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# **Centers for Medicare & Medicaid Services (CMS) Promoting Children's Preventive Dental Visits Webinar Series**

## **State Medicaid and CHIP Experiences Promoting Children's Preventive Dental Visits**

**December 17, 2025**

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Shaelyn Hawkins, Center for Medicare & Medicaid Services

Caitlyn Newhard, Mathematica

Wolf Tom, Idaho Department of Health and Welfare

Kendra Aracena, MCNA Dental

Donna Kurc, New Jersey Division of Medical Assistance and Health Services



# Technical Instructions

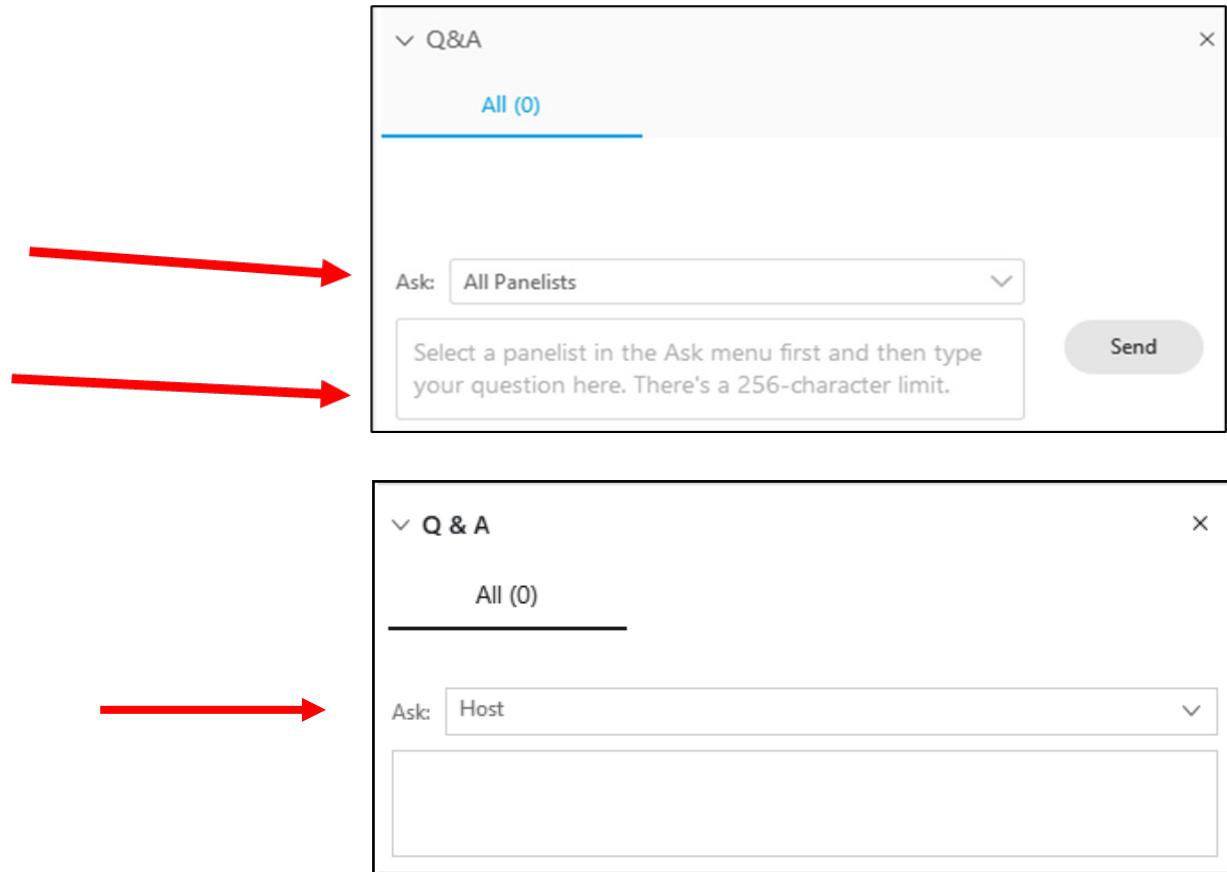
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Welcome to the Centers for Medicare & Medicaid Services (CMS) *Promoting Children's Preventive Dental Visits* webinar series!

- All participants are muted upon entry.
- To enable **closed captioning**, click on the “CC” icon in the lower left corner of the screen or click “Ctrl, Shift, A” on your keyboard.
- A **survey will pop up** at the end of the webinar; please complete this survey before leaving the meeting.
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov.
- There will be a **Questions and Discussion session** at the end of the webinar.

# How to Submit a Question

- **Use the Q&A function to submit questions or comments.**
  - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu.
  - Type your question in the text box and click “Send.”
    - **Note: Only the presentation team will be able to see your questions and comments.**
- **For technical questions, select “Host” in the “Ask” menu.**



The image contains two screenshots of a Q&A interface. The top screenshot shows the 'Ask' dropdown set to 'All Panelists' with a note: 'Select a panelist in the Ask menu first and then type your question here. There's a 256-character limit.' The bottom screenshot shows the 'Ask' dropdown set to 'Host'.

# Agenda

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Topic	Speaker
CMS Welcome	Shaelyn Hawkins, Center for Medicare & Medicaid Services
Overview of Children's Preventive Dental Visits	Caitlyn Newhard, Mathematica
State Spotlight – Idaho	Wolf Tom, Idaho Department of Health and Welfare Kendra Aracena, MCNA Dental
State Spotlight – New Jersey	Donna Kurc, New Jersey Division of Medical Assistance and Health Services
Questions and Discussion	Caitlyn Newhard, Mathematica
Upcoming Opportunities	Caitlyn Newhard, Mathematica

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# CMS Welcome

Shaelyn Hawkins, Center for Medicare & Medicaid Services



# Children's Oral Health

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- **Tooth decay, or dental caries, is a common yet preventable chronic disease among children in the United States.**
- **Children and adolescents from low-income families, including those covered by Medicaid and the Children's Health Insurance Program (CHIP), are roughly twice as likely to have untreated tooth decay as their higher-income peers.**
- **To address gaps in children's oral health, the CMS provides quality improvement (QI) technical assistance (TA) to support states in enhancing oral health care for children enrolled in Medicaid and CHIP.**

Source: Medicaid.gov. Oral Health Quality Improvement Resources. Available at:  
<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/oral-health-quality-improvement-resources>.



# CMS Oral Health QI Resources

- CMS's oral health QI Resources include:
  - Webinar recordings
  - State highlights from the 2021–2023 Advancing Oral Health Prevention in Primary Care Affinity Group
  - Video on how to get started with a QI project
  - Example driver diagram and measurement strategy

