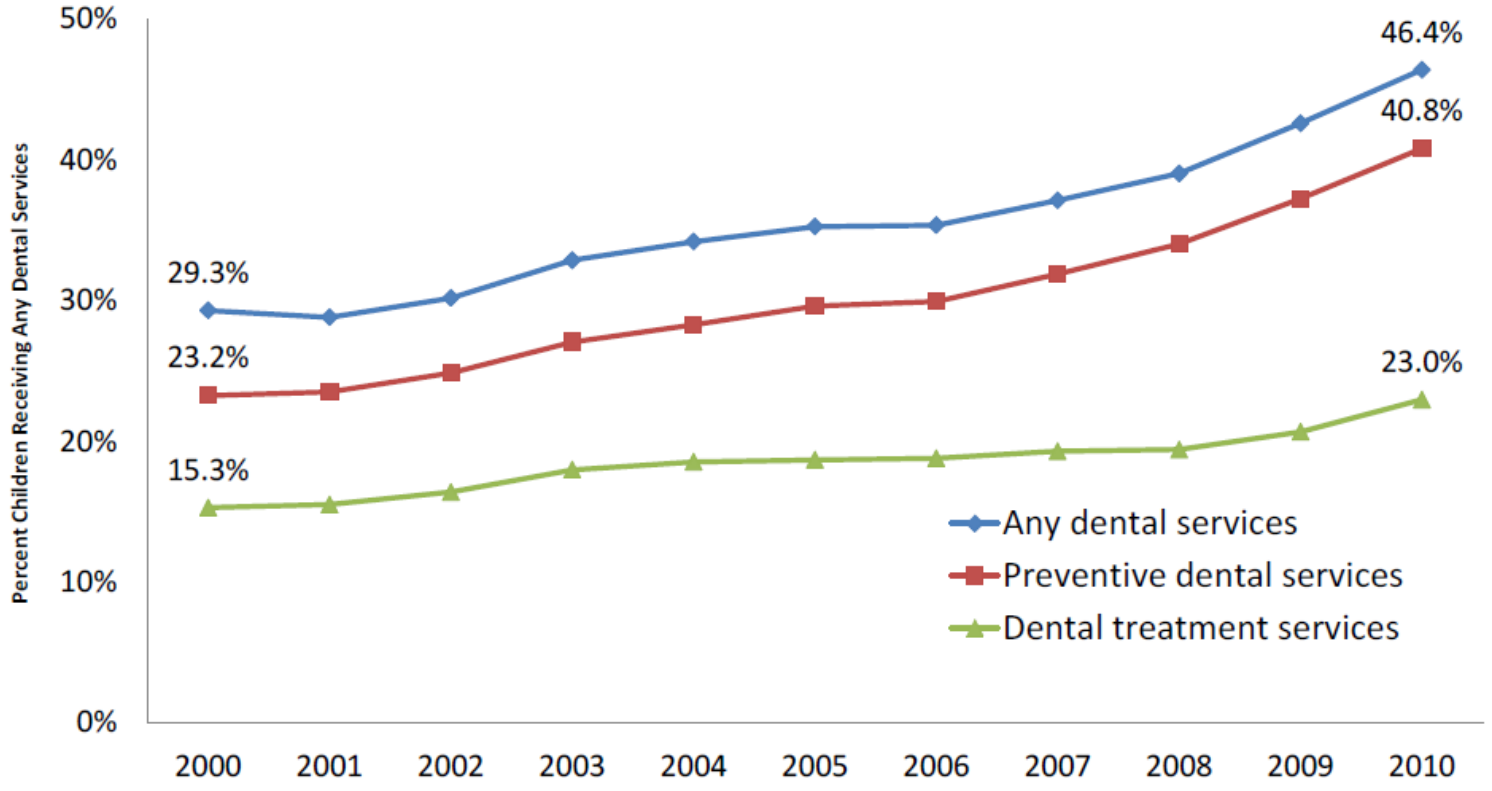
AHCCCS
Arizona Health Care Cost Containment System

Back To Basics – Dental Sealants

7/25/18

Scope of the Problem

Exhibit 2. Percentage of Children Ages 1–20 Covered by Medicaid Who Received Any Dental Services, Preventive Dental Services, or Dental Treatment Services FFY 2000–FFY 2010



