rehabilitative surgical services for certain children, disabled, and frail elderly patients who face health and geographic disparities and have complex oral disease. Many children and adults with complex dental conditions are facing unfathomable hospital wait times, as long as a year, before receiving treatment. These complex dental surgeries with anesthesia can be safely performed in either a hospital outpatient department or an ambulatory surgical center (ASC).

In January 2023, to begin addressing this access crisis, CMS established a new dental billing code for use by hospital facilities along with improved payment rates to support hospitals in taking on dental surgical cases.[1] CMS stated that in a future regulation, they would also consider allowing ASCs to bill and be reimbursed for dental rehabilitation surgical procedures.

PEDIATRIC DENTISTRY'S ASK

Contact CMS to ask that the agency ensure access to ambulatory surgical centers (ASCs) to meet the needs of children who require dental rehabilitation surgery. To address geographic disparities, children and people with disabilities must be able to access ASCs to address timely dental rehabilitative care.

https://www.aapd.org/globalassets/aapd-advocacy-handout.pdf

Access to ORs/ASCs for those with greatest need

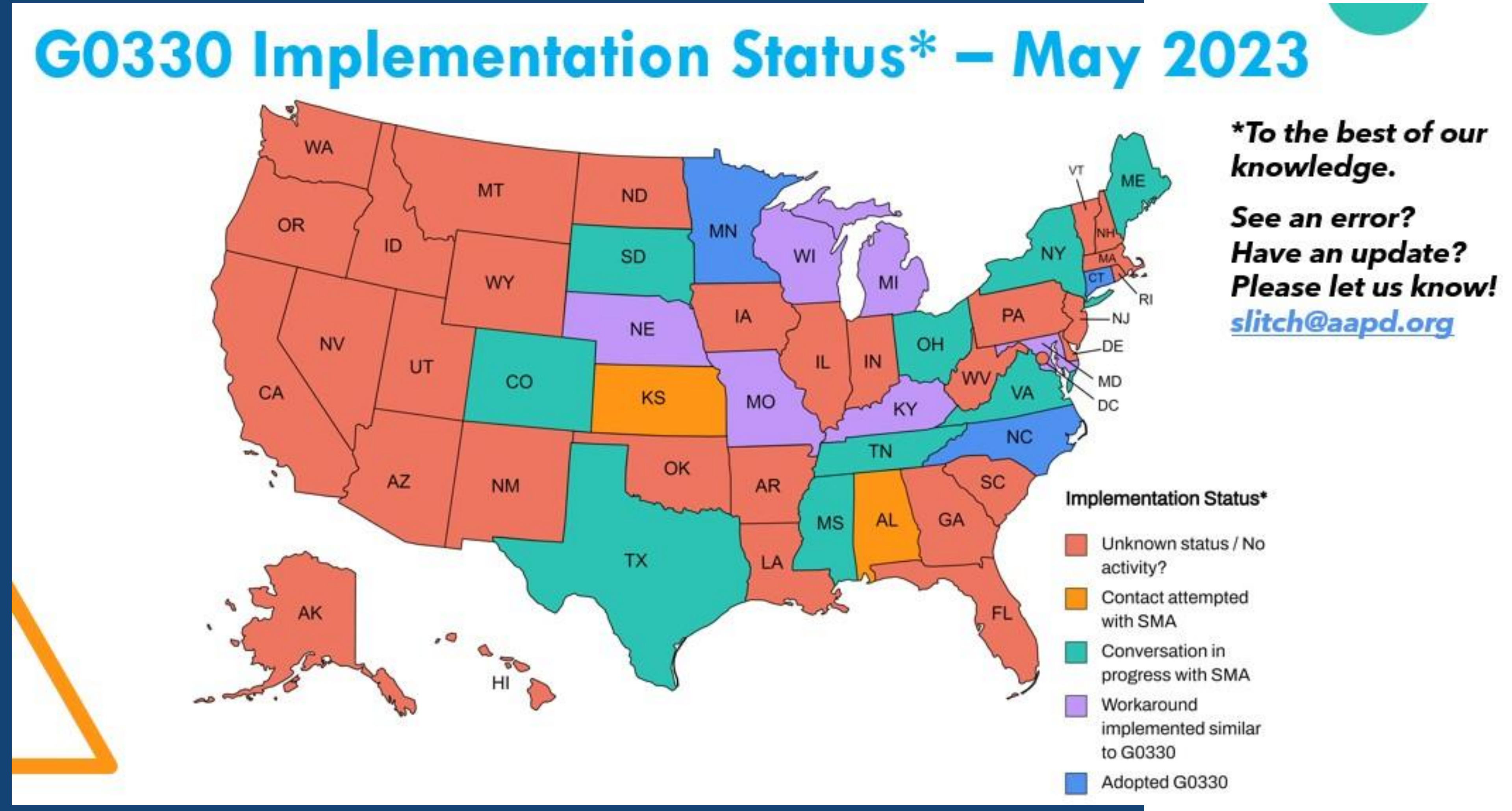
In Maryland, there is a waiting list, comprised mainly of children with disabilities, to get oral health care under general anesthesia

