Florida Oral Health Alliance Result: All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.

Headline Indicator: Percentage of eligible Medicaid children ages 0-20 receiving any dental services

Headline Indicator: Percentage of eligible Medicaid children ages 0-20 receiving any preventive dental service

Meeting Results:

By the end of this meeting participants will have:

- Shared understanding of each individual’s progress on commitments to action
- An overview of the Medicaid settlement and resulting actions and plans
- Update to the story behind the baseline including Consumer Advisory Council (CAC) report
- Participant contribution of best practices to be included in the strategic plan
- Action commitments that mutually reinforce existing activities to improve oral health

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<thead>
<tr>
<th>Meeting participants</th>
<th>Organization</th>
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<tr>
<td>Philippe Bilger</td>
<td>Florida Department of Health (FDOH)</td>
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<td>Sharon Cohen</td>
<td>Children Services Council of Broward County</td>
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<td>Inge Ford</td>
<td>Ford Momentum</td>
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<td>Betty Gilbert</td>
<td>Liberty Dental</td>
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<td>Brian Kirk</td>
<td>Florida CHAIN</td>
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<td>Farren Hurwitz</td>
<td>Health Choice Network</td>
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<td>Douglas Manning</td>
<td>DentaQuest</td>
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<td>Dave Meadows</td>
<td>Liberty Dental</td>
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<td>Krista Wagner</td>
<td>Dental Health and Wellness</td>
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<td>Juliette Fabien</td>
<td>The Children’s Trust</td>
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**Project Staff**

- Deitre Epps, Facilitator: Results-Based Leadership
- Christine Hom, Project Manager: Florida Institute for Health Innovation
- Fay Glasgow, Site Coordinator: Florida Institute for Health Innovation

**Tallahassee Virtual Participants (afternoon only)**

- Jena Grignon: Florida Healthy Kids Corporation
- Amy Guinan Liem: Florida Legal Services
- Bob Reifinger: Florida Agency for Health Care Administration (AHCA)
- Casey Stoutamire: Florida Dental Association
Result: All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.

Headline Indicator #1: Percentage of Medicaid-eligible children 0-20 who received any dental service

Florida is now at 27% in 2014, 27% of Medicaid eligible children received dental service in that year.

Headline Indicator #2: Percentage of Medicaid-eligible children 0-20 who received any preventive dental service.

Updating Action Commitments
Coach-Facilitator Deitre Epps asked each participant about their action commitments and where they felt they fell on the Accountability Pathway. These included:

- Sharon Cohen, CSC Broward, is working to get more community partners involved. She recently got United Way Broward involved in the Alliance. She reached to Broward United Way policy committee and showed them the oral health data. Sharon Cohen connected Christine Hom with United Way Broward. UW Broward is increasing focus on oral health. Christine presented to their policy group within the month.

- Brian Kirk, Florida CHAIN, researched the school dental exam requirement and learned that it can’t be enforced as it stands. He continues to research oral health communications best practices.

- Phil Bilger sent Christine information on school based sealant programs. FDOH strategy is to wait to see Alliance plan before deciding where to put their resources.

- Inge Ford began gathering tools for interprofessional training.

- Farren Hurwitz, Health Choice Network, met with NIH and DQ institute to create standard data set from school
health and oral health to help FQHCs use data to tell the story of oral health disparities; reached to school district program, HealthConnect add to strategy development and emerging best practices

- Doug Manning continued internal conversations regarding ER diversion best practices. He also is working with Medicaid managed care to explore the use of silver diamine fluoride for cavities. This is moving forward.
- Krista Wagner presented oral health education to school nurses and others. She is working with Sunshine Health to increase oral health referrals and regarding reimbursement for fluoride varnish and referral to dental care. Question for the group: Is a prescription needed for fluoride varnish and can nurses provide this?
- Dave Meadows, Liberty Dental, identified low utilization regions in order for Liberty to increase outreach to those individuals. He identified providers not using appropriate level of sealants. Liberty is providing oversight and working with Primary Care Providers to integrate oral health.
- Juliette Fabien, Children’s Trust. The impact of the Trust’s oral health efforts may not show up on CMS 416 (the data the Alliance is now using).
- Not an action commitment but an announcement, Randy Scheid, Quantum Foundation shared that the Quantum Foundation focuses on access to health in Palm Beach County and supports oral health.