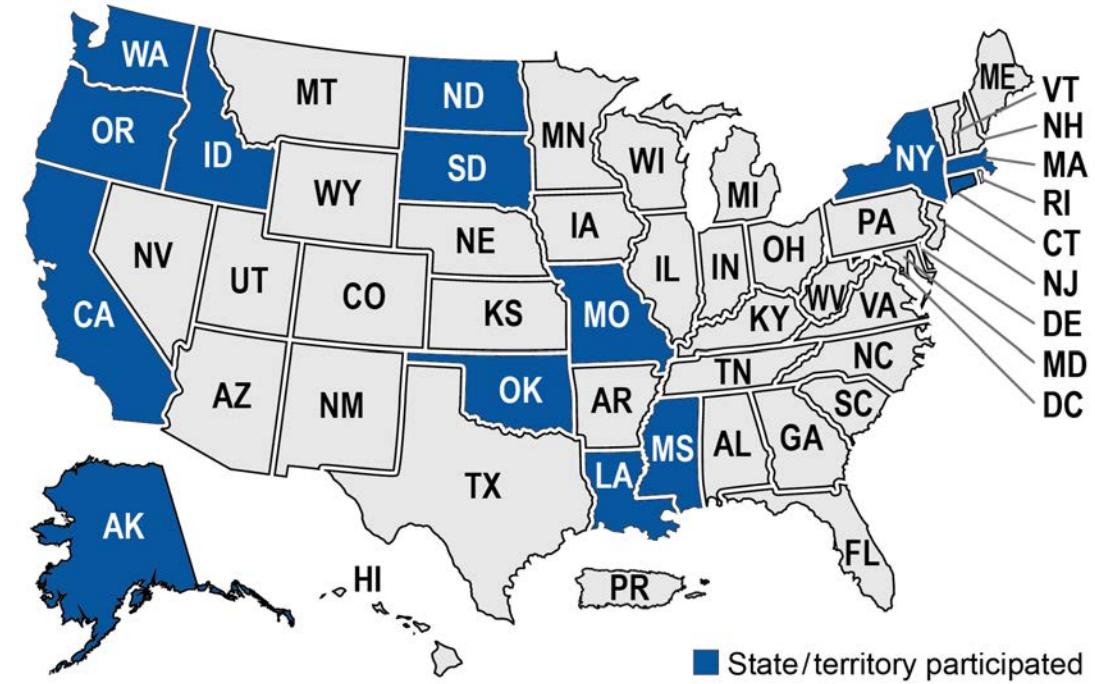


<https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/oral-health-quality-improvement-resources>

The screenshot shows the Medicaid.gov homepage with a dark blue header. The header includes the Medicaid.gov logo, a search bar, and a 'FAQs' link. Below the header, a navigation bar offers links to 'Federal Policy Guidance', 'Resources for States', 'Medicaid', 'CHIP', 'Basic Health Program', 'State Overviews', and 'About Us'. The main content area features a section titled 'Improvement Initiatives' with a list of categories: Maternal & Infant Health, Foster Care, Well-Child Care, Oral Health, Asthma, Reducing Obesity, Sickle Cell Disease, Behavioral Health, Tobacco Cessation, Vaccines, and Health Disparities. To the right of this list is a large, prominent section titled 'Oral Health Quality Improvement Resources'. This section contains text about tooth decay and Medicaid programs, followed by a detailed paragraph about CMS's role in addressing gaps in children's oral health. Below this is a 'Getting Started with QI Resources' section and a note about the design of oral health-focused QI projects. A 'What's New' sidebar on the right lists 'Promoting Children's Preventive Dental Visits Learning Collaborative'. Another sidebar on the right lists 'Advancing Oral Health Prevention in Primary Care' and 'Dental Benefits for Children in Medicaid'.

# Advancing Oral Health Prevention in Primary Care

- In 2020, CMS launched a learning collaborative focused on increasing the delivery of oral health screening to children ages 0–5 years by primary care providers.
- The technical assistance included a webinar series that highlighted state Medicaid and CHIP strategies for improving children's oral health outcomes.
- Following the webinar series, CMS hosted the Advancing Oral Health Prevention in Primary Care Affinity Group, with 14 states participating (see map).
- More information is available at <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/oral-health-quality-improvement-resources/advancing-oral-health-prevention-in-primary-care>.



# Promoting Children's Preventive Dental Visits

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- Building on previous children's oral health TA efforts, CMS launched a new TA initiative to improve the delivery of preventive oral health services for children enrolled in Medicaid and CHIP.
- **Routine dental visits play a critical role in children's health by:**
  - Monitoring tooth and gum development
  - Preventing tooth decay
  - Establishing good oral hygiene habits
  - Enabling early identification and treatment of issues—all of which promote lifelong oral health

Source: Medicaid.gov. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit. Available at:  
<https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/>.



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# **Overview of Children's Preventive Dental Visits**

Caitlyn Newhard, Mathematica

# Children's Preventive Dental Care

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- **State Medicaid programs must cover comprehensive oral health care for all beneficiaries under age 21 as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.**
- **States must provide the full array of EPSDT services to all children enrolled in their Medicaid program, including M-CHIP programs.**
- **Dental coverage in separate CHIP programs is required to include coverage for dental services “necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.”**
- **All states are required to:**
  - Develop or adopt a dental periodicity schedule in consultation with recognized dental organizations involved in child health care.
  - Cover medically necessary dental services to correct or ameliorate dental conditions.
  - Provide a referral to a dentist for every child in accordance with each State's periodicity schedule and at other intervals as medically necessary.

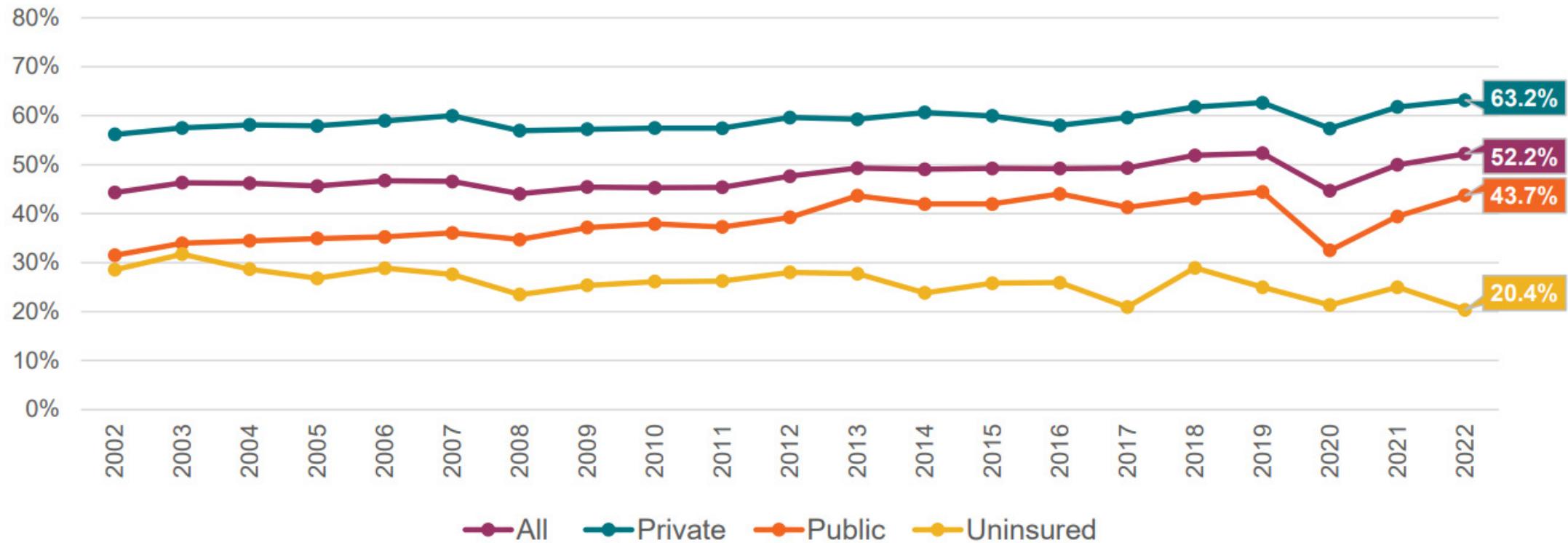
# Dental Periodicity Schedule Clinical Guidelines

- The American Academy of Pediatric Dentistry (AAPD) recommends that a child's first oral examination take place upon eruption of the first tooth and no later than 12 months of age.
- Follow-up examinations should occur every six months or more frequently if indicated by the child's risk status.

AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth*	AGE				
	6 TO 12 MONTHS	12 TO 24 MONTHS	2 TO 6 YEARS	6 TO 12 YEARS	12 YEARS AND OLDER
Clinical oral examination <sup>1</sup>	•	•	•	•	•
Assess oral growth and development <sup>2</sup>	•	•	•	•	•
Caries-risk assessment <sup>3</sup>	•	•	•	•	•
Radiographic assessment <sup>4</sup>	•	•	•	•	•
Prophylaxis and topical fluoride <sup>3,4</sup>	•	•	•	•	•
Fluoride supplementation <sup>5</sup>	•	•	•	•	•
Anticipatory guidance/counseling <sup>6</sup>	•	•	•	•	•
Oral hygiene counseling <sup>3,7</sup>	Parent	Parent	Patient/parent	Patient/parent	Patient
Dietary counseling <sup>3,8</sup>	•	•	•	•	•
Counseling for nonnutritive habits <sup>9</sup>	•	•	•	•	•
Injury prevention and safety counseling <sup>10</sup>	•	•	•	•	•
Assess speech/language development <sup>11</sup>	•	•	•	•	•
Assessment developing occlusion <sup>12</sup>			•	•	•
Assessment for pit and fissure sealants <sup>13</sup>			•	•	•
Periodontal-risk assessment <sup>3,14</sup>			•	•	•
Counseling for tobacco, vaping, and substance misuse				•	•
Counseling for human papilloma virus/vaccine				•	•
Counseling for intraoral/periportal piercing				•	•
Assess third molars				•	•
Transition to adult dental care					•

# Dental Visits by Insurance Status, Age 0–18 Years

Percentage with a Dental Visit in the Past Year – Children (0-18)



Source: [https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/national\\_trends\\_dental\\_use\\_benefits\\_barriers\\_2024.pdf](https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/national_trends_dental_use_benefits_barriers_2024.pdf).

# Child Core Set Measures Associated with Children's Preventive Dental Visits



## Oral Evaluation

- Oral Evaluation, Dental Services (OEV-CH)



## Fluoride Varnish Application

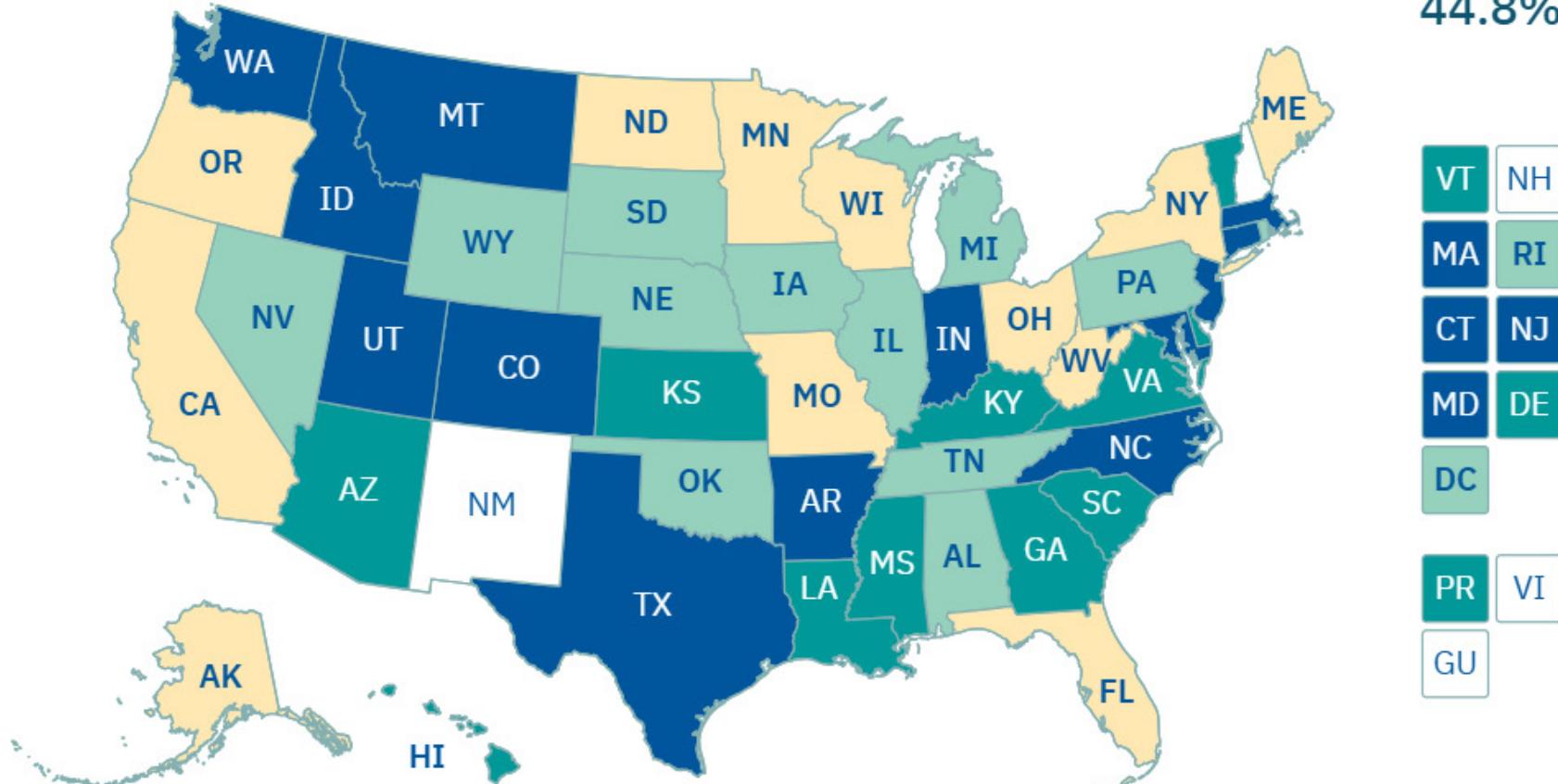
- Topical Fluoride for Children (TFL-CH)



## Sealant Receipt

- Sealant Receipt on Permanent First Molars (SFM-CH)

# Oral Evaluation, Dental Services (OEV-CH): 2024 Reporting, by State



- OEV-CH examines the percentage of enrolled children under age 21 who received a comprehensive or periodic oral evaluation as a dental service within the measurement year.
- OEV-CH was first added to the 2022 Child Core Set and is a mandatory measure.

Source: Medicaid Data Dashboard [Oral Evaluation, Dental Services \(OEV-CH\)](#).

Note: Data display rates for the percentage of enrolled children who received a comprehensive or periodic oral evaluation.



# ***Idaho State Medicaid and CHIP Experiences Promoting Children's Preventive Dental Visits***

**Wolf Tom, IDHW**

**Kendra Aracena, MCNA**



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**



# Idaho Medicaid

- Idaho Medicaid provides comprehensive health coverage for low-income children, adults, pregnant women, and individuals with disabilities, with various plan options like Basic, Enhanced, and Medicare-Medicaid Coordinated Plans depending on eligibility and health needs.
- **Basic Plan:** Covers essential preventive, medical, dental, and vision services.
- **Enhanced Plan:** Includes all Basic Plan benefits plus specialized services for those with disabilities or special health needs.
- **Medicare-Medicaid Coordinated Plan:** For individuals who have both Medicare and Medicaid, it offers enhanced benefits and coordinated care through a managed care option.



- Idaho's Medicaid Dental Plan, serving nearly 310,000 members, is known as Idaho Smiles.
- The Idaho Medicaid Children's Dental Plan serves over 160,000 members, ages 0-20.
- In 2016, Managed Care North America (MCNA) was selected as Idaho's managed care partner to administer the dental Medicaid benefits for our Idaho Smiles members.





