Oral Health Advancements: Update from the Centers for Medicare & Medicaid Services

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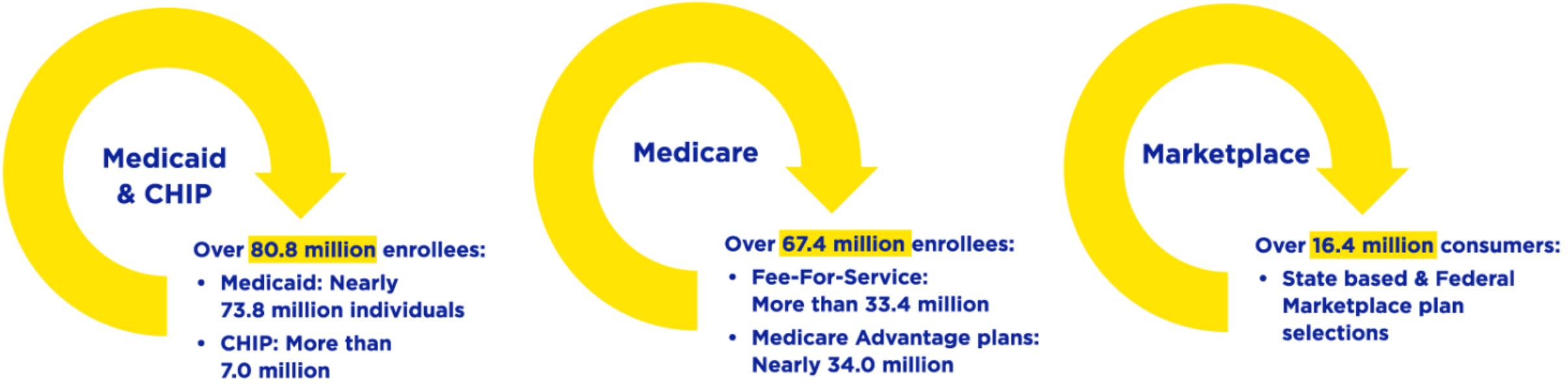
Centers For Medicare & Medicaid Services

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Every day, CMS ensures that 156.6 million* people in the U.S. have health coverage that works



*Subtotal: 164.6 million. Adjust for full-benefit Medicare/Medicaid dual eligibles (-8 million).

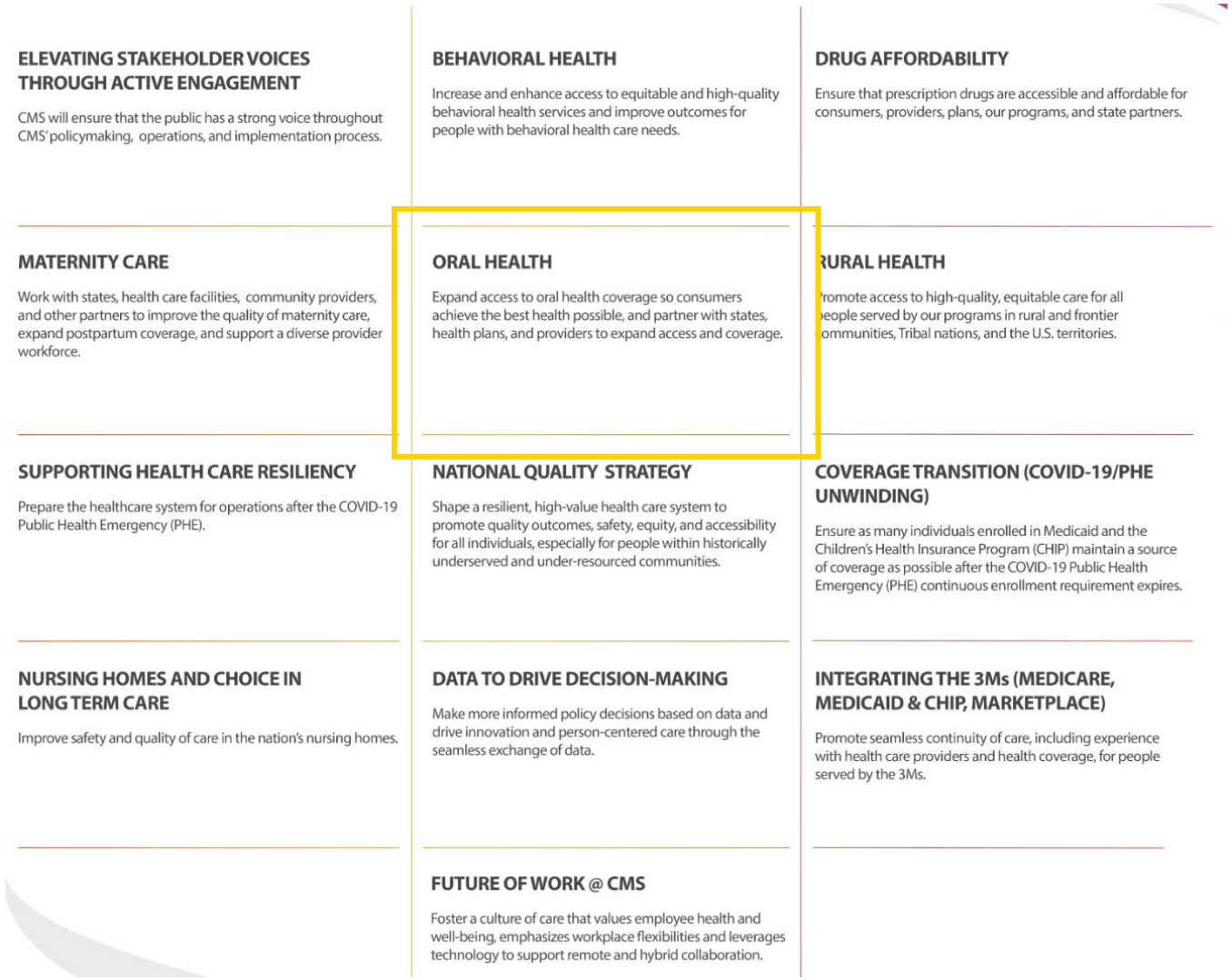
Source: https://www.cms.gov/pillar/expand-access as of 08/30/2024

CMS Vision Statement and Strategic Pillars

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes

 Source: https://www.cms.gov/cms-strategic-plan updated May 16, 2023

CMS Cross-Cutting Initiatives



ELEVATING STAKEHOLDER VOICES THROUGH ACTIVE ENGAGEMENT

CMS will ensure that the public has a strong voice throughout CMS' policymaking, operations, and implementation process.

BEHAVIORAL HEALTH

Increase and enhance access to equitable and high-quality behavioral health services and improve outcomes for people with behavioral health care needs.

DRUG AFFORDABILITY

Ensure that prescription drugs are accessible and affordable for consumers, providers, plans, our programs, and state partners.

MATERNITY CARE

Work with states, health care facilities, community providers, and other partners to improve the quality of maternity care, expand postpartum coverage, and support a diverse provider workforce.

ORAL HEALTH

Expand access to oral health coverage so consumers achieve the best health possible, and partner with states, health plans, and providers to expand access and coverage.

RURAL HEALTH

Promote access to high-quality, equitable care for all people served by our programs in rural and frontier communities, Tribal nations, and the U.S. territories.

SUPPORTING HEALTH CARE RESILIENCY

Prepare the healthcare system for operations after the COVID-19 Public Health Emergency (PHE).

NATIONAL QUALITY STRATEGY

Shape a resilient, high-value health care system to promote quality outcomes, safety, equity, and accessibility for all individuals, especially for people within historically underserved and under-resourced communities.

COVERAGE TRANSITION (COVID-19/PHE UNWINDING)

Ensure as many individuals enrolled in Medicaid and the Children's Health Insurance Program (CHIP) maintain a source of coverage as possible after the COVID-19 Public Health Emergency (PHE) continuous enrollment requirement expires.

NURSING HOMES AND CHOICE IN LONG TERM CARE

Improve safety and quality of care in the nation's nursing homes.

DATA TO DRIVE DECISION-MAKING

Make more informed policy decisions based on data and drive innovation and person-centered care through the seamless exchange of data.

INTEGRATING THE 3Ms (MEDICARE, MEDICAID & CHIP, MARKETPLACE)

Promote seamless continuity of care, including experience with health care providers and health coverage, for people served by the 3Ms.

FUTURE OF WORK @ CMS

Foster a culture of care that values employee health and well-being, emphasizes workplace flexibilities and leverages technology to support remote and hybrid collaboration.

ORAL HEALTH

CMS will consider opportunities to expand access to oral health coverage using existing authorities and health plan flexibilities. Access to oral health services that promote health and wellness is critical to allow beneficiaries and consumers to achieve the best health possible, consistent with the current program authorities for Medicare, Medicaid/CHIP, and the Marketplace. Therefore, CMS plans to partner with states, health plans, and healthcare providers to find opportunities to expand coverage, improve access to oral health services and consider options to use our authorities creatively to expand access to care.

Source: https://www.cms.gov/files/document/strategic-plan-overview-fact-sheet.pdf May 16, 2023

CMS Oral Health Cross-Cutting Initiative Fact Sheet

CMS Cross Cutting Initiative

Oral Health

Overview

Oral health affects individuals, families, and communities and is central to overall health and well-being. The Centers for Medicare & Medicaid Services (CMS) is committed to addressing **barriers to oral health care** in pursuit of our mission to improve quality, equity, and outcomes across the healthcare system. Guided by the agency's **Strategic Plan**, the CMS Oral Health Cross-Cutting Initiative (CCI) works across the agency to enhance alignment and focus on oral health in CMS programs and policies. These initiatives are high-level, multi-year priorities for CMS that bring our centers and offices together to leverage their expertise and strengthen collaboration.

The Oral Health CCI, led by the **CMS Chief Dental Officer**, seeks to achieve equal access to oral health care, eliminate persistent oral health disparities, expand access to oral health services, foster collaborative engagement with stakeholders, and utilize data analytics and innovation to inform policy priorities. Access to oral health services that promote health and wellness is critical to allow people with Medicare, Medicaid, and Marketplace coverage to achieve the best health possible. CMS partners with states, health plans, and healthcare providers to find opportunities to expand coverage, improve access to oral health services, and consider options within existing authorities to expand access to care.

CMS Oral Health Key Results

The CMS Oral Health CCI has delivered meaningful results across CMS programs in expanding and improving oral health services.

Medicare

- **Strengthened oral health coverage:** The statute precludes Medicare payment for most dental services. However, Medicare can pay for dental services when that service is inextricably linked to, and substantially related and integral to the clinical success of, a specific treatment of an individual's primary medical condition.
  - In the **CY 2023 Physician Fee Schedule (PFS) final rule**, CMS codified that Medicare payment under Parts A and B could be made when dental services are furnished in an inpatient or outpatient setting under particular circumstances. Specifically, CMS finalized: Clarification and codification of current payment policies for dental services that are inextricably linked, and substantially related and integral to the clinical success of, other covered medical services, and added payment policies for dental services in other clinical scenarios, including dental exams and necessary treatments prior to organ transplant surgery, and cardiac valve replacement and valvuloplasty procedures.
- In the **CY 2024 PFS final rule**, CMS codified that payment can be made for dental services that are inextricably linked to chemotherapy, CAR T-cell therapy, and administration of high-dose bone modifying agents (antiresorptive therapy) when used in the treatment of cancer. CMS also codified that payment can be made for dental services that are inextricably linked to head and neck cancer treatments, including services before and during treatment, and services to address dental complications following treatment.

- **Strengthened access to oral health services through the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) 2024 final rule:** CMS finalized Medicare payment rates under the OPPS for over 240 dental codes, making the services these codes described payable when they meet Medicare payment and coverage requirements as interpreted in the CY 2023 and CY 2024 PFS final rules. The CY 2024 OPPS/ASC final rule also added 26 payable dental surgical procedures to the ASC Covered Procedures List and 78 ancillary dental services to the list of covered ancillary services, increasing consumers' access to these services when they meet coverage and payment requirements. The complete list of procedures **assigned payment rates in the CY 2024 OPPS/ASC final rule** can be found in the CY 2024 ASC Addenda under Addendum AA and BB.

More information on Medicare Dental Coverage is found **here**.

Medicaid

- **Advancing dental coverage for pregnant or postpartum Medicaid enrollees:** As of October 2022, all 50 states and D.C. have decided to offer some dental coverage for Medicaid enrollees who are pregnant or postpartum through at least 60 days after pregnancy.
- **Advancing oral health prevention in primary care:** In 2023, CMS completed a two-year action-oriented **quality improvement learning collaborative** focused on advancing oral health prevention in primary care. CMS supported 14 states in the Advancing Oral Health Prevention in Primary Care affinity group. Results from states that participated in the affinity group can be found in the **highlights brief** and state spotlights webinar. Additional **Oral Health Quality Improvement Resources** are available for stakeholders.
- **Partner collaboration identifying emerging oral health opportunities:** In Spring 2022, CMS conducted the Oral Health Human-Centered Design Customer Engagement to understand barriers to oral health care access for Medicaid or dual eligible children and adults. These findings are illustrated in the **Barriers to Oral Health** infographic co-created by CMS and external customers. In 2023, CMS established the Medicaid and CHIP Oral Health Initiative Workgroup to obtain input from experts about strategic priorities for the next five years for improving oral health care access, quality, and outcomes. Read the workgroup's **findings** in the "Recommendations for Improving Oral Health Care Access, Quality, and Outcomes and Advancing Equity in Medicaid and the Children's Health Insurance Program".
- **Finalized mandatory standardized quality measures: The Child and Adult Core Sets** of quality measures for Medicaid and CHIP are key indicators of the access to—and quality of—health care Medicaid and CHIP beneficiaries receive. The Core Sets are important tools states can use to monitor and improve the quality of health care provided to Medicaid and CHIP beneficiaries. The Child Core Set includes measures related to oral exams, fluoride application, and dental sealants. Those measures are mandatory for states to report beginning in 2024.

Marketplace

- **No Surprises Act (NSA) provisions for dental providers:** After the NSA took effect, the Center for Consumer Information and Insurance Oversight (CCIIO) hosted an overview webinar for 250 dental providers. CCIIO subject matter experts reviewed the NSA's provisions and discussed how and when they apply to dental providers.
- **Strengthening dental coverage through the Marketplaces:** In April 2023, CMS finalized two policies in the 2024 Payment Notice related to **stand-alone dental payments (SADPs)**. First, SADP issuers are required, as a condition of Marketplace certification, to use an enrollee's age on the effective date as the sole method to calculate an enrollee's age for rating and eligibility purposes, which reduces consumer confusion and promotes operational efficiency. Secondly, SADP issuers are required to submit guaranteed rates versus estimated rates as a condition of Marketplace certification, which reduces the risk of incorrect advance payments of the premium tax credit (APTC) calculation for the pediatric dental Essential Health Benefits (EHB) portion of premiums, thereby reducing the risk of consumer harm.
- **Essential Health Benefits (EHB) Expansion:** In April 2024, CMS finalized the **2025 Payment Notice,** which includes a new policy that allows states to update their EHB-benchmark plans to include routine adult dental services as an EHB. This policy allows states to add these benefits via the EHB-benchmark application process beginning in 2025, which would first be effective for benefit years beginning on or after January 1, 2027.

Oral Health Analytics: Data- and Evidence-Driven Insights

CMS conducts timely research and analysis of Medicare, Medicaid, and Marketplace program data to identify trends, challenges, and opportunities in oral health care. This analytical work is advancing oral health science, shaping future research, and informing policy development.

Medicare

- CMS expanded oral health data collection efforts for the Medicare population through the Medicare Current Beneficiary Survey (MCBS) to include overall oral health, tooth sensitivity and dry mouth symptoms. CMS also introduced the Oral Health Impact Profile (OHIP-5) to the MCBS with data collection starting in Fall 2024.

Additional research and analysis:

- **MCBS Public Use File (PUF) on Oral Health and Access to Dental Care Among Medicare Beneficiaries Living in the Community in 2020**
- **2019 Medicare Current Beneficiary Survey (MCBS) Report on Dental, Vision, and Hearing Care Services**
- **Utilization of Dental Services by Medicare Beneficiaries Living in the Community and Dental Out-of-Pocket Expenses, 2021**
- **Oral Cancer Screening Among Medicare Beneficiaries Living in the Community**
- **Associations between oral health and general health among Medicare beneficiaries**
- **Oral Health Among Medicare Beneficiaries Living in the Community, 2021**
- **Dental Coverage Status and Utilization of Preventive Dental Services by Medicare Beneficiaries**
- **Oral Health Among Medicare Beneficiaries in Nursing Homes**

Medicaid

- **Medicaid & CHIP Beneficiaries at a Glance: Oral Health**
- **Medicaid Adult Beneficiaries Emergency Department Visits for Non-Traumatic Dental Conditions**

Stay Connected

Contact us at **OralHealth@cms.hhs.gov**.

