

Issue BRIEF



Reducing Early Childhood Tooth Decay: Leading Steps for State Policymakers

THE PROBLEM OF EARLY CHILDHOOD CARIES

Young children who are enrolled in Medicaid or the Children's Health Insurance Program (CHIP) can be at risk for developing early childhood caries (ECC). ECC is a chronic bacterial infection that causes severe tooth decay and can begin to develop before baby teeth erupt. Children with ECC may experience pain, difficulty eating, developmental complications, and loss of days in day care or preschool. ECC is expensive to treat and untreated ECC can lead to other serious infections.

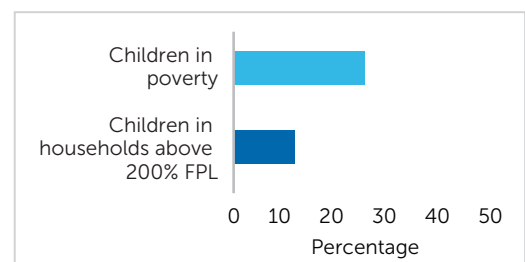
Along with asthma and obesity, ECC is one of the most common chronic diseases of childhood in the United States. Children living in households with incomes below the federal poverty level, who are likely to be enrolled in Medicaid, are twice as likely to have untreated ECC as children in higher-income households. Improving the way Medicaid programs and CHIP approach ECC has the greatest potential benefit for children.

Although clinical guidelines recommend ways to prevent and manage ECC, many children in Medicaid and CHIP do not receive appropriate preventive and management services. As a result, many cases of ECC worsen until hospital-based restoration or surgical removal of decayed teeth is unavoidable and very costly to the public.

Leadership needed to address the problem

Policymakers can set expectations that their state's Medicaid program and CHIP focus on ECC prevention and management, rather than primarily on treatment. The use of evidence-based preventive services, risk assessments, and individualized care plans for high-risk children are similar to approaches already in use to prevent or manage asthma and other common chronic diseases. Furthermore, these strategies are consistent with broader system redesigns to promote higher quality health care services, healthier populations, and lower per capita costs.

Figure 1. Untreated ECC disproportionately affects children from low-income households



Proportion of Children with Untreated ECC

Source: Centers for Disease Control and Prevention/National Center for Health Statistics (CDC/NCHS), National Health and Nutrition Examination Survey, 1999–2002

Note: FPL = federal poverty level

As a first step, states should review their Medicaid and CHIP policies related to children's oral health care, including payment policies. Depending on existing policy, next steps might involve (1) setting basic rules or standards to support ECC prevention and management, (2) aligning payment policies with the rules or standards, and/or (3) helping providers adhere to the rules or standards. Supported by other state leaders, Medicaid and CHIP medical and dental program managers have an important role in assessing current policy and implementing next steps.

Here are some program, payment, and other policy strategies to advance these objectives.

Emphasize prevention

- Most Medicaid and CHIP programs reimburse pediatricians, family physicians, and other primary care providers for applying fluoride varnish to baby teeth.
 - If this policy exists in your state, remind providers of its importance. If they can apply fluoride but do not, try to understand why. Encourage or reinforce fluoride varnish application by medical providers with explicit instructions in state regulations, rules, and handbooks for well-child visits. The instructions should reflect the American Academy of Pediatrics *Bright Futures* guidelines and include billing instructions.
 - Many state Medicaid programs cover physician-prescribed oral fluoride supplements for children (starting at age 6 months) in communities without optimal fluoride in the water supply.
 - Encourage this recommended prescribing practice in Medicaid and CHIP provider handbooks and through web-based or on-site training for providers.
- In communities with less than optimal fluoride in the water supply, Medicaid may experience higher dental treatment costs. A study in New York state showed Medicaid savings of about \$24 per person, per year because of cavities prevented by fluoridated water.¹ About one-third of the U.S. population does not receive fluoridated water.²

Promote risk assessments

- Join states that reimburse pediatricians and family physicians for administering oral health risk assessments for children in Medicaid or CHIP. Revise medical and dental periodicity schedules to require risk assessments.
- Support the use of risk assessments by adopting all appropriate billing codes from the American Dental Association. These codes enable Medicaid and CHIP to reimburse pediatricians, family physicians, and dental providers for administering oral health or caries risk assessments during well-child or dental visits.
- When a pediatrician or family physician determines that a child in Medicaid or CHIP is at high risk for ECC, the provider should refer the family to a dentist.
 - Your state can facilitate appropriate, timely referrals by disseminating to Medicaid and CHIP providers the [find-a-dentist](#) tool and [interactive map](#) from InsureKidsNow.gov.

Promote individualized care plans for high-risk children

- Pair requirements for risk assessment with the requirement that individual care plans be developed and implemented for children with high ECC risk.
 - Revise periodicity schedules and contracts with Medicaid managed care plans, if needed, to clarify that all needed services should be delivered to high-risk children.

Educate and engage parents

- Several states use nonclinical service providers, such as staff in Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) clinics, to engage parents in ECC prevention and management. These providers typically conduct risk assessment, outreach, education, and care coordination for families with children who are at high risk for ECC.
 - See if your state is set up to claim federal matching funds for ECC management activities provided by nonclinicians as a Medicaid administrative expense.

ENDNOTES

¹Jayanth Kumar, Olubunmi Adekugbe and Thomas Melnik. “Geographic Variation in Medicaid Claims for Dental Procedures in New York State: Role of Fluoridation Under Contemporary Conditions.” *Public Health Reports*, vol. 125, no. 5, 2010, pp. 647-54.

²Centers for Disease Control and Prevention. “2012 Water Fluoridation Statistics.” Available at: <http://www.cdc.gov/fluoridation/statistics/2012stats.htm>.

About this series

This document is part of a series of products about redesigning the approach to early childhood caries (ECC)—away from treatment and toward prevention and management—in Medicaid and CHIP. The series is produced as part of the Centers for Medicare & Medicaid Services’ Oral Health Initiative by Mathematica Policy Research and the Children’s Dental Health Project.

By Leslie Foster
Mathematica Policy Research
Meg Booth and Colin Reusch
Children’s Dental Health
Project

MATHEMATICA
Policy Research

