

Dental caries, also called “tooth decay” or “cavities,” is the most prevalent chronic infectious disease among children in the United States.¹ Tooth decay has significant consequences for children, their families, and communities. Dental caries can affect children’s physical growth and development.^{2,3} The pain and swelling can limit a child’s ability to eat and speak, and can create problems which distract from a child’s ability to learn. Fortunately, dental caries is both preventable and manageable.



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 to 20^a 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 Task Force on Children’s Preventive Oral Health Services was convened to help DMA develop its required dental action plan to improve access to preventive oral health services for all children in response to the request from CMS. The Task Force developed three goals. The first two were required by CMS and focus on preventive dental services provided by dental providers:

1. Increasing the proportion of children ages 1-20 enrolled in Medicaid or NC Health Choice^b (enrolled 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 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 (enrolled 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 to FFY 2017.

In addition to these goals set by CMS, the Task Force felt it was important to include a goal looking at the role primary care providers serve in providing 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 to 20 years old enrolled in Medicaid and NC Health Choice

This report includes a multifaceted approach that, if implemented, will significantly improve access and utilization of preventive oral health services by children enrolled in Medicaid and NC Health Choice.

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

^b NC Health Choice is North Carolina’s CHIP program.

^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.

(enrolled 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.

This report targets low-income children who are enrolled in Medicaid or NC Health Choice. These children are at much higher risk of developing caries than are children with higher incomes and are more likely to have untreated caries.^{5,6} With proper dental care and dietary choices, dental caries could almost be eliminated among children.¹


The Task Force examined the main barriers to the utilization of preventive oral health services by children enrolled in Medicaid and NC Health Choice and developed recommendations to address these barriers. *The North Carolina Oral Health Action Plan for Children Enrolled in Medicaid and NC Health Choice* includes a wide variety of recommendations that could be pursued and promoted by both public and private stakeholders. The report includes a multifaceted approach that, if implemented, will significantly improve access and utilization of preventive oral health services by children enrolled in Medicaid and NC Health Choice. In turn, this will help promote the health and well-being of some of our most vulnerable children.

	NCGA	DMA	Oral Health Section of the Division of Public Health	NCCCN	NCDS	Other
Increasing Preventive Care Utilization						
Recommendation 3.1: Increase Outreach and Education to Families of Young Children about the Importance of Oral Health Services The Division of Medical Assistance (DMA) and the Oral Health Section (OHS) of the Division of Public Health should develop a one page document that summarizes the major Medicaid and NC Health Choice dental benefits and provides information on how young children can receive oral care. In addition, DMA and OHS should disseminate information on how to maintain good oral health for infants and young children and on the importance of seeking dental services for children beginning at age 1. DMA should partner with other organizations and agencies to distribute this information to families.		✓	✓	✓		✓ Local DSSs, local health departments, early care and education providers, Head Start, Smart Start, PTA, health professional serving pregnant women and their partners
Recommendation 3.2: Support Dental Care Coordination by North Carolina Community Care Networks The Division of Medical Assistance and the North Carolina Community Care Networks should examine whether an additional per member per month (pmpm) payment is needed to expand the capacity of Health Check Coordinators to help families with young children enrolled in Medicaid or NC Health Choice understand the importance of oral health and connect to a dental home.		✓		✓		
Recommendation 3.3: Increase the Participation of Dentists in Medicaid and NC Health Choice The North Carolina Dental Society (NCDS) should partner with the Division of Medical Assistance (DMA) to encourage more dentists to participate in Medicaid and NC Health Choice and to increase the willingness of general dentists to treat young patients.		✓			✓	

	NCGA	DMA	Oral Health Section of the Division of Public Health	NCCCN	NCDS	Other
Recommendation 3.4: Reduce Barriers Discouraging Dentists from Participating in Medicaid and NC Health Choice The Division of Medical Assistance (DMA) should encourage more dentists to participate in Medicaid by reducing administrative barriers. DMA should not take any steps that would reduce dentist participation. In addition, the North Carolina General Assembly should change the classification of dentists from moderate to low categorical risk providers for purposes of fraud and abuse monitoring.	✓	✓				
Promoting and Increasing Sealant Utilization						
Recommendation 4.1: Increase Reimbursement for Dental Sealants The Division of Medical Assistance (DMA) should explore changes in Medicaid payment policies to increase reimbursement to the 75 th percentile of a commercial dental benchmark for dental sealants.		✓				
Recommendation 4.2: Allow Reapplication of Sealants When Medically Necessary Educate dentists about EPSDT and the ability to seek an exception from regular coverage policy to obtain reimbursement for the reapplication of sealants when medically necessary. The Division of Medical Assistance Physician Advisory Group should create new coverage policies for Medicaid and NC Health Choice to allow reapplication of sealants on the same tooth when medically necessary.		✓				✓ DMA Physician Advisory Group
Recommendation 4.3: Increase Private Sector Efforts to Encourage Dentists to Provide Sealants for Medicaid and NC Health Choice Participants The North Carolina Dental Society (NCDS) should promote the use of dental sealants and disseminate information about the efficacy of sealants. NCDS, in partnership with Old North State Dental Society, should expand existing efforts to provide sealants to children through the Give Kids a Smile/MOMs effort. Other organizations that provide continuing education		✓			✓	✓ Old North State Dental Society, AHEC