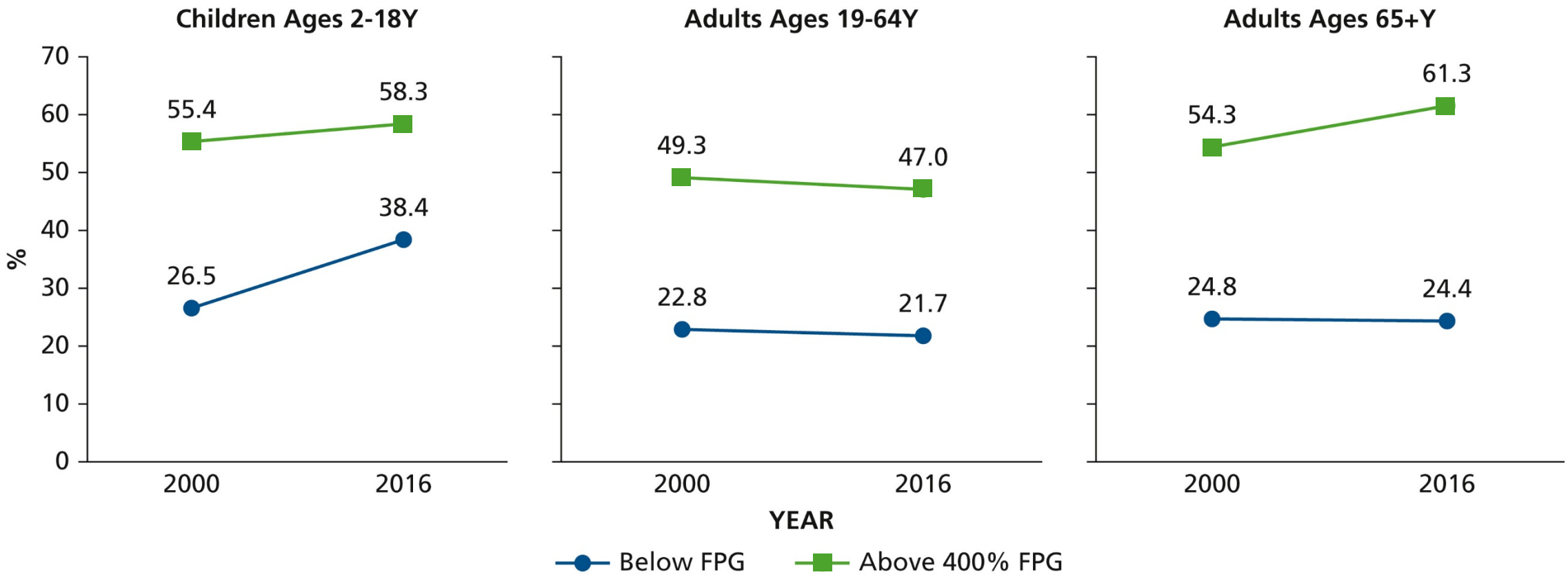
Join the Oral Health **Listserv** to remain current on this CMS Cross Cutting Initiative.

Your Voice

Help inform future policy development: We encourage the public to continue to submit recommendations through our public process. You may submit electronic comments on CMS regulation by following the instructions to "Submit a comment" at **https://www.regulations.gov**.

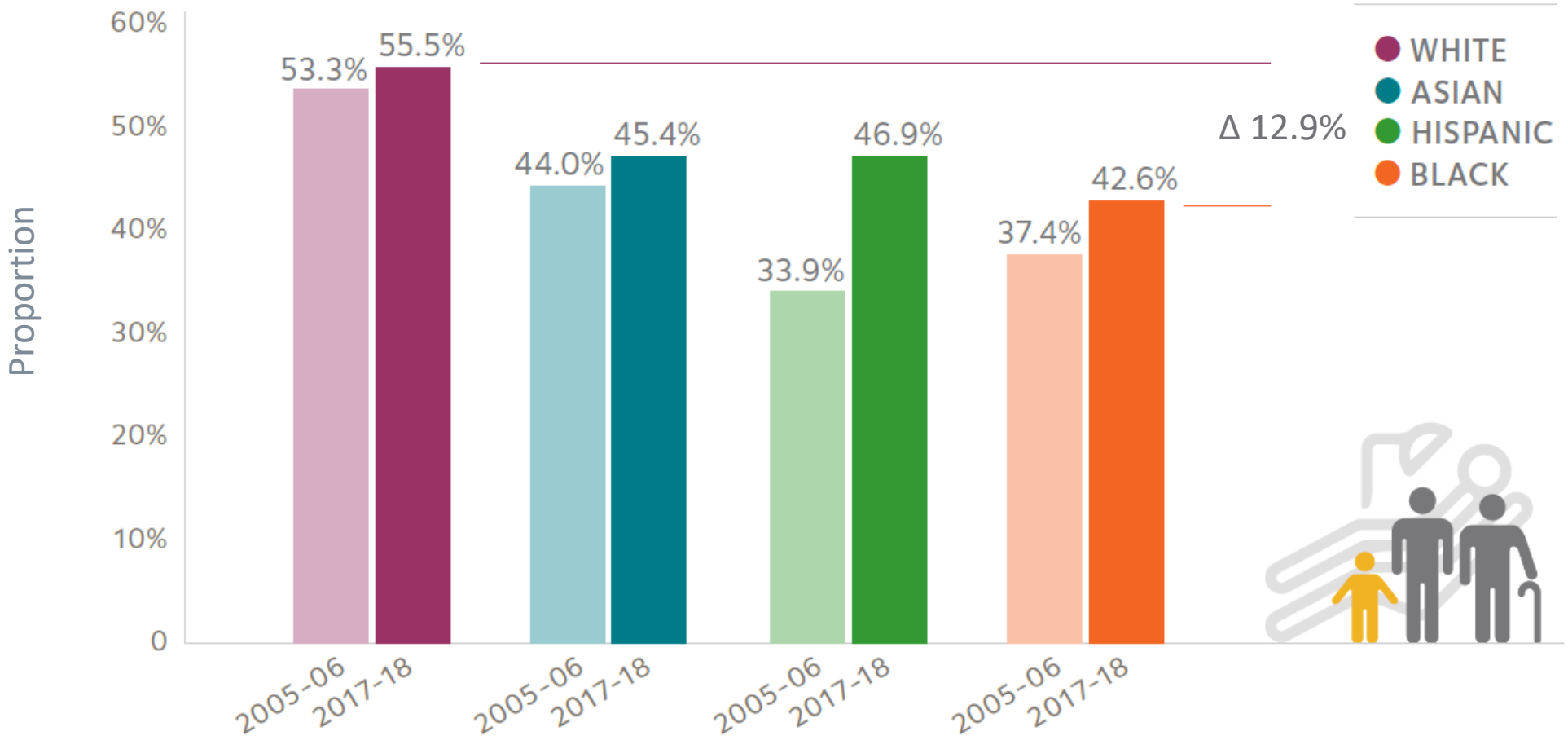
 Source: https://www.cms.gov/files/document/oral-health-cci-fact-sheet.pdf

Dental Visit in the Past Year By Poverty



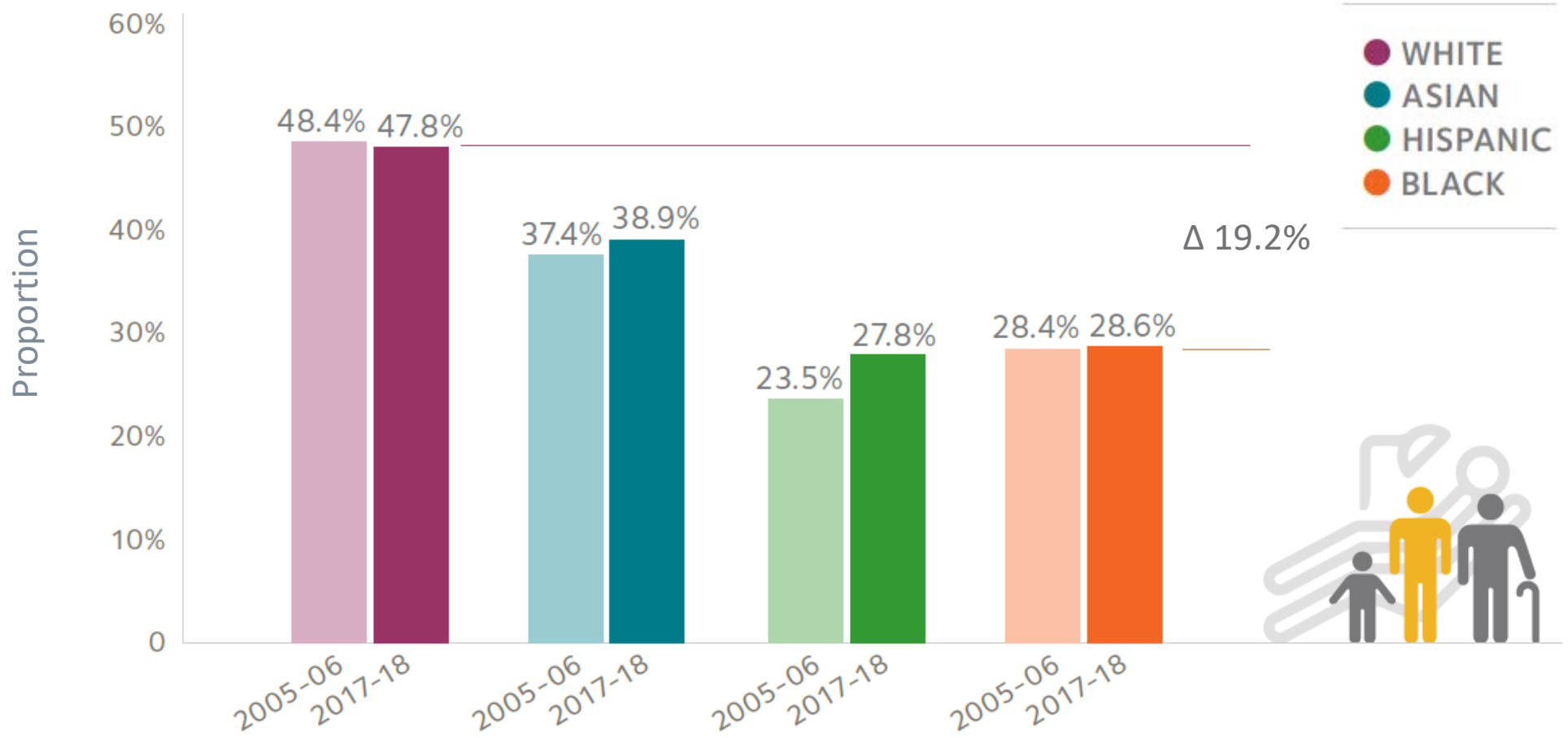
Source: Yarbrough and Vujicic Oral health trends for older Americans JADA 2019

Children With A Dental Visit In The Past Year



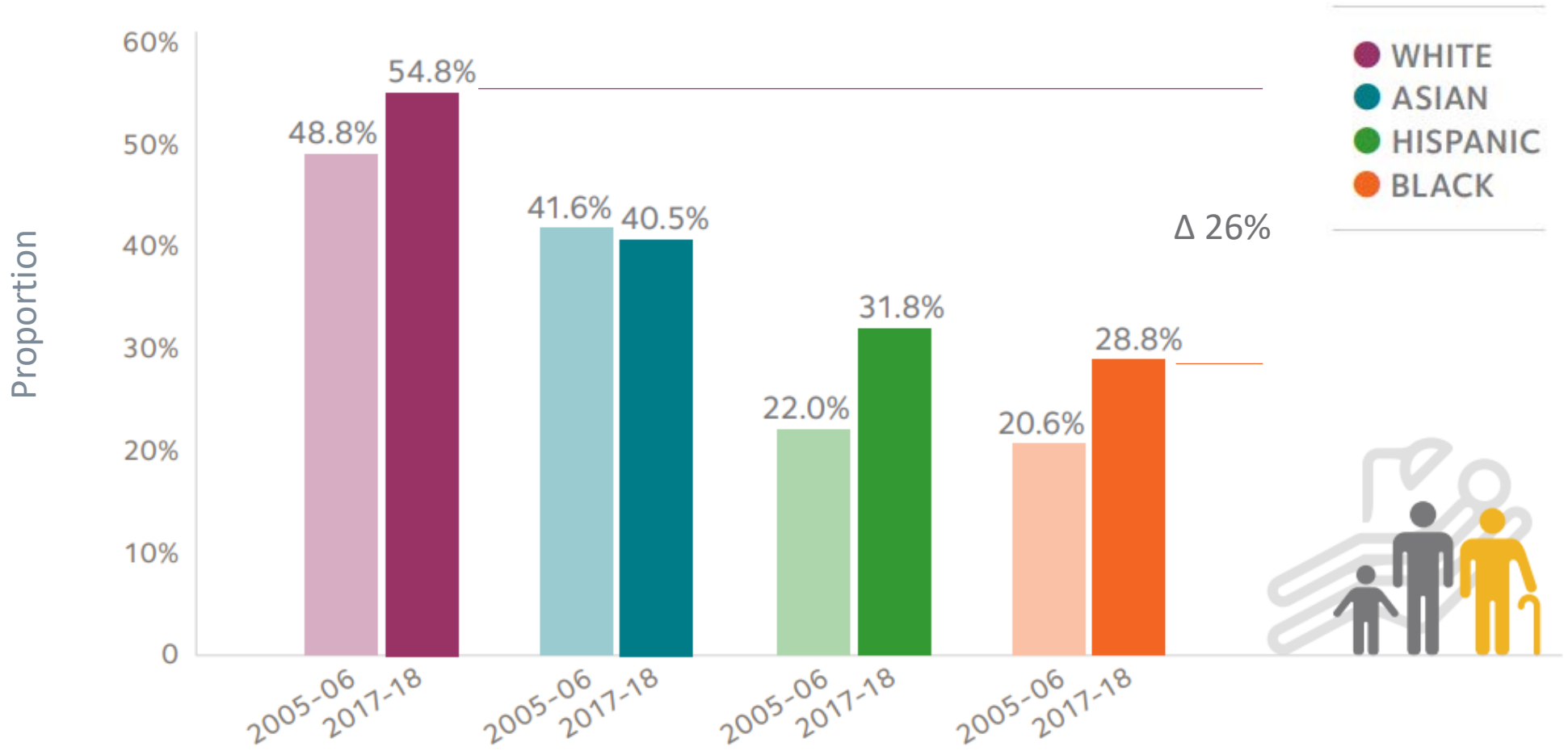
Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey

Adults With A Dental Visit In The Past Year



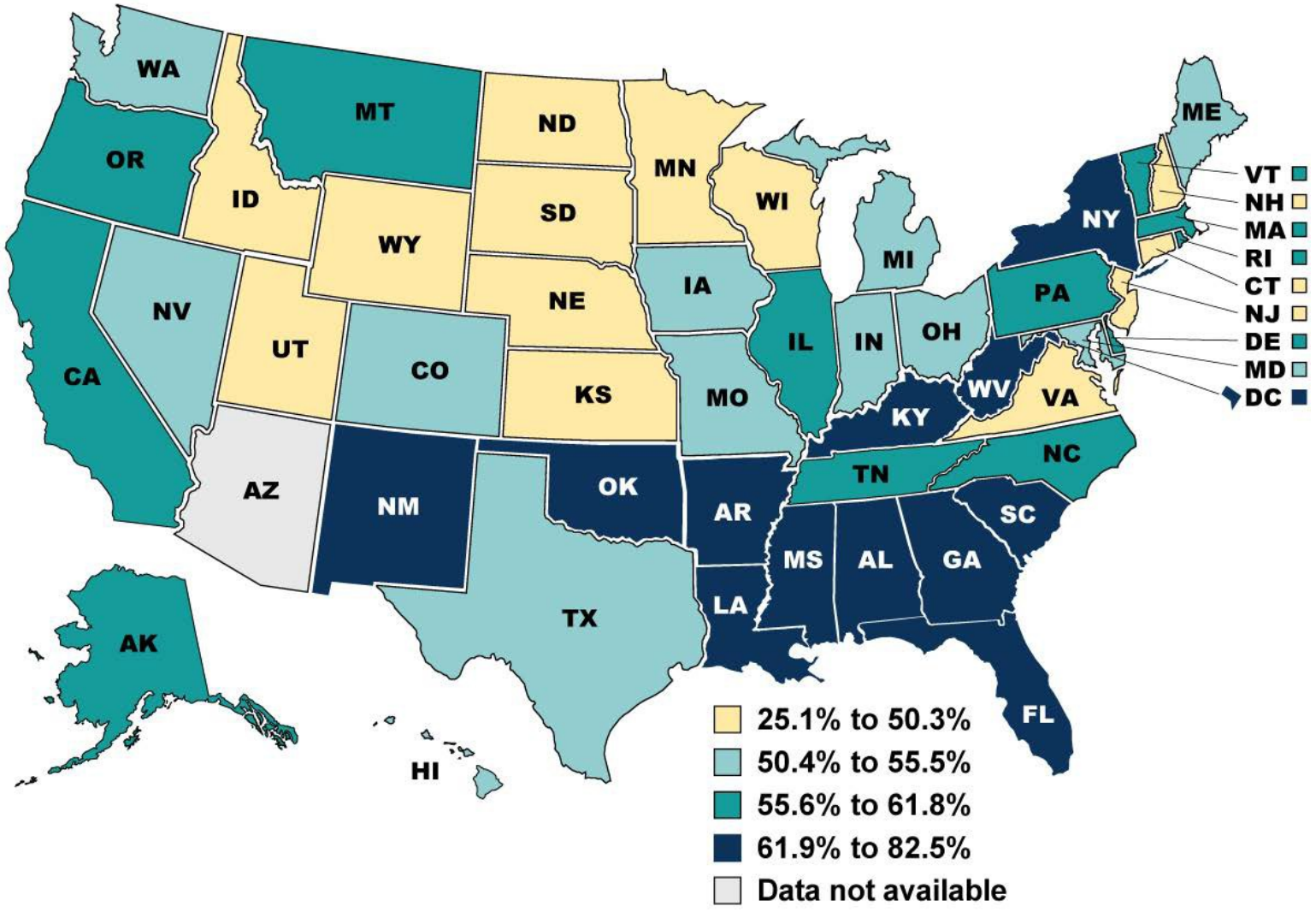
Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey

Seniors With A Dental Visit In The Past Year



Source: ADA Health Policy Institute analysis of data from the Medical Expenditure Panel Survey