# Quality Improvement

- Idaho Department of Health and Welfare (IDHW) strategically included access and oral health improvement activities in our contract with MCNA, including:
  - **Sealant Program**, aimed to increase the sealant application rates in children ages 6-14
  - **Dental Home Program**, aimed to increase the rate of children ages 0-3 who are actively receiving oral health care in a dental home
  - **Pregnancy Outreach Program**, aimed to mitigate risks associated with the oral health literacy of pregnant members that can result in poor birth outcomes. Bright Beginnings targets and educates them about importance of proper oral hygiene during pregnancy and how to care for their new baby's oral health
  - **Quarterly Access and Oral Health Improvement Activity Report**, informing IDHW of progress on targeted oral health outcomes specifically Dental Homes for children 0-3, Bright Beginnings for pregnant members, Sealant Program for 6-14 yr olds and appointment assistance provided for children's services
  - **Access and Oral Health Improvement Activity Plan**, utilized by MCNA to define newly proposed oral health initiatives, including expected outcomes and costs
- These contractual requirements have helped facilitate a strong collaborative relationship with MCNA and deliver improved oral health outcomes for our Idaho Smile Members!



# Overview of MCNA's QI Program

- Designed to systematically monitor and improve dental care quality and appropriateness.
- Focuses on early identification of issues and opportunities for improvement.
- Supports continuous improvement in children's access to preventive dental services.
- Aligns with state and federal regulations, accreditation standards, and CMS and IDHW Medicaid requirements.
- Includes Performance Improvement Projects (PIPs) targeting utilization and oral health outcomes.
- MCNA's Board of Directors has delegated authority to our Idaho Quality Improvement Committee (QIC) for overseeing and implementing the QI Program.
- Our QIC includes participating Idaho network providers and input from Medicaid members to ensure our Program design is tailored to the needs of Idahoans.





- MCNA has expanded upon the Institute for Healthcare Improvement's (IHI's) Triple Aim and formed our Quadruple Aim, which includes the dentists' experience and provides the strategic pillars used in our QI approach for improvement of preventive services.
- MCNA's Quadruple Aim approach ensures alignment of intervention strategies with members, providers, nationally and locally recognized standards of care, and the uniqueness of the communities in which we serve.



# Developing & Evaluating Interventions

- MCNA conducts ongoing qualitative and quantitative barrier analyses to identify root causes and inform targeted interventions.
  - Network provider feedback is solicited from the Dental Advisory Committee (DAC) and QIC.
  - Member feedback is solicited through our Member Advocate Outreach Specialists during outreach events and from partnerships with community organizations.
- Rapid cycle plan-do-study-act (PDSA) is conducted to test interventions first, prior to full implementation.
- Once an intervention is adopted and implemented across all membership, the intervention is monitored and tracked in Power BI™.





# Establishment & Monitoring of KPIs

- Key performance indicators (KPIs) are used within our QI Program, including those targeted for preventive services, to monitor ongoing progress. Examples include:
  - Percent of targeted educational outreach events successfully completed.
  - Percent of members receiving a sealant on a permanent first molar by the 10<sup>th</sup> birthdate.
  - Percent of providers compliant with AAPD and ADA preventive clinical practice guidelines as evaluated by dental records review.
  - Percent of members receiving AAPD and ADA recommended twice annual fluoride applications.
- KPIs are monitored and reviewed monthly by the assigned leadership, followed by a quarterly multidisciplinary review and analysis occurring within our Idaho QIC.



# Tracking of Interventions

- MCNA's Power BI™ platform supports comprehensive tracking of interventions, including PIP interventions, which are reported quarterly to the QIC, state agencies.
  - Filter by age, year, type of visit (access, preventive, sealant, and fluoride), and whether the visit was completed within 30, 60, or 90 days.

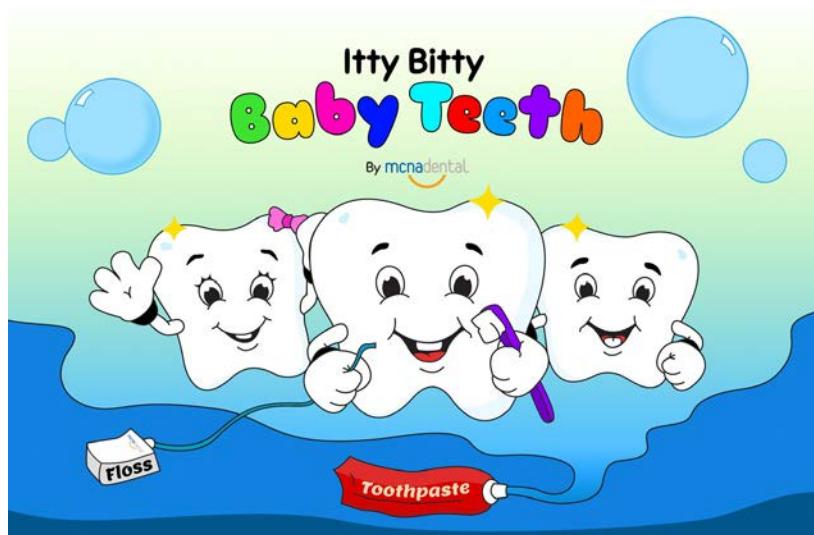
plan	intervention_topic	visit_type	Select Days (0-x) btw visit & intervention ----> Most accurate up to 120 days after any activation on Dec 31 of the calendar y... Zero (0) days means dos = intervention date	insured_age	
IDHW - IDAHO MEDICAID(IDHW)	text_message_snap_shot_max	pdent	<input type="text" value="0"/> <input type="text" value="60"/> <input type="checkbox"/> cy_2022 <input checked="" type="checkbox"/> cy_2023 <input type="checkbox"/> cy_2024 <input type="checkbox"/> cy_2025	<input type="text" value="0"/> <input type="text" value="20"/>	
select (hold ctrl on keyboard) notes to include based off topic -- note_type_description <input type="checkbox"/> Search <input type="checkbox"/> Text Message Snap Shot Max Activation Date				<input type="checkbox"/> leave alone -- 0 fair_game (false4fair)	
Year	2023	Quarter	Num	Den	Rate
Qtr 1					
Qtr 2					
Qtr 3					
Qtr 4					
Total					



- Over 157,000 calls to members in need of an oral evaluation; **12%** received an exam within 90 days of contact.
- Preventive text messages to over 7,700 members who had not received a preventive service within the last six months; **11%** completed a preventive service within 90 days of receiving a text message.
- Over 470 members accepted appointment assistance during inbound calls to our Member Hotline; **28%** received a preventive service within 90 days.
- Targeted mailings to over 153,000 members who had not received an oral evaluation; **11%** received an exam within 90 days of the mailing.



- MCNA Collaborated with Dr. Meshack-Hart and his team from Terry Reilly to host a "Van Day" in Parma, Idaho, offering an **alternative for access to care** in an area with known shortage of oral health resources.
- Successfully coordinated **1,758** in-office interpretation services with the top three language requests being Arabic, Dari, and Swahili.



