



Connecting Kids to Coverage National Campaign

Health Equity and Childhood Oral Health: Improving Access to Care with Medicaid and CHIP

WEBINAR TRANSCRIPT | FEBRUARY 9, 2023

Helen Gaynor: Welcome everyone to the Centers for Medicare and Medicaid Services' Connecting Kids to Coverage National Campaign webinar, "Health Equity and Childhood Oral Health: Improving Access to Care with Medicaid and CHIP." My name is Helen Gaynor, and I'm with Porter Novelli Public Services. I work closely with the Campaign and the team at CMS as a contractor to support education and outreach to families eligible for free or low-cost health coverage through Medicaid and CHIP, and I'm very much looking forward to moderating this discussion today.

Helen Gaynor: February is National Children's Dental Health Month, and we have an excellent panel of speakers ready to discuss the comprehensive dental care that Medicaid and CHIP health coverage provide, disparities across dental health, the importance of oral health during pregnancy, and how best to reach families and communities. We'll also be sharing an overview of resources to support grantees, partners, and states during this month and beyond.

Helen Gaynor: And before I turn things over for an official welcome, I do want to review a few housekeeping items. If you've joined this webinar on the desktop platform, you'll see a few features that will be helpful to you during today's presentation. We encourage you to submit any questions that you have into the Q&A or chat box. Just make sure you send your question to all panelists, as there may be a default option to send a question to one person, and we want to make sure we capture all questions for a designated Q&A at the end. We'll either respond back in the Q&A, chat, or hold those questions to present to the panelists at the end. Any questions that we're not able to get to due to time, we will make sure to follow up with individuals separately after the webinar via email.

Helen Gaynor: The webinar is being recorded and it will be posted along with the presentation slides to InsureKidsNow.gov in the coming weeks. Thank you again for being here today and I would now like to introduce Meg Barry, Director of the Division of State Coverage Programs and the Children and Adults Health Programs Group and the Center for Medicaid and CHIP Services for an official welcome. Meg?

Meg Barry: Thank you so much, Helen, and thank you to all of you for joining us today. We're going to be hearing about the very important topic of health equity and childhood oral health, improving access to care with Medicaid and CHIP. We think this is just a really crucial topic to have during National Children's Dental Health Month. From a personal perspective, I actually began my health policy career working on oral health policy for underserved populations. So this topic is particularly near and dear to my heart. Our panelists today are going to be sharing data on disparities in health and dental health and highlight the importance of oral health during pregnancy and also for children. We'll also be sharing some resources to support equitable outreach and enrollment. As you all know, making sure that eligible children are enrolled in Medicaid and CHIP is a crucial step to ensuring that kids receive the healthcare services that they need, including dental care.

Meg Barry: As you all also know, but I can't miss an opportunity to emphasize, we're just at a really unique moment in Medicaid and CHIP. Starting in March 2020, CMS temporarily waived certain Medicaid and CHIP requirements. The easing of these rules helped prevent people with Medicaid and CHIP in all 50 states and D.C. and the five U.S. territories from losing their health coverage during the COVID-19 Public Health Emergency. States are right now beginning to restart Medicaid and CHIP eligibility reviews. And according to some estimates, up to 15 million people could lose their current Medicaid or CHIP coverage through a process that we all refer to as Unwinding.

Meg Barry: In an effort to minimize the number of people that lose Medicaid or CHIP coverage, CMS is working with states and other stakeholders like you to inform people about renewing their coverage and exploring other available health options if they no longer qualify for Medicaid or CHIP. And as you perform your outreach, enrollment, and renewal efforts, please encourage beneficiaries to update their contact information. They need to make sure that their state Medicaid or CHIP program has their current mailing address, phone number, email, or other contact information. This way, they'll be able to contact beneficiaries about their Medicaid or CHIP coverage.

Meg Barry: People also need to check their mail. State Medicaid and CHIP programs will mail beneficiaries a letter about their Medicaid or CHIP coverage. This letter will let them know if they need to complete a renewal form to see if they still qualify for Medicaid or CHIP. And finally, people need to know that they need to complete those renewal forms if they get one. Beneficiaries should fill out the form and return it to their Medicaid or CHIP program right away to help avoid a gap in their coverage. With that, I hope you all enjoy the webinar, and I will now pass it back to Helen.

Helen Gaynor: Awesome, thank you so much, Meg. I'd now like to introduce our first panelist, Captain Wanda Finch, Deputy Director at the Office of Minority Health at CMS. Captain Finch?