Percentage of Child Population Enrolled in Medicaid or CHIP, by State, July 2022



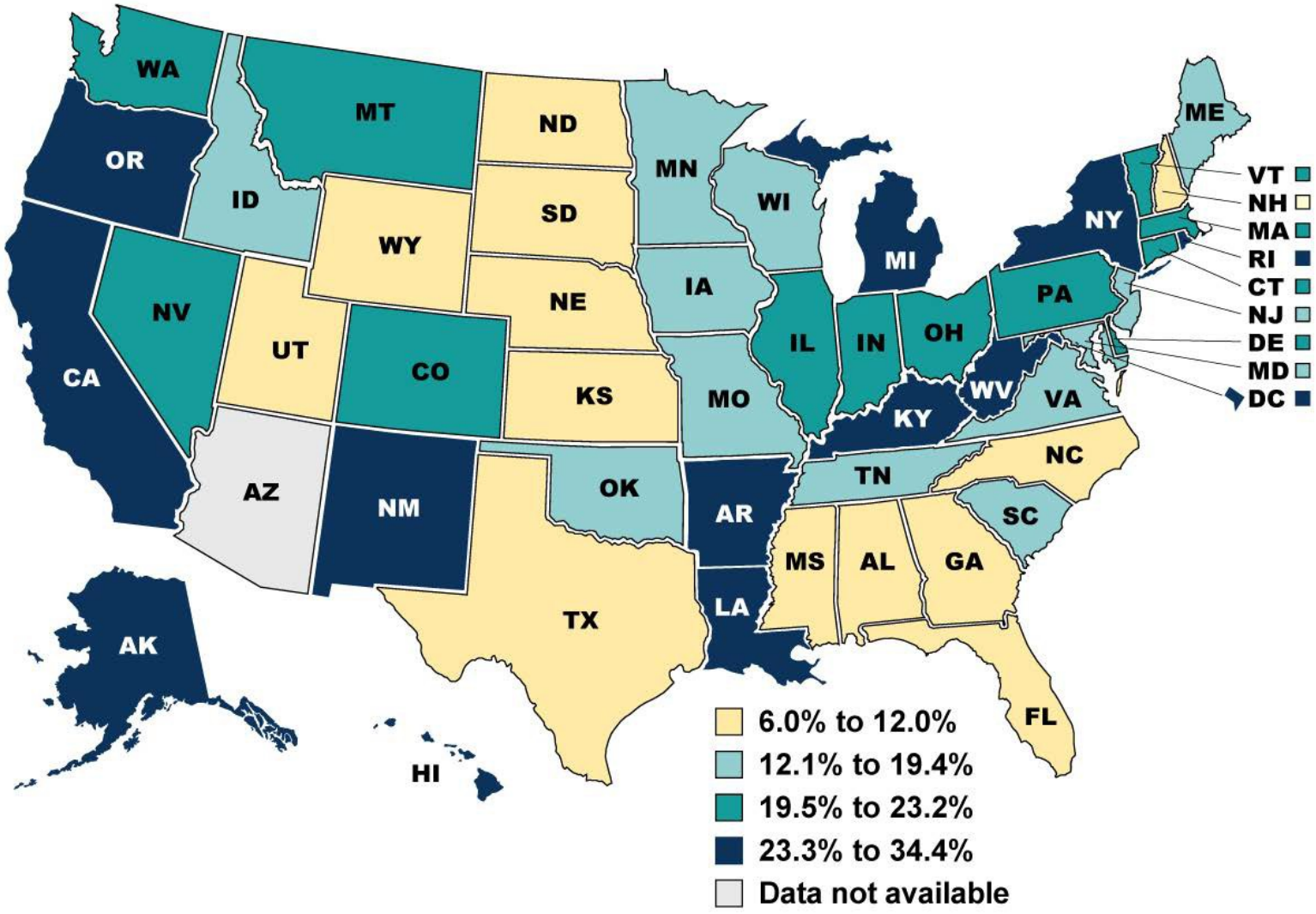
Notes:
Enrollment in Medicaid or CHIP includes individuals with full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP child enrollment by estimates of each state's resident population of children. Children enrolled in Medicaid or CHIP in each state include children and adolescents up to age 19. Estimates of each state's resident population include children under age 18. AZ did not report age-specific enrollment data to CMS. Results for all other states were rounded to one decimal place, and then states were assigned to quartiles.

Sources:
CMS. Updated July 2022 Applications, Eligibility, and Enrollment Data (as of November 3, 2022).
Available at:
https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/monthly-reports/index.html

U.S. Census Bureau. Estimates of the Resident Population for July 1, 2022. Table SCPRC-EST2022-18+POP.
Available at:
https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html

Source: 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

Percentage of Adult Population Enrolled in Medicaid or CHIP, by State, July 2022



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Sources:
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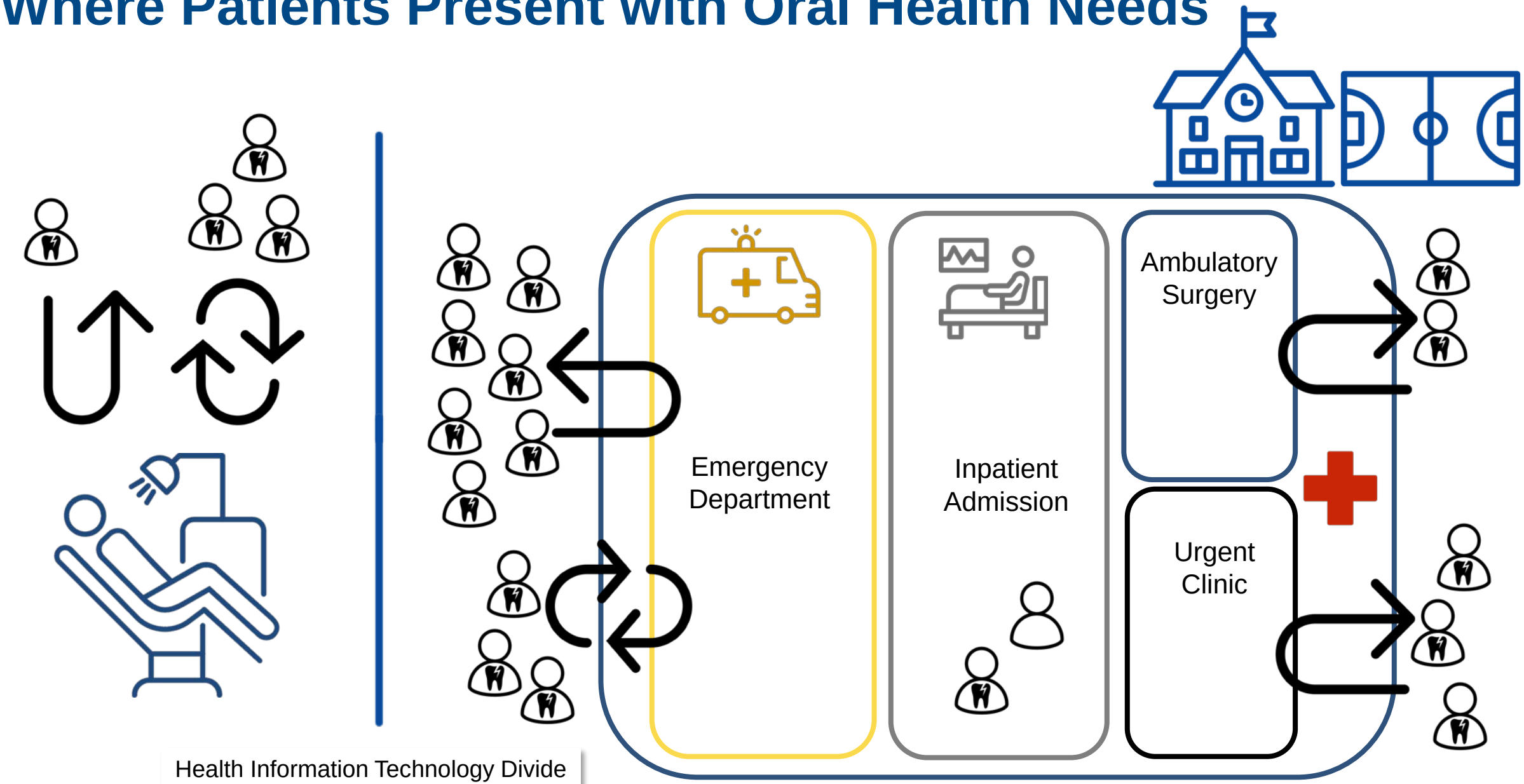
Source: 2023 Medicaid and CHIP Beneficiary Profile, https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2023.pdf

Where Patients Present with Oral Health Needs



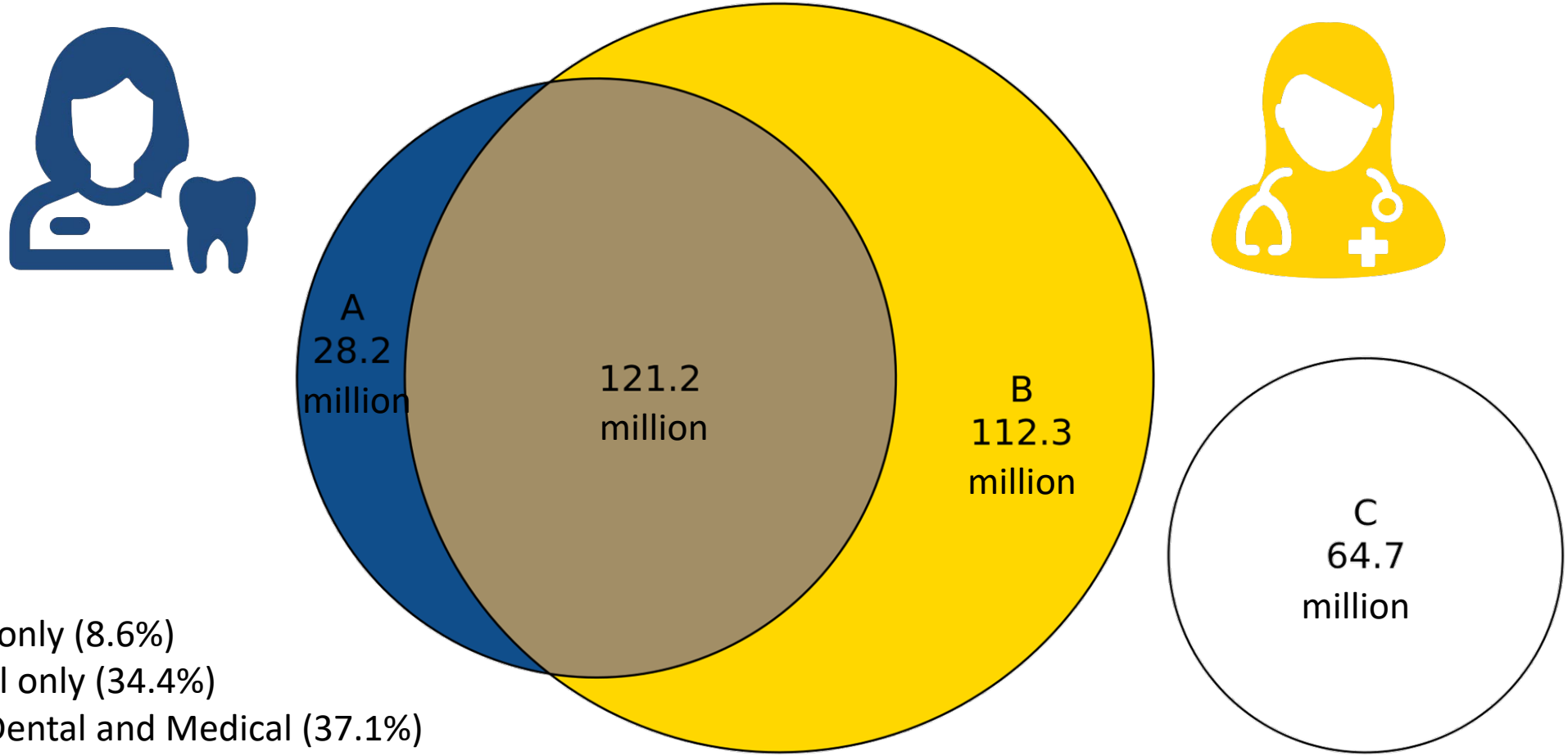
Health Information Technology Divide
Diagnostic Coding
Integration and Coordination of Care

Where People Manage Oral Health

8758 h ← 8760 hours in a year → 2 h

People spend more hours managing their oral health at home than in a clinical setting.

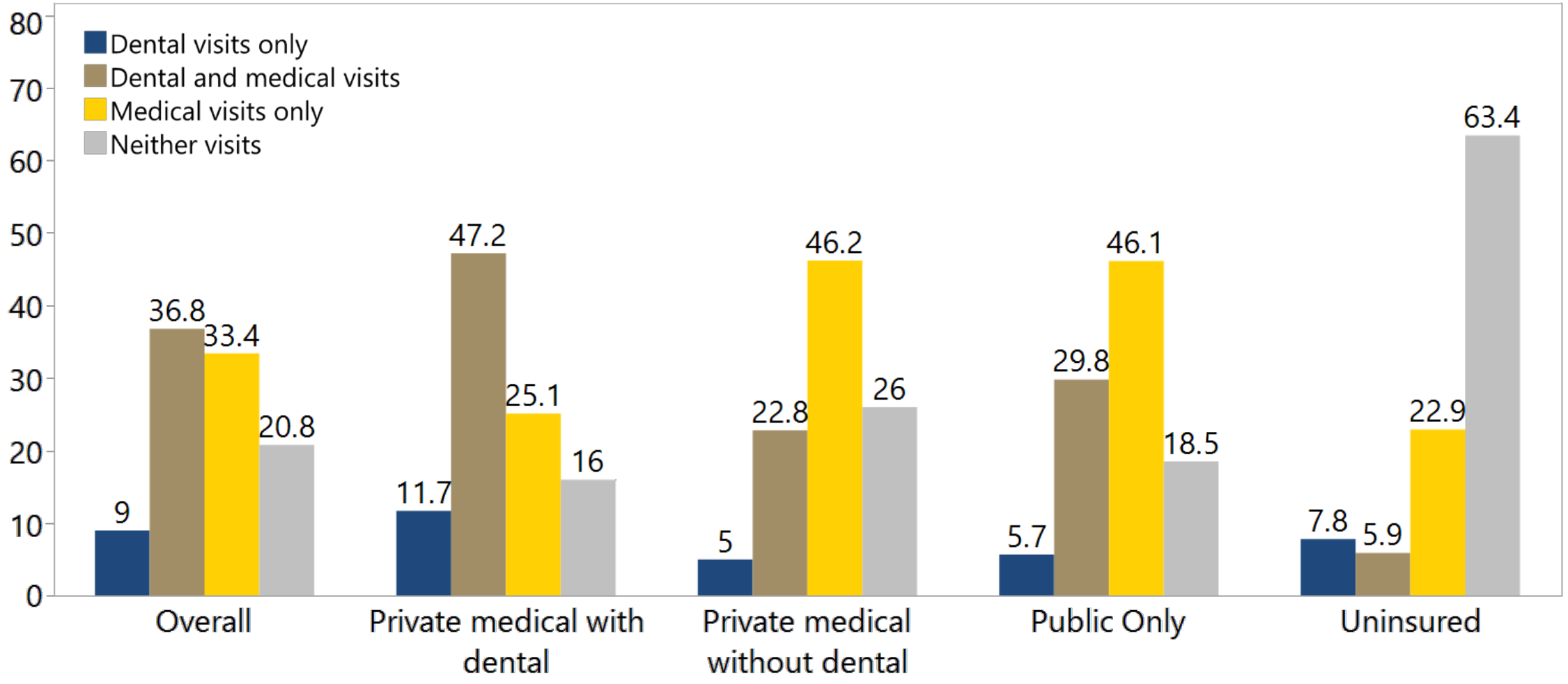
Population with Any Dental and Medical Visits, 2018



A: Dental only (8.6%)
B: Medical only (34.4%)
A and B: Dental and Medical (37.1%)
C: Neither dental nor medical (19.8%)

Source: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends, Medical Expenditure Panel Survey, Household Component, 2018.

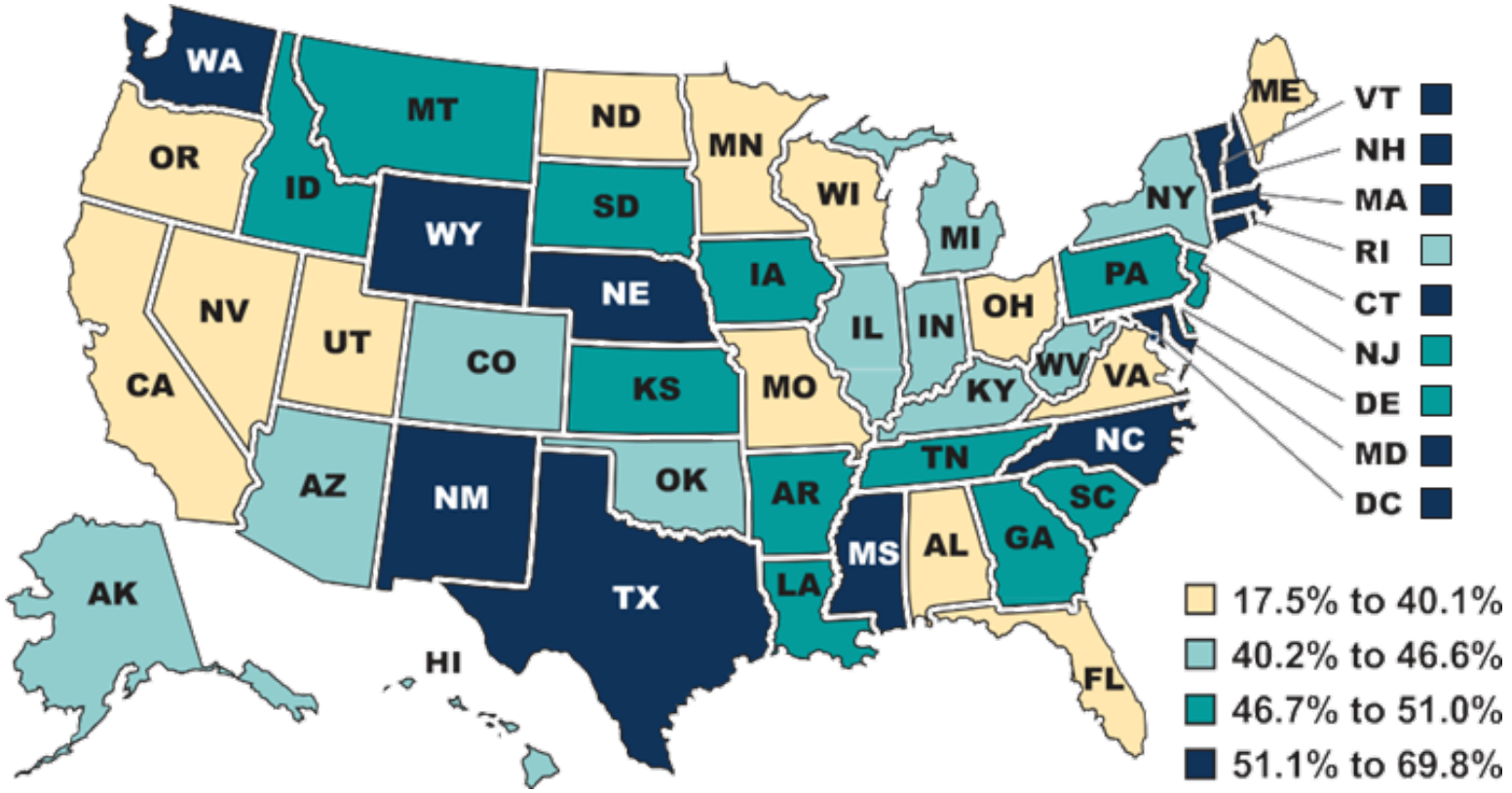
Overall Proportion of the Population with Any Dental or Medical Visits by Insurance Coverage, 2019

