

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

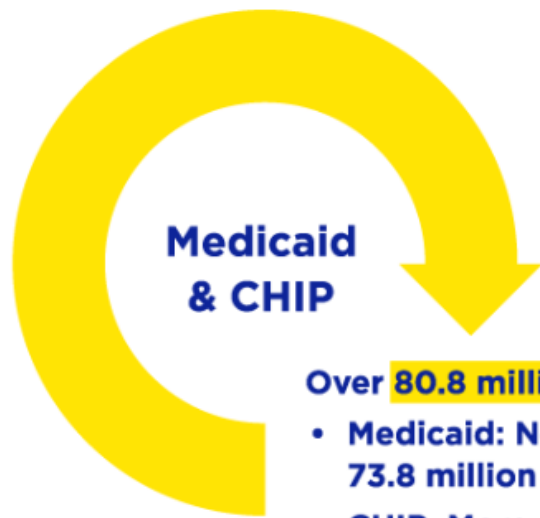
Natalia I. Chalmers DDS, MHSc, PhD

Chief Dental Officer, Office of the Administrator

Centers For Medicare & Medicaid Services

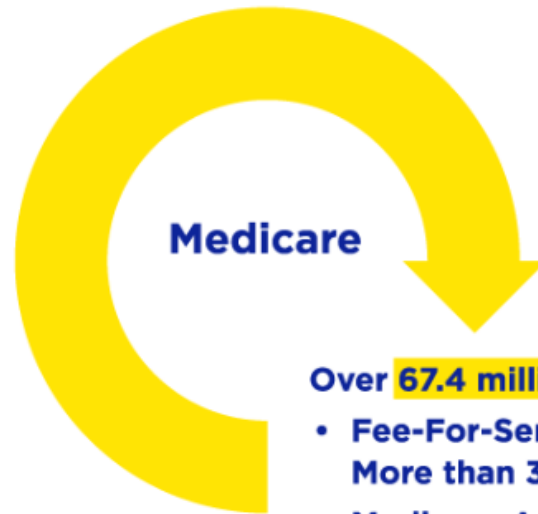


Every day, CMS ensures that 156.6 million* people in the U.S. have health coverage that works



Over **80.8 million** enrollees:

- Medicaid: Nearly 73.8 million individuals
- CHIP: More than 7.0 million



Over **67.4 million** enrollees:

- Fee-For-Service: More than 33.4 million
- Medicare Advantage plans: Nearly 34.0 million



Over **16.4 million** consumers:

- State based & Federal Marketplace plan selections

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

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.

CMS Cross Cutting Initiative | Oral Health

- **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 (CCIO) hosted an overview webinar for 250 dental providers. CCIO 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

CMS Cross Cutting Initiative | Oral Health

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](#)

Stay Connected

Contact us at OralHealth@cms.hhs.gov.

Join the Oral Health [Listserve](#) to remain current on this CMS Cross Cutting Initiative.

- [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](#)

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>.