Story behind the curve: Overview of Medicaid settlement
Dr. Tommy Schechtman Florida Chapter of the American Academy of Pediatrics (AP) provided an overview of the Medicaid settlement and answered questions. Dr. Schechtman participated in the mediation and shared the following thoughts regarding the settlement.
- Medical services have three years to meet benchmarks. Dental has five. If Medicaid cannot achieve benchmarks, the state will put financial resources into it.
- Pediatricians and dentists must work with AHCA to achieve goals. In past AAP has not had open communication with the state on any issue. In medical field, rapid changes (including performance based care) are afoot.
- Medical – 9 HEDIS requirements (recognized quality metrics; dental has its own HEDIS measures. CMS 416 (Alliance data) is also being used to measure improvement to include number of dental visits, improved access, and improved outreach.
- Florida has the third largest number of uninsured children in the nation. (FL, TX and CA have the greatest).
- 350,000 not covered; 300,000 of these children are Medicaid eligible children that are not enrolled. Reducing the number of eligible children not covered is a major focus of resulting action.
- AAP, AHCA, DCF will focus on improving the Medicaid (Department of Children and Families/DCF) application process. AAP will work with them as they enroll kids and coordinate eligibility. Over the last few years the process has improved.
- Settlement also includes plans to decrease changing plans (disrupts continuity of care).

Benchmarks include:
- Small incremental improvements 1-2%
- HEDIS measures; 416
- AHCA will survey to learn about the current barriers and problems preventing children getting dental care
- Plans are being asked to do whatever it takes to increase access and availability.
- If after 3/5 years, benchmarks are not being met, there is a reasonable opportunity for a corrective action plan
- If the benchmarks are not met, AAP will request increased funds from legislature. Plans will take every action possible to increase rates up to 50%.
- Pediatricians need to work together with dentists to get kids into primary dental care. There is a shared interest and shared savings. Proper dental care saves money on medical side.
- Plans can increase dental Medicaid reimbursement up to 50% on their own (national norm).
- Settlement agreement specifies AAP meet with AHCA monthly and then quarterly
- AAP as a chapter meets every 4-6 months with chief medical officers of insurance plans
- AAP is working with AHCA and plans to make changes to medical Medicaid handbook to increase access
- AHCA is removing administrative obstacles for Medicaid providers.
- For pediatricians – they need to have a reasonable opportunity to earn Medicare rates for Medicaid.
- Our benchmarks are the 50th percentile reimbursement rate (49%).
**Story behind the data: Legislative update:**
- Jena Grignon gave an overview of recent state legislation HB5101 that “ Extends Florida KidCare coverage to lawfully-residing immigrant children, without a five-year waiting period, beginning on July 1, 2016.” She stated that this bill will provide additional enrollment opportunities into the Florida KidCare Program which includes health and dental benefits to children ages birth thru 18 years old. This will increase the number of children eligible for the Florida KidCare Program on July 1, 2016.

**Story behind the data: Consumer advisory council report:**
- Preventive care is not considered in some cultures.
- Families are stressed and worrying about fulfilling basic needs such as food and housing, priorities that compete with oral health care.
- “Available” resources are not easily accessed by communities and people working in communities.
- Only oral health education at health fairs is from dental insurance companies. There is a need for more education.

**New prioritized factor to be added to the plan:**
- There is a lack of real time data that can identify which patients need dental care. Data is needed at patient level.

Group debriefed the morning conversation by making a list of what they know and corresponding next steps for strategy.

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<th>What do we know?</th>
<th>What are next steps for strategy?</th>
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<tr>
<td>AAP was previously not permitted to meet with the state about issues</td>
<td>Engage primary care (PCP) to take responsibility</td>
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<td>Lack of participation of primary care providers</td>
<td>Identify protocols for pediatricians/PCPs to integrate oral health into their practice (Bright Futures)</td>
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<td>Lack of collaboration between medical and dental</td>
<td>• What are best practices for anticipatory guidance?</td>
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<td></td>
<td>• Place hygienists in pediatricians offices</td>
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<td>Gap in referral system – physicians do not have anywhere to send children for dental</td>
<td>Code through hygienists to take responsibility for referral follow up</td>
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<td>Waiting for interpretation</td>
<td>Ensure dental is not ignored</td>
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<td>Engage physicians in the FOHA (Alliance)</td>
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- Hygienists provide some services without dentist on site in health access settings. Is there a best practice in plan for this?
- The health plans have provider directories but barriers to access exist as there are a limited number of dentists that take Medicaid. Are the tools available from dental plans being utilized by pediatricians?
- There is a need for data that includes answers to the questions: How long is it taking to get in to see a dentist? How long do they need to travel? Are barriers assumed? We need to dive deeper to see why percentages are so poor.
- Can medical homes be responsible for providing children with dental referrals?