Captain Wanda Finch: Good afternoon and thank you for the introduction, and thank you all for having me here today. So the importance of health equity and how it intersects with dental health is so important, and I'm really glad that we're focusing on this work today. I'll start with some information about the CMS Office of Minority Health and how CMS is approaching health equity. You may or may not realize that CMS is the largest provider of health insurance in the United States, responsible for ensuring more than 150 million individuals supported by CMS programs, and they're also able to get care and health coverage with that they need and when they deserve it. Our office, the CMS Office of Minority Health is one of eight minority health offices within the Department of Health and Human Services. In this slide, we have added the logos for our other offices, which include the FDA, SAMHSA, HRSA, CDC, AHRQ, NIH, and of course, the department itself.

Captain Wanda Finch: Here in CMS, we serve as the principal advisor to the entire agency on the needs of our offices' populations, which are also identified in this slide, which include minority and underserved populations, individuals from racial and ethnic communities, people with limited English proficiency, lesbian, gay, bisexual, transgender, and queer persons, persons living with disabilities, persons who live in rural communities or geographically isolated areas, and persons otherwise adversely affected by persistent poverty and inequity.

Captain Wanda Finch: We've included our mission and vision statements as well. Our mission is to lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS policies, programs, and partnerships. And we also seek to serve all of those that I identified just a moment ago across all CMS programs and policies. So our vision, as you can see, is for all of those served by CMS and to ensure that they achieve their highest level of health and well-being. And we have also eliminated disparities in healthcare, quality, and access.

Captain Wanda Finch: Many of you may be familiar with the graphic developed by the Robert Wood Johnson Foundation to help illustrate the difference between the concepts of equity versus equality. And what we have on this particular slide is two boxes. The top box contains the example of a bicycle being a resource to travel

with. In the image, we understand that the same bike doesn't allow everyone to get on a bike for a ride, meaning that the same resources do not exist for everyone. The smaller individual on a bike, they don't reach the seat, and so therefore they're not able to ride. The taller individual in the image is hunched over the bike, and the bike doesn't fit them, so they're not able to ride. There's also an individual with a wheelchair, who is next to their bicycle, and they can't participate at all because the bike is not accessible to them. The difference in whether a person can participate is a disparity between those who can travel on their way to using resources they have, their bike, and those who cannot ride at all or can't ride as easily as others.

Captain Wanda Finch: The image on the lower half of the slide, we see individuals able to participate fully in a race, and they're traveling together using tailored resources or the bike, in this case, that they have. The smaller individual has a smaller bike, so therefore they're able to pedal. The taller individual has a larger bike accommodating their height. And the individual in a wheelchair has a bike that is accessible to them. This bottom picture also represents disparity in how it can be eliminated, and each individual having the difference of how their outcomes are going to be achieved and met for their purpose.

Captain Wanda Finch: For CMS, a health disparity is a difference in healthcare access, quality, and outcomes between groups. And at the agency, we seek to assess and address health disparities among communities who have systematically experienced greater obstacles to health, for example, race or ethnic groups, their gender and gender identity, or sexual orientation, language, disability status, geographic locations, and other characteristics that are linked to persistent poverty and inequality.

Captain Wanda Finch: This slide, we have an image of five circles that are centered around the word "social determinants of health." And in our office, we're working to ground the agency in a common understanding of social determinants of health. For CMS, our definition is rooted in the Healthy People 2030 explanation of social determinants of health. And for these five circles that are surrounding that text on the slide, it represents a social determinant of health domain, which include economic stability, healthcare, neighborhood and environment, social and community context, and education. We consider each of these five domains the levers that we have within the CMS programs and policies to ensure healthcare coverage and the delivery of services as informed and tailored to provide the best care to over the 150 million individuals the agency serves based on each person's lived experience.

Captain Wanda Finch: To meet this charge, we are building a shared agency-wide understanding of social determinants of health and why this information is important in the context of CMS in terms of informing our benefit, design, service delivery, coverage, quality, access, and outcomes. For us, this means there is a strong focus on data, but you'll also see social determinants of health reflected in some of our Medicaid waivers, our Z code billing codes in Medicare, and much more activities across the agency.

Captain Wanda Finch: Health equity is defined as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health, regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other circumstances. And CMS is advancing health equity in three ways. First, we are designing, implementing, and operationalizing policies and programs that support health for all people served by our programs and initiatives. Second, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged and historically underserved. And third, providing the care and support that our enrollees need to thrive. Our agency strives to advance progress in creating a care journey that is free from inequity while optimizing opportunities, access, and outcomes for historically underserved and under-resourced communities. The administrator believes that CMS needs to lead the way for the healthcare system. She has stated that CMS actions on health equity must be concrete they must be actionable, and they must go beyond observations into direct explicit steps we can take to achieve health equity and eliminate disparities. We have a graphic on this slide that depicts six pillars, and those pillars are labeled as advancing equity, expanding access, engaging partners, driving innovations, protecting programs, and fostering excellence. Our administrator has also noted that we as CMS need to examine our policies, programs, and choices to make sure we understand and are

mitigating unintended consequences that impact minority and underserved communities and the safety net providers who serve these communities.