WASHINGTON – **U.S. Senators Ben Cardin (D-Md.) and Marsha Blackburn (R-Tenn.)** are urging the Centers for Medicare and Medicaid (CMS) to increase access to dental surgical facilities for Medicare recipients, especially those with disabilities. The senators were joined by **Senators Debbie Stabenow, Bill Cassidy, Steve Daines, Lisa Murkowski, Mike Braun and J.D. Vance (R-Ohio)** in writing to **CMS Administrator Chaquita Brooks-LaSure**. In their letter, the senators urge the agency to include a recently established code for dental surgical services on the list of ambulatory surgical center (ASC) covered procedures during the calendar year 2024 Medicare Hospital Outpatient Prospective Payment System (OPPS) and ASC Payment System rulemaking. The American Academy of Pediatric Dentistry and the Ambulatory Surgical Center Association have endorsed these changes.

- ***Bipartisan support to improve access to oral health care for children and people with disabilities served by the Medicaid program***
- ***ASC access: Legislators' recommendation to CMS***
- ***OR access: State-level opportunity***

Letter from Senators Cardin, Blackburn, et al
AAPD Toolkit on G0330 Implementation for Dental OR Access *(Contact Us for Access, Support)*

Operating Room Access – Steps in the Right Direction



[AAPD presentation](#)

Medicaid Unwinding

Medicaid Alert

Inform your patients that state agencies will **restart** full eligibility reviews.

DON'T RISK A GAP IN YOUR PATIENTS' MEDICAID OR CHIP COVERAGE. HELP THEM TO TAKE ACTION.

Your patients can follow these steps to help determine if they still qualify:

Visit **Medicaid.gov/renewals** or call your state Medicaid Office for help or to update your contact information today.

Make sure their contact information is up to date.

Check their mail for a letter.

Complete their renewal form (if they get one).

Visit Medicaid.gov/Renewals for your state's unwinding timeline and process.

CMS: Unwinding and Returning to Regular Operations after COVID-19

Unwinding in NYS

September 2023 Cohort
NY State of Health

Age Group	Renewal Complete	Completion Rate
00-17	126,060	90%
18-25	48,617	69%
26-34	56,708	66%
35-44	55,137	71%
45-54	45,375	75%
55-64	42,929	80%
65+	6,175	65%
Total	381,001	77%