Arizona Data FFY 2010

State	Number of Children Ages 1-20 in EPSDT	Percentage of Children Receiving:			
		Any Dental Care	Preventive Dental Care	Dental Treatment	Dental Sealants (for Children Ages 6-14)
Arizona	731,295	51.1%	45.6%	26.0%	16.8%

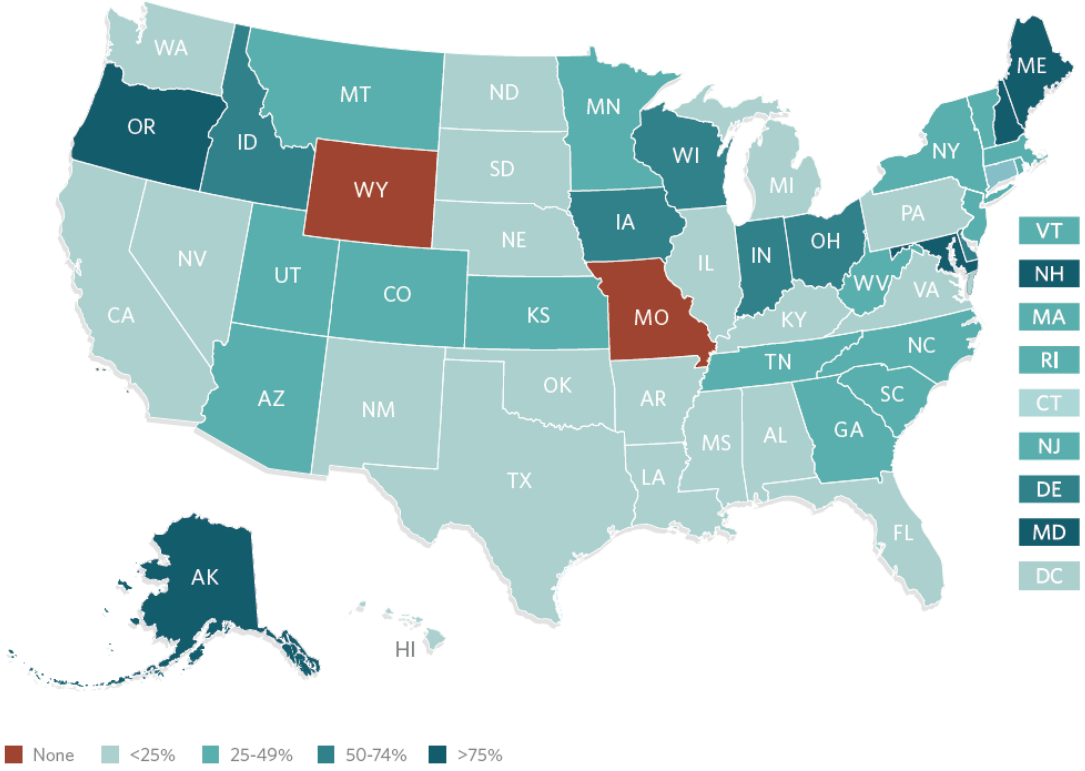
Pew Charitable Trust Sealant Assessment - 2015