Captain Wanda Finch: Last year, CMS released the tenure plan for operationalizing health equity across our programs and policies. On this slide, we have added a one-pager of that tenure plan, which is available on our website in English and Spanish. This framework provides an overview and is informed by our stakeholders' input, evidence review, and knowledge and understanding gained through the agency's work.

Captain Wanda Finch: Five priorities are also included in the framework that encompass both system and community-level approaches to achieve equity across CMS programs. And each of these priorities are complementary and they're integrated, adoption and implementation is central to the elimination of barriers to health equity for all Americans. On this slide, we have listed the five priority areas included in the CMS Framework for Health Equity. The first priority is expanding the collection, reporting, and analysis of standardized data. The second priority is assessing causes of disparities within CMS programs and addressing inequities in policies and operations to close gaps. The third priority is building capacity of healthcare organizations and the workforce to reduce health and healthcare disparities. The fourth priority is advancing language access, health literacy, and the provision of culturally tailored services. And the fifth priority is focused on increasing all forms of accessibility to healthcare services in coverage.

Captain Wanda Finch: In November of 2022, CMS also updated and released the CMS framework for rural, tribal, and geographically isolated communities. We have a screenshot of the cover of this report on the slide. Many of the priority areas I've already mentioned are also those in this larger framework, but we've added specificity about the importance of these areas of focus for rural communities, tribal nations, and those who are geographically isolated, including the U.S. territories. Now I'm going to transition to one of our key initiatives our office operates as an example of how to focus on health equity and to help people directly in connecting to care. Our Coverage to Care or C2C initiative is a consumer-facing health insurance literacy initiative. The goal of C2C is to help consumers understand their health coverage and then actually use it to connect to care.

Captain Wanda Finch: We have listed on this slide some of our resources, excuse me, several of them are popular resources included our COVID resources, telehealth and enrollment toolkit, and a page from the roadmap. We try to keep the resources easy to read and approachable. We also use design to help lower the literacy level and allow many people of different experiences to identify with the graphics and concepts. We also have resources on generally understood health coverage as well as specifics on behavioral health prevention, telehealth, and more. I will also like to note we don't have something specific to dental, but the concepts do apply and transfer and we know that much of our effort to stay in preventative work, primary care can be directly applied to dental care as well and Coverage to Care has the consumer-facing resources. They're actually meant to be in plain language and in multiple language.

Captain Wanda Finch: We rely on our trusted community partners to reach to other consumers that they are working with and provide the real connection using these resources. Our consumer-facing resources are available in eight languages including Spanish, Arabic, Chinese, Haitian, Haitian Creole, Korean, Russian, Vietnamese and a few of our resources are also in Ukrainian as well.

Captain Wanda Finch: Our signature resource is our roadmap to better care and this is one I think that will be useful in thinking about how to connect individuals to dental services. This resource was recently updated in 2022 and we're glad to offer it as a plain language updated design and consumer-friendly product in nine languages. We have an image on the slide that is a poster of the roadmap. It offers a clue to a visual roadmap that is included in the products where you can see the steps to better care and an overview of each of the eight steps.

Captain Wanda Finch: Like all of our C2C resources, we encourage our community partners to personalize and customize this in conversation with the consumer that you may be working with. To that end, we encourage you on the phone to add any specifics about dental health. Perhaps you know that the person is

due for an appointment and can use a regular checkup or could help encourage them to find a provider. Or perhaps they may have a provider but need to know what to expect in terms of a co-pay. You can use these steps and apply them to encourage any consumer to get themselves and their families in regular dental care.

Captain Wanda Finch: On this slide, we have outlined the eight steps of the roadmap for review and I'm just going to quickly go through them for the sake of time. The first one is putting the health first and this is where you're really talking about why health is important.

Captain Wanda Finch: The second one is understanding the healthcare coverage. With this step, we really focus on key health insurance terms like co-pay, deductible, and premium. The third step, know where to go for care. Here we're focusing on emergency care versus primary care. We are really trying to emphasize the importance of regular visits as opposed to using a dentist only for emergencies or bad pain. The fourth step, finding a provider. This step offers tips and ways to look for a provider, which could include a dental office, is also whether or not that provider accepts your health coverage. Step five, making an appointment. We know that this is an essential step in getting care and achievement for many, but taking the time to request online or stopping by to visit the office, it's a good time to consider what your plan offers and get you acquainted with what may be coming for the appointment.

Captain Wanda Finch: Step six, be prepared for your visit. Here we're talking about discussing family history or trying to obtain a list of your medications that you may need to take with you for this particular visit. Do you have someone who needs to request leave from work? Does that particular person need childcare or someone to help with elder care during an appointment? How will I get there? What time should I leave? These are just some common questions that may come up to ensure that that individual gets to that appointment. Step seven, deciding if the provider is right for you and I think this is something we can all probably resonate with in the roadmap. Step seven offers a list of questions to help you think through this very important decision and ensure that you feel respected, that your needs are met and that you're listened to.