1

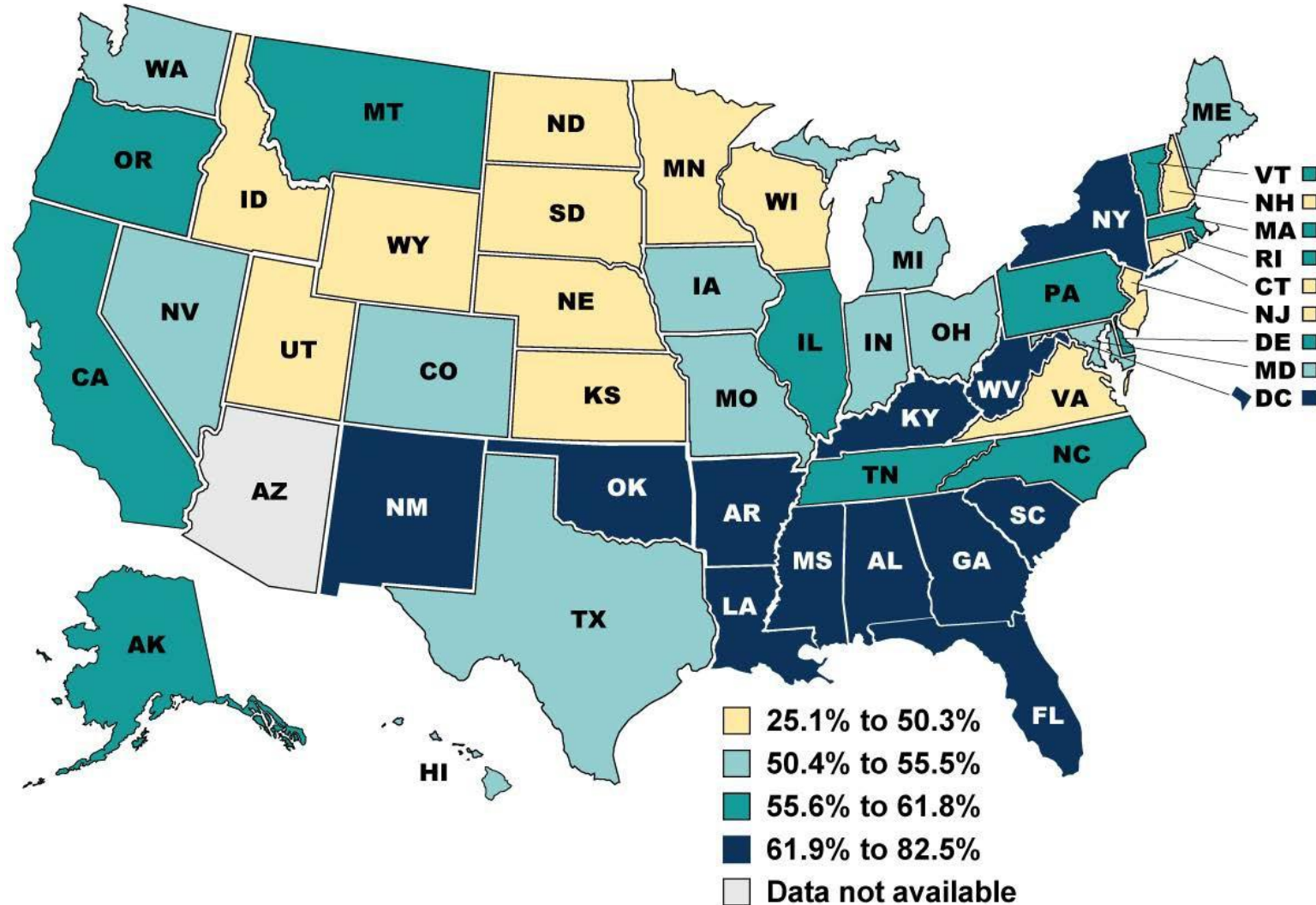


2



3

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

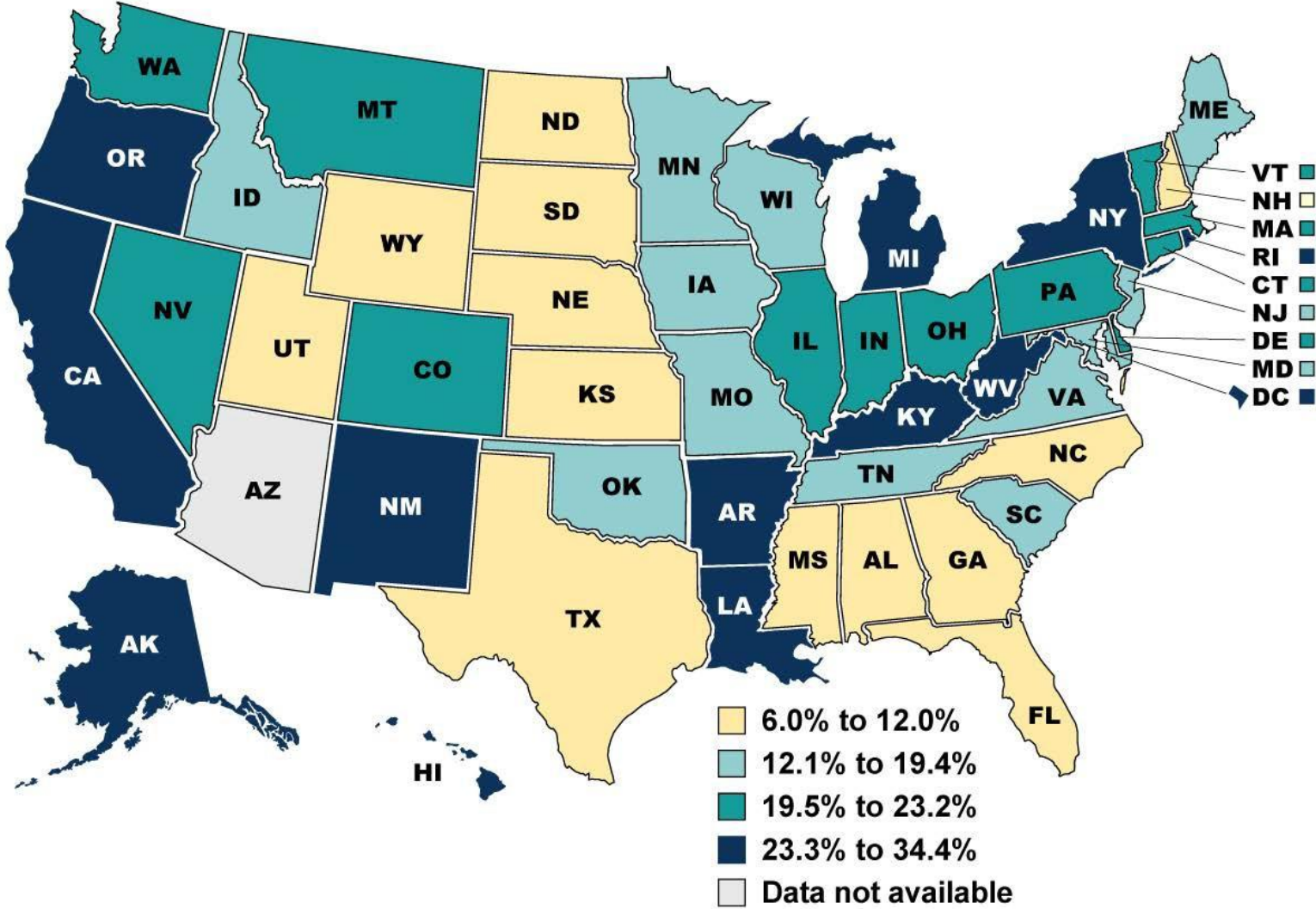


Notes:
 Enrollment in Medicaid or CHIP includes individuals with full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population 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>