https://info.nystateofhealth.ny.gov/PHE-unwind-dashboard

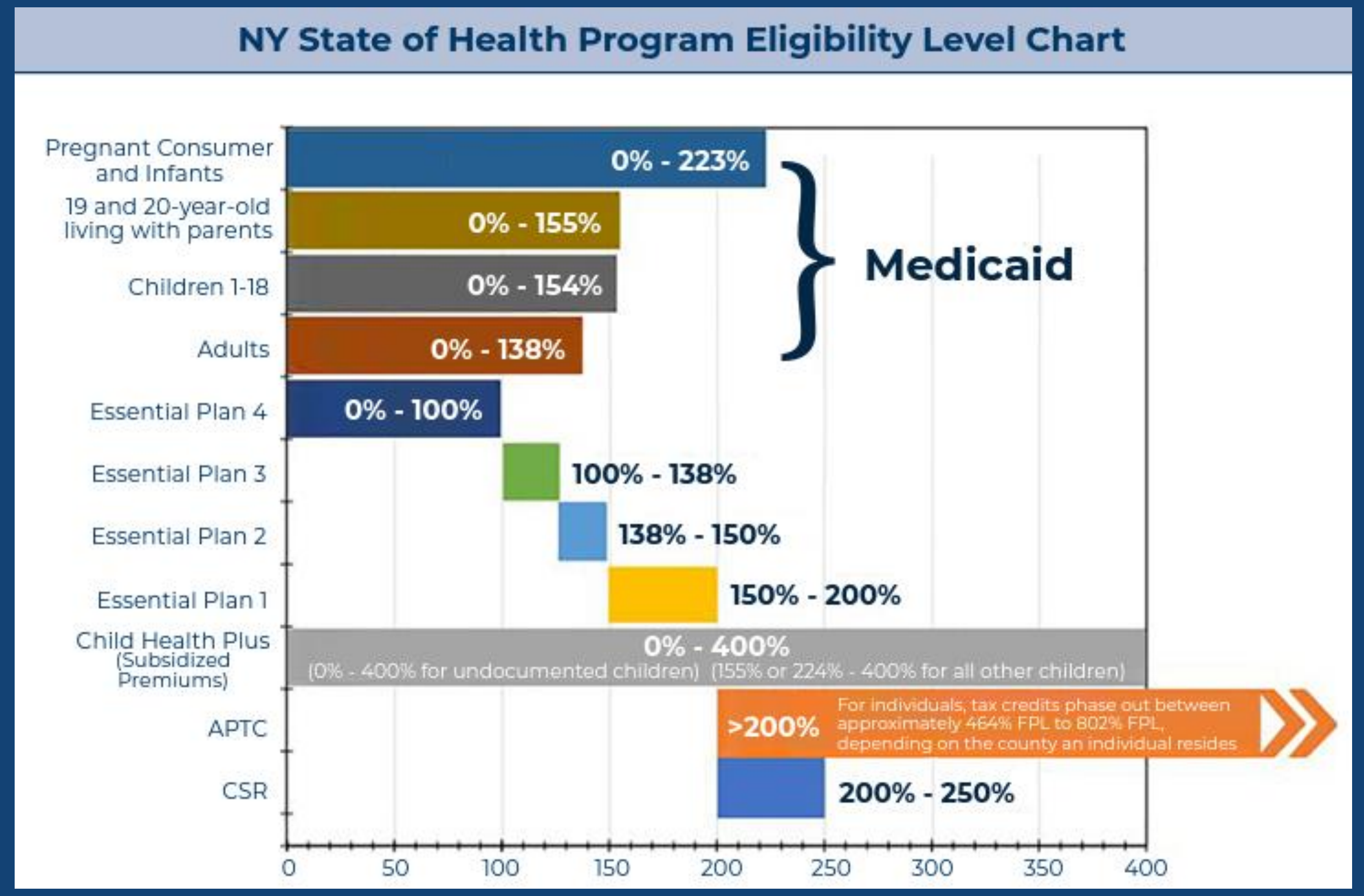
Unwinding in NYS

Program Transitions for those Completing Renewals (N= 459,463)

Program Type (prior to renewal)	Program Type (post-renewal)							
	CHPlus	Essential Plan	Medicaid	QHP APTC without CSR	QHP APTC with CSR	QHP Full Pay	Ineligible	Total
CHPlus (23,998)	84%	0%	14%	<1%	<1%	<1%	1%	100%
Essential Plan (53,575)	0%	65%	21%	9%	3%	1%	1%	100%
Medicaid (381,890)	5%	8%	82%	2%	<1%	<1%	2%	100%

https://info.nystateofhealth.ny.gov/PHE-unwind-dashboard

NY Medicaid Eligibility



https://info.nystateofhealth.ny.gov/PHE-unwind-dashboard

AAPD Advocacy w/ CMS

- Ensure the experiences of children are represented (via proxy with parents or caregivers) in beneficiary committees
- Promote the transparency and accessibility of both provider and beneficiary resources for Medicaid programs online
- Involve dental providers in state Medicaid advisory committees
- Develop benchmarks for dental service payment rate
- Remain steadfast in meeting the evolving needs of people with disabilities
- Establish appointment wait time standards that managed care entities must uphold to promote access to care
- Institute a medical loss ratio requirement for managed care entities

July 3, 2023

Chiquita Brooks-LaSure, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically at Regulations.gov

Re: CMS-2442-P; Medicaid Program; Ensuring Access to Medicaid Services

Dear Administrator Brooks-LaSure:

On behalf of the American Academy of Pediatric Dentistry (AAPD)[1] and our nearly 11,000 members, we appreciate the opportunity to comment on the ***Ensuring Access to Medicaid Services*** proposed rule for the Medicaid program (**CMS-2442-P**), relating to 42 CFR Chapter IV. We applaud the Centers for

https://www.aapd.org/advocacy/legislative-and-regulatory-issues/latest-advocacy-news/aapd-response-to-cms/

AAPD Advocacy w/ HRSA

July 5, 2023

Carole Johnson
Administrator
Health Resources and Services Administration
5600 Fishers Lane, Room 14N39
Rockville, MD 20857

Dear Administrator Johnson:

On behalf of the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD), we are writing to you in response to the Health Resources and Services Administration's (HRSA) information collection request entitled, *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915–0172—Revision.* **ADA and AAPD strongly urge HRSA to retain the oral health national performance measure (NPM)** rather than transitioning the oral health measure to a state performance measure. Title V programs have led the way in maternal and child health (MCH) innovations, investment, and improvement, and **oral health must remain a national priority to ensure that progress is not slowed or reversed.**

AAPD Advocacy w/ USDA

February 21, 2023

Cindy Long, MPA
Administrator, Food & Nutrition Service
U.S. Department of Agriculture
Braddock Metro Center II
1320 Braddock Place
Alexandria, VA 22314

Re: Proposed Rule on Revisions in the WIC Food Packages

In the AAPD Healthy Beverage Consumption in Early Childhood, **juice is indicated as a beverage to limit throughout childhood. It is "not recommended" in the first 12 months of life, and whole fruit alternatives are strongly preferred through age 5**. This is in alignment with fruit juice recommendations from our colleagues at the American Academy of Pediatrics. Additional information on the concerns related to juice and its contribution to the development of dental disease is available as background in the AAPD Policy on Dietary Recommendations for Infants, Children, and Adolescents.

We are sensitive of the need to preserve choice for families participating in WIC. As such, **we support the proposed rule, in that it promotes the consumption of whole fruits and vegetables as an alternative to juice and encourages healthier behaviors while maintaining some flexibility for family needs and preferences**. We understand that 100% juice is sometimes recommended in limited amounts by our pediatrician and family physician colleagues in cases of poor fluid intake, constipation, failure to thrive, or other medical needs. Ideally these changes will support families that have historically had the highest reliance on sugar-sweetened beverages as they establish healthier beverage consumption behaviors in the foundational years of early childhood.

AAPD State-Level Advocacy: Example from Alaska

RE: Revisions to Alaska Administrative Code, Medicaid Coverage for Dental Services, Section 7 AAC 110.150 and 110.155

Dear Commissioner Hedberg:

On behalf of the American Academy of Pediatric Dentistry (AAPD)[1], the Alaska Dental Society (ADS), and the Alaska Academy of Pediatric Dentistry, we are writing concerning an issue that is having a significant impact on the children of Alaska. In response to a legislative audit, the Alaska Division of Public Assistance, Department of Health has enacted new Medicaid regulations that are intended to reduce spending and combat fraud. Although these regulations are well-intentioned, they have and will continue to delay dental treatment for children who are in pain by creating new, unnecessary, and unreasonable administrative burdens. Children and families—particularly in our most vulnerable communities—need timely delivery of care.

The Impact of Coverage

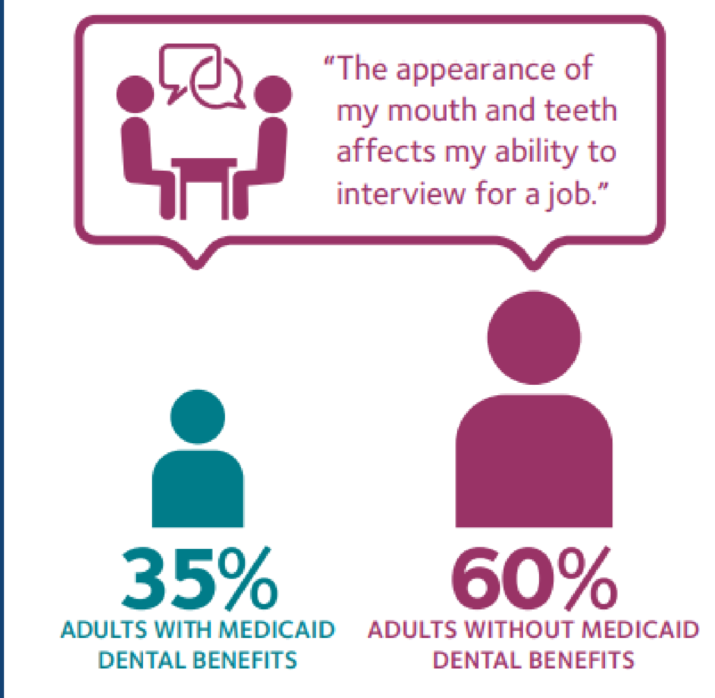
ORAL HEALTH

By Brandy J. Lipton, Tracy L. Finlayson, Sandra L. Decker, Richard J. Manski, and Mingan Yang