Captain Wanda Finch: And finally, step eight. Next steps for your appointment. Here we have included a sample explanation of benefits in this step, which will be useful to review with consumers so that they know what to expect, what to understand, what the EOB or explanation of benefits is all about. It's not a bill, but it can hopefully help them understand and explain any costs if they do not get a bill. We also wanted to remind those of you joining us today that our office does offer technical assistance. You can be a health system, a researcher, or any other stakeholder involved in healthcare systems.

Captain Wanda Finch: The graphic here is showing individuals working together because we know that equity can be achieved when we work together. So please feel free to contact our health equity TA team at HealthEquityTA@cms.hhs.gov for resources, guidance and other assistance. In addition to the TA program, there are lots of ways to stay connected to the CMS Office of Minority Health, to stay abreast of what we're doing, get the latest updates from our office. So please feel free to reach out to us, visit our website or sign up for our listserv to receive the latest information in your email box. Thank you all for your time today.

Helen Gaynor: Thank you so much Captain Finch for speaking on the commitment to health equity and sharing all of those resources. Next, I'd like to introduce Dr. Natalia Chalmers, Chief Dental Officer, Office of the Administrator at CMS. Dr. Chalmers?

Dr. Natalia Chalmers: Thank you Helen and welcome to all of you. It's such a pleasure to be with our stakeholders who are so critical in ensuring that all of our beneficiaries have access to coverage. You already heard this from Captain Finch, but it's a good reminder of how many people are touched by our programs. Over 160 million and the majority of those over 91 million are in Medicaid and CHIP, 65 in Medicare, and of course many access insurance coverage through the marketplace. You already saw these pillars and I think the reason why it's so important to recognize, they guide all of our work and we see ourselves as the trusted partner and steward dedicated to advancing health equity, expanding coverage, and improving health outcomes. I think it's only telling that Captain Finch also covered this and I just want to reiterate how all of our

work is driven by these pillars and our efforts to advance equity, expand access, engage with our partners. That's why we are here today.

Dr. Natalia Chalmers: Think about innovative ways to address some of the persistent problems in the healthcare system, protect our program. And the last one is to foster excellence in CMS as a place of work. The disparities in the prevalence of oral disease are well documented and have persisted for many years. Here you see a bar graph that shows the prevalence of untreated tooth decay in primary teeth for children that are aged two to five. So these are preschool children and what you see are the deep racial disparities and income disparities where some groups of children have three times the experience of decay in their primary teeth. Now, a couple of things are really important for these age groups often, their pre-cooperative, so they require advanced behavior modification or advanced settings where the dental care could be delivered safely, sometimes in the operating room or ambulatory surgical center.

Dr. Natalia Chalmers: And then the other piece that's relevant here is when children have this disease at this age, they're much more likely to have disease in their permanent teeth and continue into adulthood. So I think this is where we see a huge opportunity to really think about early interventions and reduce these disparities from the start. The overall number, 10% of children, have untreated tooth decay has been declining, but I hope you can appreciate that there are huge disparities in the prevalence of the disease. And of course, when we speak about poor oral health, it's critical to remember that the impact of poor oral health goes beyond the mouth. On the left, you see two pictures of children with severe early childhood caries. The child on the bottom is not even one years old, meaning their first primary molar is not even erupted and they have severe early childhood caries.

Dr. Natalia Chalmers: They will need root canal therapies on the front, teeth and crowns and the child on the top. It's three or four years of age and they have a cavity on every single tooth on their upper jaw. We know that poor oral health is linked with poor academic performance. It is one of the top reasons why children miss school. It leads to emergency department visits and again, children suffer from pain and infection. And you can imagine if you have an abscess or an infection in your mouth, you are not learning, reading and writing. I think this is where we really need to recognize how poor oral health impacts the life of children. What you see on this slide is the dental visit in the past year by poverty status. In the blue are those children, adults, and seniors who live below the federal poverty guideline.

Dr. Natalia Chalmers: And in green are those who are above 400% of the federal poverty guideline. And if we just focus on the left figure where we see children ages two to 11, a couple of things there are good to notice. Over the last 16, 20 years, we have closed the gap that existed between children living below poverty and those who don't live in poverty. But I would say the other challenge and opportunity there remains is that gap is still significant. And this is another way of looking at these disparities over a very long period of time. And just recognize that when you look at the number of children who had a dental visit in the past year. In lighter colors are the year 2005 to six in the darker colors are '17 to '18. You will note that the disparities, they're smaller, but they're persistent. I think this is where we see a lot of challenges and opportunities to think about access to dental care. What is really important, and I think you saw this in Captain Finch's presentation, is that we really need to think about the whole journey and access to care and recognize that people touch the healthcare system in different ways. When it comes to children, it's really important that while overall, if you look at the bars on the very left, overall 50% will see a dentist and a medical provider. That utilization looks very different. So in the very early ages, under three, many children see primarily a medical provider, 91%, 79%. We know they're for well children's visits, vaccinations.