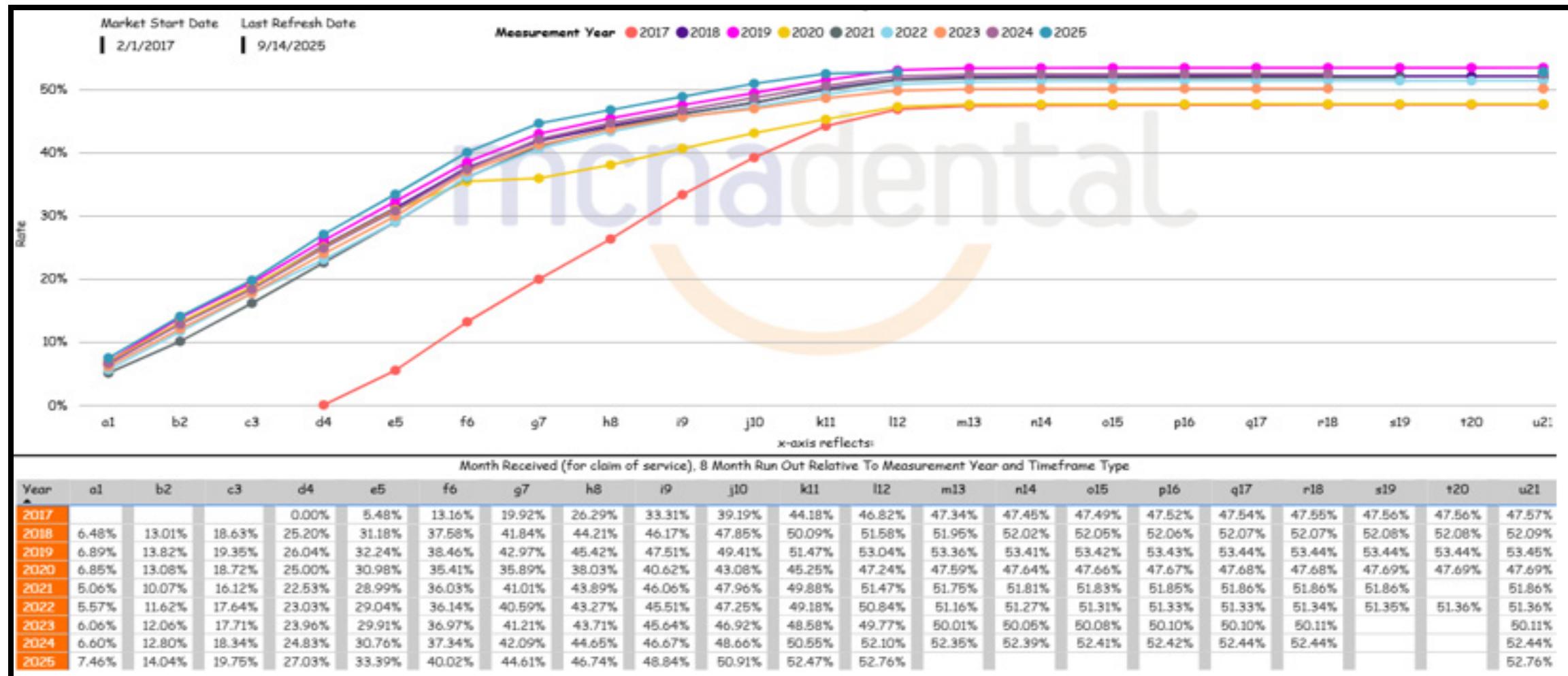
- MCNA's Member Advocate Outreach Specialists visited schools in low-literacy counties, donating copies of our book, "Itty Bitty Baby Teeth," to students in kindergarten through third grade.

# Tracking and Trending of Quality Measures

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- MCNA's Power BI™ also tracks all our contractual, CMS, and DQA performance measures.





# QI Measure Successes in 2024

- Increased the rate of members ages 0-20 receiving a comprehensive or periodic oral exam by **11%**.
- Increased the rate of **members** ages 1-20 receiving preventive services by **5%**.
- Increased the rate of members age 21 and over receiving preventive services by **11%**.
- Increased the rate of members ages 1-20 receiving twice-annual fluoride as a dental service by **5%**.
- Increased the rate of members receiving a sealant on *at least one* permanent first molar by the 10th birthdate by **2%** and *all four* sealed permanent first molars by **3%**.
- Increased the rate of members receiving a sealant on *at least one* permanent second molar by the 15<sup>th</sup> birthday by **3%** and *all four* permanent second molars sealed by **8%**.



# Collaborative Partnerships

- MCNA continues to work closely with IDHW and other partners, including the Idaho Oral Health Program (IOHP) and the Idaho Oral Health Alliance (IOHA), to further improve access and preventive services.

## 1. Idaho Department of Health and Welfare / Idaho Oral Health Program (IOHP) Consortium for Oral Health's (COH) Building State Capacity for Integration (BSCI) Learning Collaborative

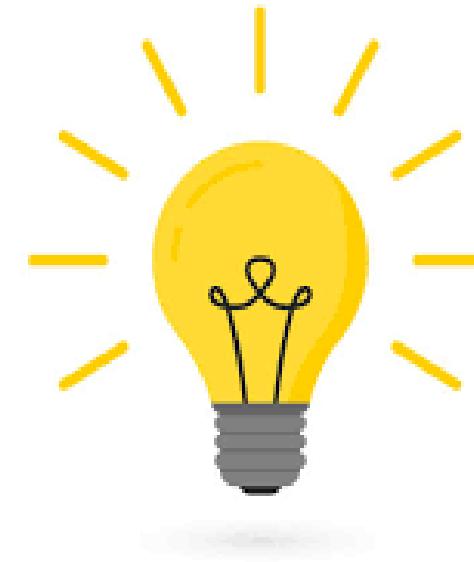
- Georgetown University-supported initiative focused on integrating oral health into prenatal care.
- The workgroup will deliver oral health education to OB clinics, emphasizing oral hygiene and the importance of routine preventive dental care.



## 2. Idaho Oral Health Alliance (IOHA) Healthy Me is Cavity-Free (HMCF) Steering Committee

- Statewide initiative, led by IOHA, promoting early prevention and encouraging dental visits by a child's first tooth or first birthday, in line with best practice recommendations.
- MCNA's leadership team actively participates in all three subcommittees:
  - Messaging, Education, and Communication
  - Caregiver Education
  - Provider Education





- Rapid-cycle testing improves implementation.
  - Using PDSA cycles allowed MCNA to refine interventions before scaling up.
- MCNA's QIC and Dental Advisory Committee are key to identifying barriers, developing targeted interventions, and guiding QI efforts through provider and member feedback.
- Having an internal program such as Power Bi™ to track and monitor interventions and quality measures is a must to ensure timely decision-making, identify care gaps, evaluate program effectiveness, and support continuous QI efforts.
- Engagement and participation with state and local oral health organizations is effective in aligning initiatives with community needs, expanding access to preventive services, promoting early intervention strategies, and driving collaborative efforts to improve oral health outcomes across populations.



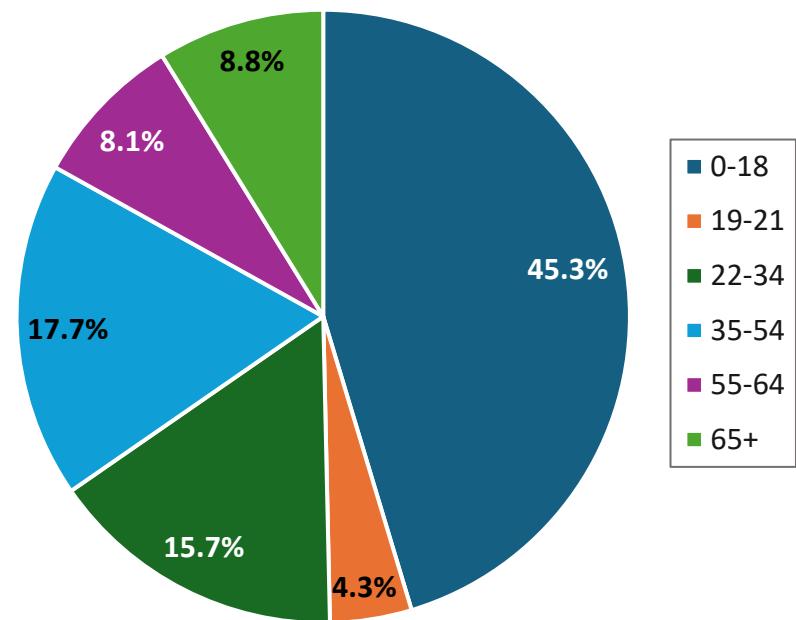
# **State Medicaid and CHIP Experiences Promoting Children's Preventive Dental Visits**