The Association Between Medicaid Adult Dental Coverage And Children's Oral Health

Children's dental service use reflects their parents' dental service experience and insurance

Burton L. Edelstein, DDS, MPH; Marcie S. Rubin, DrPH, MPH, MPA; Sean A.P. Clouston, PhD; Colin Reusch, MPA



HPI, Lipton et al – Health Affairs (2021), Edelstein et al – JADA (2020)

Major Milestone

FOR IMMEDIATE RELEASE
September 22, 2022

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Approves 12-month Extension of Postpartum Medicaid and CHIP Coverage in North Carolina

Announcement comes as CMS also celebrates all 50 states and D.C. providing dental coverage in Medicaid/CHIP for pregnant and postpartum individuals, part of the Biden-Harris Administration's push for more comprehensive health care to support families, children, and communities in need.

In addition to today's postpartum extension in North Carolina, the Biden-Harris Administration is also highlighting that, beginning in October 2022, all 50 states and D.C. will offer dental coverage for Medicaid enrollees who are pregnant and postpartum through at least 60 days after pregnancy. This change means that an even broader array of critical Medicaid benefits will be available during and after pregnancy.

All states now have at least 60 days of postpartum dental coverage.

Some states extend coverage much longer, and others are considering those changes.

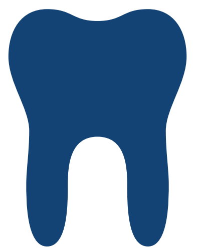
CMS Press Release (September 2022)

MCH Opportunities

1. Consider enhancing Medicaid dental programs for adults, potentially starting with the pregnant and postpartum populations

2. Assess and improve upon Medicaid dental programs for children (e.g., benefits enhancements [AAPD], continuous coverage [Georgetown CCF], etc.)

3. Integrate oral health into primary care, bring care to where people are (i.e., schools), scale cost-effective disease prevention programs (e.g., community water fluoridation, sealants, etc.)