- http://www.pewtrusts.org/~/media/assets/2015/04/dental_sealantreport_final

National Perspective

Figure 1

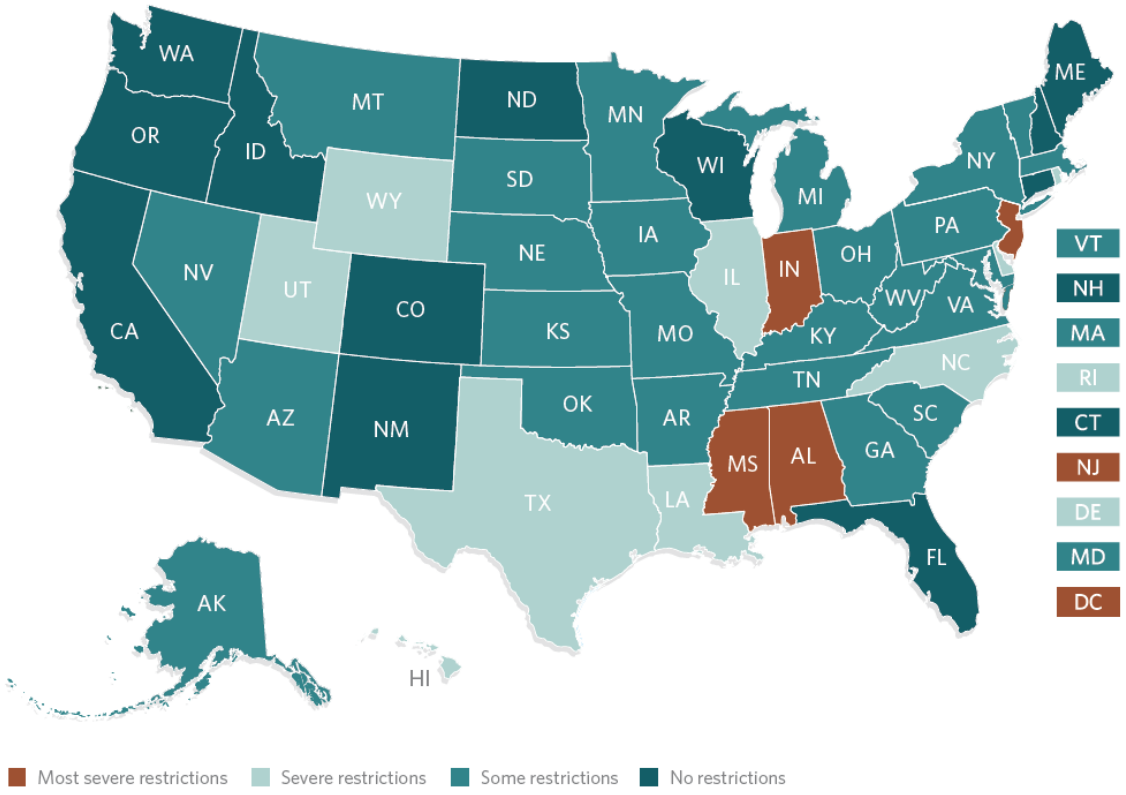
Benchmark 1: Percentage of High-Need Schools With Sealant Programs



Hygienists

Figure 2

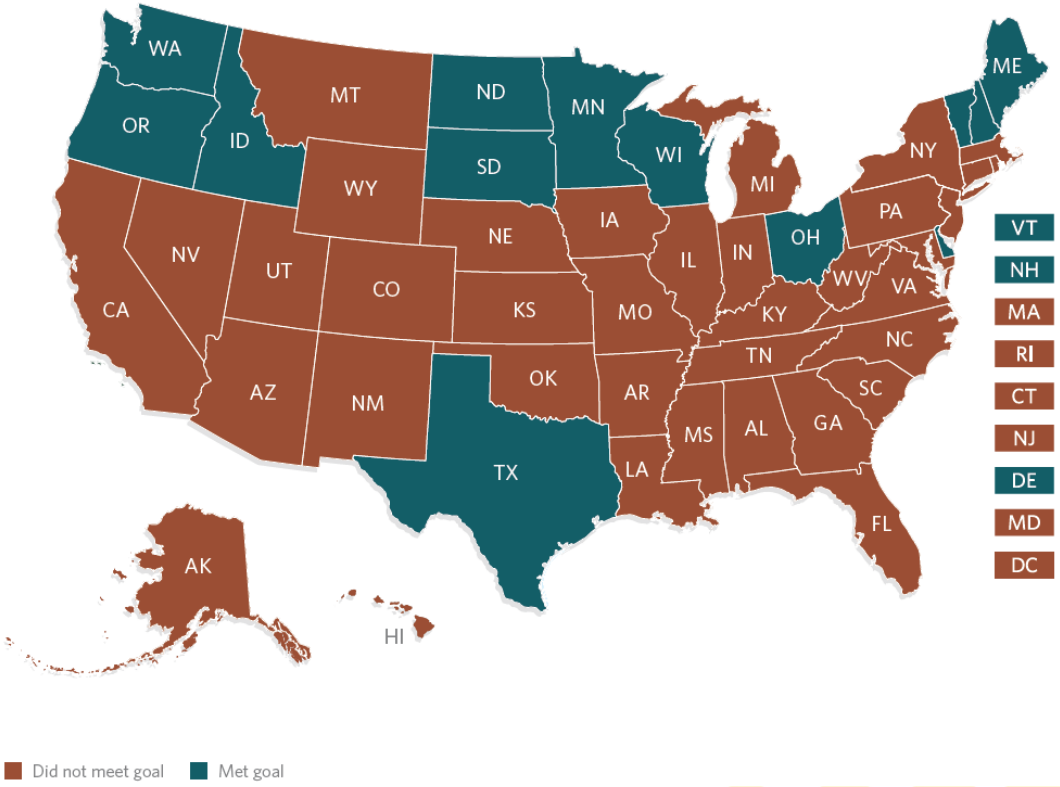
Benchmark 2: Rules Restricting Hygienists