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

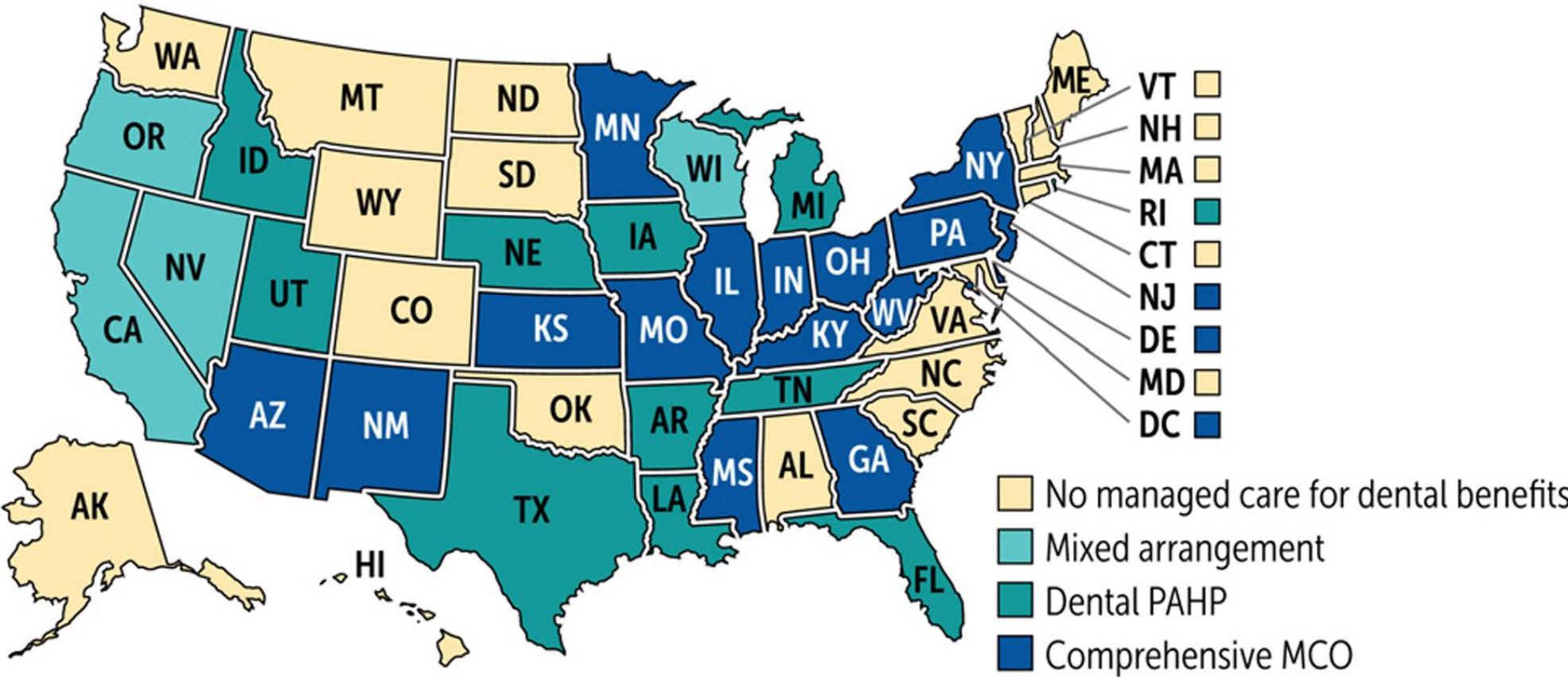


Notes:
 Enrollment in Medicaid or CHIP includes individuals with for full Medicaid or CHIP benefits and excludes individuals who are eligible only for restricted benefits, such as Medicare cost-sharing, family planning-only benefits, and emergency services-only benefits. The percentage of each state's population enrolled in Medicaid or CHIP was calculated by dividing administrative, monthly point-in-time counts of Medicaid and CHIP