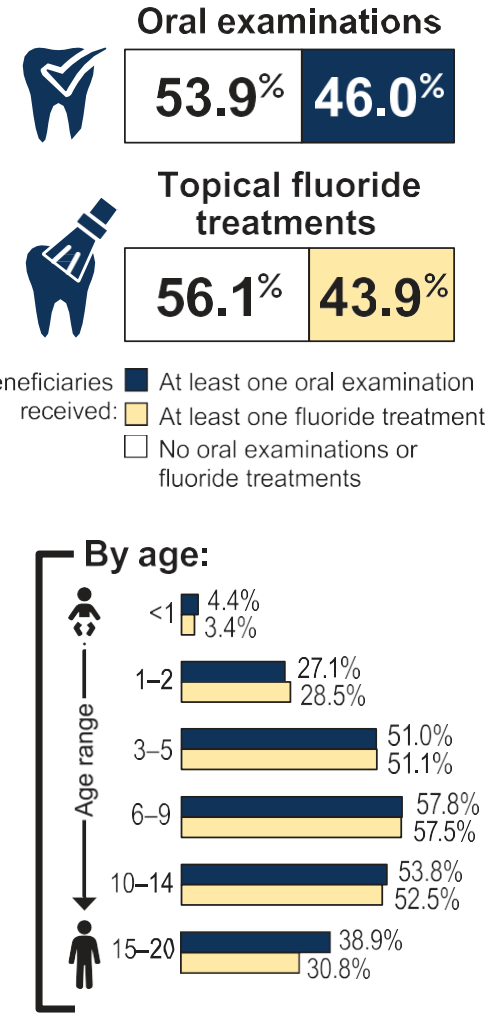


Source: Manski, R., Rohde, F., Ricks T., and Chalmers, N. Trends in the Number and Percentage of the Population with Any Dental or Medical Visits, 2019. Statistical Brief #544. October 2022. Agency for Healthcare Research and Quality, Rockville, MD. https://meps.ahrq.gov/data_files/publications/st544/stat544.shtml

Children and Adolescents Who Received Oral Examinations or Topical Fluoride Treatments, 2018

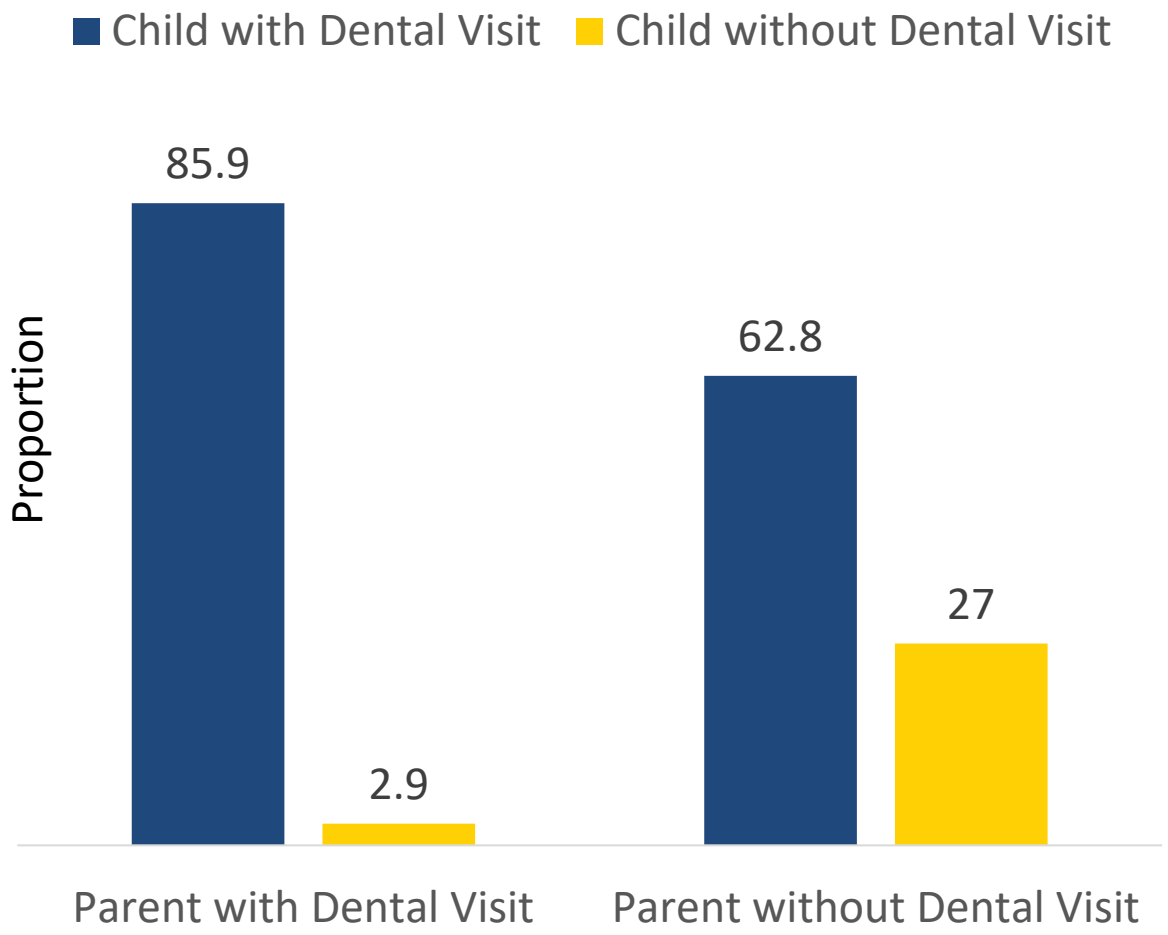
Beneficiaries with at Least One Oral Examination





Source: 2023 Medicaid and CHIP Beneficiary Profile https://www.medicaid.gov/medicaid/quality-of-care/index.html

Parents Dental Care Experience is Key to Coverage and Access



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

ABSTRACT Although all state Medicaid programs cover children's dental care, Medicaid-eligible children are more likely to experience tooth decay than children in higher-income families. Using data from the 1999–2016 National Health and Nutrition Examination Survey and the 2003, 2007, and 2011–12 waves of the National Survey of Children's Health, we examined the association between Medicaid adult dental coverage (an optional benefit) and children's oral health. Adult dental coverage was associated with a statistically significant 5-percentage-point reduction in the prevalence of untreated caries among children after Medicaid-enrolled adults had access to coverage for at least one year. These policies were also associated with a reduction in parent-reported fair or poor child oral health with a two-year lag between the onset of the policy and the effect. Effects were concentrated among children younger than age twelve. We estimated declines in poor oral health among all racial and ethnic subgroups, although there was some evidence that non-Hispanic Black children experienced larger and more persistent effects than non-Hispanic White children. Future assessments of the costs and benefits of offering adult dental coverage may consider potential effects on the children of adult Medicaid enrollees.

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Sandra L. Decker is a health economist in the Division of Research and Modeling, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, in Rockville, Maryland.

Richard J. Manski is a professor in and chair of the Department of Dental Public Health at the University of Maryland School of Dentistry, in Baltimore, Maryland.

Mingan Yang is an associate professor in the School of Public Health, San Diego State University.

Despite considerable progress, tooth decay remains the most common childhood chronic disease.[1] Medicaid-eligible children are more likely to experience tooth decay compared with children in higher-income families but are less likely to visit the dentist annually (29 percent versus 55 percent).[2] All state Medicaid programs cover a comprehensive set of preventive and restorative dental services for children under the Early and Periodic Screening, Diagnostic, and Treatment benefit. Although financial barriers are frequently reported as the reason for not receiving needed dental care among both adults and children,[3] noncost barriers may also play an important role in explaining income-based disparities in children's dental care use.

Children are more likely to have regular dental visits when their parents have dental coverage or a recent dental visit.[4–6] Parental dental coverage may facilitate children's dental care use in several ways. For example, providers may relay information about recommended dental care or dental benefits available to publicly insured children when a parent has a dental visit. As many general dentists treat both adults and children,[7] families may cluster their appointments when both parents and children have dental coverage, reducing transportation barriers and requiring less time off work. Parent dental coverage may also reduce out-of-pocket health care spending,[8] which could increase available resources for children's health care needs.

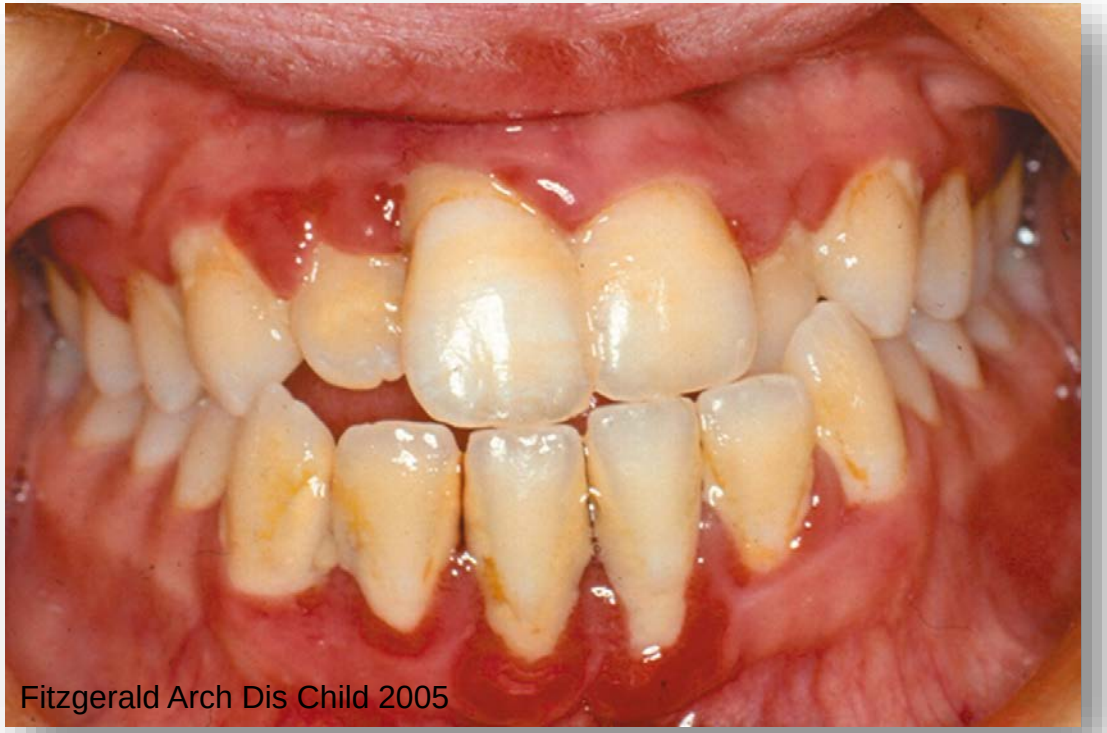
In contrast to the requirements for children, states are not required to provide any level of

Source: Isong *et al.* Pediatrics 2010

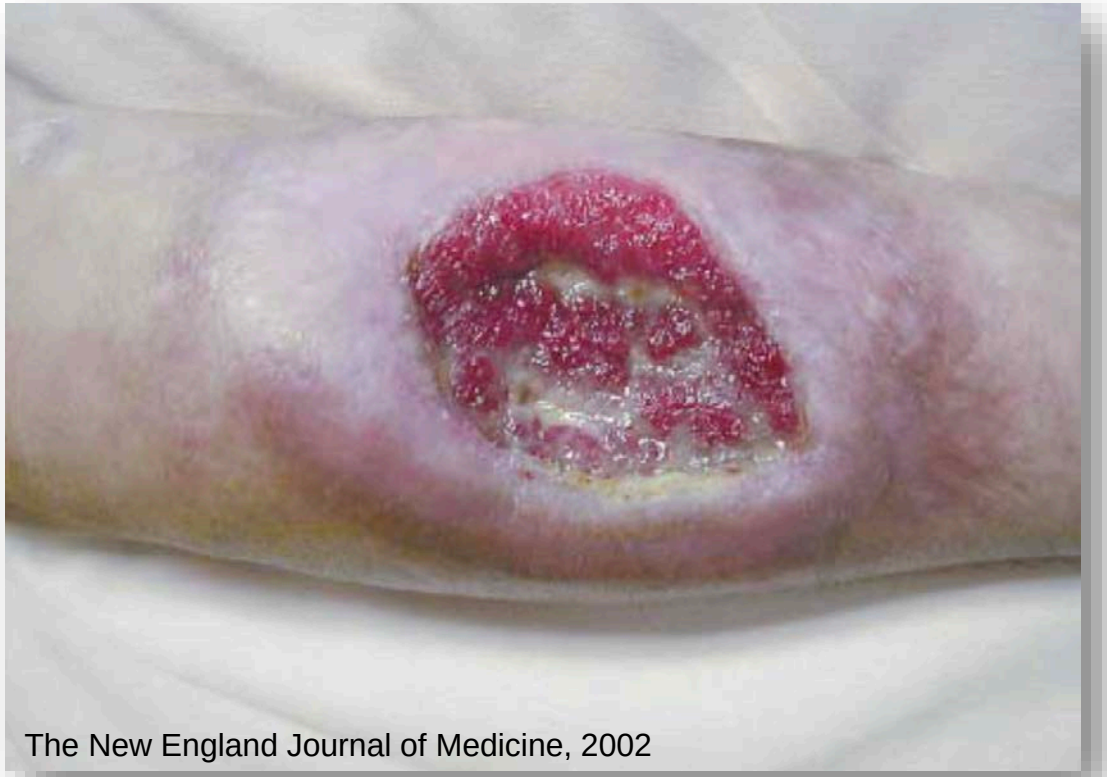
Source: Lipton *et al. Health Affairs* 2021

Poor Oral Health, Infection and Inflammation

Total inflammation surfaces are approximately the same.



Chronic periodontal disease



Nonhealing Ulcer over the Ulnar Aspect of the Left Forearm

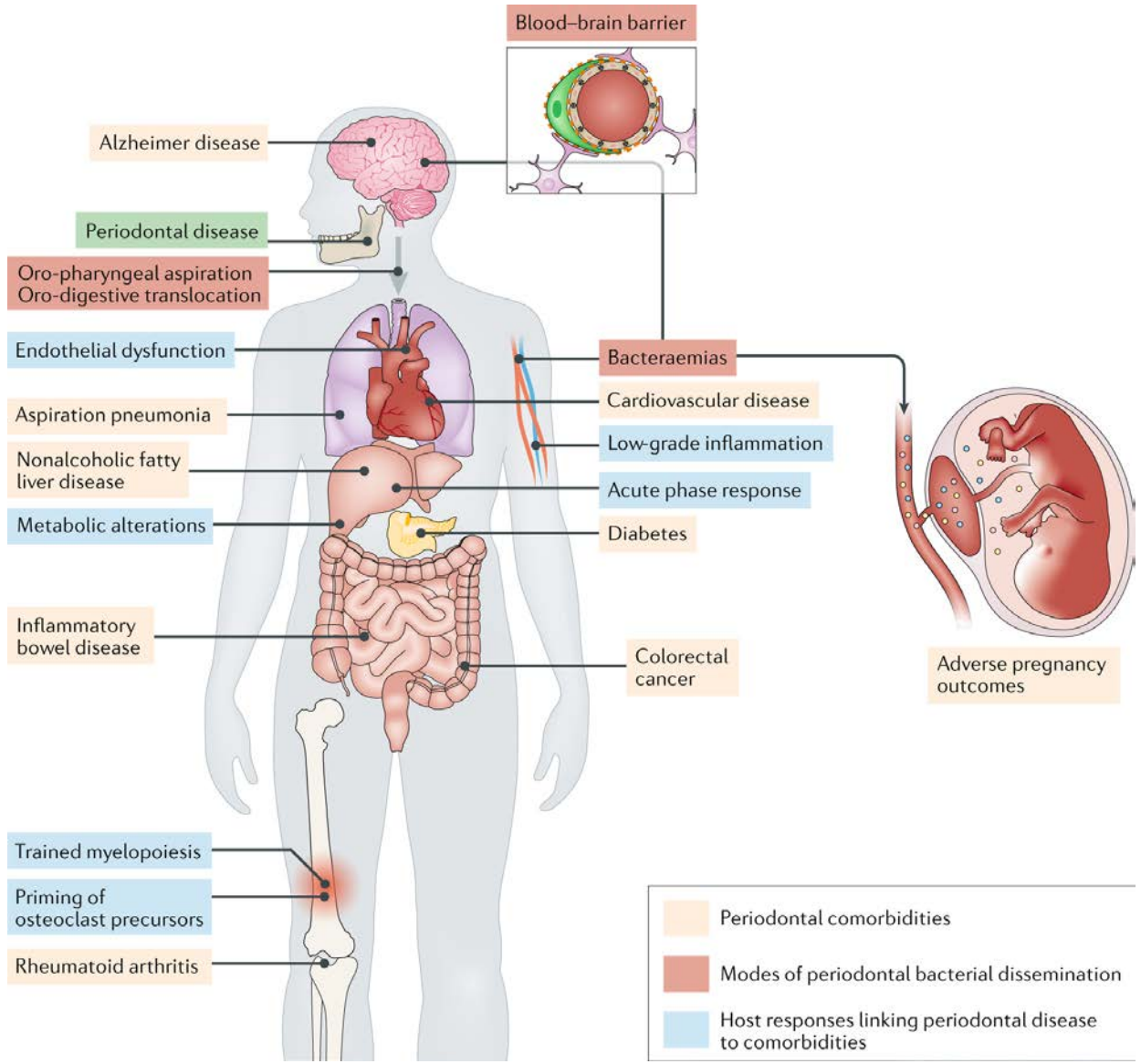
Periodontal Disease and Associated Inflammatory Comorbidities