Healthy People 2010 Goal

Figure 4

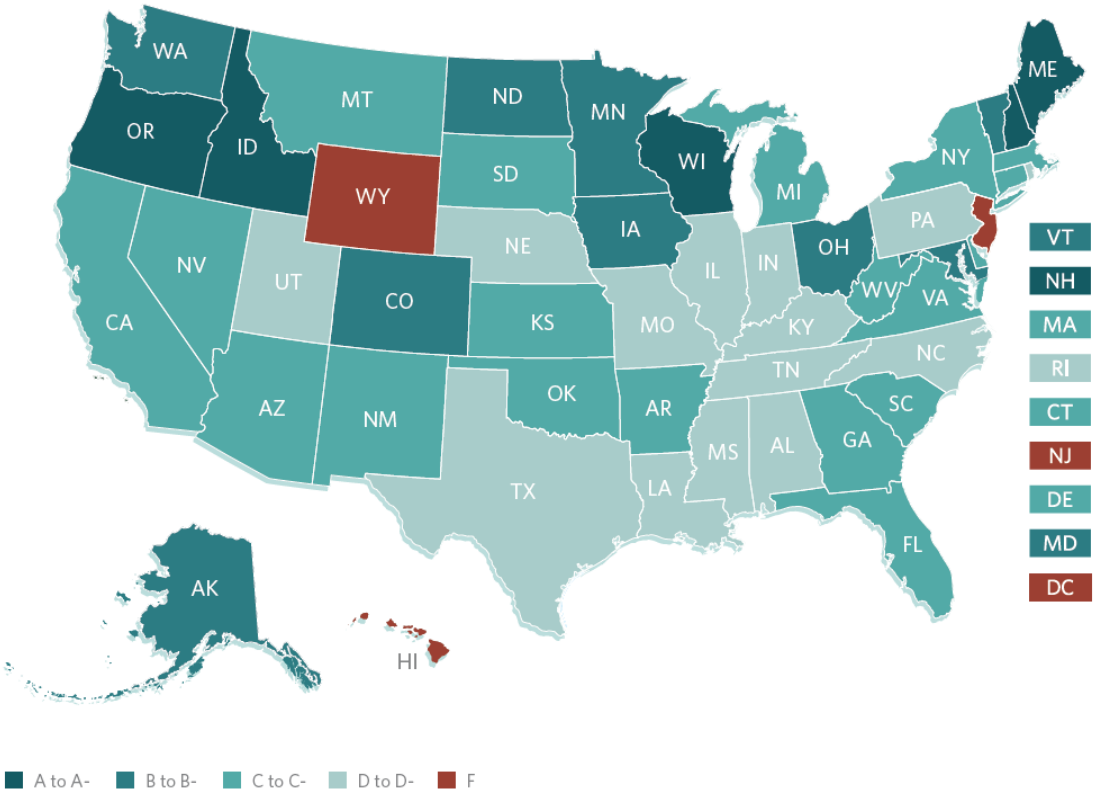
Benchmark 4: Meeting Healthy People 2010 Sealant Objective



State Grades

Figure 5

Overall State Grades



Arizona

State	2014 grade	2012 grade	Percentage of high-need schools with sealant programs	Rules restricting hygienists	Collecting, submitting data to NOHSS	Met Healthy People 2010 sealant goal?
Alabama	D	D	<25%	Most severe restrictions	Yes, and submitted recent data	No
Alaska	B minus	A	>75%	Some restrictions	Yes, and submitted recent data	No
Arizona	C minus	D	25-49%	Some restrictions	Yes, and submitted recent data	No

AMPM Exhibit 431 - 1

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE*

These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.