## **NJ FamilyCare**

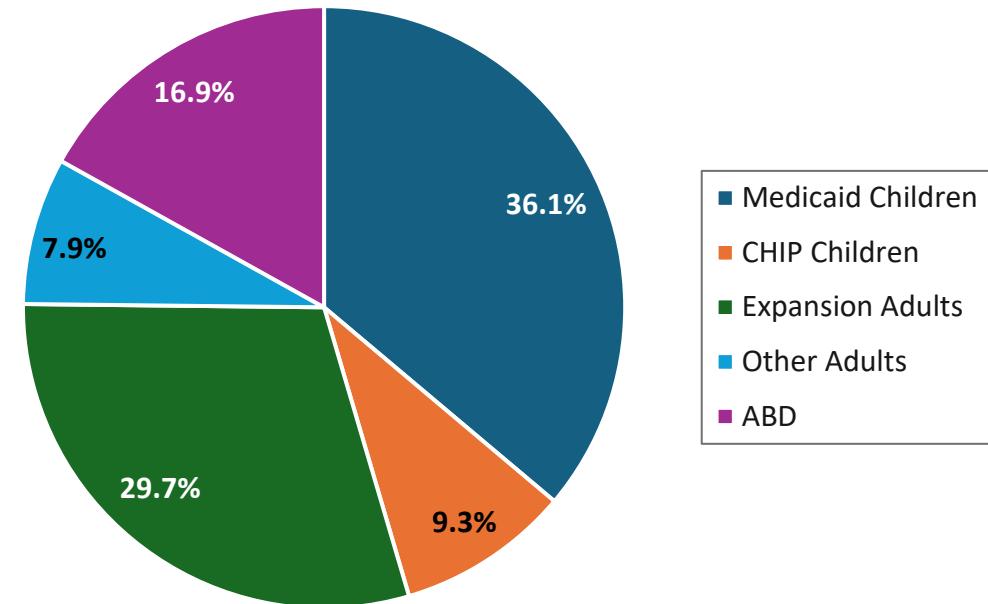
Donna L. Kurc, DMD, MHA, Acting Dental Director

# NJ Family Care: An overview of enrollment

NJ FamilyCare Membership by Age



NJ FamilyCare Membership by Eligibility Category



- Total enrollment: 1,821,604
- 95.9% in Managed Care
- 19.2% NJ population enrolled
- NJ FamilyCare's MCO enrollment is highly asymmetric, the largest MCO having over 55% of total enrollment
- The membership of the two highest performing MCOs approximates 74% of NJ FamilyCare's total enrollment

Source: <https://njfamilycare.dhs.state.nj.us/analytics/home.html> (August 2025 data).

# A comprehensive dental benefit utilizing a managed care model

- NJ FamilyCare utilizes 5 Managed Care Organizations (MCOs) as well as Fee-for-Service (FFS) to administrate medical, dental, and behavioral health services.
- The dental benefit is comprehensive and uniform for members.
- Each MCO:
  - Utilizes a vendor to administrate their dental benefit (SKYGEN or Liberty Dental Plan)
  - Has its own provider panel
  - Must adhere to a single set of clinical criteria, age, and frequency limits for services (determined by the state Medicaid agency); these criteria are reviewed and revised annually
  - Is required to employ a full-time dental director who is a licensed dentist in New Jersey
- DMAHS (NJ Medicaid) conducts a comprehensive performance evaluation with each MCO twice annually, including their dental performance (e.g., member appeals and grievances, Preventive Dental Services measure rate, and Core Set performance).
- The NJ FamilyCare Dental Director has regular meetings with MCO Dental Directors to ensure Contract compliance, improve service utilization and access to care, and discuss program improvements.

# Actions taken to improve children's preventive dental service utilization: Background

- Dental service utilization declined sharply during the COVID-19 Public Health Emergency, due to office closures and reduced provider participation in NJ FamilyCare among dentists and hygienists.
- In an effort to improve the oral health of NJ FamilyCare enrolled children, the DMAHS Dental Unit set a uniform standard across all MCOs for the utilization of children's preventive services.
- The MCOs report utilization data for all enrolled children, with subgroup reporting for children with intellectual and developmental disabilities.
- Once service utilization began to recover after the COVID-19 Public Health Emergency, DMAHS set a minimum performance standard of 50% as measured by the Preventive Dental Services (PDENT) measure.
- MCOs that failed to meet this standard were subject to a corrective action plan (CAP).

# Actions taken to improve children's preventive dental service utilization: Corrective Action Plans (CAPs)

- To improve preventive service utilization, the three lowest performing MCOs were placed on CAPs in early 2022 and were required to implement strategies to improve their performance.
- CAP reporting to the Dental Unit is required on a quarterly basis.
- CAP reporting includes:
  - Breakdown of MCO's pediatric population into low, medium, and high outreach priority (based on last preventive dental appointment)
  - For each quarter, the members in these categories receiving preventive services
  - Type and frequency of outreach by MCO or vendor
  - Narratives regarding activities specific to that MCO (i.e., provider or member incentives)
- DMAHS senior management review the progress of each MCO annually.
- All three MCOs continue to improve their performance each year; progress has been gradual.

# Actions taken to improve children's preventive dental service utilization: Quarterly Dental Monitoring Measure (QDMM)

- New Jersey uses the Preventive Dental Services (PDENT) measure as a performance indicator for MCOs.
- All MCOs are required to submit quarterly reporting (QDMM) on the cumulative PDENT value for its members. This enables the MCO and NJ FamilyCare to track PDENT progress.
- Monetary sanctions are imposed based on PDENT performance.
- Corrective Action Plans (CAPs) remain in effect until the MCO attains the contractual utilization threshold.