Dr. Natalia Chalmers: But then you see it's kind of a downward slope, right? Giving two opportunities, the first one is for children below three, to have that conversation with the pediatrician, with the medical provider and say, "What about oral health?" In some pediatrician's offices, they can provide oral health education and fluoride varnish, so a really great way to think about oral health because sometimes when they come to the dentist at the age of three, as I've shown you in the previous picture, it's too late. We have to take them to the operating room. And then I would say for the adolescents, you see, sometimes adolescents see the dentist

more. So it's again, an opportunity to think about holistically about care and integrate risk behavior screenings, talking about HPV vaccinations, high blood pressure, all of these things we know are important for adolescents, so they grow into healthy adults.

Dr. Natalia Chalmers: Of course, we have a real challenge when it comes to how many children are actually able to get preventive services. So this is the geographic variation in the percentage of Medicaid beneficiaries between one to 20 who received a preventive dental service in 2020. We know that the COVID pandemic had a huge impact on these numbers, but what I would like to share with you is that yes, COVID impacted these numbers, but we had huge geographic variation before COVID. And now that we're towards the end of the Public Health Emergency, we still know that there are some inherent challenges for many of the children to access dental services. And so I am so thrilled to see so many of you and challenge you and ask you to help us, especially in those states where we have such a low utilization of these essential services, to reach out to all your stakeholders and make sure the children who are entitled to these services have access.

Dr. Natalia Chalmers: I think this is one of the other challenges and opportunities when it comes to oral health is that even if patients have access to dental care, let's say in the dental office on the right, in the best of cases, 2, 3, 4 hours, not more than that, they will spend receiving and managing their oral health in the clinic. The majority of time you know, they manage that at home. So having access to prevention and education, understanding the importance of health as Captain Finch talked about in the connection to coverage materials, like why health matters, why oral health matters, what you can do to improve that in all these 8,000 hours and having access to some of these preventive toothpaste, toothbrush, mouthwash, all of these things we know that are highly efficient. And of course, when it comes to dental care, especially for young children, the parental experience and access to care and the parental attitude towards dental care is extremely important.

Dr. Natalia Chalmers: And so again, when you reach out to the stakeholders and make sure that they're receiving coverage, this cannot be understated. And what I mean by that is if we look at the bars, the blue and yellow bar to the left where we see a parent with a dental visit, and then you see in blue and yellow, that means if the parent had a dental visit, 86% of children had a dental visit and only 3% didn't have a dental visit. But if the parent didn't have a dental visit, a lot fewer children had a dental visit and a lot more children didn't have a dental visit. There is a strong association, again, between the Medicaid adult dental coverage and children's oral health. So it might be counterintuitive, but when we think about expanding access to dental services, the parents are really key because again, children are not going to drive themselves to the dentist.

Dr. Natalia Chalmers: The parents need to take time off of work. They're prioritizing all of the things on their plate in order to make sure the children get access to dental services. This is the reality when it comes to adults. You've seen this before for children, the persistent health inequities, but they're much deeper when it comes to adults. And again, just connecting this to what I shared with you before is that that only makes the disparities for children even harder to overcome because many of their parents don't have access to the dentist. They haven't had that experience. They may not know that it could be a pleasant or good experience. They may have anxiety and fear and they most likely just don't have access. This becomes really critical and important when we think about the periodontal disease or gum disease in adults and the associated inflammatory comorbidities. These are diseases that directly could be impacted by poor oral health and periodontal disease such as type 2 diabetes, cardiovascular disease, rheumatoid arthritis, Alzheimer's.

Dr. Natalia Chalmers: And the way the bacteria impacts these conditions is dissemination through bacteremia, oro-pharyngeal dissemination, and oro-digestive, inhaling them in through the digestive systems. So one opportunity and challenge is with all the stakeholders who are responsible for providing coverage to adults for any of these conditions to say, "Oh, what about oral health? Do you have access? What about your children?" Make that conversation a reality. So any materials, any outreach that is trying to help people connect to coverage for these comorbidities could be connected to expanding that to oral healthcare. And especially, I want to highlight the figure on the right where we know that poor oral health has a connection with adverse pregnancy outcomes. So reaching early to pregnant moms, adults, individuals, it's really important. That connection is really strong. This paper looked at the association between maternal periodontal disease or

gum disease and the adverse pregnancy outcomes and the maternal periodontal disease increased the odds of a low birth weight by 10%, the odds of a preterm birth by 15%, and the odds of spontaneous abortion by 34% or any of the three, about 20%.