Periodontitis Inflammatory Comorbidities

- Cardiovascular disease
- Type 2 diabetes mellitus
- Rheumatoid arthritis
- Inflammatory bowel disease
- Alzheimer disease
- Nonalcoholic fatty liver disease
- Cancers

Dissemination

- Bacteremia, hematogenous
- Oro-pharyngeal dissemination
- Oro-digestive dissemination



Source: Hajishengallis and Chavakis Nat Rev Immunol 2021

Association Between Maternal Periodontal Disease and Adverse Pregnancy Outcomes

Maternal periodontal disease increases the odds of low birthweight by

10%

Maternal periodontal disease increases the odds of preterm birth by

15%

Maternal periodontal disease increases the odds of spontaneous abortion by

34%

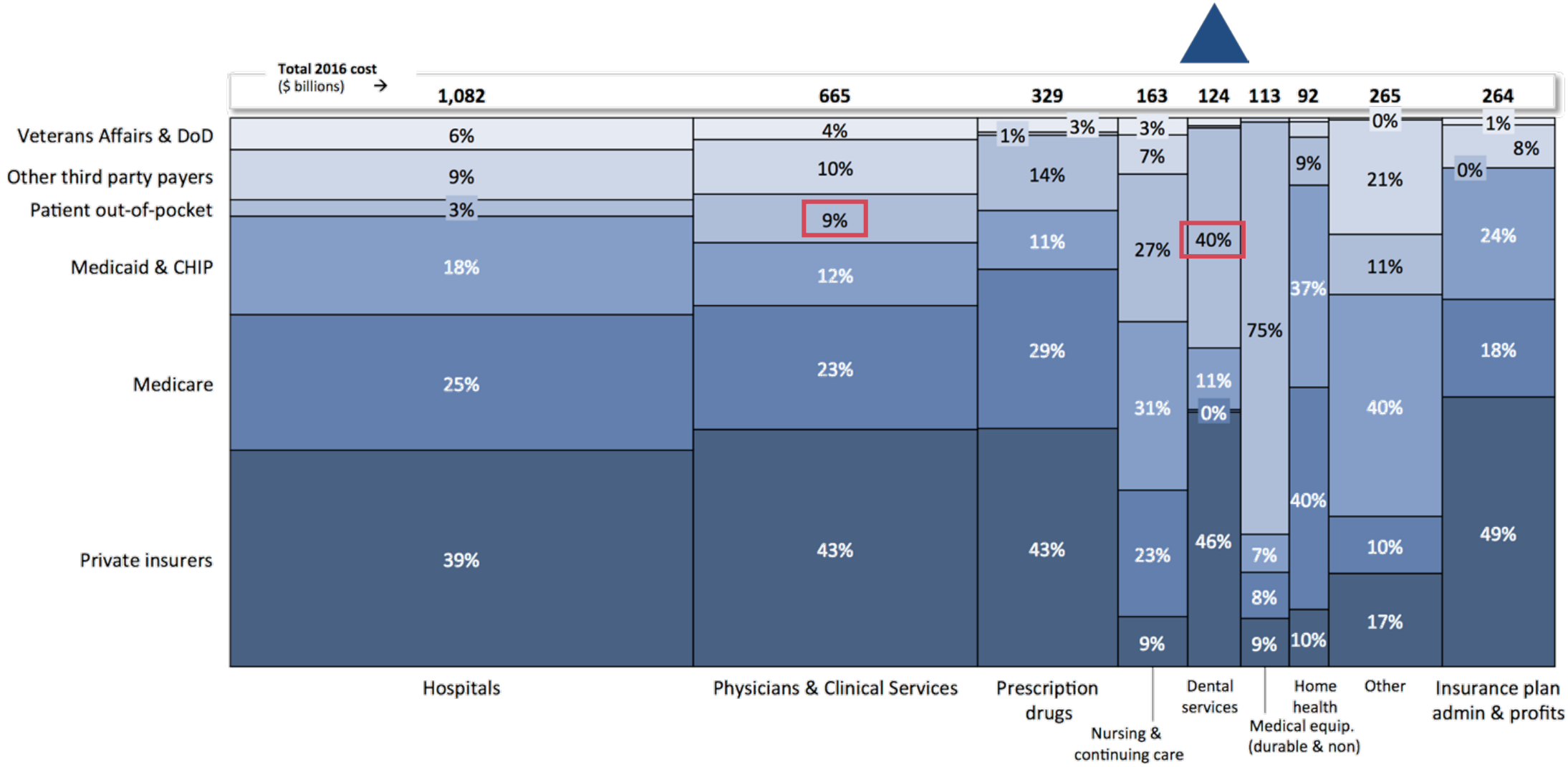
Maternal periodontitis increases the odds of any maternal complications by

19%

Source: Choi *et al*. Family Practice, 2021

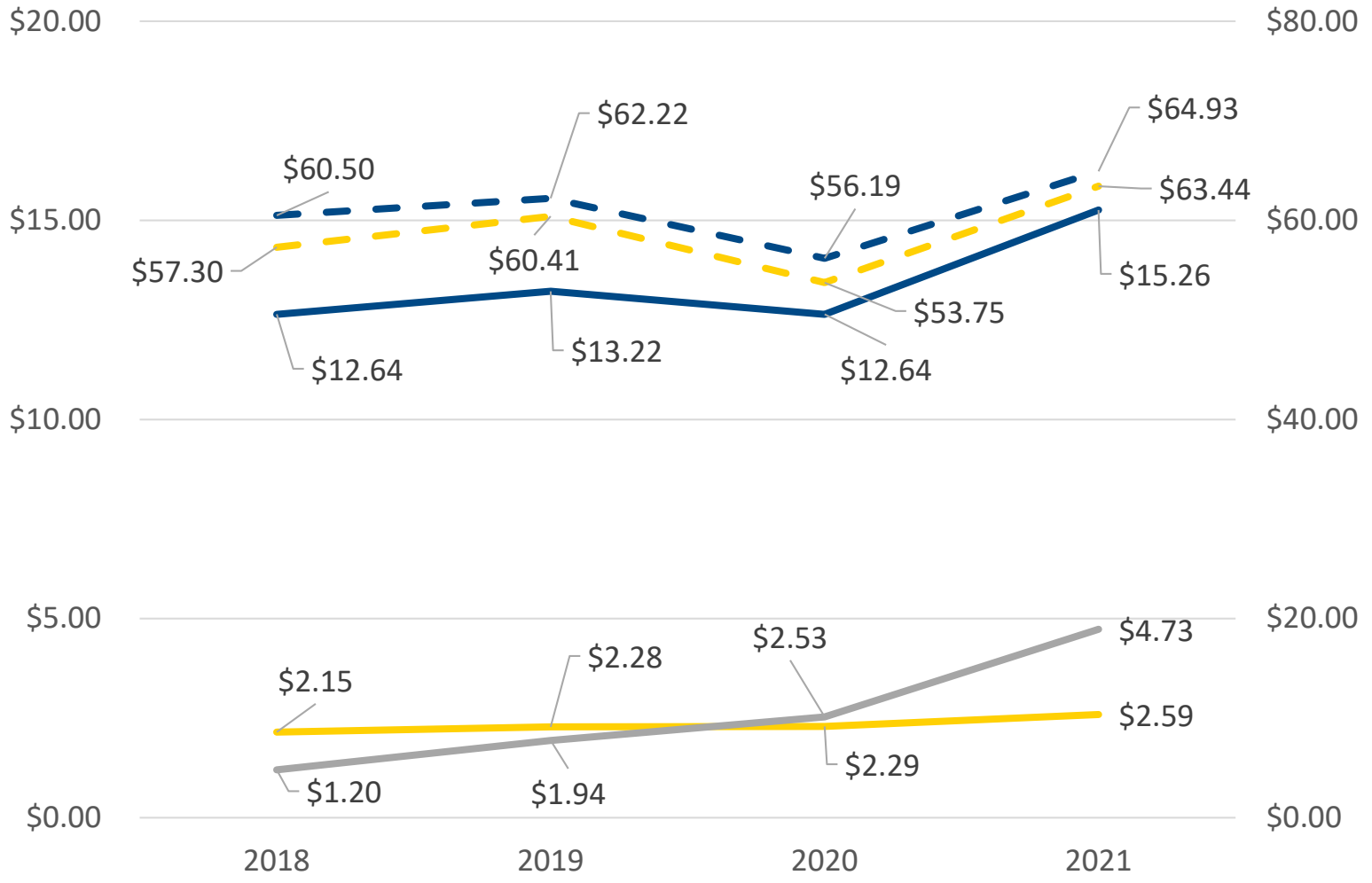
National Health Expenditure

Dental is 4% of all Health Expenditures, $124 Billion



Source: National Health Expenditure, Centers for Medicare and Medicaid Services, 2016

Dental National Health Expenditures By Payer, 2021

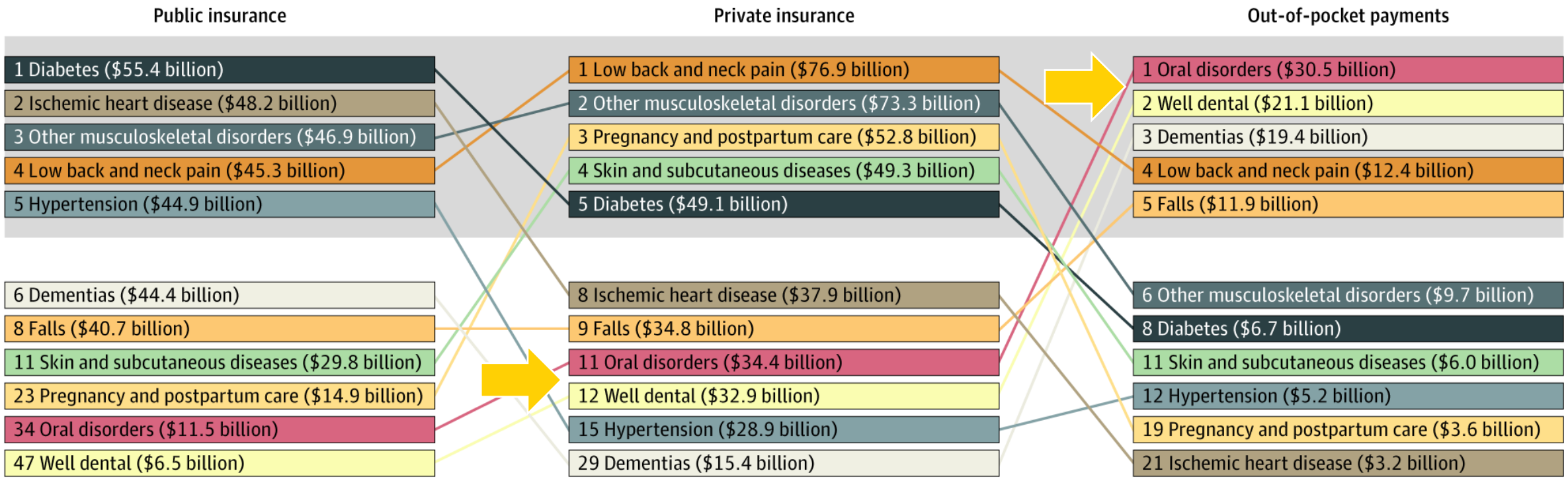


Dental Services (4 percent share): Spending for dental services rose 16.1 percent in 2021 to $161.8 billion, following a decline of 3.0 percent in 2020.

In 2021 CMS spending on dental services was **$ 22.58 billion.**

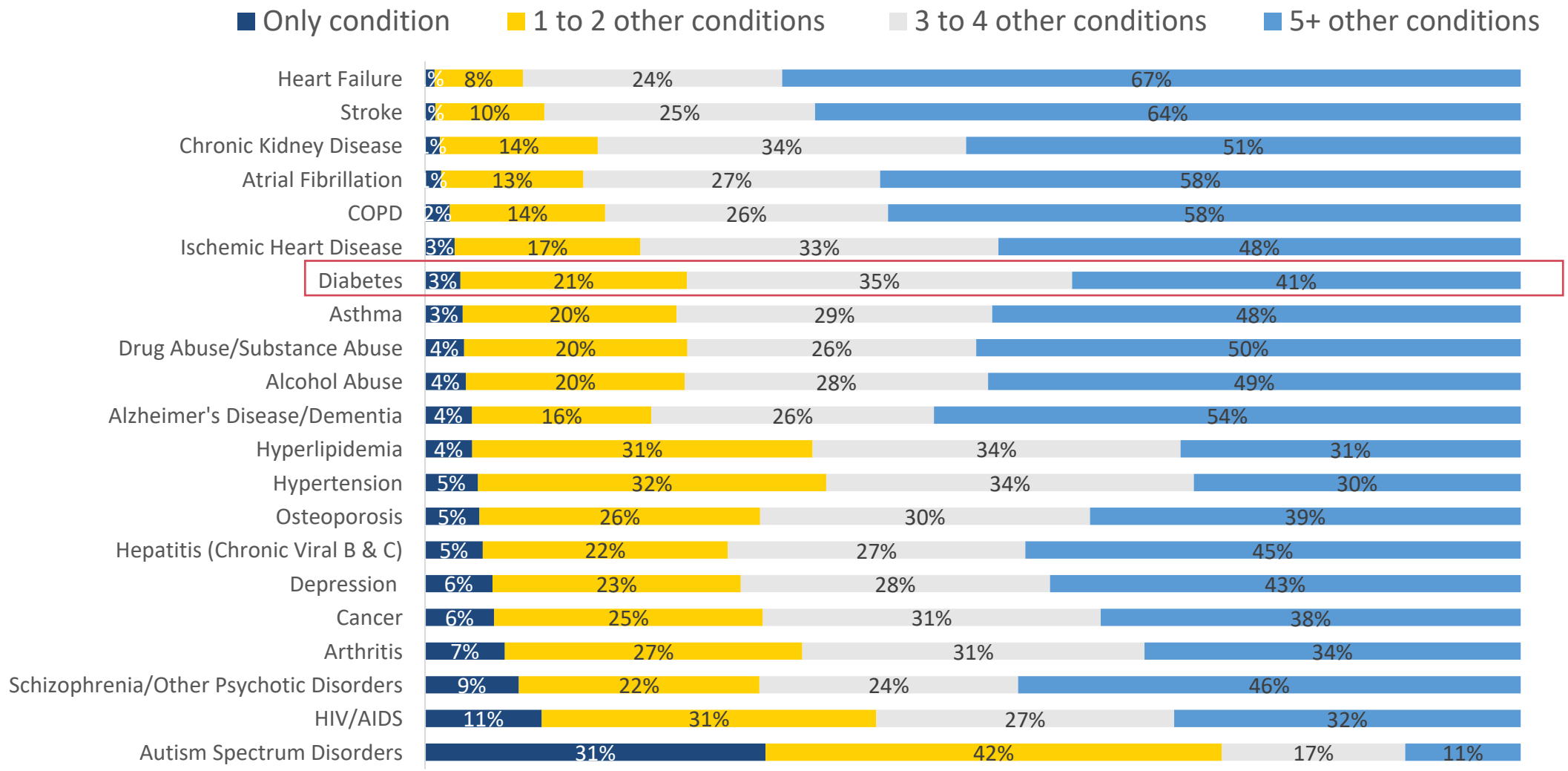
Source: https://www.cms.gov/files/document/highlights.pdf

2016 Health Care Spending



 Source: Dieleman *et al.* JAMA 2020 US Health Care Spending by Payer and Health Condition, 1996-2016

Percentage of Medicare FFS Beneficiaries with the 21 Selected Chronic Conditions: 2018



Source: CMS Chronic Conditions Chartbook 2018

EMERGENCY DEPARTMENT VISITS FOR DENTAL CONDITIONS

Equity

Fiscal Responsibility

Readmissions

Mortality

Opioids

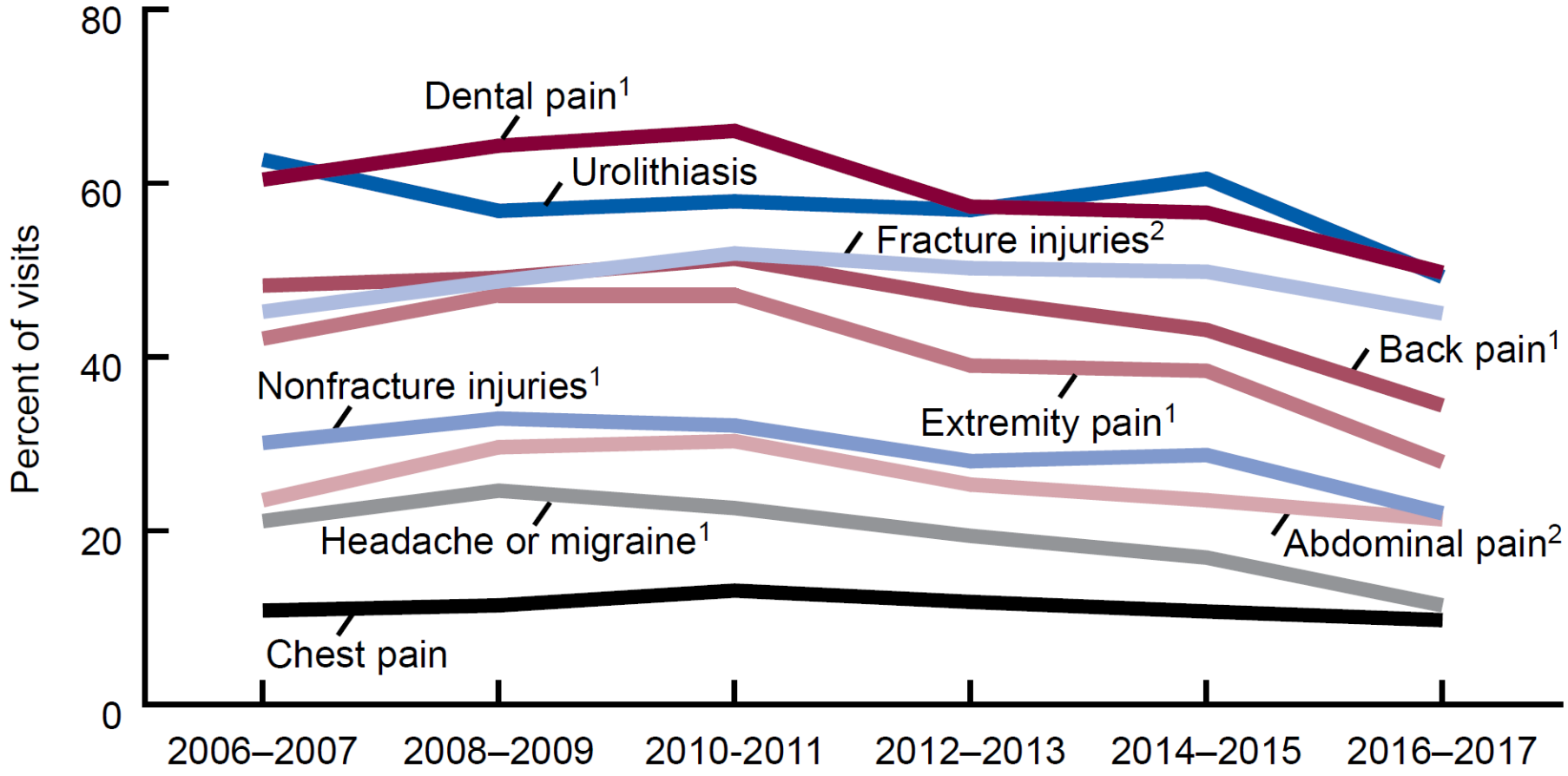
Antibiotics

Poor Oral Health in Top 10 First-listed Diagnoses Among Treat-and-release ED visits, 2018