AAPD Resources

AAPD Research & Policy Center

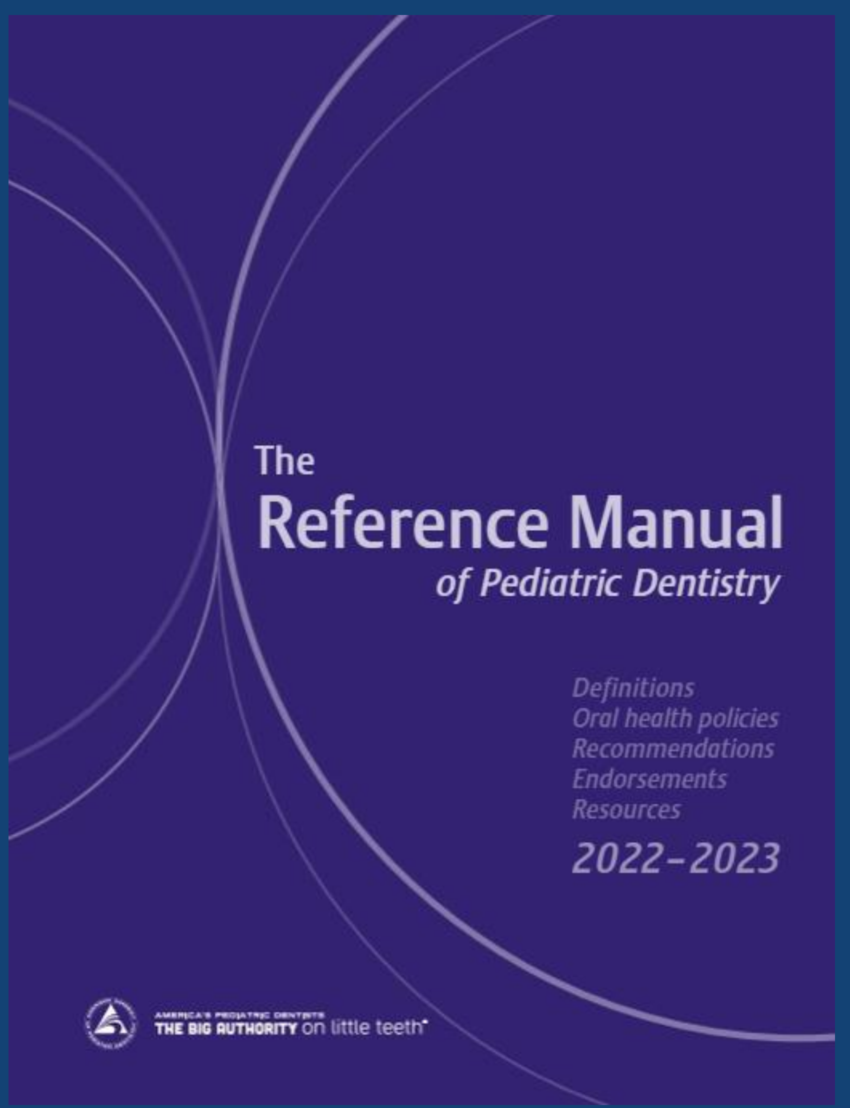
AAPD.org

AAPD Public Policy Advocates

AAPD Policies & Recommendations

AAPD Resources: Oral Health Policies & Recommendations

Available to the public for FREE!



Online version:

https://www.aapd.org/research/oral-health-policies--recommendations/

App versions for iOS and Android also available.

AAPD Resources: Rural Communities

PEDIATRIC ORAL HEALTH IN RURAL AMERICA

RESEARCH AND POLICY CENTER
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY

Recruit *from* Rural: Build a robust dentist and dental team workforce in rural areas by **recruiting from rural communities** to the profession.

Recruit *to* Rural: Introduce dentists – including pediatric dentists and other specialists – to the rewards of working in rural areas by offering **enhanced loan repayment programs** and tax benefits.

Reach Out, Refer, and Collaborate: Facilitate partnerships between **medical providers, schools, community organizations**, county agencies, oral health coalitions, faith-based organizations, advocates for children, and pediatric dentists to implement programs that promote optimal oral health.

Enhance Digital Capability: Extend **internet access** in rural areas to broaden the reach and benefits of teledentistry while expanding coverage and payment parity for services delivered via telehealth.

AAPD RPC – Hidden Crisis: Pediatric Oral Health in Rural America (April 2023)

AAPD Resources: Physician Use of SDF

July 2023

Physician Use of Silver Diamine Fluoride (SDF) in Dental Caries Management

Guidance from the American Academy of Pediatric Dentistry

In July 2023, a procedure code for physicians' use of silver diamine fluoride (SDF) was introduced into the American Medical Association's (AMA) Current Procedural Terminology (CPT) code set. Code 0792T is for the "application of silver diamine fluoride 38%, by a physician or other qualified health care professional" and will be published in the CPT® 2024 manual.[i] It is a Category III code, meaning it represents an emerging technology, service, or procedure and it is introduced primarily for data collection purposes to track usage of the service or procedure.[ii] Like other CPT codes, health insurance plans are not required to cover or pay for the service despite its inclusion in the code set.

Pediatric Dentists Are Here To Support

As the early adopters of SDF, pediatric dentists have extensive experience with the medicament. The American Academy of Pediatric Dentistry (AAPD) aims to serve as a resource to our physician colleagues as they consider incorporating this service into their armamentarium and undergo the necessary training and referral preparation to do so. The physician-dentist interprofessional relationship will be key to successful patient co-management to effectively manage dental caries.