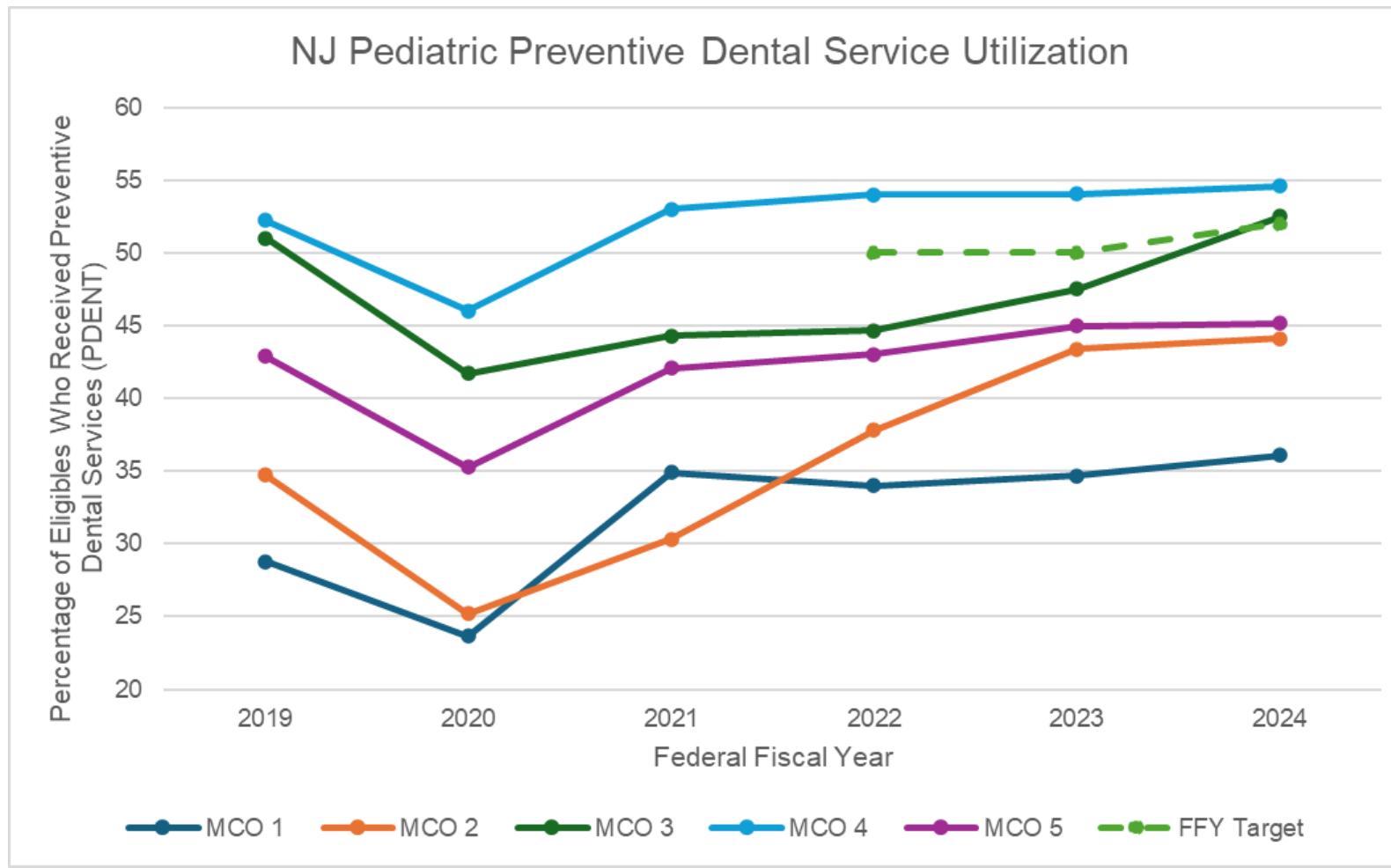
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	
<b>Description</b>	The PDENT measure assesses the percentage of children ages 1 to 20 who received at least one preventive dental service during the reporting period.
<b>Denominator</b>	The unduplicated number of individuals ages 1 to 20 who have been continuously enrolled for at least 90 days during the federal fiscal year and are eligible to receive EPSDT services.
<b>Numerator</b>	The unduplicated number of individuals receiving at least one preventive dental service by or under the supervision of a dentist, as defined by HCPCS codes D1000 - D1999, based on an unduplicated paid, unpaid, or denied claim.

# **Actions taken to improve children's preventive dental service utilization: Monetary Sanctions**

<b>Federal Fiscal Year 2023 Utilization Requirements and Contract Sanctions (50% utilization threshold)</b>	<b>Federal Fiscal Year 2024 Utilization Requirements and Contract Sanctions (52% utilization threshold)</b>
\$48 per child up to 40% utilization threshold	\$96 per child up to 40% utilization threshold
\$48 per child up to 45% utilization threshold	\$60 per child up to 45% utilization threshold
\$12 per child up to 50% utilization threshold	\$24 per child up to 52% utilization threshold

The utilization threshold for children's preventive dental services as included in MCO Contracts will continue to be revised upward as an incentive for improvement.

# NJFC MCO preventive dental service utilization FFYs 2019–2024

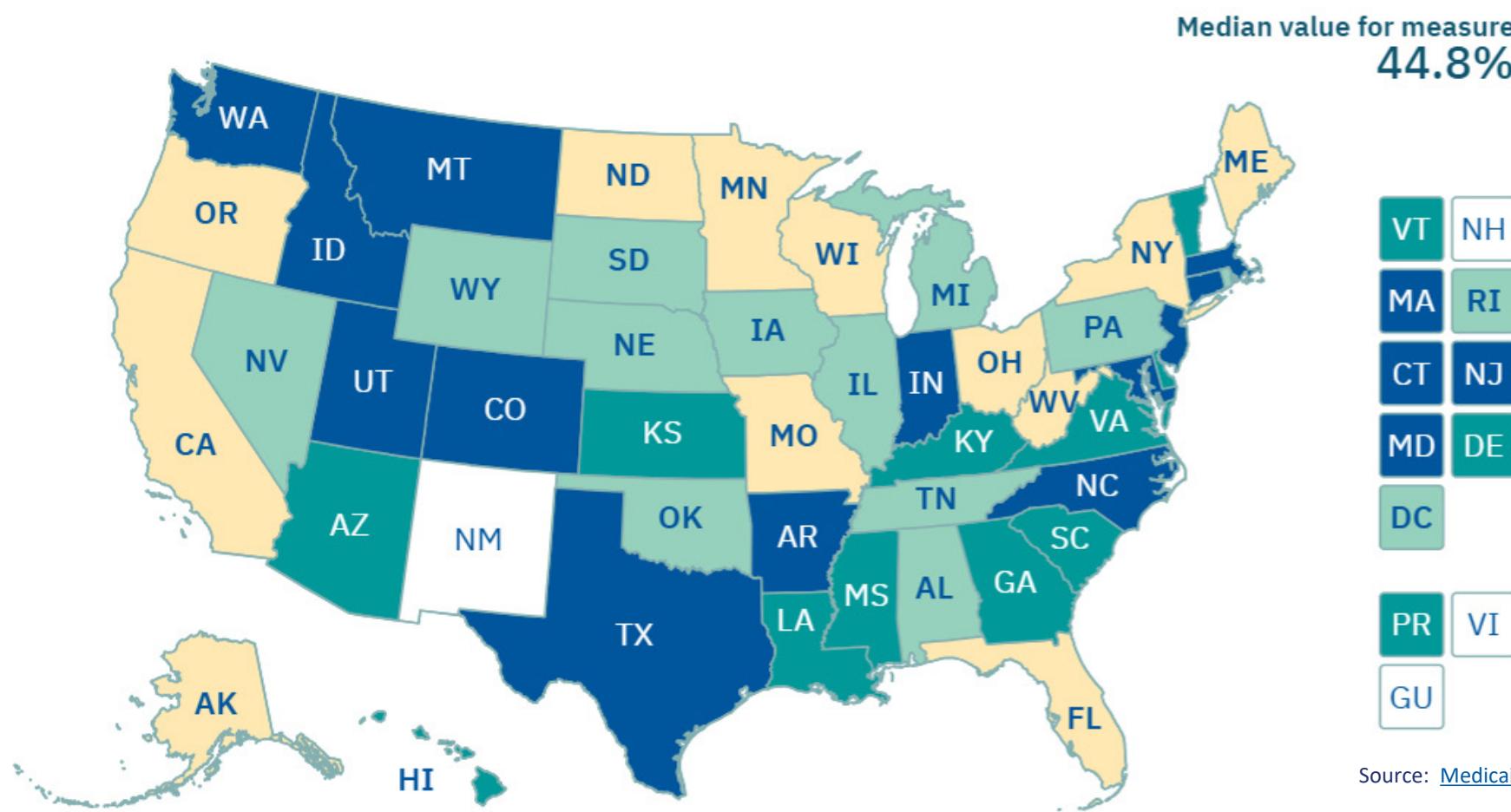


All MCO data is self reported.

# Actions taken to improve children's preventive dental service utilization: Additional contract requirements

- *The NJ Smiles Program* allows trained medical providers to provide oral health risk assessments, apply fluoride varnish, and provide anticipatory guidance and a dental referral for children through the age of 5 years old.
  - Provider must submit attestation of training for fluoride varnish application to qualify for 99188 reimbursement.
- Up to 4 additional preventive dental visits allowed for all members with special health care needs and/or intellectual and developmental disabilities without prior authorization.
- The MCOs have been encouraged to include “Find a Provider” functions on their websites to help members locate a general dentist.
  - Specifically, those who will accept members as young as one year of age

# NJ's OEV-CH performance Core Set Year 2024 = 50%



## How to read this chart

- Higher values are better →
- Lower values      Higher values
- 49.0% – 61.8% (3rd quartile – Maximum)
  - 44.8% – 48.9% (2nd quart. – <3rd quart.)
  - 40.8% – 44.7% (1st quart. – <2nd quart.)
  - 26.8% – 40.7% (Minimum – <1st quartile)
  - Not reported by state / territory

Population: All states view (mixed populations)  
Methodology: All states view (mixed methodologies)  
Core Set Year: 2024

# New Jersey Lessons learned

## What worked well?

- Monetary sanctions have been effective at motivating MCOs to improve Member engagement.
- All MCOs on a CAP have shown improvement in utilization every year.