adult enrollment by estimates of each state's resident population of adults. Adults enrolled in Medicaid or CHIP in each state include adults and seniors age 19 and older. Estimates of each state's resident population include adults age 18 and over. 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/pepopest/2020s-national-detail.html>

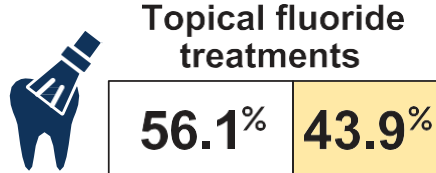
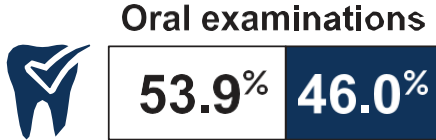
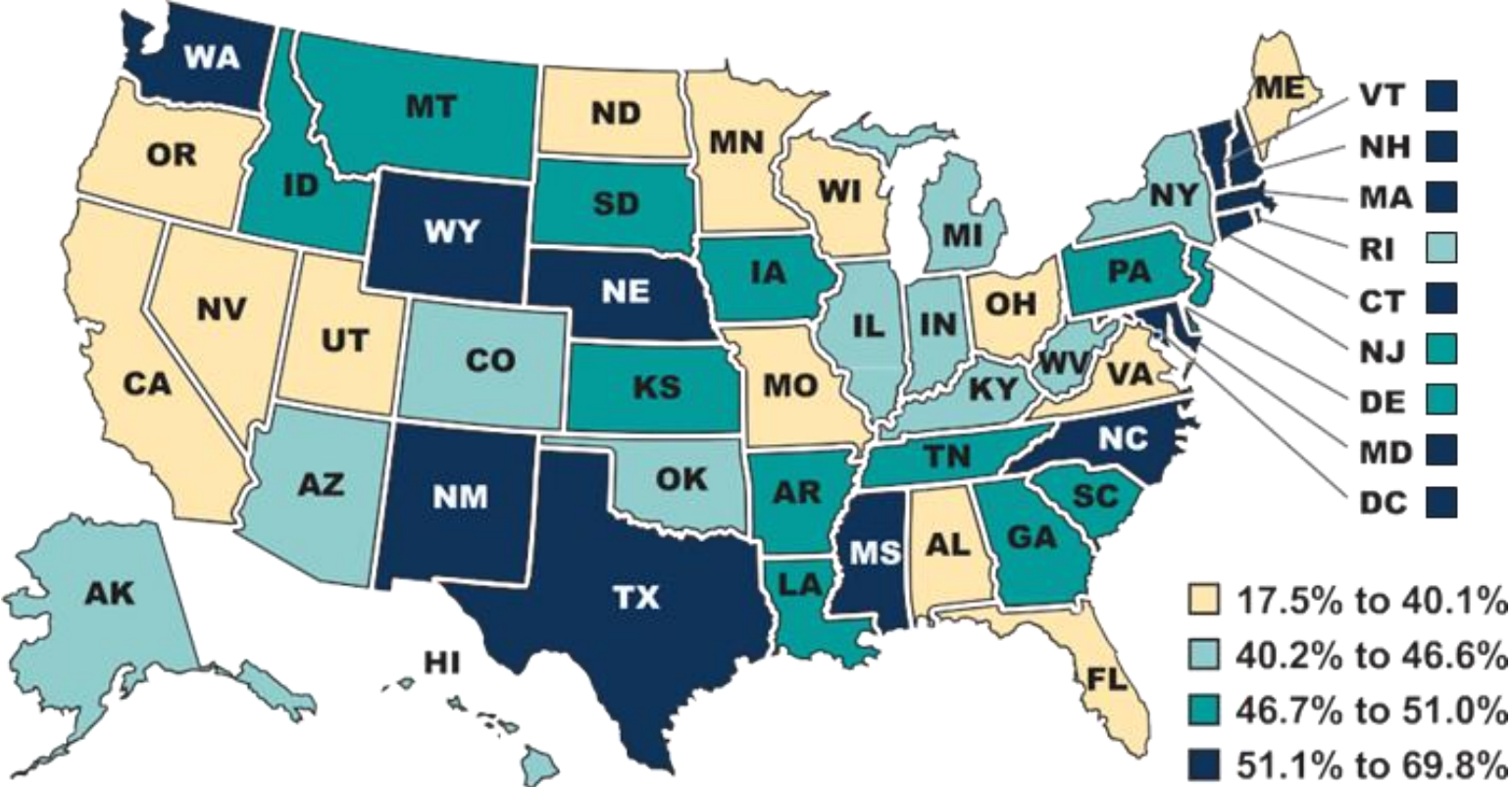
Medicaid and CHIP Managed Care Arrangements for Dental Benefits, 2021