AGE	12-24 months	2-6 years	6-12 years	12 years and older
Clinical oral examination including but not limited to the following:[1]	X	X	X	X
➢ Assess oral growth and development	X	X	X	X
➢ Caries-risk Assessment	X	X	X	X
➢ Assessment for need for fluoride supplementation	X	X	X	X
➢ Anticipatory Guidance/Counseling	X	X	X	X
➢ Oral hygiene counseling	X	X	X	X
➢ Dietary counseling	X	X	X	X
➢ Injury prevention counseling	X	X	X	X
➢ Counseling for nonnutritive habits	X	X	X	X
➢ Substance abuse counseling			X	X
➢ Counseling for intraoral/perioral piercing			X	X
➢ Assessment for pit and fissure sealants		X	X	X
Radiographic Assessment	X	X	X	X
Prophylaxis and topical fluoride	X	X	X	X

[1] First examination is encouraged to begin by age 1. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

NOTE: Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

NOTE: As in all medical care, dental care must be based on the individual needs of the member and the professional judgment of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule

Background

- Dental sealants are thin coatings that when painted on the chewing surfaces of the back teeth (molars) can prevent cavities (tooth decay) for many years. Sealants protect the chewing surfaces from cavities by covering them with a protective shield that blocks out germs and food. Once applied, sealants protect against 80% of cavities for 2 years and continue to protect against 50% of cavities for up to 4 years.[1] Children aged 6 to 11 years without sealants have almost three times more first molar cavities than children with sealants.

Application

AMPM 431 A 3 c iii

Dental sealants for first and second molars are covered every three years up to 15 years of age, with a two-time maximum benefit. Additional applications must be deemed medically necessary and require PA through the Contractor

Scope of the Issue - Recent AHCCCS Acute Plan Data

EPSDT MonitoringDental Measures	Total EPSDT *Newly Enrolled* Members Assigned to Dental Home	Sealants for Members Aged 6 to 9
	100.00%	19%
	98.20%	3%
	100.00%	20%
	100.00%	20%
	100.00%	17%
	99.64%	***16%***
	100.00%	18.66%
	95.00%	3.74%
	100.00%	19.93%
	100.00%	21.00%
	100.00%	17.31%
	99.00%	***16.13%***
	9,340	4,805
	282	1,697
	2,936	2,504
	4,186	***3,002***
	8,568	4,762
	0	1,407
	2,805	2,086
	3,791	***2,752***

Dental Sealants CMS Core

Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL-CH)	CMS 2017 Children's Core
Percentage of children ages 6 to 9 at elevated risk of dental caries (i.e., "moderate" or "high" risk) who received a sealant on a permanent first molar tooth within the measurement period	
Data Collection	Administrative
Time Frame	Analysis based on 12-month rolling period, ending with the last day of the previous quarter
Member Ages	6 to 9 years of age
Anchor Date	None
# Numerator	The unduplicated number of eligible children ages 6 to 9 at "elevated" risk for dental caries (i.e., "moderate" or "high" risk) who received a sealant on a permanent first molar tooth as a dental service
# Denominator	The unduplicated number of eligible children ages 6 to 9 at "elevated" risk for dental caries (i.e., "moderate" or "high" risk)
%	The unduplicated number of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e., "moderate" or "high" risk) who received a sealant on a permanent first molar tooth within the measurement period divided by the unduplicated number of eligible children ages 6 to 9 at "elevated" risk for dental caries

CMS Core : SEAL-CH

- **A. DESCRIPTION**
- Percentage of enrolled children ages 6 to 9 at elevated risk of dental caries (i.e., "moderate" or "high" risk) who received a sealant on a permanent first molar tooth within the measurement year.
- Data Collection Method: Administrative

CMS Core

Guidance for Reporting:

- The measurement period for this measure is the calendar year.
- There are five primary differences between the SEAL Child Core Set measure and the dental sealant measure included in the Form CMS-416: (1) the SEAL measure is reported for children ages 6 to 9, only, while the Form CMS-416 measure is reported for children ages 6 to 9 and ages 10 to 14; (2) the SEAL measure denominator includes children at elevated risk of dental caries (i.e., "moderate" or "high" risk), while the Form CMS-416 measure does not require assessment of risk for dental caries; (3) the SEAL measure has a continuous enrollment criterion of 180 days, while the Form CMS-416 measure has a continuous enrollment criterion of 90 days; (4) the SEAL measure counts sealants on first permanent molars only, while the Form CMS-416 measure counts sealants on all permanent molars; and (5) the measurement period for the Child Core Set measure is the calendar year, while the Form CMS-416 measure is calculated for the federal fiscal year.
- Elevated risk can be assessed using one of two methods (1) identify beneficiaries with 'moderate' or 'high' risk during the measurement year using CDT codes D0602 or D0603 or (2) identify beneficiaries with at least one CDT service code from Table SEAL-A. States may use a three-year lookback period for these codes if data are available or else may use one year of data for the measurement year.
- Children enrolled in Medicaid and CHIP (both Medicaid expansion and separate CHIP programs) are eligible for the measure.
- A technical assistance brief on calculating the dental sealant measure is available at https://www.medicaid.gov/medicaid/benefits/downloads/sealant-measure-brief.pdf.
- Sample SAS® Code for programming the dental sealant measure and an accompanying Guide to Data Elements are available on request through the TA mailbox at MACQualityTA@cms.hhs.gov.
- Include all paid, suspended, pending, and denied claims.

TA Brief - CMS

- https://www.medicaid.gov/medicaid/benefits/downloads/sealant-measure-brief.pdf

Types of Sealants

Types of Sealants

Dental sealants are systems that can be applied to the occlusal surfaces of teeth to penetrate anatomic surface pits and fissures and form a physical barrier on the tooth surface.[3] Sealant materials can be broken down into two main categories based on the type of reaction that takes place as they set in the mouth[5]. Glass ionomers undergo an acid-base reaction as they set, while composite resins set through a polymerization reaction that is usually initiated by a dental curing light.[5] Resin-modified glass ionomers and polyacid-modified resins set by a combination of these two reactions, resulting in sealant products with differing characteristics that vary across a continuum from those of traditional glass ionomers to composite resins (Table).[5,6]

Table. Sealant Types (adapted from Albers[6])

Glass Ionomer (acid-base reaction)			**Composite Resin** (polymerization)
-high acid-base bonding (only need a conditioner) -less shrinkage on setting -high fluoride release -low thermal expansion -low tensile strength -high susceptibility to desiccation -stiffer	Resin-Modified Glass Ionomers	Polyacid-Modified Resins (compomer)	-no acid-base bonding (requires resin-dentin bonding) -more shrinkage on setting -less fluoride release -less expansion (after water immersion) -higher tensile strength -low susceptibility to desiccation

Sealants are generally placed on the tooth in liquid form and then cured either chemically or with light activation.[3] To prepare the tooth for bonding with the sealant system, the tooth surface is first treated with an acid etch to enhance wetting of the tooth with the liquid sealant and to optimize mechanical retention of the sealant.[3] Sealants must also be of low enough viscosity to wet the tooth adequately and to flow readily into the pits and fissures on the tooth surface.[3]

Videos

- https://www.youtube.com/watch?v=MmPk-zr8auo
- https://www.youtube.com/watch?v=HZtrnrgbl5c

ADA Website

- https://www.ada.org/en/member-center/oral-health-topics/dental-sealants

Challenges/Barriers

- Not enrolling sufficient dental providers
- Use of the dental home
- Low reimbursement rates
- Administrative burdens and reporting requirements
- Transportation issues
- Language and cultural barriers in seeking dental services
- Lack of parental education
- Low awareness of dental benefits for children

Potential Strategies

- Use and distribution of the FTF Parent Kit
- Partner with Delta Dental under grant funded potential
- Bright Futures: In Practice Oral Health Pocket Guide for providers
- Oral Health Services for Children and Adolescents with Special Health Care Needs Resource guide
- Leverage ADHS, Head Start and school partnerships
- Address reimbursement rates
- VPB incentives for providers

HB 2235

- **Summary:** HB 2235 establishes scope of practice for a Dental Health Aide Therapist (DHAT). DHATs will now be limited to practicing at FQHCs/FQHC look-alikes, community health centers, a nonprofit dental practice or organization that provides dental care to low-income and underserved individuals, or a private dental practice that provides dental care for community health center patients of record. Additionally, the legislation also seeks to prohibit a dental therapist from performing nonsurgical extractions of permanent teeth unless under the direct supervision of a dentist, as well as independently billing for services. Lastly, HB 2235 now allows a DHAT to work under either general supervision pursuant to a written collaborative practice agreement, or direct supervision.