First-listed diagnosis	Medicare		Private insurance		Medicaid		Self-pay/ No charge*	
	Number	Rank	Number	Rank	Number	Rank	Number	Rank
Total treat-and-release ED visits	**24,073,000**	-	**35,544,500**	-	**42,701,500**	-	**16,168,800**	-
Nonspecific chest pain	1,371,900	1	1,841,700	2	1,228,200	6	622,500	5
Abdominal pain, diarrhea, and other digestive symptoms	1,081,700	2	2,137,400	1	2,219,700	2	823,300	1
Superficial injury; contusion	1,026,600	3	1,433,900	4	1,601,800	3	629,800	4
Musculoskeletal pain, not low back pain	1,025,800	4	1,158,300	6	1,334,200	4	590,600	6
Urinary tract infections	858,100	5	794,600	9	1,025,700	9	463,300	8
Respiratory signs and symptoms	717,100	6	683,200	10				
Sprains and strains	546,900	7	1,637,900	3	1,318,800	5	671,700	3
Skin and subcutaneous tissue infections	458,100	8			1,014,100	10	522,800	7
Open wounds to limbs	447,800	9	901,900	8			426,000	10
Chronic obstructive pulmonary disease and bronchiectasis	442,100	10						
Acute upper respiratory infection and other upper respiratory infections†			1,398,900	5	3,286,000	1	737,600	2
Pregnancy-related nausea, vomiting, and other pregnancy complications‡					1,158,200	7		
Otitis media					1,062,700	8		
Headache; including migraine			1,034,900	7				
Disorders of teeth and gingiva							433,200	9

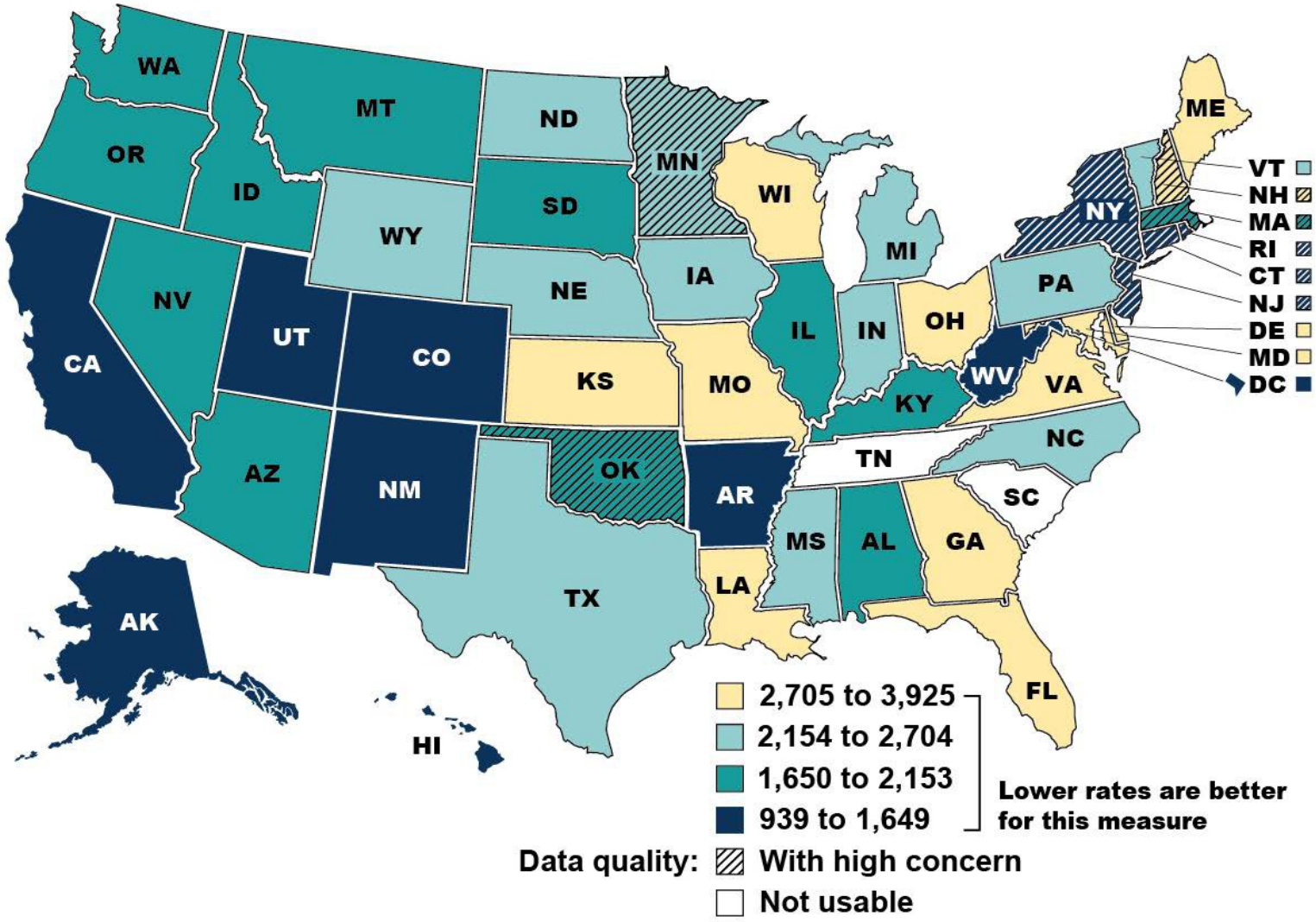
Source: Weiss AJ (IBM Watson Health), Jiang HJ (AHRQ). Most Frequent Reasons for Emergency Department Visits, 2018. HCUP Statistical Brief #286. December 2021. Agency for Healthcare Research and Quality, Rockville, MD

Percentage of Emergency Department Visits by Adults at which Opioids were Prescribed



Source: National Center for Health Statistics Report 135, 2020

Emergency Department Visits for Non-Traumatic Dental Conditions per 100,000 Adult Beneficiaries, by State, 2019



Population: Medicaid and CHIP beneficiaries ages 21 to 64 with full Medicaid or CHIP benefits and not dually eligible for Medicare

Notes:

Non-traumatic dental conditions (NTDCs) are dental conditions such as cavities or dental abscesses that might have been prevented with regular dental care. Emergency Department (ED) visits for NTDCs may indicate a lack of access to more appropriate sources of medical and dental care. CMS assessed state-level data quality in the 2019 TAF file using the following metrics: total enrollment, inpatient (IP) and other services (OT) claims volume; completeness of diagnosis code (IP file); completeness of procedure code (OT and IP files); and expected type of bill code (IP file). States with an unusable data quality assessment (TN, SC) are shown in white.

Results for remaining states were rounded to whole numbers, and then states were assigned to quartiles. States with a high concern data quality assessment are shown with a hatched overlay. For additional information regarding state variability in data quality, please refer to the Medicaid DQ Atlas, available at: https://www.medicaid.gov/dq-atlas/welcome.

Source:

CMS analysis of calendar year 2019 T-MSIS Analytic Files, v 5.0.

Additional information available at:

https://www.medicaid.gov/medicaid/benefits/downloads/adult-non-trauma-dental-ed-visits.pdf and https://www.medicaid.gov/medicaid/benefits/ dental-care/index.html

Source: https://www.medicaid.gov/medicaid/quality-of-care/downloads/beneficiary-profile-2022.pdf

Medicaid and Children's Health Insurance Program (CHIP)

Barriers to Oral Health Care

Office of Burden Reduction & Health Informatics, 2023

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Barriers to Oral Health Care

- Patients and providers report encountering various barriers to receiving and providing quality dental care under Medicaid, a joint federal/state program administered by states under broad federal guidelines. Oral health is a cross-cutting priority for CMS, and patients, providers, and state governments all have a role to play in improving oral health.

- This visual summarizes interviews with interested parties to better understand experiences of barriers to oral health care.

Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023

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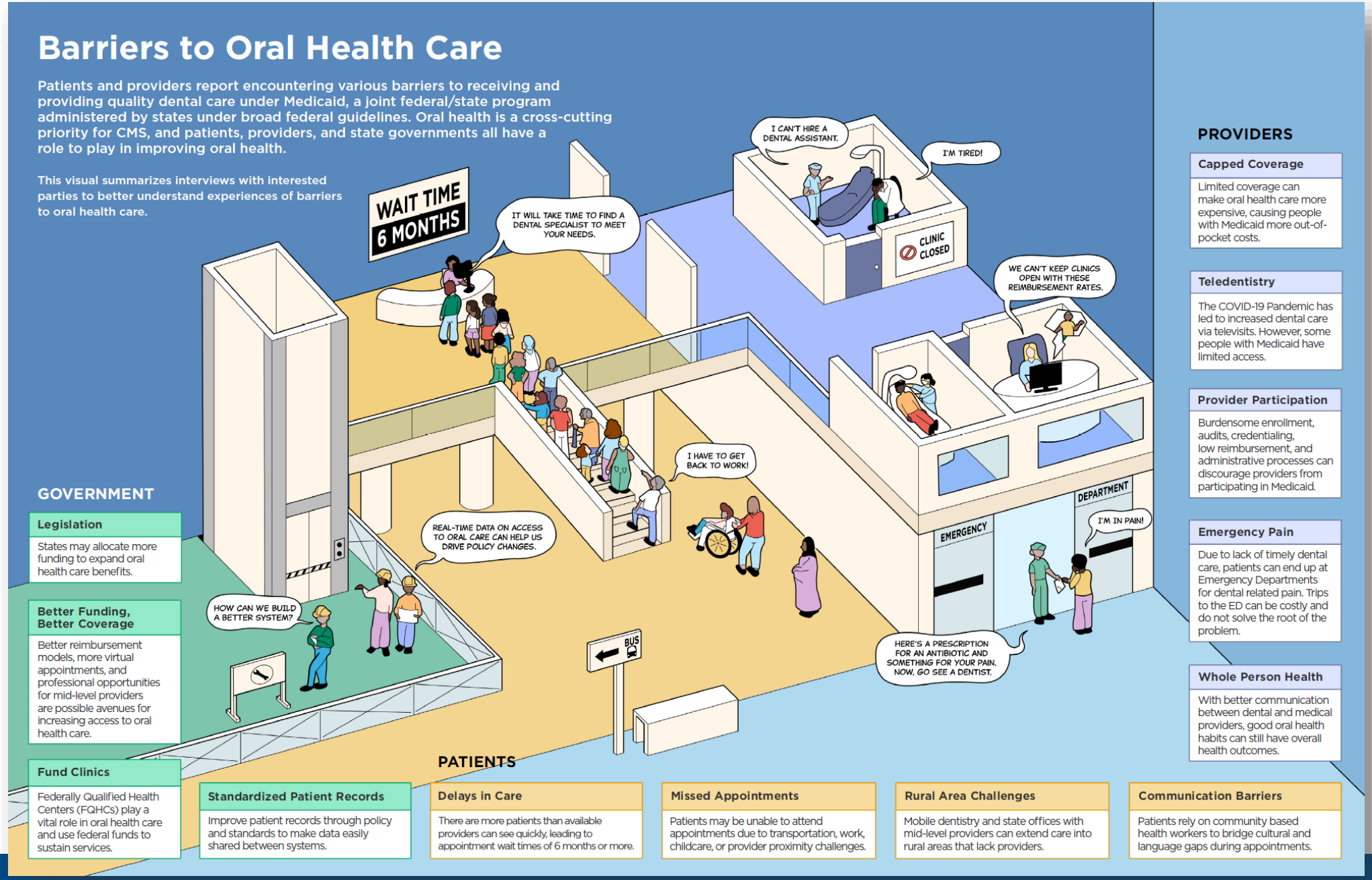
This visual summarizes interviews with interested parties to better understand experiences of barriers to oral health care.



GOVERNMENT

Legislation

States may allocate more funding to expand oral health care benefits.

Better Funding, Better Coverage

Better reimbursement models, more virtual appointments, and professional opportunities for mid-level providers are possible avenues for increasing access to oral health care.

Fund Clinics

Federally Qualified Health Centers (FQHCs) play a vital role in oral health care and use federal funds to sustain services.

PROVIDERS

Capped Coverage

Limited coverage can make oral health care more expensive, causing people with Medicaid more out-of-pocket costs.

Teledentistry

The COVID-19 Pandemic has led to increased dental care via televisits. However, some people with Medicaid have limited access.

Provider Participation

Burdensome enrollment, audits, credentialing, low reimbursement, and administrative processes can discourage providers from participating in Medicaid.

Emergency Pain

Due to lack of timely dental care, patients can end up at Emergency Departments for dental related pain. Trips to the ED can be costly and do not solve the root of the problem.

Whole Person Health

With better communication between dental and medical providers, good oral health habits can still have overall health outcomes.

PATIENTS

Standardized Patient Records

Improve patient records through policy and standards to make data easily shared between systems.

Delays in Care

There are more patients than available providers can see quickly, leading to appointment wait times of 6 months or more.

Missed Appointments

Patients may be unable to attend appointments due to transportation, work, childcare, or provider proximity challenges.

Rural Area Challenges

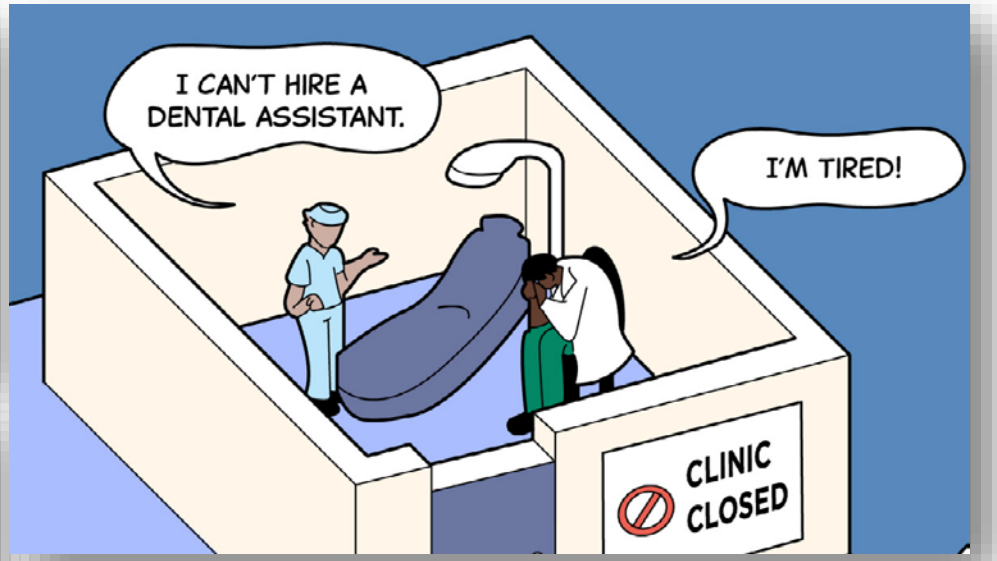
Mobile dentistry and state offices with mid-level providers can extend care into rural areas that lack providers.

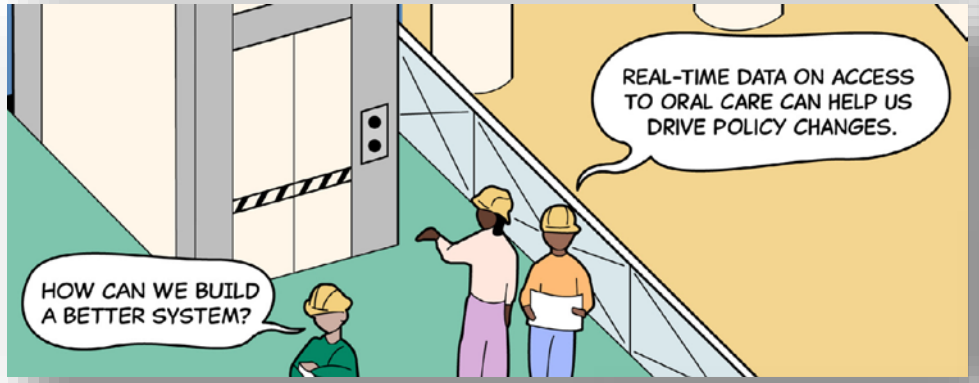
Communication Barriers

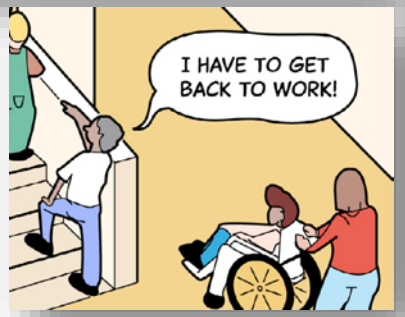
Patients rely on community based health workers to bridge cultural and language gaps during appointments.

