FLORIDA ORAL HEALTH ALLIANCE
April 7, 2016 V2
MEETING NOTES

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
- Update regarding Consumer Advisory Council’s (CAC) contributions to the story behind the data
- Update to the story behind the baseline, what works and assignments for strategic plan development
- An implementable list of strategies
- Action commitments that mutually reinforce existing activities to improve oral health

<table>
<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>Brian Kirk</td>
<td>Florida Chain</td>
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<td>Douglas Manning</td>
<td>DentaQuest Foundation</td>
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<tr>
<td>Fabio Nascimento</td>
<td>Miami Dade College School of Dental Hygiene</td>
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<td>Jose Peralta</td>
<td>Premier Health Care (Tampa)</td>
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<td>Adam Reback</td>
<td>Florida Department of Health</td>
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<tr>
<td>Scott Staten</td>
<td>Florida Department of Health of Palm Beach County</td>
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<td>Shelly Weiner</td>
<td>Liberty Dental</td>
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Project Staff
Deitre Epps, Facilitator
Christine Hom, Project Manager
Fay Glasgow, Site Coordinator

Tallahassee Virtual Participants (afternoon only)
Erica Floyd-Thomas
Bob Reifinger
Casey Stoutamire
Ben Browning

Florida Agency for Health Care Administration (AHCA)
Florida Dental Association
Florida Association of Florida Community Health Centers
Result: All Florida children, youth and families have good oral health and well-being, especially those that are vulnerable.

Headline Indicator: 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:

- Doug Manning shared dental codes to contribute to ER data collection. Pathway: “acknowledging reality”. Dr. Manning is also engaging more Medicaid managed care plans in the mobile dental program; completed credentialing for one of these programs; and increased access to educational and screening services in schools.

- Dr. Jose Peralta is engaging non-dental providers to become more involved in dentistry. He met with medical professionals and physicians to increase dental visit referrals. He is also engaging diabetic patients around oral health. Premier’s ER diversion program went live last week. (In Pasco County, $6.5 million spent by hospitals on oral health ER visits providers). His clinic is working to become medical home certified. Pathway: “made it happen” but wants to do more.
• Fabio Nascimento is in the process of seeking Medicaid data from dental hygiene and vision care on Medicaid children, services and need; is working to create dental homes and coordinating interprofessional education. He spoke with two advisory boards (dental hygiene and vision care) and involved dental hygiene faculty and discussed with college president. He will be collecting data though the summer. Adults are getting treatment but children are not. Pathway: “made it happen” but wants to do more.

• Dr. Scott Staten put more Medicaid managed care plans into place. Palm Beach County health department was seeing kids but it was not accounted for in the data. Therefore, he put a process in place to count kids in numbers. He also facilitated credentialing for one program and is shepherding a new contract about to be signed. Dr. Staten revisited a former pilot program to access more kids in schools for screening, fluoride varnish, education and referral. The health department has two dental hygienists on a dental mobile van which serves 29 schools. Hygienist reports to parents the results of their child’s oral health screening and encourages parents to seek a dental home; also refers urgent needs immediately.

High Action High Alignment:
Group discussed:
• Importance of building trust between state agencies, providers, payers and community organizations; they would like more face to face involvement from AHCA
• “If we are going to put something out there we need to commit to make this happen.”
• “Ideas are great but we need to implement.”
• Importance of focus: “Pick a few important commitments (not too many) that we can work on.”

April 7, 2016 updates to the story behind the data:
• There is a lack of cultural competency among people working at insurance companies, Medicaid agency and dental offices who are informing people about benefits and making appointments.
• People answering phones for insurance companies and Medicaid do not know the importance of oral health.
• Consumers are not aware of what is available to them (interpreters, transportation to appointments, etc.).
• AHCA added an additional billing code so that health access settings can now bill Medicaid.
• The state has recognized poor results in Florida. April 5, 2016: Court ordered the state to improve access and utilization to all health care services for children on Medicaid in Florida. How does this settlement effect oral health services/dental care? (“Dental care” needs clarity). This affects dental care in the following ways:
  1. Study on network adequacy (3-6 months)
  2. Amend managed care contracts based on the study
  3. Managed care companies to become more involved in outreach
  4. Increased state involvement in coalitions
  5. AHCA implementation of State Oral Health Action Plan (SOHAP)
  6. AHCA commits to achieved targets
• Does not speak to implementation
• Reimbursement for dental services will stay same with the plan to “wait and see” through implementation. Additional funds are expected to come from “savings” generated through Medicaid managed care.
• Confusion exists over mandated requirements for the gross dental exam requirements and forms for health screenings for school entry (Strategy to address this factor is below).
  o “Gross dental exam” to be completed by medical provider
  o Questions include:
    ▪ Who is accountable?
- Who is going to do the gross dental exam and how is that charged off? Is this going to be gratis by providers or reimbursable? According to existing EDT codes?
- If a child needs services, does the school follow up? Who is responsible for payment? (For example, federal requirement exists that Head Start pay for dental care if child in uninsured.

On April 7, the following strategies were added to the larger list.

<table>
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<tr>
<th>Focus Area</th>
<th>Prioritized Factors</th>
<th>Strategy</th>
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<tr>
<td>Barriers to care</td>
<td>Services are not meeting the needs of the population, including special needs and children needing special procedures</td>
<td>Develop a protocol for the Florida Department of Education (DOE) to support parents to follow up to access needed outside and community-based services as indicated on school entry health form.</td>
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<td>Policy</td>
<td>Lack of understanding about the importance of preventive care (including legislators)</td>
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<tr>
<td>Barriers to care</td>
<td>Lack of information regarding available services and how to access them</td>
<td>Amend 1003.22 (1) F.S. To reflect requirement to include &quot;medical and dental&quot; instead of &quot;health&quot; examinations in the second to last sentence.</td>
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<tr>
<td>Policy</td>
<td>There are available dental health services that are not being accessed.</td>
<td>Include “by a dental provider or person trained in oral health”</td>
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**Next steps and commitments to action:**

1. 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?
2. Christine Hom will ask Consumer Advisory Council if they have seen the school health forms referenced during meeting.
3. Brian Kirk will send to Florida Legal Services to see if it is mandatory to use the school health form referenced during the meeting.
4. Fabio Nascimento and Brian Kirk will add to the “story behind the data” language about oral health literacy
5. Dr. Bilger will add to “what works” successful school based services that provide oral health
6. Dr. Bilger will identify successful grass roots efforts around Community Water Fluoridation
7. Dr. Manning will add to “what works”:
   a. Information about successful ER diversion programs
   b. Best practices of oral health/FQHC partnerships
   c. National examples of successful pay for performance reimbursement models
8. Bob Reifinger will provide information regarding the SOHAP and AHCA for the Executive Summary background section.
9. Bob Reifinger will provide current explanation of CMS-416 headline indicators.
10. Christine will add to table of contents a space for “call to action”.
11. The group will send any additional strategies they would like included to the plan to Christine before the next meeting.
12. The group will send the names and contact information to Christine for additional stakeholders to engage.
13. Contact CMS to see what states have successfully trained medical providers in oral health knowledge and screening
14. Identify states that have mandatory dental exams for school entry

**Next meeting:** Wednesday, May 11, 2016; 10 am – 3 pm
2701 North Australian Ave., West Palm Beach, FL 33407