https://www.aapd.org/globalassets/sdf-guidance-for-physicians_aapd_2023.pdf

AAPD Resources: Pediatric Dentists as Partners

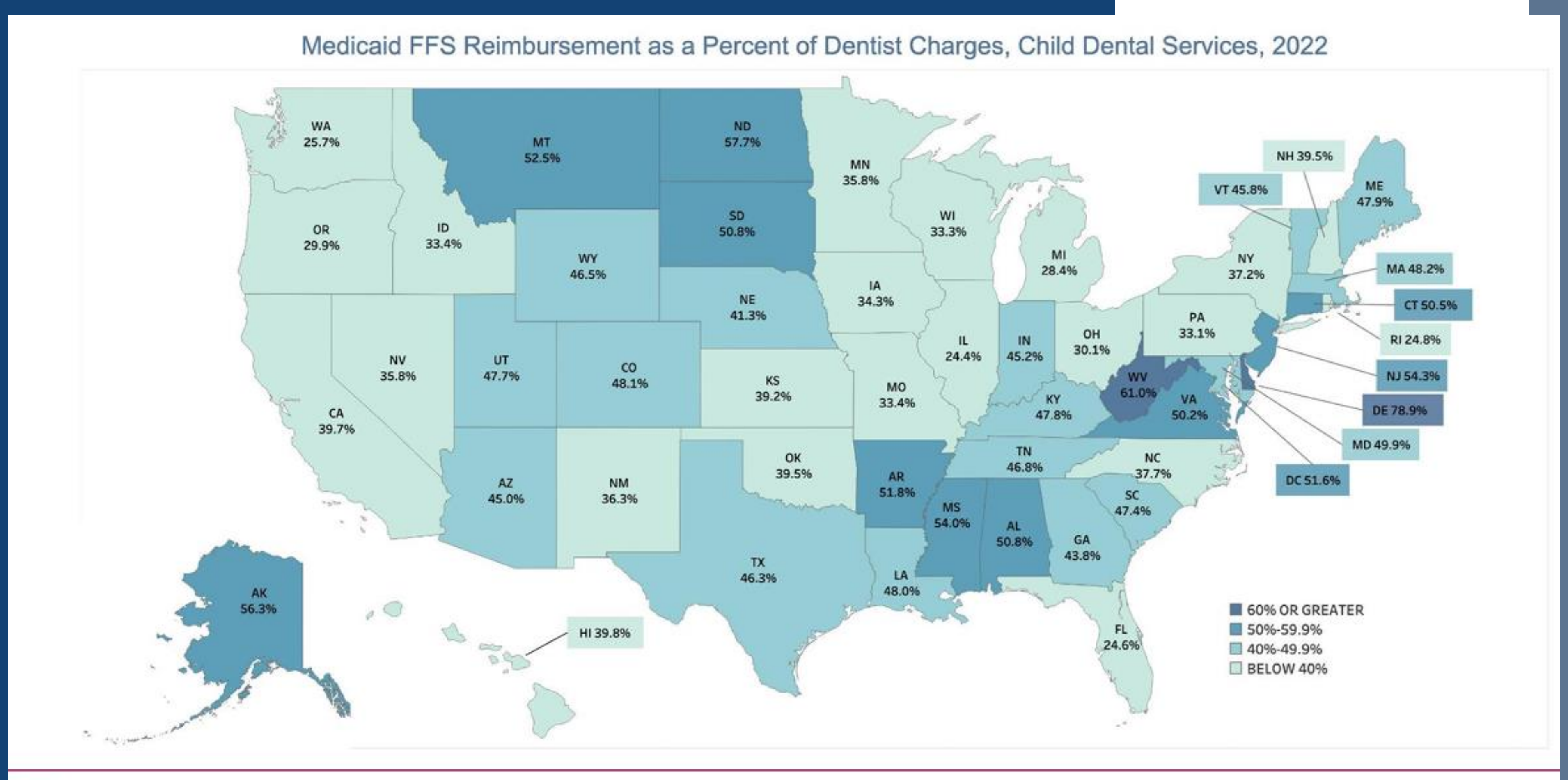
AAPD Public Policy Advocates

https://www.nyapd.org/

NY, NJ, DC, MD, VT, NH, CT, MA, RI, ME

https://www.nyapd.org/

ADA Health Policy Institute



https://www.ada.org/resources/research/health-policy-institute

Recommended Resources

- American Academy of Pediatric Dentistry (AAPD) Research & Policy Center (RPC)
- American Dental Association (ADA) Health Policy Institute (HPI)
- National Maternal and Child Oral Health Resource Center
- American Academy of Pediatrics (AAP) Section on Oral Health (SOOH)
- American College of Obstetrics and Gynecology
- Oral Health in America (NIH/NIDCR), December 2021

Feedback? Please share!

tinyurl.com/CFfeedback23

Thank you!

Chelsea Fosse, DMD, MPH

cfosse@aapd.org