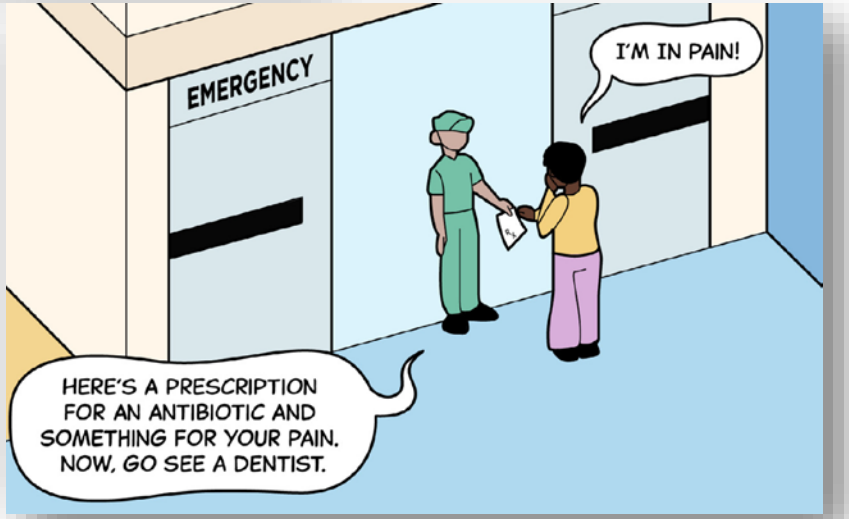
Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023
https://www.cms.gov/priorities/key-initiatives/burden-reduction/about-cms-office-burden-reduction-health-informatics/barriers-oral-health-care-illustration

Barriers to Oral Health Care









Source: CMS, Office of Burden Reduction & Health Informatics, Barriers to Oral Health Care, 2023
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CENTERS FOR MEDICARE & MEDICAID SERVICES

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Poor Oral Health Has Impacts Beyond Healthcare

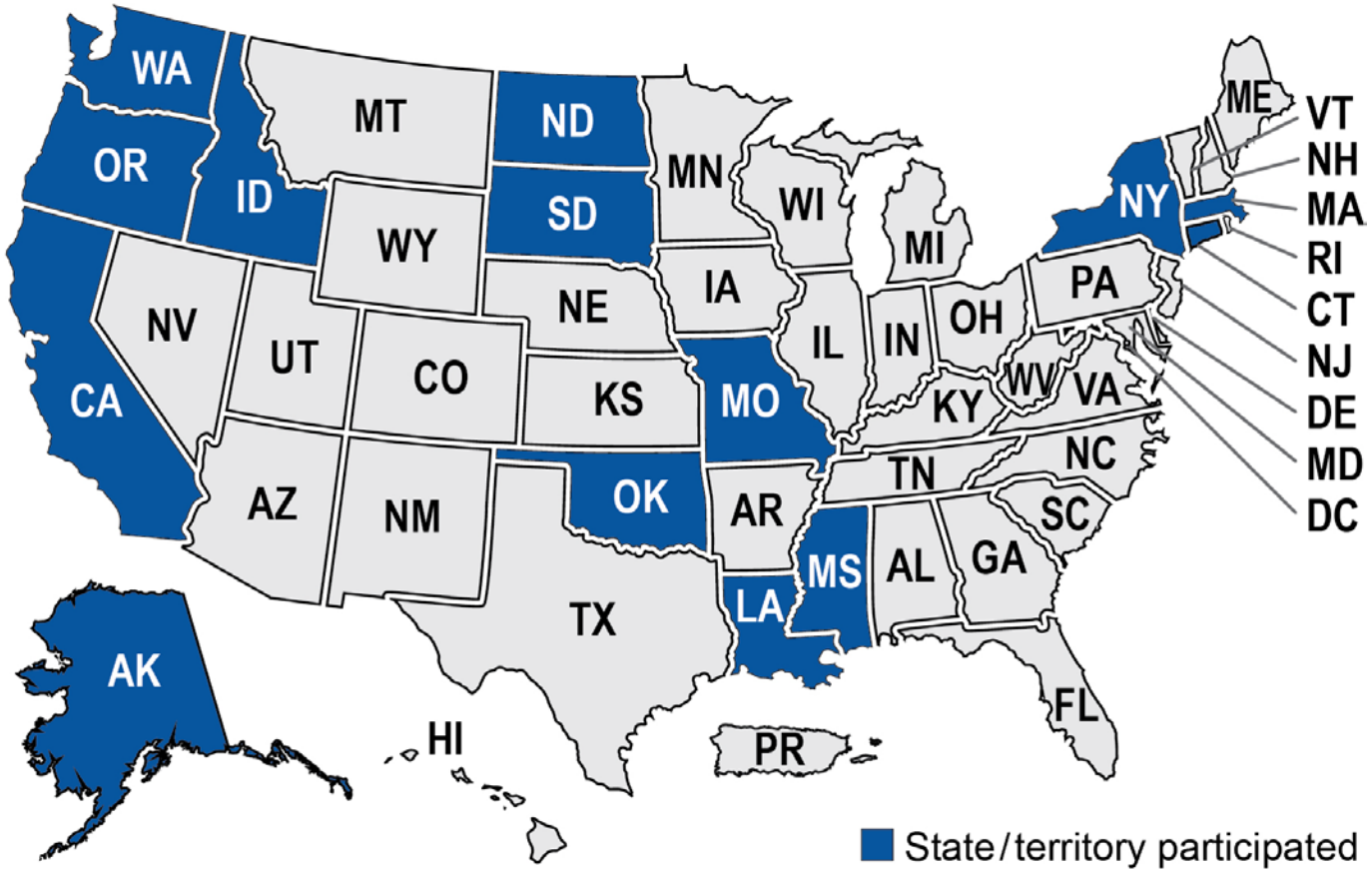
Poor oral health is linked to all-cause mortality.

Poor oral health is an obstacle to employment.

Poor oral health is linked to substance use disorders.

Poor oral health impacts children's school attendance and performance.

Advancing Oral Health Prevention in Primary Care Affinity Group Map



14 States participated in the Affinity Group from February 2021 – March 2023

A principal objective of the affinity group was to support states in developing sustainable solutions for improving the delivery of FV by PCPs for children enrolled in Medicaid and CHIP. CMS supported state teams in conducting quality improvement (QI) projects and facilitated peer-to-peer learning and sharing of promising practices across states.

Many teams used the Topical Fluoride for Children (TFL-CH) measure to monitor changes in the delivery of fluoride varnish.

Topical Fluoride for Children (TFL-CH) The TFL-CH quality measure assesses the percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications within the measurement year. The Dental Quality Alliance (DQA) is the measure steward. The measure was added to the Medicaid and CHIP Child Core Set in 2022.

Source: Highlights from the Advancing Oral Health Prevention in Primary Care Affinity Group https://www.medicaid.gov/sites/default/files/2024-01/oral-health-highlights-brief-jan2024.pdf

Recommendations for Improving Oral Health Care Access, Quality, and Outcomes and Advancing Equity in Medicaid and the Children's Health Insurance Program

April 30, 2024

Source: https://www.medicaid.gov/media/176321

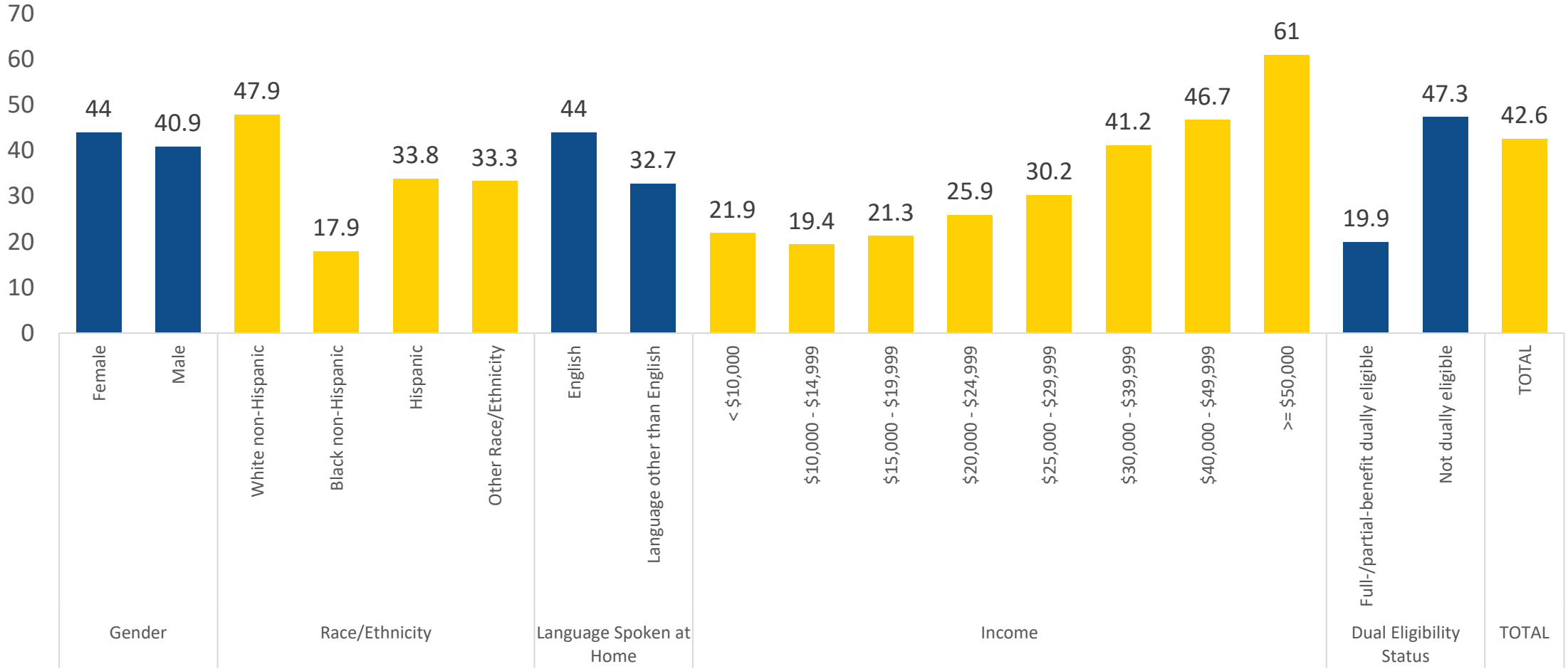
Focus Areas Recommended by the Oral Health Initiative Workgroup

- Focus Area 1: Increase emphasis on preventive, minimally invasive, and timely care. Within this focus area, the Workgroup identified four strategic priorities:
  - Improve coordination and integration of care to increase utilization of recommended care
  - Improve oral health care for pregnant and postpartum people
  - Improve oral health care for adults with intellectual and developmental disabilities
  - Reduce avoidable emergency department utilization for dental needs
- Focus Area 2: Enhance managed care plan engagement and accountability. Within this focus area, the Workgroup identified three strategic priorities:
  - Build capacity for using managed care quality tools such as the Quality Strategy (QS), Quality Assessment and Performance Improvement (QAPI), and External Quality Review (EQR)
  - Identify and share best practices for care coordination in managed care settings
  - Increase managed care accountability for providing high-value, high-quality care
- Focus Area 3: Enhance capacity for quality measurement and analytics to track progress toward the primary aim.

Source: https://www.medicaid.gov/media/176321

Medicare

Percentage of Medicare Beneficiaries Living Only in the Community Who Had at Least One Dental Exam in 2019



Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019

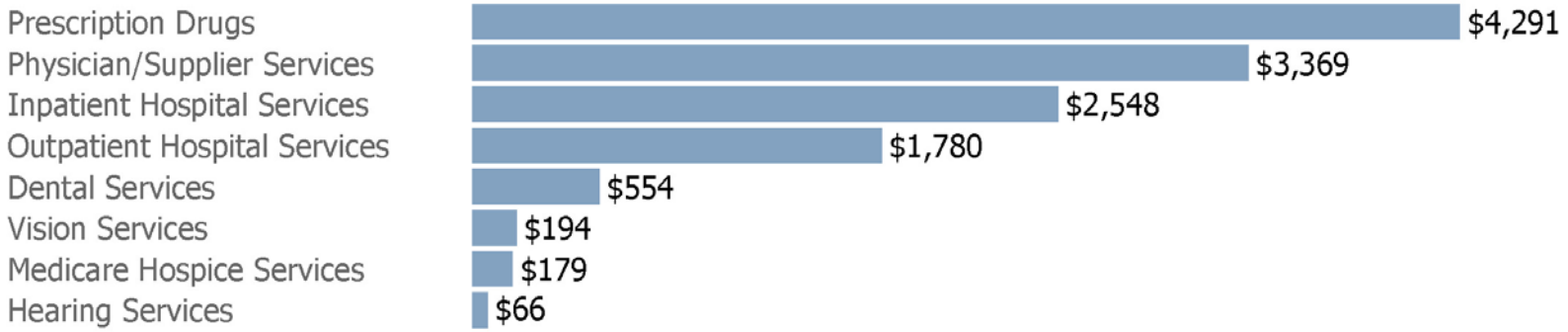
Percentage of Medicare Beneficiaries Residing in the Community with at least One Dental Exam in 2019, by Type of Dental Coverage

		All	Private	Non-Dually Eligible - MA Dental	Dually Eligible - MA dental	Dually Eligible - Dental through Medicaid	Dually Eligible - No Dental through Medicaid	No Dental Coverage
	Total	*42.6*	*64.0*	*42.7*	*19.6*	*21.0*	*13.7*	*38.6*
Race / Hispanic Origin	White Non-Hispanic	47.9	68.2	48.5	18.6	22.3	19.1	41.9
	Black Non-Hispanic	17.9	36.3	18.6	17.1	13.8	.	13.9
	Hispanic	33.8	59.7	33.6	24.7	24.1	.	32.5
	Other	33.3	45.5	.	.	25.1	.	29.4
Income	Under $30,000	23.3	47.1	29.0	19.9	21.2	14.0	20.3
	$30,000 to $49,999	43.7	59.3	48.9	.	.	.	37.8
	$50,000 to $99,999	56.4	66.3	51.8	.	.	.	49.2
	$100,000 and above	67.5	71.6	.	.	.	.	64.6
Metro Status	Metro area	45.3	65.4	44.1	20.3	23.3	16.8	41.2
	Non-metro area	31.6	54.6	32.8	16.3	13.4	.	30.6

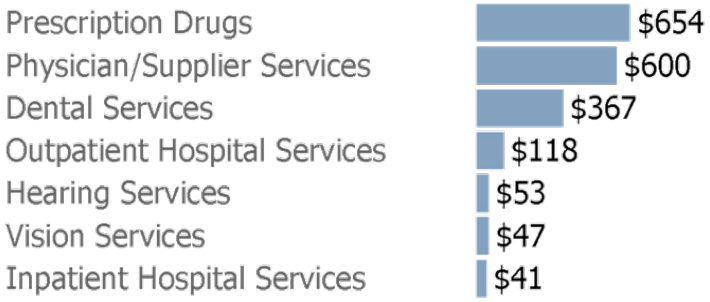
- 50 percent or more of beneficiaries in the group had a dental examination in 2019
- Between 20 and 50 percent of beneficiaries in the group had a dental examination in 2019
- Fewer than 20 percent of beneficiaries in the group had a dental examination in 2019
- An estimate is not presented because it does not meet suppression and/or reliability standards

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File and Cost Supplement File, 2019
https://www.cms.gov/files/document/dental-coverage-status-and-utilization-preventive-dental-services-medicare-beneficiaries-poster.pdf

Total Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2020



Total Out-of-Pocket Health Care Service Expenditures per Capita for Selected Service Types Among Medicare Beneficiaries Living Only in the Community, in Dollars, 2020



Service	Total Expenditure	Out-of-Pocket Expenditure	Proportion
Prescription Drugs	$ 4,291	$ 654	15%
Physician/Supplier Services	$ 3,369	$ 600	18%
Dental Services	$ 554	$ 367	66%
Outpatient Hospital Services	$ 1,780	$ 118	7%
Hearing Services	$ 66	$ 53	80%
Vision Services	$ 194	$ 47	24%
Inpatient Hospital Services	$ 2,548	$ 41	2%

Source: Centers for Medicare & Medicaid Services, Medicare Current Beneficiary Survey, Survey File, 2020 and Cost Supplement File, 2020.
https://www.cms.gov/research-statistics-data-and-systems/research/mcbs/data-tables/2020-medicare-current-beneficiary-survey-annual-chartbook-and-slides

Medicare Statutory Dental Exclusion

Under section 1862(a)(12) of the Social Security Act:

"no payment may be made under part A or part B for any expenses incurred for items or services"…"where such expenses are for services in connection with the care, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth, except that payment may be made under part A in the case of inpatient hospital services in connection with the provision of such dental services if the individual, because of his underlying medical condition and clinical status or because of the severity of the dental procedure, requires hospitalization in connection with the provision of such services"

Source: https://www.ecfr.gov/current/title-42/part-411/section-411.15#p-411.15(i)

Calendar Year 2023 Medicare Physician Fee Schedule Final Rule 87 FR 69404

In CY 2023, CMS finalized:

1) Our proposal to clarify and codify certain aspects of previous Medicare FFS payment policies for dental services.

2) Payment for dental services that are inextricably linked to other covered medical services, such as dental exams and necessary treatments prior to organ transplants (including stem cell and bone marrow transplants), cardiac valve replacements, and valvuloplasty procedures.

3) A process to review and consider public submissions for potentially analogous clinical scenarios under which Medicare payment could be made for dental services.

4) Medicare payment, beginning in CY 2024, for dental exams and necessary treatments prior to the treatment for head and neck cancers.

