

Tooth decay, or dental caries, is the most common chronic disease among children ages 5-19.^{1,2} It affects approximately one-in-five children. Untreated tooth decay can lead to problems with eating, speaking, school attendance, and general health.² Tooth decay is preventable with proper care, nutrition, utilization of dental care, water fluorination, and medical-based oral health services. Nationally, over 50% of children ages 5-9 have at least one cavity or filling, rising to 78% by age 17.²

Children from low-income families are more likely to have tooth decay.² In North Carolina, Medicaid and NC Health Choice (our state Child Health Insurance Program) provide coverage for dental care for approximately 1.2 million children living in families with incomes below 200% of the federal poverty level.^a Although children receiving health care coverage through Medicaid and NC Health Choice have coverage for dental services, not all of these children receive dental care. In federal fiscal year (FFY) 2011, only 45% of Medicaid-enrolled children received any preventive dental service (defined as cleanings, fluoride treatments, sealants) and 42% of NC Health Choice-enrolled children received any preventive dental service.³

In the fall of 2012, the Centers for Medicare and Medicaid Services (CMS) asked states to develop a plan to increase the proportion of children ages 1-20^b enrolled in Medicaid or Children's Health Insurance Programs (CHIP) who receive any preventive dental services and the proportion of children ages 6-9 who receive a dental sealant on a permanent molar tooth by 10 percentage points over five years.⁴ The North Carolina Institute of Medicine (NCIOM) Task Force on Children's Preventive Oral Health Services partnered with North Carolina Division of Medical Assistance (DMA) to develop North Carolina's plan in response to the request from CMS. The NCIOM Task Force on Children's Preventive Oral Health Services is a collaborative effort between DMA, the Blue Cross and Blue Shield of North Carolina Foundation (BCBSNCF), the Oral Health Section within the North Carolina Division of Public Health, and the Office of Rural Health and Community Care. Financial support for the Task Force comes from BCBSNCF and DMA. The Task Force was convened to help DMA develop its required dental action plan to improve access to preventive oral health services for all children by:

1. Increasing the proportion of children ages 1-20 enrolled in Medicaid or NC Health Choice (for at least 90 days) who received any preventive dental services from dental providers by 10 percentage points, from 45% to 55% for children enrolled in Medicaid and 42% to 52% for children



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a In 2013, \$47,100 is 200% of the federal poverty level for a family of four. (US Department of Health and Human Services. 2013 Poverty Guidelines. <http://aspe.hhs.gov/poverty/13poverty.cfm>. Published January 24, 2013. Accessed June 3, 2013.)

b In this report, we will use the term children to refer to the population ages 1 to 20 unless otherwise noted.

enrolled in NC Health Choice, over a five-year period from FFY 2011-FFY2015.

2. Increasing the proportion of children ages 6-9 enrolled in Medicaid or NC Health Choice (for at least 90 days) who receive a dental sealant on a permanent molar tooth by 10 percentage points, from 17% to 27% for children enrolled in Medicaid and 25% to 35% for children enrolled in NC Health Choice, over a five-year period from FFY 2012^c-FFY 2017.

In addition to these goals set by CMS, the Task Force felt it was important to include a goal that includes the role primary care providers serve in providing preventive oral health care. The CMS goals do not include preventive oral health services provided in medical settings. Primary care providers play a critical role in helping increase access to preventive oral health care. Therefore, the Task Force set a third goal to:

3. Increase the utilization of preventive oral health services among children ages 6 months-20 years old enrolled in Medicaid and NC Health Choice (for at least 90 days) by any appropriate health professional by 10 percentage points, from 55% to 65% for children enrolled in Medicaid and 42% to 52% for children enrolled in NC Health Choice, over a five-year period from FFY 2011-FFY 2015.

The Task Force believes that in raising North Carolina's overall proportion of children receiving preventive dental services, sealants, and preventive oral care in the medical setting, it is important to focus on both the state data and county level data. It is critical that the state improve preventive dental services for children living in all counties in North Carolina, not just those in a few higher need urban counties. Therefore, the Task Force proposed that for each of the goals set forth, the state should work towards an improvement of at least 15 percentage points for counties in the lowest quartile of a given goal, 10 percentage points for counties in the middle two quartiles of a given goal, and 5 percentage points for those counties in the highest quartile. The Task Force recognized that if counties just achieved these goals, we would not reach the CMS goal of a 10 percentage point increase in use of preventive dental services or sealants. However, the Task Force expects that some counties will exceed these goals, thereby raising the state average to reach the recommended increase.

The Task Force on Children's Preventive Oral Health Services was chaired by Mark Casey, DDS, MPH, dental director, North Carolina Division of Medical Assistance, Frank Courts, DDS, chair, Physicians Advisory Group Dental Committee, North Carolina Division of Medical Assistance and dental practitioner, and Marian Earls, MD, FAAP, Lead Pediatric consultant,

^c For the purposes of this report we are using FFY 2012 as the baseline year. CMS has not yet defined the baseline year for this measure for their requirements, therefore, the baseline year may need to be changed once CMS has decided on a baseline year.

The Task Force developed three goals and recommendations on actions the state and other partners could take to achieve the goals.

Community Care of North Carolina. The Task Force included 35 task force and steering committee members representing dental health professionals, state and local policy makers, public health and other health professionals, researchers, consumer representatives, and others. The Task Force met monthly from December 2012 to May 2013. The Task Force examined data on the scope of the problem and identified barriers to children enrolled in Medicaid and NC Health Choice receiving preventive dental services and sealants. The identified barriers fell into four broad categories, those faced by families, Medicaid/policy, dental providers, and primary care providers. The group then developed recommendations to address the barriers in these four groups. The Task Force worked with DMA to produce two products: the Medicaid dental action plan in the required CMS template; and this report discusses the need, as well as the strategies, to improve access to preventive dental services for children enrolled in Medicaid or NC Health Choice.

This report has seven chapters including this introduction. Chapter 2 has background information on children's oral health care. Chapter 3 covers goal 1 and the strategies the Task Force recommended to meet that goal. Chapter 4 covers goal 2 and the strategies the Task Force recommended to meet that goal. Chapter 5 covers goal 3 and the strategies the Task Force recommended to meet that goal. Chapter 6 includes crosscutting recommendations, those that apply to two or more of the goals, developed by the Task Force. Chapter 7 is the conclusion and includes all the recommendations of the Task Force.

This report discusses the need, as well as the strategies, to improve access to preventive dental services for children enrolled in Medicaid or NC Health Choice.

References

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