Annual Dental Visit - HEDIS

Annual Dental Visits (ADV)	HEDIS 2018, Vol 2
The percentage of members 2 through 20 years of age who had at least one dental visit during the measurement period	
Data Collection	Administrative
Time Frame	Analysis based on 12-month rolling period, ending with the last day of the previous quarter
Member Ages	2 through 20 years of age
Anchor Date	December 31 of the measurement period
Variants	Time Frame, Anchor Date, and Rate Stratification - The Contractor is to provide the numerator, denominator, and percentage (rate) for members 2 through 20 years of age, thus giving a total rate that is being reported
# Numerator	The total number of members having one or more dental visits with a dental practitioner during the measurement period
# Denominator	The total eligible population
%	The number of members 2 through 20 years of age who had at least one dental visit during the measurement period divided by the total eligible population

PDENT – CMS Core

Percentage of Eligibles Who Received Preventative Dental Services (PDENT-CH)	CMS 2017 Children's Core
Percentage of members ages 1 to 20 who are enrolled for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period	
Data Collection	Administrative (Form CMS-416)
Time Frame	Analysis based on 12-month rolling period, ending with the last day of the previous quarter
Member Ages	1 to 20 years of age
Anchor Date	N/A
Variants	Time Frame and Reporting Stratification - The Contractor is to provide the numerator, denominator, and percentage (rate) for all ages combined, thus giving an overall rate that is being reported
# Numerator	The unduplicated number of individuals receiving at least one preventive dental service by or under the supervision of a dentist
# Denominator	The total unduplicated number of individuals ages 1 to 20 who have been continuously enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 days and are eligible to receive EPSDT services
%	Number of individuals ages 1 to 20 who are enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 continuous days, are eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, and who received at least one preventive dental service during the reporting period divided by the number of unduplicated individuals ages 1 to 20 who have been continuously enrolled in Medicaid or CHIP Medicaid Expansion programs for at least 90 days and are eligible to receive EPSDT services

Oral Health Screening Methodology

Oral Health Screening by PCP	
Members who received an oral health screening by the PCP during the EPSDT visit	
Data Collection	Administrative - EPSDT Tracking Form
Time Frame	Data and analysis based on all tracking forms received during the quarter/reporting period
Member Ages	< 1 Year to 21 Years of Age
# Numerator	Number of members, from EPSDT Tracking Forms received (<1 to 21 years of age) who received an oral health screening during the EPSDT visit
# Denominator	Total number of members from EPSDT Tracking forms received during the quarter for individuals <1 to 21 years of age
%	Number of members from EPSDT Tracking forms received (<1 to 21 years of age), who received an oral health screening during the EPSDT visit, divided by the total number of EPSDT Tracking forms received during the quarter for members <1 to 21 years of age

Fluoride Varnish Methodology

Fluoride Varnish Application by PCP	
Members who received fluoride varnish application during the EPSDT visit	
Data Collection	Administrative - EPSDT Tracking Form
Time Frame	Data and analysis based on all tracking forms received during the quarter/reporting period
Member Ages	6 Months to 2 Years of Age
# Numerator	Number of members from EPSDT Tracking Forms received (6 months to 2 years of age) who received a fluoride varnish application from the PCP during the EPSDT visit
# Denominator	Total number of EPSDT Tracking Forms received during the quarter for individuals 6 months to 2 years of age
%	Number of members from EPSDT Tracking Forms received (6 months to 2 years of age) who received a fluoride varnish application from the PCP during the EPSDT visit, divided by the total number of EPSDT Tracking Forms received during the quarter for members 6 months to 2 years of age

Questions?

Thank You.