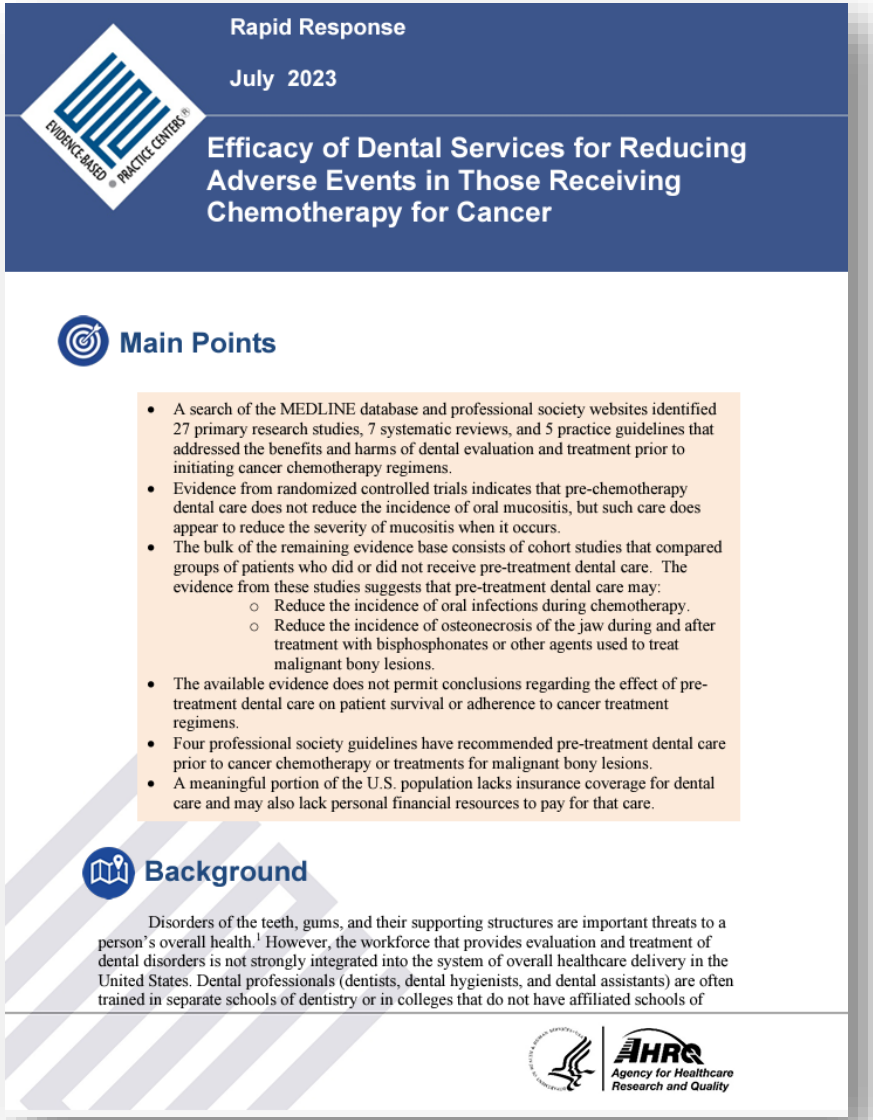
Source: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule#_ftn1

Calendar Year 2024 Medicare Physician Fee Schedule Final Rule 88 FR 78818

For CY 2024, we are building up on our efforts in the CY 24 PFS final rule and are finalizing:

1. A codification of the previously finalized payment policy for dental services for head and neck cancer treatments, whether primary or metastatic.
2. The codification to permit Medicare Part A and Part B payment for dental or oral examination performed as part of a comprehensive workup prior to medically necessary diagnostic and treatment services, to eliminate an oral or dental infection prior to, or contemporaneously with, those treatment services, and to address dental or oral complications after radiation, chemotherapy, and/or surgery when used in the treatment of head and neck cancer.
3. Our proposal to permit payment for certain dental services inextricably linked to other covered services used to treat cancer prior to, or during:
    1. Chemotherapy services.
    2. Chimeric Antigen Receptor T- (CAR-T) Cell therapy.
    3. The use of high-dose bone modifying agents (antiresorptive therapy).

Source: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule#_ftn1



Rapid Response

July 2023

Efficacy of Dental Services for Reducing Adverse Events in Those Receiving Chemotherapy for Cancer

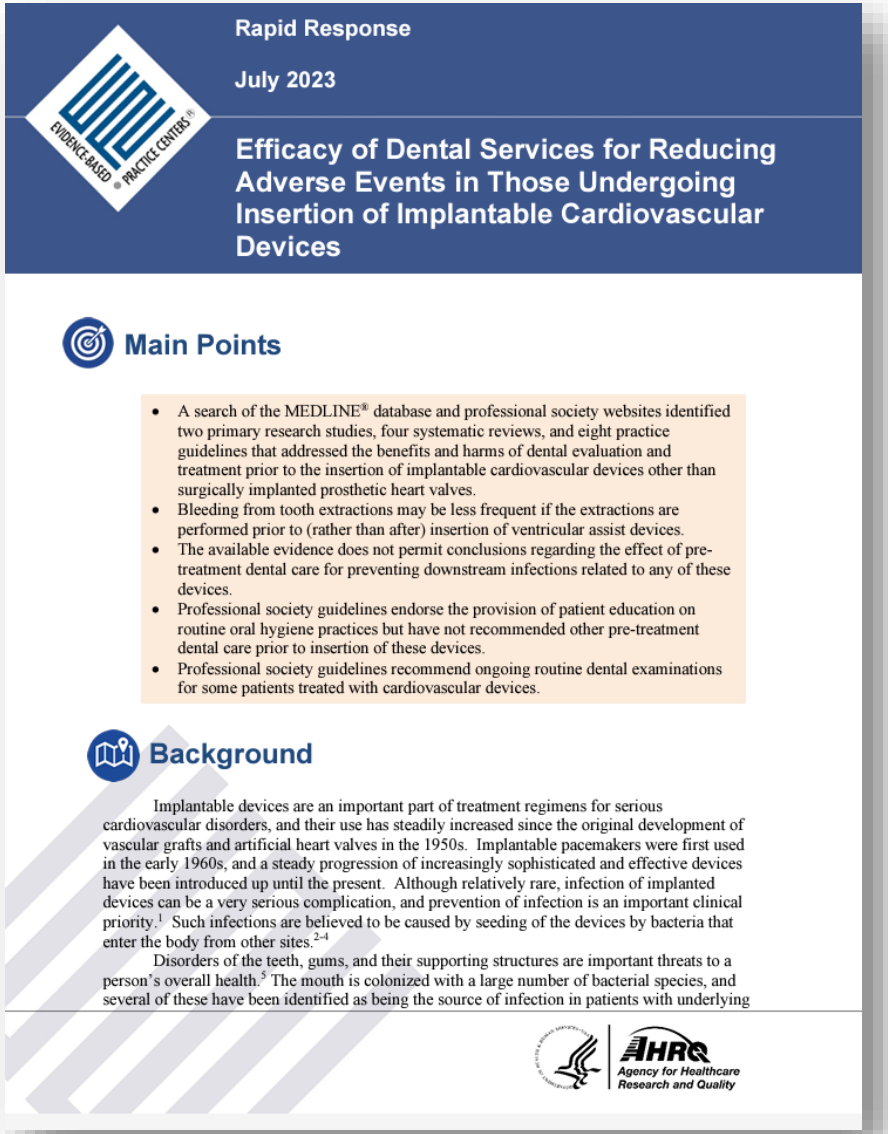
Main Points

- A search of the MEDLINE database and professional society websites identified 27 primary research studies, 7 systematic reviews, and 5 practice guidelines that addressed the benefits and harms of dental evaluation and treatment prior to initiating cancer chemotherapy regimens.
- Evidence from randomized controlled trials indicates that pre-chemotherapy dental care does not reduce the incidence of oral mucositis, but such care does appear to reduce the severity of mucositis when it occurs.
- The bulk of the remaining evidence base consists of cohort studies that compared groups of patients who did or did not receive pre-treatment dental care. The evidence from these studies suggests that pre-treatment dental care may:
  - Reduce the incidence of oral infections during chemotherapy.
  - Reduce the incidence of osteonecrosis of the jaw during and after treatment with bisphosphonates or other agents used to treat malignant bony lesions.
- The available evidence does not permit conclusions regarding the effect of pre-treatment dental care on patient survival or adherence to cancer treatment regimens.
- Four professional society guidelines have recommended pre-treatment dental care prior to cancer chemotherapy or treatments for malignant bony lesions.
- A meaningful portion of the U.S. population lacks insurance coverage for dental care and may also lack personal financial resources to pay for that care.

Background

Disorders of the teeth, gums, and their supporting structures are important threats to a person's overall health.[1] However, the workforce that provides evaluation and treatment of dental disorders is not strongly integrated into the system of overall healthcare delivery in the United States. Dental professionals (dentists, dental hygienists, and dental assistants) are often trained in separate schools of dentistry or in colleges that do not have affiliated schools of

Source: Efficacy of Dental Services for Reducing Adverse Events in Those Receiving Chemotherapy for Cancer
https://effectivehealthcare.ahrq.gov/products/chemotherapy-dental/research



Rapid Response

July 2023

Efficacy of Dental Services for Reducing Adverse Events in Those Undergoing Insertion of Implantable Cardiovascular Devices

Main Points

- A search of the MEDLINE® database and professional society websites identified two primary research studies, four systematic reviews, and eight practice guidelines that addressed the benefits and harms of dental evaluation and treatment prior to the insertion of implantable cardiovascular devices other than surgically implanted prosthetic heart valves.
- Bleeding from tooth extractions may be less frequent if the extractions are performed prior to (rather than after) insertion of ventricular assist devices.
- The available evidence does not permit conclusions regarding the effect of pre-treatment dental care for preventing downstream infections related to any of these devices.
- Professional society guidelines endorse the provision of patient education on routine oral hygiene practices but have not recommended other pre-treatment dental care prior to insertion of these devices.
- Professional society guidelines recommend ongoing routine dental examinations for some patients treated with cardiovascular devices.

Background

Implantable devices are an important part of treatment regimens for serious cardiovascular disorders, and their use has steadily increased since the original development of vascular grafts and artificial heart valves in the 1950s. Implantable pacemakers were first used in the early 1960s, and a steady progression of increasingly sophisticated and effective devices have been introduced up until the present. Although relatively rare, infection of implanted devices can be a very serious complication, and prevention of infection is an important clinical priority.[1] Such infections are believed to be caused by seeding of the devices by bacteria that enter the body from other sites.[2-4]

Disorders of the teeth, gums, and their supporting structures are important threats to a person's overall health.[5] The mouth is colonized with a large number of bacterial species, and several of these have been identified as being the source of infection in patients with underlying

Source: Efficacy of Dental Services for Reducing Adverse Events in Those Undergoing Insertion of Implantable Cardiovascular Devices
https://effectivehealthcare.ahrq.gov/products/cardio-dental/research

Medicare Dental Coverage

- What Medicare Covers
- What Medicare Doesn't Cover
- What Are Inextricably Linked Dental Services?
- Does Medicare Pay for Multiple Dental Visits?
- Who Can Provide Dental Services?
- Where Can I Provide Dental Services?
- Who Can Bill for Covered Dental Services?
- Who Can Enroll?
- When Can I Enroll?
- How Do I Enroll?
- When Can I Start Billing?
- How Do I Submit a Claim?
- What Does Medicare Pay for Covered Dental Services?
- Additional Resources

Source: https://www.cms.gov/medicare/coverage/dental

Medicare Recognizes The Following Dental Specialties For Enrollment

- Dental Anesthesiology
- Dental Public Health
- Endodontics
- Oral and Maxillofacial Surgery
- Oral and Maxillofacial Pathology
- Oral and Maxillofacial Radiology
- Oral Medicine
- Orofacial Pain
- Orthodontics and Dentofacial Orthopedics
- Pediatric Dentistry
- Periodontics
- Prosthodontics

Source: https://www.cms.gov/medicare/coverage/dental

The CMS Dental Claims Processing System is Live!

As of July 1, 2024, CMS can officially accept electronic 837D dental claims. This is a huge milestone for the MPSM modernization efforts—the ability to accept, process, and pay dental claims in the cloud!

This is a culmination of work that began when the CY2023 Medicare Physician's Fee Schedule clarification expanded Medicare coverage to include additional medically necessary dental procedures. MPSM embraced this challenge head-on and established four Dental Services Teams to identify necessary functionality and develop the Dental Minimum Viable Product (MVP). However, this achievement is representative of the collaborative efforts and expertise of all the MPSM Teams, program management and support teams, as well as our business owners and stakeholders across the agency. Throughout the past 18 months, MPSM leveraged these partnerships to assist with prioritizing the functionality of the MVP and ensuring that key issues, gaps, dependencies, and risks were understood and proactively addressed.

 Source: MPSM July 2024 Newsletter

How Do I Submit a Claim?

Submit claims using the dental (837D) (PDF), institutional (837I) (PDF) or professional (837P) (PDF) claim forms.

- Use the appropriate CDT or CPT codes for the services you provide. When you submit a claim for Medicare-covered dental services, you're certifying that the dental service is inextricably linked to a Medicare-covered medical service.
- For Railroad Retirement Board patients, use the professional (837P) claim form; don't use the dental (837D) form.
- Starting July 1, 2024, you may use the KX modifier on the dental (837D) or professional (837P) claim form. We encourage you to include the KX modifier to indicate:
  - You've included appropriate documentation in the medical record to support the medical necessity of the dental service or item and demonstrate the inextricable link to a Medicare-covered medical service.
  - The medical and dental practitioners coordinated care for the services.
- Starting January 1, 2025, you must submit an ICD-10 code on the dental (837D) claim form.
- If you're submitting a Medicare claim for a denial so you can get paid by a third-party payer (like Medicaid), include the appropriate HCPCS modifiers. For example, use the GY modifier to:
  - Certify that you believe Medicare shouldn't pay for the service.
  - Submit statutorily excluded services as non-covered line items on the claim with other covered dental services (like dental services inextricably linked to the clinical success of other Medicare-covered procedures or services).

 Source: https://www.cms.gov/medicare/coverage/dental

Marketplace

PY 2025 Final Rule Update: Essential Health Benefits

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Essential Health Benefits (EHBs)

All Marketplace plans must cover these 10 essential health benefits:

1. Ambulatory patient services, like doctor and clinic visits
2. Emergency services, like ambulance, first aid, and rescue squad
3. Hospitalization, like surgery and overnight stays
4. Pregnancy, maternity, and newborn care
5. Mental health and substance use disorder services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices, like therapy sessions, wheelchairs, and oxygen
8. Laboratory services
9. Preventive and wellness services and chronic disease management, like blood pressure screenings, and immunizations
10. Pediatric services, including dental and vision care

Source: Healthcare.gov/coverage/what-marketplace-plans-cover

Dental Care as Essential Health Benefits

- Dental coverage **is** an essential benefit for children.

- Routine adult dental coverage **is not** included as an essential health benefit, and most Marketplace plans don't offer it.

- States may offer stand-alone dental plans for purchase

Source: Healthcare.gov/coverage/what-marketplace-plans-cover

Overview: PY 2025 Final Rule - Adult Dental Benefits

CMS removed the regulatory prohibition on issuers from including routine non-pediatric dental services as an Essential Health Benefits (EHBs) at § 156.115(d).

- States may now add routine adult dental benefits as EHBs by updating their EHB-benchmark plans pursuant to § 156.111.
- Removing the prohibition removes regulatory and coverage barriers to expanding access to adult dental benefits.
- This policy is consistent with our current state-based approach to EHB, in that it is up to each state to determine whether to add routine adult dental services as an EHB.
- For states beginning the EHB-benchmark application process in 2025, adding routine adult dental services as an EHB would become effective for their issuers' PY 2027 plans.
- This proposal would not require states to add such services as an EHB, nor would CMS consider any existing language regarding routine non-pediatric dental services in any state's current EHB benchmark plan to have the effect of adding such services as an EHB.

Source: https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2025-final-rule

Overview: PY 2025 Final Rule- Adult Dental Benefit

The rule also allows states to:

- Include routine non-pediatric dental services as EHB for purposes of their Alternative Benefit Plans (ABPs) or Basic Health Plan (BHP).

- Improve adult oral health and overall health outcomes, which could help reduce health disparities and advance health equity since these health outcomes are disproportionately low among marginalized communities.

Source: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2025; Draft Rule (November 24, 2023), 88 FR 82597, available at https://www.govinfo.gov/content/pkg/FR-2023-11-24/pdf/2023-25576.pdf.

Allowing States to Add Routine Adult Dental Benefits as Essential Health Benefits (EHBs)

CMS has expanded access to dental benefits by finalizing measures to allow states the option to add routine adult dental services as an essential health benefit (EHB). For the first time, and starting on January 1, 2027, every state will be able to update their EHB-benchmark plans to include routine non-pediatric dental services, such as cleanings, diagnostic X-rays, and restorative services like fillings and root canals, through the EHB-benchmark application process.

More than 21 million Americans signed up for high-quality, affordable health care coverage through the ACA Marketplaces in 2024. We want to build on this success to make Marketplace plans even better," said HHS Secretary Xavier Becerra. "This rule will allow coverage of routine dental benefits for the first time, expand requirements to ensure reliable access to health care providers, and ensure consumers with lower incomes can sign up for coverage when they need it."

Source: https://www.cms.gov/newsroom/press-releases/hhs-finalizes-policies-make-marketplace-coverage-more-accessible-and-expand-essential-health April 02, 2024

National Context

Advancing Oral Health Across the Lifespan: A Workshop

The National Academies of Sciences, Engineering, and Medicine November 18-19, 2024

Topics discussed at the workshop may include consideration of:

- National oral health goals for “Zero at Six” (zero cavities at six years of age for all children), and “Twenty at Eighty” (all 80 year olds to have 20 teeth).
- Sustainable solutions that improve access to oral health services in public and private spaces (urban, suburban, rural, and Tribal communities and territories)
- Models that achieve meaningful oral and systemic health integration.
- Models to empower all consumers to make informed choices related to oral health and models that encourage healthy workplace and school policies
- Investments in public oral health education campaigns, including celebrity and social media influencer voices
- Innovations that will improve oral health in the next 5-10 years.

A proceedings in brief of the presentations and discussions at the workshop will be prepared by a designated rapporteur in accordance with institutional guidelines.

Source: https://www.nationalacademies.org/our-work/advancing-oral-health-across-the-lifespan-a-workshop#sectionCommittee

Advancing Oral Health Across the Lifespan: A Workshop

The National Academies of Sciences, Engineering, and Medicine November 18-19, 2024

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Source: https://www.nationalacademies.org/our-work/advancing-oral-health-across-the-lifespan-a-workshop#sectionCommittee

Questions

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