Source: CMS analysis of state websites, 2020-2021 Annual External Quality Review Reports, and State Quality Strategy documents. The sources for this information are up to date as of calendar year 2021.

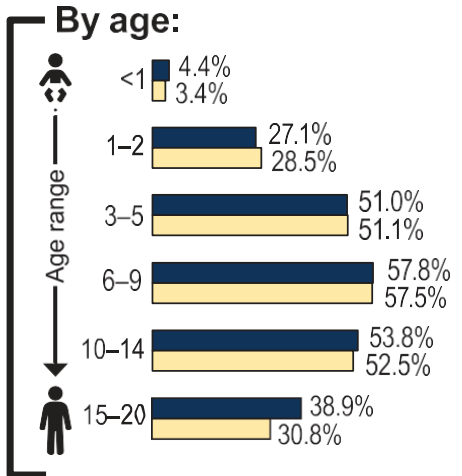
Children and Adolescents Who Received Oral Examinations or Topical Fluoride Treatments, 2018

Beneficiaries with at Least One Oral Examination

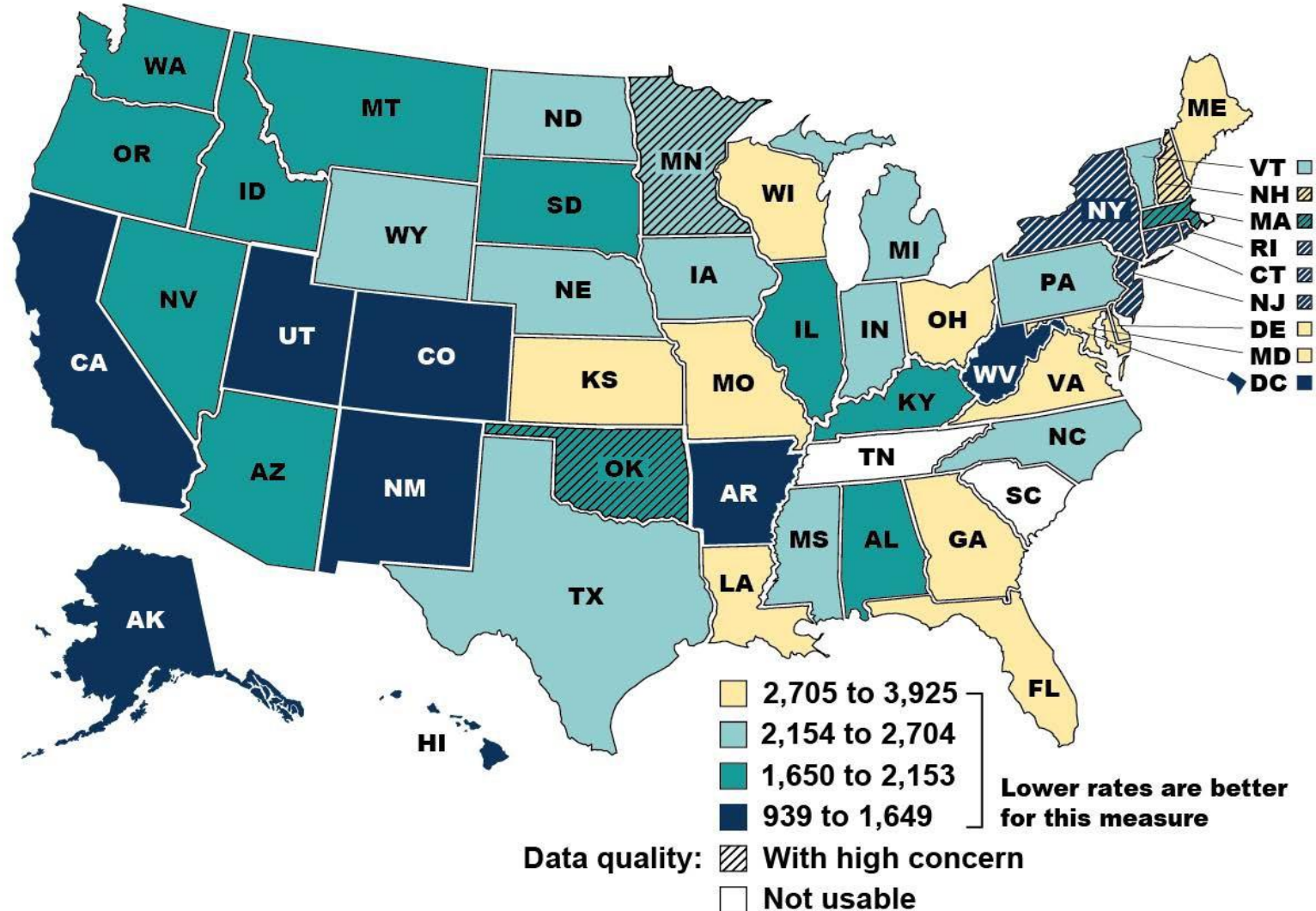


Beneficiaries received:

- At least one oral examination (Dark Blue)
- At least one fluoride treatment (Yellow)
- No oral examinations or fluoride treatments (White)



