



A Quick Guide to the May 2018 CMS Pediatric Dental Informational Bulletin: What it Could Mean for Your State

(July 2018)

The Centers for Medicare & Medicaid Services recently issued *Aligning Dental Payment Policies and Periodicity Schedules in the Medicaid and CHIP Programs*. This [informational bulletin](#) clarifies existing policy and encourages state Medicaid and Children's Health Insurance Program (CHIP) programs to ensure their coverage and payment policies do not pose unnecessary barriers to children's dental care.

As the bulletin notes, some state Medicaid and CHIP periodicity and payment policies may not align with clinical guidelines for dental care or oral health care in the primary care setting. Even when they do align, state- or plan-level policies may inhibit payment for such care.

The informational bulletin does not establish new policy. Rather, it highlights the intent and potential of Medicaid's Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, which is "designed to assure that enrolled children receive early detection and care so that health problems are averted or diagnosed and treated as early as possible." The bulletin also notes that "EPSDT is important to the prevention and effective management of dental disease in children."

I. The CMS bulletin emphasizes the need for states to:

- Align fee schedules and payment policies with periodicity schedules so that children can receive the care that providers recommend to prevent or manage dental caries (the disease that causes tooth decay) and providers can get paid to deliver it.
- Recognize that periodicity schedules are intended to establish the minimum recommended services that children should receive. They should function as a floor rather than a ceiling. State policies should not inhibit children from getting more frequent care when needed.
- Ensure that the payment policies of managed care plans and dental contractors are aligned with the state's periodicity schedule.
- Look to existing clinical [guidelines](#), like those established by the [American Academy of Pediatric Dentistry](#) and the [American Academy of Pediatrics](#), when setting periodicity policies, especially when it comes to screenings, risk assessment, and follow-up care.

II. What questions should advocates be asking?

State-level advocates can pursue multiple avenues to ensure that Medicaid and CHIP program policies are designed to meet the needs of children:

► *State Medicaid/CHIP Programs and Administrators*

Start by reviewing your state policies, such as your state's Medicaid fee schedule, dental periodicity schedule, and associated documents. Here are good questions to ask:

- Are periodicity schedules and policies aligned? If not, what steps are being taken to ensure timely correction of misalignment, as well as other changes to correct treatment paradigms (i.e. reimbursing for caries risk assessments, modifying prior authorization policies, etc.)?
- How are this bulletin and any associated state policy changes being communicated to Medicaid/CHIP plans and providers?
- Do related policies like medical necessity and prior authorization clearly articulate expectations for providers to go above and beyond the periodicity schedule when warranted?
- Is your state taking steps to verify children get all the care they need through contracting requirements, quality strategies, and auditing processes?

‣ ***Providers (and Professional Organizations)***

Actions by the state are important, but understanding how these policies impact providers is of vital importance to ensure these changes translate to the best care for children. These efforts may be aided by working with local professional organizations.

- How have the clarifications in this bulletin and any associated policy changes been communicated to Medicaid/CHIP providers?
- Have providers in your state encountered barriers to offering appropriate dental or oral health care as a result of payment or periodicity policies?
- How easy is it for providers to interpret such policies as outlined in the provider manual? A lack of clarity may create a disincentive for providers to tailor care, particularly for children at highest risk for tooth decay.

‣ ***Insurers, Managed Care Organizations (MCOs), Dental Contractors, etc.***

Similar to state levers of change, “payers” play a powerful role in determining what care is provided and how providers are paid.

- Have Medicaid/CHIP managed care plans or contractors in your state communicated the contents of this bulletin with providers on their panels?
- Have plans and contractors reviewed their own policies and procedures for alignment and to ensure that they do not pose any other barriers to appropriate care?

‣ ***Parents and Patients***

Communications to the public should inform parents and caregivers of children covered by Medicaid/CHIP about this bulletin. The document affirms that their children ought to receive necessary care to prevent and manage tooth decay. Parents should feel empowered to follow up with their medical and dental providers about what care is necessary for their children to get better *and* stay healthy —and make sure they’re receiving it without delays.