## What might have been done differently?

- Identifying and addressing lagging performance when first observed
- Establishing a performance threshold sooner

# NJ's future plans for improvement

## NJ's future plans for improvement:

- The utilization performance threshold to avoid monetary sanctions will be regularly increased in MCO Contracts.
- NJ DOH to conduct basic screening surveillance for oral health for third graders, middle school students, pregnant members, and seniors residing in long-term care.
- Behavioral Health work group will have a new performance measure for dental preventive care utilization for members with substance use disorder.
- DMAHS Health Policy work group to conduct Regional Health Hubs' survey of adult oral health in 4 NJ urban centers.

# Suggestions for other states

## Suggestions for other states:

- For managed care states – meet regularly with the dental directors and establish a collegial relationship (not an adversarial one). Remember – you have a common goal!
- Set and share performance goals; make your state's objectives clear.
- Consider your own state's provider base and dental employment statistics when setting goals.
- Track MCO performance early and often.
- Consider including performance and reporting requirements in your MCO contract; update as necessary.



# Thank you!

Donna Kurc, DMD, MHA

Acting Dental Director, NJ FamilyCare

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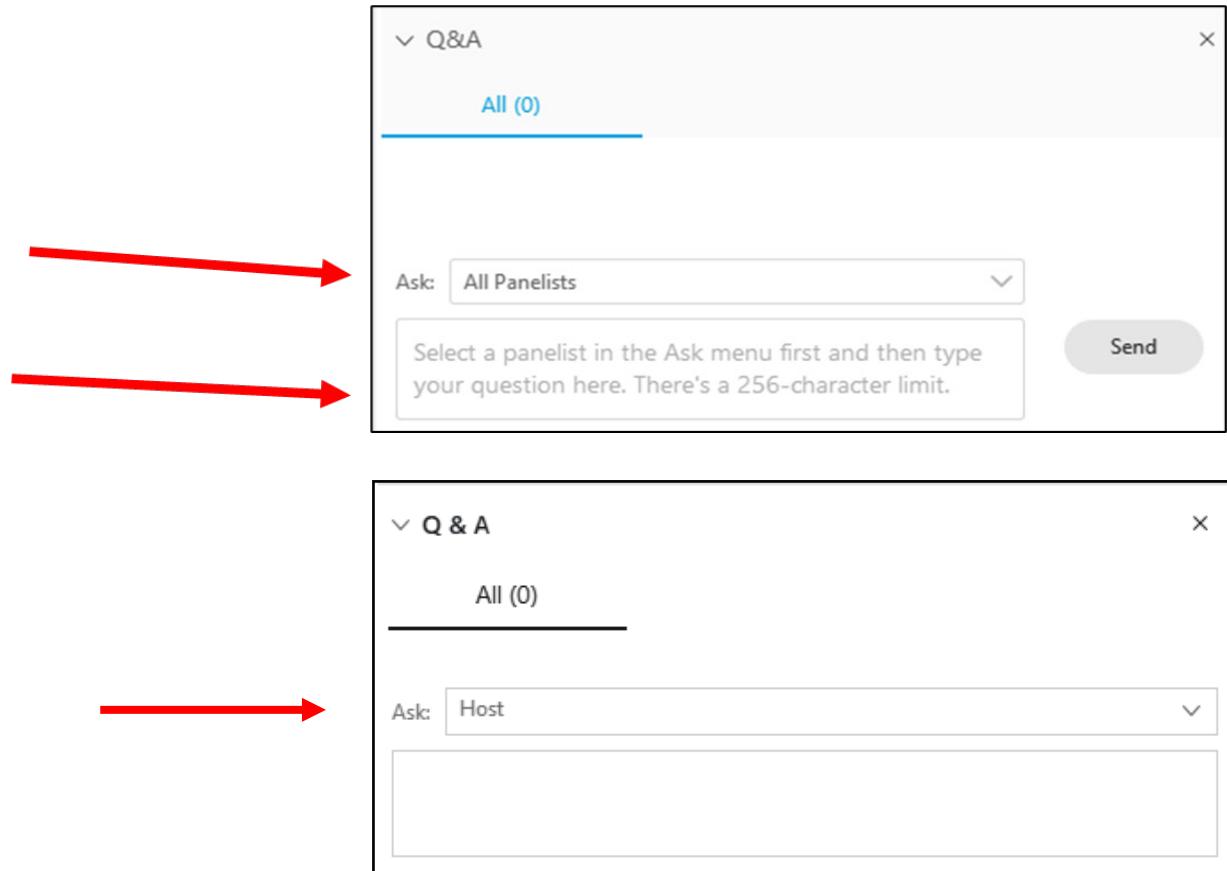
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## **Questions and Discussion**

Caitlyn Newhard, Mathematica

# How to Submit a Question

- **Use the Q&A function to submit questions or comments.**
  - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu.
  - Type your question in the text box and click “Send.”
    - **Note: Only the presentation team will be able to see your questions and comments.**
- **For technical questions, select “Host” in the “Ask” menu.**



The image contains two screenshots of a Q&A interface. The top screenshot shows the 'Ask' dropdown set to 'All Panelists' with a red arrow pointing to it. The bottom screenshot shows the 'Ask' dropdown set to 'Host' with a red arrow pointing to it. Both screenshots include a text input field for typing a question and a 'Send' button.

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# Upcoming Opportunities

Caitlyn Newhard, Mathematica

# Promoting Children's Dental Visits Affinity Group

- An informational webinar about the affinity group was held on **December 3**— materials will be available on Medicaid.gov soon.
- **Interested states must submit an expression of interest (EOI) to participate in the affinity group.**
- The EOI form is available at <https://mathematica.questionprogov.com/a/TakeSurvey?tt=W7XD8zdd0Lw%3D>.



**The EOI form is due Friday, January 9, 2026.**



Please email any questions to:  
[MedicaidCHIPQI@cms.hhs.gov](mailto:MedicaidCHIPQI@cms.hhs.gov).

The screenshot shows a survey page with a dark blue header containing the Medicaid & CHIP logo and the title. The main content area has a light beige background. It includes a paragraph about the CMCS Quality Improvement program, another paragraph about CMCS-sponsored affinity groups, and a note about the due date. A yellow 'START' button is at the bottom left.

**Promoting Children's Preventive Dental Visits Affinity Group Expression of Interest**

The Center for Medicaid and CHIP Services (CMCS) Quality Improvement (QI) program provides state Medicaid and CHIP agencies and their QI partners with the information and expert support to improve care and health outcomes.

CMCS-sponsored affinity groups allow state Medicaid and CHIP agencies and their partners to work and learn alongside other state teams. QI advisors, subject matter experts, and state team peers provide guidance and support through group workshops and one-on-one meetings, including QI tools to identify, implement, and test data-driven interventions to achieve improvement.

Please use this form to indicate your interest in the affinity group. This form should be filled out by the project lead or project manager and completed by January 9, 2026.

**START**



# Thank You for Attending!

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- Please complete the webinar survey as you exit the webinar.



- For questions, please email  
**[MedicaidCHIPQI@cms.hhs.gov](mailto:MedicaidCHIPQI@cms.hhs.gov)**