Dr. Natalia Chalmers: This data specifically comes from commercially insured individuals. That is only to say, the access to care challenges may not be as big. And so here is an opportunity when we speak with mom, with pregnant individuals about their coverage to say, "Look, this coverage for you and oral health services is really important for you and the baby." The challenge remains though, that while on average about 50% of women access dental services during pregnancy, there are huge disparities there and the majority of them are have private insurance and 36% have Medicaid. So I think that's a huge opportunity to really think about moms and access to dental services. We are happy to share that 50 states and D.C. provide some level of dental coverage for pregnant and postpartum individuals. This is a huge milestone to recognize the importance of oral health for the moms and the babies.

Dr. Natalia Chalmers: Of course, we just have to recognize that all of this is happening in the background of the public health emergency where in the beginning of the pandemic through the Family First Coronavirus Response Act, states implemented continuous enrollment in order to receive the federal match. You see that dip in April, we've recovered. But what is really important is to recognize that we are still below 20% of where we were pre-pandemic. So access to dental services is ever more critical and needed for many of the children because, for them, four months could make a difference for young child between treatment in the dental office versus treatment in the operating room. And so that is really critical. Cavities don't wait and we need to do everything possible in order to connect them to coverage and care. So I think I've highlighted some of the challenges.

Dr. Natalia Chalmers: The system capacity didn't increase during COVID. If anything, dental offices had to implement more strict safety protocols so they couldn't see as many patients, and that was paired with a huge increase in enrollment. We have, as Captain Finch pointed out, many millions of people who have enrolled during the pandemic, and there are some estimates that about 15 million could be losing coverage, so that transition is really important. I think that was Meg that shared that. So to Meg's point, that enrollment was not parallel with the system capacity enrollment. And then we know that there is workforce shortages, provider burnout, just in general, the role of telehealth, learning the pandemic, where is it headed now, and is it actually addressing health equity or deepening them in some areas. For many children, school-based programs are really important, but again, during the pandemic, many schools were closed, so children were not getting the nutritional services or the dental services.

Dr. Natalia Chalmers: And again, this time of forgone care, the care you didn't get that now it's catching up with us, will only mean that your work becomes ever so critical and needed to make sure that our beneficiaries are connected to coverage and care. Thank you.

Helen Gaynor: Thank you so much, Dr. Chalmers, for that, for speaking about the connection between dental health, overall health, and health equity. That was a really great presentation, and we really appreciate it. I'd now like to introduce our next panelist, Monique Garcia, Member and Provider Services Section Chief at Medi-Cal Dental. So Monique, over to you.

Monique Garcia: Hi, everyone. My name is Monique Garcia, and I am the Section Chief over the Member and Provider Services Section within the Medi-Cal Dental Services division at the California Department of Healthcare Services. Here in California, our Medicaid program is known as Medi-Cal. Within Medi-Cal, there is a Medi-Cal dental program. I will be over going over some highlights for the Medi-Cal Dental campaign, Smile, California. Smile, California is a campaign that helps Medi-Cal members understand and use their Medi-Cal dental benefits. So Smile, California is an integral part of the Medi-Cal Dental program's member and provider outreach to improve the overall performance of the Medi-Cal dental program. The Smile, California campaign messaging evolves each year by analyzing market research and collaboration with partners who directly serve

the Medi-Cal member population. Key messaging and outreach are centered around benefits, dental health, and specific subpopulations like children, adults, pregnant members, seniors, and caregivers.

Monique Garcia: Smile, California messaging and member education includes addressing known barriers, such as members not being aware of what their dental benefit covers, lack of awareness of the connection between oral and overall health, access to dental benefits such as non-medical transportation that is available, and combating prior traumatic experiences for those that are afraid or anxious about going to the dentist. The campaign uses various communication channels to reach Medi-Cal members across California, such as statewide and local partner engagements, distribution, paid social media, and news media for example. So based on data, utilization ratios increased across board in 2019 as compared to 2018. However, utilization ratios were severely impacted in 2020 by COVID restrictions. And we recovered slightly in 2021. However, utilization ratios are still not trending to recover to pre-COVID levels in 2022.

Monique Garcia: Last year, the Smile, California team did resume travel about mid-year, and they'll continue to conduct member outreach in person at community events in 2023. So members can visit SmileCalifornia.org to learn more about good oral health habits and for a full list of covered Medi-Cal dental services at every stage of life. There are also a number of resources available for download on Smile, California website, including the Medi-Cal Dental Handbook, brochures, and flyers that detail covered services. Educational one-sheets featuring oral health tips. There's also animated videos and fun activities to help members teach their children about the importance of maintaining good oral health. The website is also available in Spanish at SonrieCalifornia.org. Both campaign websites were designed with the member in mind and with the goal of being mobile-friendly and easy to navigate. So as noticed previously, Sonrie, California is a direct copy of Smile, California and contains the same exact information and outreach materials.

