



**Dental Public Health Project
Descriptive Report Form**

Please provide a description of your organization’s successful dental public health project by completing this form. Add extra lines to the form as needed but stay within **word limits**.

Please return the completed form to Lori Cofano: lfcofano@astdd.org

Name of Project
Advocacy for Expansion of Dental Coverage in Medicare
Executive Summary (250-word limit)
<p>The Center for Medicare Advocacy (“CMA”) engages in administrative advocacy to improve Medicare’s coverage of dental/oral services that are essential to covered medical treatments. CMA also advocates for federal legislation that would establish a comprehensive dental benefit in Medicare Part B. As a public-interest law organization, CMA believes that expanding access to dental care through Medicare coverage is vital to ensuring better health and greater health equity among older persons and adults with disabilities and fulfilling the promise of the Medicare program.</p> <p>The Center for Medicare Advocacy works in partnership and coalition with other advocacy and stakeholder groups. The associated costs of this activity include attorney advocate time, and typical costs for communications, research, and materials development. To date, our collective efforts have made significant progress toward those objectives, particularly with respect to improving Medicare coverage policy for medically related dental treatments.</p> <p>A lesson CMA has taken from this activity is that having supportive data is a vital tool in administrative and legislative advocacy. Another lesson CMA has learned is that the long, winding road to securing policy change does not end with the sought-for policy change. What follows is the road to effective implementation, which is likewise long and winding, and entails extensive strategy, resources, expertise, and coordination and communication on many levels.</p>
Name of Program or Organization Submitting Project
Center for Medicare Advocacy

Essential Public Health Services to Promote Health and Oral Health in the United States

Place an "X" in the box next to the Core Public Health Function(s) that apply to the project.

X	Assessment
X	Policy development
X	Assurance

<http://www.astdd.org/state-guidelines/>

Project submissions will be categorized by the Core Public Health Functions on the ASTDD website.

Healthy People 2030 Objectives

List Healthy People 2030 objectives related to the project.

- Increase use of the oral health care system – OH-08.
- Increase the proportion of people with dental insurance – AHS-02.
- Reduce the proportion of people who can't get the dental care they need when they need it – AHS-05.
- Increase the proportion of adults who get recommended evidence-based preventive health care – AHS-08.
- Reduce the proportion of adults aged 20 to 74 with active or untreated tooth decay – OH-03.
- Reduce the proportion of older adults (aged 75 and older) with untreated root surface decay – OH-04.
- Reduce the proportion of adults aged 45 years and older who have lost all their teeth – OH-05.
- Reduce the proportion of adults aged 45 years and older with moderate and severe periodontitis – OH-06.
- Increase the proportion of oral and pharyngeal cancers detected at the earliest stage – OH-07.
- Reduce the proportion of adults with disabilities who delay preventive care because of cost – DH-01.

This information will be used as a data resource for ASTDD purposes.

Keywords for sorting the project by topic.

Provide **three to five** keywords (e.g., access to care, children, coalitions, dental sealants, fluoride, policy, Medicaid, older adults, pregnant women, etc.) that describe the project. Keywords are used to categorize submissions.

Policies: Access to Care; Access to Care: Adults and Older Adults Services; Access to Care: Individuals with Special Health Care Needs; Prevention: Adults and Older Adults Oral Health; Prevention: Individual with Special Health Care Needs; Medicare

Detailed Project Description

Project Overview

(750-word limit)

1. What problem does the project address? How was the problem identified?

The project addresses the extremely limited coverage for dental services under Medicare. The problem stems from the provision in the Medicare statute, enacted in 1965, that excludes payment for work performed on the teeth and supporting structures. As a result,

through the decades, the majority of older adults and disabled individuals on Medicare lack access to important dental services necessary to ensure their overall health and wellbeing.

2. Who is the target population?

The target population that would benefit from this project are people who rely or will in the future rely on Medicare for health insurance, namely persons age 65+ and disabled adults. If our policy goals are achieved and effectively implemented, benefits will also accrue to the overall healthcare system, the practice of dentistry, and society at large because there will be resources available to support delivery of vital dental and oral healthcare to a greater number of people.

3. Provide relevant background information.

In 2016 the Center for Medicare Advocacy began working actively in concert with Families USA, American Dental Hygienists' Association, Pacific Dental Services, and a few interested individuals towards expanding Medicare dental coverage through administrative and legislative means. This young coalition had its first meetings with the Centers for Medicare and Medicaid Services (CMS) to discuss coverage expansion, obtained letters of endorsement from both houses of Congress, and developed and circulated a Community Statement to demonstrate the broad support for the requested coverage. During 2017 – 2020, we continued to meet with leadership at CMS and Health and Human Services (HHS), and to work with national partners to develop issue briefs that build the case for a Medicare dental benefit, consult with members of Congress on proposed legislation, and providing resources and outreach to journalists, policy analysts, researchers, and grass middles and grassroots oral health advocates. 2021 marked a milestone in our efforts, as a window of opportunity to press for inclusion of a provision to add a dental benefit to the Medicare program opened when Congress' started negotiations around the Build Back Better Act and a budget reconciliation package. Lawmakers engaged with us and our partners, seeking input and information as the political process unfolded. Although our goals did not come to fruition with the bill, we were able to leverage the interest and imperative into administrative advocacy going forward.

In 2022, our focused engagement with CMS and HHS on the matter of medically necessary dental coverage led the Medicare agency to issue a proposed, and then final, rule clarifying that payment could be made for dental services that are "inextricably linked" to the successful outcome of a covered medical service. The agency also specified that Medicare would pay for dental care needed to identify and eradicate infections prior to and contemporaneous with organ (including stem-cell and bone marrow) transplantation, and cardiac valve and valvuloplasty surgery. Beginning in 2024, coverage would likewise be available in the context of head and neck cancer treatment. Moreover, the agency would continue to accept and consider evidence-based recommendations to extend payment to other clinical scenarios.