	NCGA	DMA	Oral Health Section of the Division of Public Health	NCCCN	NCDS	Other
for dental professionals, such as the North Carolina Area Health Education Centers, should increase their focus on sealants.						
Recommendation 4.4: Educate Primary Care Providers about Sealants The Division of Medical Assistance, North Carolina Dental Society, North Carolina Pediatric Society, Area Health Education Centers, North Carolina Community Care Network, and other partners should expand or create continuing education opportunities for primary care professionals to educate them on sealants.		✓	✓	✓	✓	✓ NCAPD, NCPS, NCAFP, NCMS, ONSMS, AHEC
Role of Primary Care Providers						
Recommendation 5.1: Encourage Primary Care Providers to Promote Oral Health The Division of Medical Assistance and the North Carolina Community Care Network (NCCCN) should continue to work with primary care providers (PCPs) who see children and pregnant women and their partners to help them further encourage families with children to obtain oral health services. As part of this effort, DMA and NCCCN should develop and disseminate guidelines that specify oral health expectations for PCPs and OB/GYNs.		✓		✓		
Recommendation 5.2: Create Systems for Greater Collaboration between Primary Care Providers and Dental Professionals The Division of Medical Assistance, North Carolina Community Care Network, North Carolina Dental Society, the North Carolina Pediatric Society, and other partners should create systems for greater collaboration between primary care providers and dental professionals.		✓	✓	✓	✓	✓ NCAPD, NCPS, AHEC

	NCGA	DMA	Oral Health Section of the Division of Public Health	NCCCN	NCDS	Other
Crosscutting Strategies for Increasing Preventive Dental Services Utilization						
Recommendation 6.1: Maintain the Structure of the Oral Health Section and Increase Funding for Public Health Dental Hygienists The North Carolina General Assembly should maintain the structure of the Oral Health Section of the Division of Public Health, including dental hygienists, and increase funding in order to hire additional dental hygienists who can provide preventive oral health services in schools, help link children with oral health problems to a dental home, participate in oral health surveillance activities, and otherwise promote oral health among children.	✓ Funding TBD		✓			
Recommendation 6.2: Require Limited Service Dental Providers to Provide Comprehensive Dental Services The Division of Medical Assistance and the Physician Advisory Group should examine current dental payment policies to better support dental homes that provide continuity of care and comprehensive oral health services.		✓				✓ DMA Physician Advisory Group
Recommendation 6.3: Pilot Private Dental Practice School-Based Programs The North Carolina Dental Society, Oral Health Section of the Division of Public Health, and Division of Medical Assistance should seek funding to create school-based pilot programs to provide screenings, preventive services, and sealants. For this pilot, a dental practice would serve as the dental home. Dental hygienists, employed by the dental office, would need additional training to provide the dental services in schools with remote supervision by the participating dentist. The model should be evaluated after three years. If successful, and financially viable, the model should be expanded across the state.		✓	✓		✓	✓ NC Board of Dental Examiners

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Recommendation 6.4: Reduce Barriers for Qualified Out-of-State Dentists The North Carolina State Board of Dental Examiners (NCSBDE) is charged with regulating dentists in the public interest. Given the relative lack of dentists in North Carolina as compared to other states and the ongoing dental shortages in some areas of the state, the NCSBDE should consider opportunities to increase the supply of high quality providers practicing in North Carolina, with special attention to underserved areas and populations.						 NC Board of Dental Examiners

Abbreviations:

AHEC	Area Health Education Center
NCCCN	North Carolina Community Care Network
DMA	Division of Medical Assistance, North Carolina Department of Health and Human Services
DSS	Department of Social Services
NCAFP	North Carolina Academy of Family Physicians
NCAPD	North Carolina Academy of Pediatric Dentists
NCDS	North Carolina Dental Society
NCGA	North Carolina General Assembly
NCMS	North Carolina Medical Society
NCPS	North Carolina Pediatric Society
ONSMS	Old North State Medical Society
PTA	Parent Teacher Associations

References

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4. Improving Access to and Utilization of Oral Health Services for Children in Medicaid and CHIP Programs: CMS Oral Health Strategy. Centers for Medicaid and Medicare Services. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/CMS-Oral-Health-Strategy.pdf>. Published April 11, 2011. Accessed June 3, 2013.
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6. US Department of Health and Human Services. National Institute of Dental and Craniofacial Research, National Institutes of Health. Oral Health in America: A Report of the Surgeon General. Rockville, MD. <http://www.surgeongeneral.gov/library/reports/oralhealth/>. Published May 2000. Accessed June 3, 2013.