Monique Garcia: Monthly member articles are also posted in Spanish, and DHCS conducts member Facebook Live Events in Spanish to explain the medical health dental program and also to answer questions from members. In addition to the Spanish outreach noted for fee for service members, dental managed care plans also offer Spanish outreach to their members. Translated materials are available on their website, which include details on how to make an appointment, how to enroll, benefits overview, oral health fact sheets, member resources, and guidance on emergency services. Some plans also offer phone calls in Spanish regarding the importance of making annual dental visits, and they also have bilingual outreach representatives that host presentations in Spanish with community partners.

Monique Garcia: It is mission-critical for DHCS that Smile, California messages and materials are culturally and linguistically competent. DHCS does this by engaging with partners and stakeholders to help with content creation and to ensure we are effective in our communication with Medi-Cal Dental's diverse population. Campaign materials are produced in English and Spanish with additional translations for threshold languages as necessary, with Chinese being the next top request. It's also important to be aware of and address known barriers based off of market research that's conducted and also through stakeholder feedback.

Monique Garcia: The Member page was designed with oral health resources and more information about Medi-Cal Dental benefits. On this page, you'll find family-friendly videos, activities, and informational resources for different age groups. You can also find a schedule of public events. The Smile, California Outreach Team will be attending. Again, this page is on both the English and Spanish websites. There is also a Partner and Provider tab. You'll find more information on co-branding. So, Smile, California co-branded materials are for non-profit oral health programs and government agencies to use to promote oral health. The co-branded items will display the organization's logo next to the Smile, California and the Department of Healthcare Services logos. The Provider and Partner tab also has downloadable webpage banners for organizations to add to their webpage, campaign activities. There's a partner kit with promotional items to help partners better engage with and educate the Medi-Cal members about their dental benefits. There are also PowerPoint presentations for partners to use that are available in Spanish and English. And then some examples of community partners using California resources include WIC offices or county offices. Some recent co-branding requests include the Children's Partnership, First Five, and Riverside University Systems of Public Health.

Monique Garcia: So, February is National Children's Dental Health Month. Our goal this month is to support community partners, providers, and local health programs in their efforts to amplify the importance of good oral health in children, and also to promote the Medi-Cal Dental program, and refer more members to care. For this year's promotion, we plan on promoting existing materials and develop new materials. Materials will be available and have the new Love Your Teeth messaging. Plans for this year also include partnership activities, co-branding opportunities, outreach events statewide, paid social media campaigns, and Smile alerts.

Monique Garcia: And then some of the materials will consist of a new landing page, social media images, and captions for Instagram and Facebook, as well as tweets in both English and Spanish. There are also email banners for partners to add to their email signatures, banners in English and Spanish for partners to embed into their website. And we also developed email content for partners to share with stakeholders or Medi-Cal members to educate them and their children about the covered services and the importance of adopting good oral health habits early on in life. For additional information about Medi-Cal Dental benefits and covered services or to download educational resources, please visit SmileCalifornia or SonrieCalifornia.org, and you can also follow us on one of our various social media channels. And we also have our email inbox if you have any questions, dental@dhcs.ca.gov. Thank you so much.

Helen Gaynor: Awesome. Thank you so much, Monique, for sharing on all of the fantastic work that y'all are doing through Smile, California and highlighting the key resources. I'd now like to share a brief overview of the Connecting Kids to Coverage National Campaign resources and initiatives. And I will go through these a little bit quickly, so we can make sure we can get to some of the great questions during this session.

Helen Gaynor: But to get started, the Connecting Kids to Coverage Campaign reaches out to families with children and teens eligible for Medicaid and CHIP to help connect them, and enroll their kids, and raise awareness about the health coverage available through these programs. And we conduct annual initiatives tied to priority topics and key times of year, some of which you'll see on the screen. But of course, the big one that we're talking about today is oral health.

Helen Gaynor: You can find all of the resources that we discussed today on our website at InsureKidsNow.gov, and you can search either between the Outreach Tool Library and the Initiatives tab. In the Outreach Tool Library, you can search materials by their type. So for example, posters versus flyers versus social media content. And at the Initiatives tab, you can click specifically on the dental health initiative or one of our other topics to explore resources tied to specific topics. So as I mentioned, oral health is our focus for this February and definitely an important focus throughout the year. This initiative gives us an opportunity to remind families that children enrolled in Medicaid and CHIP have coverage for comprehensive dental services, like checkups, x-rays, fillings, and more. And our resources include digital videos, posters, palm cards, newsletter templates, and more. We are excited to have just launched two new coloring pages that organizations can use at community events to pass out to parents with children. We have two new coloring sheets each, in English and Spanish that are just live on our website as of this month, so be sure to check those out.