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>

Barriers to Oral Health Care

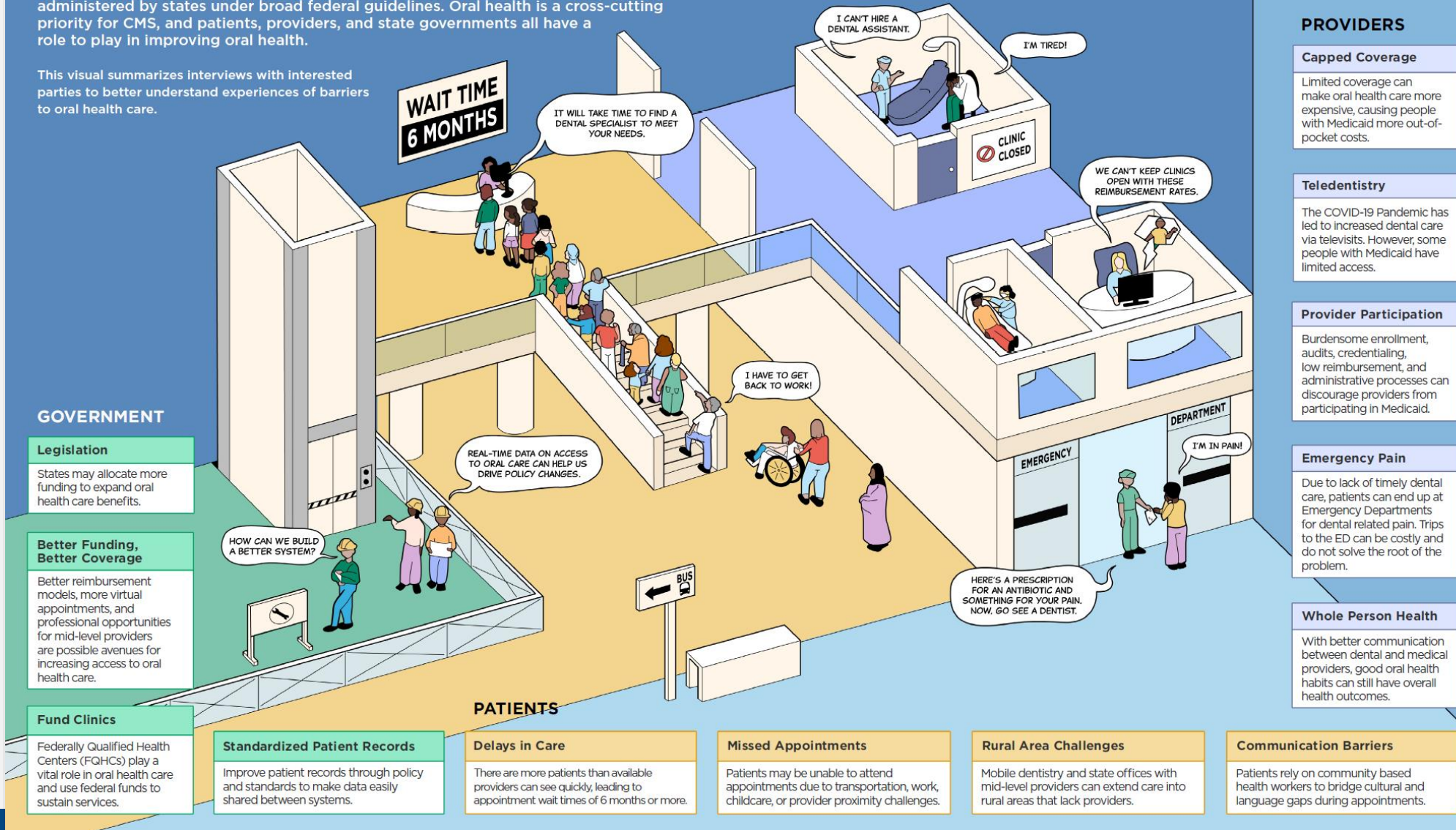
Office of Burden Reduction & Health Informatics, 2023



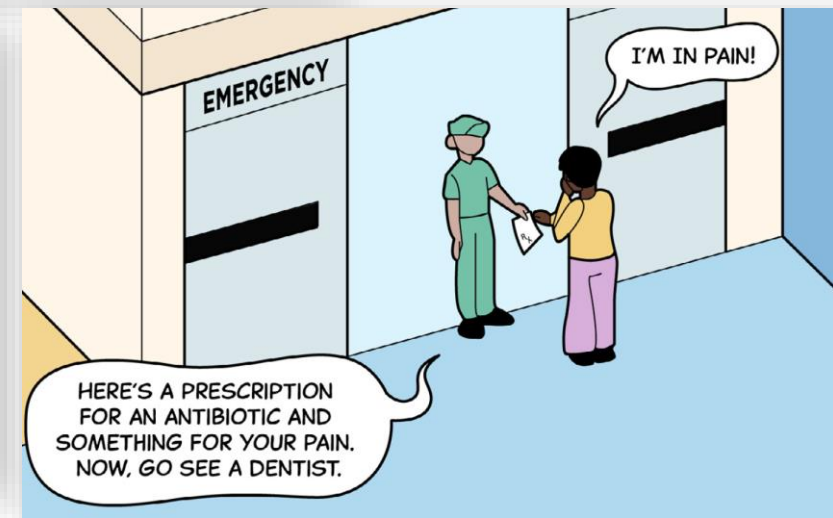
Barriers to Oral Health Care

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.



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.

