The Importance of Big Data for Improving Oral Health for Vulnerable Populations through Increased Involvement of the Patient Care, Research, and Payer Community

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Medicaid: A Federal/State Partnership

“The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.”
**MMIS =** Medicaid Management Information Systems (states)

**MSIS =** Medicaid Statistical Information System (Federal)
CMS Form 416
Measuring Progress: the CMS-416

Total number of children (enrolled for at least 90 days) receiving:
  (each line represents an unduplicated count of children)

- Line 12a – any dental service *(by or under the supervision of a dentist)*
- Line 12b – a preventive dental service
- Line 12c – a dental treatment service
- Line 12d – a sealant on a permanent molar tooth
- Line 12e – a dental diagnostic service
- Line 12f – an oral health service provided by a non-dentist *(and not under the supervision of a dentist)*
- Line 12g – any dental or oral health service *(12a+12f)*

[By CMS definition, “dental” and “oral health” services are different by provider]
• Goal #1 – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a preventive dental service.

• Goal #2 – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a sealant on a permanent molar tooth.
CMS Oral Health Initiative 2.0

- Increase by **10 percentage points** the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a **preventive dental service** – **now by 2018**
- At least 25 states will submit the **SEAL** measure of the Child Core Set
The Child Core Set

Core Set of Children's Health Care Quality Measures

PDENT
(no TDENT)

SEAL
SEAL
(not SEALS = states’ sealant program analyses)

Dental Quality Alliance
NQF Measure 2508 - SL1-CH-A

Percentage of enrolled children in the age category of 6–9 years at “elevated” risk (i.e., “moderate” or “high”) who received a sealant on a permanent first molar tooth within the reporting year.
OHI 2.0 Target States

- White - above the national average: >45%
- Yellow - below the national average: 40%-44%
- Red - far below the national average: 25%-38%
Steady Progress on Access to Dental Care

Proportion of Children, Age 1-20, Enrolled in Medicaid for at Least 90 Continuous Days Who Received Dental Services

FFY 2000 – FFY 2014

Source: FFY 2000-2014 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c
Note: Data reflect updates as of 10/2/15.
1 With the exception of FL and OH, the national FFY 2011 percentage used FFY 2011 data reported by states to CMS as of May 28, 2013. Due to errors in FL’s FFY 2011 data that could not be corrected, the state’s FFY 2012 data were used in the FFY 2011 national percentage. As FFY 2011 data for OH were reported after May 28, 2013, these data were not included in the FFY 2011 national percentage.
2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH’s FFY 2012 data were similarly excluded from the FFY 2012 national percentage.
3 With the exception of OH, the national FFY 2013 percentage used data reported by states to CMS as of December 15, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH’s FFY 2013 data were similarly excluded from the FFY 2013 national percentage.
4 With the exception of OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH’s FFY 2014 data were similarly excluded from the FFY 2014 national percentage.
Preventive Dental Services, by State, 2014

Percentage of children, age 1-20, enrolled in Medicaid for at least 90 days who received any preventive dental service, FFY 2014 (12b)

Source: FFY 2014 CMS-416 reports, lines 1b and 12b
Note: With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015.
Oral Health Initiative: Progress on Preventive Dental Services

FFY 2011 to FFY 2014

Source: FFY 2011–2014 CMS-416 reports, Lines 1b and 12b
Note: *FFY 2011 data for Ohio and Florida are not available. Data for Florida and Ohio have been substituted with FFY 2012 data.
Estimates for Florida and Ohio are included in the National figure. Data from Indiana are excluded. Data have been rounded.
Data reflect updates as of 10/2/15.
MAX
MAX

Medicaid Analytic eXtract (MAX)

Person-level data files derived from MSIS data on Medicaid eligibility, service utilization and payments.
MACPro

Medicaid and CHIP Program System
(replaces CARTS)

Includes reporting of quality indicators (e.g. SEAL)
A Quick Example – Combining Data Sets

(thinking outside the box; new levers; on our radar screen)

Medicaid-Medicare-CHIP
Services Dental Association (MSDA)

Lack of a Medicaid Adult Dental Benefit compared to opioid abuse, unemployment, crime and incarceration
Measuring Outcomes?

• Diagnosis codes
  – ICD-1 through 10
  – SNODENT
  – EZ codes → DDS
  – SNODDS
Medicare

“Medicare often drives the conversation”

- 10,000 / day
- Parts A, B, C, D
- Dual-eligibles
- Will there ever be a dental benefit?
  - Section 1862
  - Funding
  - Workforce
  - TRAINING
  - Need vs. demand
Accountable Care Organizations: Participation in Medicare ACOs growing rapidly

- 424+ ACOs
- 7.8 million assigned beneficiaries

ACO-Assigned Beneficiaries by County

Source: JAMA. Published online May 04, 2015. doi:10.1001/jama.2015.4930; D. Nyweide, L. Woolton, T. Cuerdon, H. Pham; M. Cox; R. Rajkumar; P. Conway; Association of Pioneer Accountable Care Organizations vs Traditional Medicare Fee for Service With Spending, Utilization, and Patient Experience
Division of Quality, Evaluation and Health Outcomes

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For More Information

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