4. Describe the project goals.

- To optimally expand Medicare coverage policy for medically necessary dental treatments.
- To ensure that any coverage clarifications and expansions are effectively implemented so that Medicare beneficiaries can access covered care.
- To successfully secure the legislation of a comprehensive dental benefit in Medicare Part B, which would allow *all* Medicare beneficiaries – whether enrolled in traditional Medicare or private Medicare Advantage plans – to affordably access dental care.

Resources, Data, Impact, and Outcomes

(750-word limit)

1. What resources were/are necessary to support the project (e.g., staffing, volunteers, funding, partnerships, collaborations with other agencies or organizations)?
 - Two policy attorneys, one senior staff attorney, and an executive director.
 - Technical assistance from admin staff to handle social media, web and mail content, provider surveys, and media contacts.
 - Funding from CareQuest.
 - Partnerships with national organizations within and outside of Oral Health Progress and Equity Network (OPEN).
 - Collaboration with acting members of coalition advocating for medically necessary coverage.

2. (a) What process measure data are being collected (e.g., sealants placed, people hired, etc.)?

The Center for Medicare Advocacy developed a preliminary survey to gauge the degree to which relevant dental and medical providers are knowledgeable about Medicare's recent dental payment clarification. The survey was distributed by the American Association of Hospital Dentists (AAHD) and The Organization for Donation and Transplant (NATCO) to its membership.

- (b) What outcome measure data are being collected (e.g., improvement in health)?

Collection of outcome measure data is premature at this early stage of implementation of the dental payment clarification.

- (c) How frequently are data collected?

The surveys were disseminated in July and August, approximately half a year after the policy took effect. It may be worthwhile to distribute an updated survey to the same provider population next year, and to survey practices and physicians that perform cardiac valve surgeries. Before the end of 2024, it may be valuable to survey relevant treatment facilities regarding the dental payment clarifications that will become effective starting in 2024 for head and neck cancer care, and certain cancer therapies.

3. How are the results shared?

Recently we shared the survey results with relevant components at CMS and the Center for Medicare, the implementation arm of CMS. We have also shared the results with the organizations that participated in the survey.

Budget and Sustainability

(500-word limit)

Note: Charts and tables may be used.

1. What is/was the budget for the project?

Approximately \$100,000 annually, depending on funding.

2. How is the project funded (e.g., federal, national, state, local, private funding)?

This activity is primarily funded by the CareQuest Institute for Oral Health with some additional funding from other sources.

3. What is the sustainability plan for the project?

To continue to seek and apply for funding for our activities under this project until there is satisfactory achievement of the stated goals.

Lessons Learned

(750-word limit)

(a) What lessons were learned that would be useful for others seeking to implement a similar project?

The Center for Medicare Advocacy (CMA) has been learning the importance of being able to promptly furnish and leverage data, including clinical evidence, statistics and cost estimates in conversations with agency heads, lawmakers and the media. Data is a vital part of the advocacy toolbox for affecting policy change. CMA has also learned that success in attaining a policy change (e.g., coverage for a particular treatment) does not automatically result in achievement of the ultimate goal (e.g., patient access to the covered treatment). Although Medicare has now clarified coverage for dental care in certain clinical situations, beneficiaries have not been able to access that care because most medical and dental providers are unaware of that coverage or are hesitant to act without even more clarity about precisely what care is covered and how to successfully bill Medicare for the services. Moreover, the lack of availability of participating dental providers to fulfill the demand for covered care is another hurdle. Related to this new goal of effective policy implementation, CMA has learned that it is absolutely critical to join forces with relevant stakeholders, to pool knowledge, experience, creativity, and resources, and to coordinate efforts to achieve the desired end.

(b) Any unanticipated outcomes?

The challenge of implementation had been in the back of our minds over the years as our coalition pursued inroads on the policy front. After our hard-won victory on medically necessary coverage, we began to realize the true enormity of the practical implementation challenges facing us. Although we had generally anticipated there would be such challenges, circumstances did not allow for us to plan or prepare in advance for how to address them.

(c) Is there anything you would have done differently?

It would have been beneficial to have a system for collecting, evaluating, assimilating, summarizing, and leveraging data. Advocates often wished that there already existed an indexed, organized, and updated repository of oral health clinical data and research that we could rely on when called upon for information from journalists, lawmakers, policy workers, agency and administrative department heads.

It would also be beneficial to have a designated (and funded) coordinator and knowledge-keeper to document and keep track of all of the meetings and developments, as well as the work and activities being carried out by different partners in furtherance of the goal. This would help prevent knowledge loss and redundancy, optimize time and resources, and promote continuity, progress, focus, and consistency. Because the time and attention of most of the individuals working on this goal is divided between other job responsibilities, it would be very valuable to have a primary coordinator/point-person

who has the ability and responsibility to track the individual components and manage the overall effort.

Resources

List resources developed by this project that may be useful to others (e.g., guidelines, infographics, policies, educational materials). Include links if available.

[Information Sheet for Dental Providers about the Medicare Dental Payment Clarification](#)

[Information Sheet for Transplant Providers about the Medicare Dental Payment Clarification](#)

[Information Sheet for Cardiac Care Providers about the Medicare Dental Payment Clarification](#)

[Information for Transplant Patients about the Medicare Dental Payment Clarification](#)

[Information for Cardiac Valve Patients about the Medicare Dental Payment Clarification](#)

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To Be Completed By ASTDD	
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