Standardized Patient Records

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

Patients

Delays in Care

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

Rural Area Challenges

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

Missed Appointments

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

Communication Barriers

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

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

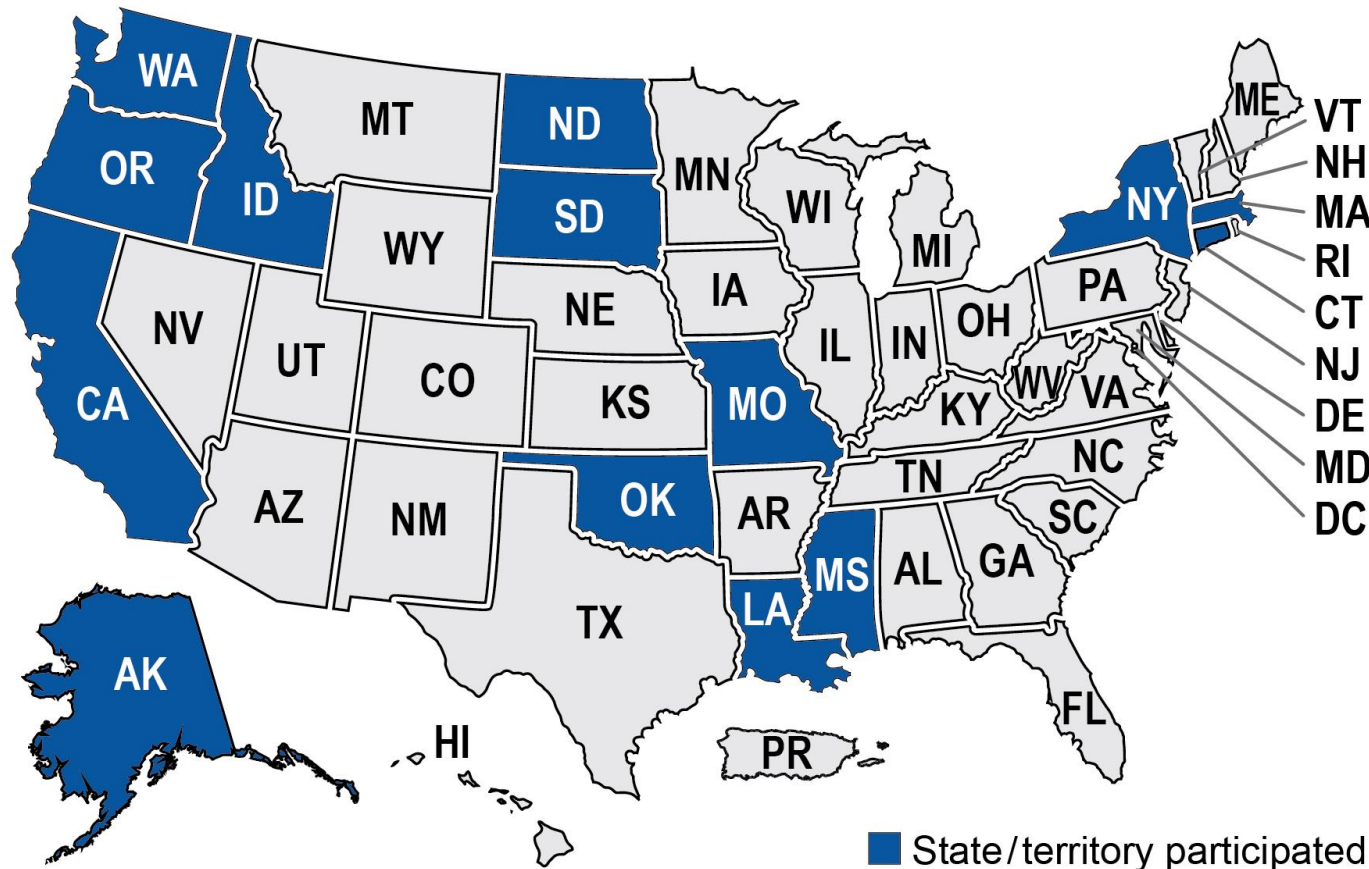
Due to lack of timely dental care, patients can end up at Emergency Departments for dental related pain. Trips to the ED can be costly and do not solve the root of the problem.

Whole Person Health

Better communication between dental and medical providers can lead to good oral health habits and positive overall health outcomes.

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.



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

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.

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.

Advancing Oral Health Across the Lifespan: A Workshop

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

Sponsors

American Academy of Pediatric
Dentistry

ARCORA

Centers for Medicare &
Medicaid Services

Henry Schein Foundation

United Concordia Dental

American College of Dentists

CareQuest Institute

Colgate

National Institute of Dental and
Craniofacial Research

American Dental Association

Centers for Disease Control
and Prevention (CDC)

Gary and Mary West
Foundation

Santa Fe Group

Questions