Helen Gaynor: We also have a set of four materials focused on dental health that have now been translated into a total of 24 languages. So there's a poster, a flyer, and two tear pads that are now available at InsureKidsNow.gov. We also have a number of other materials available in this full suite of languages, including an immigration family fact sheet and a poster focused on mental and behavioral health. So again, the Outreach Tool Library is the place to go to access all of our materials and resources at InsureKidsNow.gov.

Helen Gaynor: We also have some resources that are available for customization. So if you go to the Outreach Tool Library and click on the customization guide, you can follow the instructions on how to reach out to CMS to include things like your name, website, and/or phone number and update logos on some of our resources. There are a select number that are available for customization, but a number of those are dental-focused.

Helen Gaynor: And then, as Meg mentioned at the top, a big priority for us right now is the Unwinding of the Medicaid and CHIP continuous enrollment requirement. So in March 2020, CMS waived certain Medicaid and CHIP requirements and conditions, and the easing of these rules had helped prevent people with Medicaid and CHIP from losing their coverage during the pandemic. However, those eligibility reviews are going to be restarted by April 1st, and this means some people could lose their coverage, and others will need to renew.

Helen Gaynor: So, CMS and the campaign are encouraging people to update their contact information with their state Medicaid office so they don't miss out on important reminders regarding renewal. And resources are available to support states and partners, including a communications toolkit that's available in seven languages that includes social graphics, copy, articles that can be found at [Medicaid.gov/Unwinding](https://www.Medicaid.gov/Unwinding). And then, the consumer-facing site that will help families connect with their state Medicaid office is [Medicaid.gov/Renewals](https://www.Medicaid.gov/Renewals).

Helen Gaynor: So, to keep in touch with us, you can learn more about the Campaign and its resources by signing up for the campaign notes eNewsletter, following us on Twitter, or sending us a question at ConnectingKids@cms.hhs.gov. And that's all of the content we have for today's presentation, but we do want to try to get through a few questions quickly. We will be reaching out to folks individually if we don't get to your questions today. So, I just want to confirm that we will be reaching out with an answer or a suggestion from one of the panelists shortly. But I'll kick it off with the first question, which I believe is for Dr. Chalmers. Are most of the dental services for pregnant people covered by Medicaid or CHIP?

Dr. Natalia Chalmers: Yeah. Thank you, Helen. Yes, as I mentioned, as of 2022, every state Medicaid program covers at least some pregnancy-related dental benefits. And while the benefit may still be limited, states frequently cover more dental services during pregnancy than for other adult populations. It's really important to remember that dental care during pregnancy is safe for the dentist. And also, it's safe for the patient, the mom, and really can have positive outcomes on both the mom and the baby, as I highlighted. One of our Connecting Kids to Coverage partners, the National Maternal and Child Oral Health Resource Center has lots of great resources on oral health during pregnancy, and I'll put their website in the chat.

Helen Gaynor: Awesome. Thank you so much, Dr. Chalmers. The next question I believe is for Captain Finch. How do patients get access to the roadmap? Is it available to new or promoted to current beneficiaries of the Medicaid program?

Captain Wanda Finch: Yes, and I was just putting it in the chat. And I'm going to do that right now. I believe that went through. So, the roadmap is free at no cost to anyone. Anyone can access it. I would recommend downloading perhaps copies for patients to access if needed.

Helen Gaynor: Great, thank you so much. And then this is another one that came in for Dr. Chalmers. What is CMS's policy for including dental therapists to increase oral health providers, or is there any information on that?

Dr. Natalia Chalmers: Yeah, I think this is where it's really important to recognize that the state boards have a lot of decision over the providers and who can deliver oral health services in the state.

Helen Gaynor: Awesome, thank you very much. Another question that we have is, is teledentistry still playing a role in oral healthcare as the pandemic becomes less of a threat?

Dr. Natalia Chalmers: What a great question. As I pointed out, I mean, very early on in the pandemic, this was a really great way for patients to connect and address maybe urgent issues. But use of telehealth services has declined. It has been declining since mid '21, and I'll put a report that you'll see that trend clearly being shown. But teledentistry remains an important tool that can extend the capacity of the dental care system. Several states have projects that use telehealth connections to facilitate the care delivery in a community settings. And I think that's really important. And again, states still have the significant flexibility to deliver benefits via

telehealth. There is a toolkit and other materials available on our website, and I will put that link as well. So, look out for those, too. And I know we are at time.

Helen Gaynor: All right, thank you so much, Dr. Chalmers. Yeah, we are at time. I appreciate everybody staying even a minute over. So much good conversation today. We will be following up with folks individually. We have questions saved, and we'll be connecting with you after the webinar. So, thank you again, everyone. We really appreciate it and have a great rest of your day. Thank you so much.