**On May 11, the group suggested the following strategies:**
- Develop a policy or rule that would require pediatricians to ask parents about child’s dental status.
- Establish real time data collection system to include sharing between plans, medical and dental, schools. (HCN is now integrating medical and dental records). This will support outcome-based payment systems that are being implemented in medical.
- Integrate oral health providers into primary care/pediatricians’ offices so that children can receive medical
and dental treatment in the same day.

- Place dental hygienists in pediatricians’ offices to provide fluoride varnish and assist with dental referral and follow up.
  - With current system, this is permissible in health access settings. Can it be expanded to pediatricians’ offices?
  - If not supervised by a dentist, hygiene services in pediatricians’ offices will not be counted on HEDIS or 416.
  - Health Choice Network placed a dental coordinator in pediatricians’ offices. This increased the number of children who received dental care. (What works). Can this be replicated?
- Leverage dental schools to provide services in pediatricians’ offices

What works?
- Are there any successful strategies that oral health can replicate to raise awareness? Tobacco awareness, breast cancer awareness?

Two smaller groups met in order to discuss “what works”:

School forms and school dental exam:
Group discussed dental services in school: opt in vs. opt out permission protocol, use of medical exam form
Group members: Juliette Fabien, Betty Gilbert, Doug Manning
Recommendations:
1) Engage board of education, DOW and FDOH to change school health exam form to replace the word “health exam” to “medical/dental exam”. Specify that a gross dental exam be completed by a dental provider only.
2) Change dental exam from “choice to mandatory”.
3) Focus on changing this as a rule and not statute.
   a. Can agencies such as DOE and FDOH make these changes without going through legislature?
4) Access information through ASTDD to research states that have instituted mandatory dental exams
5) Obtain contact for DOE. Betty will reach to lobbyist to see if they have DOE contact to get information about form.

Dental hygiene practice policy:
Krista Wagner, Inge Ford, Sharon Cohen, Phil Bilger, Brian Kirk, Dave Meadows, Farren Hurwitz
- Legislative statute 466.023 subsection 3 states that a dental hygienist can provide fluoride-varnish and education in a pediatrician’s office but it would not be counted on 416 – and so would not be reimbursed. There is no code on it.
  o 466.023 subsection 3 only pertains to Registered Dental Hygienist (not nurses)
  o Can a nurse or physician be reimbursed for fluoride-varnish? School nurses?
  o Do you need a prescription to apply varnish? Nurses are concerned about liability.

Tallahassee oral health policy:
Casey Stoutamire, Bob Reifinger, Jena Grignon, Amy Liem
- There is a definitive possibility that the hygienists can do fluoride varnish in pediatricians’ office varnish and that the bridge can be closed between two lines on the 416 report.
- Bob Reifinger will provide the group with answers to the questions:
  o Can a Registered Dental Hygienist (RDH) perform fluoride-varnish within physician’s office setting and be reimbursed by Florida Medicaid?
  o Would this count toward 416 indicators? Bob will tell us what line in 416 this is counted.
  o Who would be reimbursed?
  o Is it legal for school nurses to conduct fluoride varnishes?
- CPT code 9918 (medical) for fluoride varnish expanded to up to 4 years of age up to 4 times a year.
The plan can identify strategies and challenges. Strategy might be to explore opportunities.

**Next steps and commitments to action:**

1. Betty will reach to Liberty Dental’s lobbyist to see if they have DOE contact. If so, she will contact DOE to get information about form.
2. Work with the Department of Education and Department of Health to research use of school entry health form. Is this form standard (ask DOE)? What happens after problem is identified?
3. Reifinger will provide the group with answers to the questions:
   - Can a Registered Dental Hygienist (RDH) perform fluoride-varnish within physician’s office setting and be reimbursed by Florida Medicaid?
   - Would this count toward 416 indicators? Bob will tell us what line in 416 this is counted.
   - Who would be reimbursed?
   - Is it legal for school nurses to conduct fluoride varnishes?
4. The group will send to Christine before the next meeting any additional strategies they would like included to the plan.
5. The group will send to Christine the names and contact information for additional stakeholders to engage.
6. Identify states that have mandatory dental exams for school entry.

**Next meeting:**
Thursday, June 23, 2016; 10 am – 3 pm
2701 North Australian Ave., West Palm Beach, FL 33407