Meeting Results

- Review Florida Oral Health Alliance’s group progress to date
- Have knowledge of Florida’s shift to the Medicaid Managed Care (SMMC) – Managed Medical Assistance program and how it has affected Florida’s oral health care delivery system
- Have knowledge of the Health Connect program as an example of what is working
- Affirm data development agenda
- Review commitments to action

Florida Oral Health Alliance meeting notes represent the entire process to date beginning on May 22, 2015. The following Alliance members were present for the meeting (8/28/2015).

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Adam Reback</td>
<td>Palm Beach County Department of Health</td>
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<tr>
<td>Alina Soto</td>
<td>Florida Department of Children &amp; Families</td>
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<td>Amber Floyd</td>
<td>Florida Healthy Kids</td>
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<td>Ana Karina Mascarenhas</td>
<td>Nova Southeastern University</td>
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<td>Ben Browning</td>
<td>Oral Health Florida</td>
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<td>Betty Kong</td>
<td>Humana/Medicaid</td>
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<td>Bob Reifinger</td>
<td>Florida Agency for Health Care Administration</td>
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<tr>
<td>Camilo Mejia</td>
<td>Catalyst Miami</td>
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<td>Carrie Hepburn</td>
<td>Tampa Bay Health Collaborative</td>
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<tr>
<td>Casey Stoutamire</td>
<td>Florida Dental Association</td>
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<tr>
<td>Christine Koehn</td>
<td>The Celia Lipton Farris and Victor W. Farris Foundation</td>
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<td>Dave Meadows</td>
<td>Liberty Health Plans</td>
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<td>Douglas Manning</td>
<td>DentaQuest Foundation</td>
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<td>Edward Zapert</td>
<td>Florida Department of Health</td>
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<tr>
<td>Farren Hurwitz</td>
<td>HCN Networks</td>
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<td>Herbert Goldwire</td>
<td>Broward Schools</td>
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<td>Inge Ford</td>
<td>Palm Beach County Health Care District</td>
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<td>Justin Senior</td>
<td>Florida Agency for Health Care Administration</td>
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<td>Krista Wagner</td>
<td>Dental Health &amp; Wellness</td>
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<tr>
<td>Kristal Redman</td>
<td>Dental Health &amp; Wellness</td>
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<td>Lilli Copp</td>
<td>Florida Head Start</td>
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<td>Marion Banzhaf</td>
<td>Florida Department of Health</td>
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<td>Marissa Davis</td>
<td>Tampa Bay Health Collaborative</td>
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<tr>
<td>Mary Weaver</td>
<td>Florida Department of Health</td>
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<tr>
<td>Michael Carrillo</td>
<td>DentaQuest Foundation</td>
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POPULATION ACCOUNTABILITY

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

Selected Indicators:
Indicators= measures that help to quantify the achievement of the result.
(Rated as high (H), medium (M) or low (L)

<table>
<thead>
<tr>
<th>Candidate Indicators</th>
<th>Communication Power</th>
<th>Proxy Power</th>
<th>Data Power</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Percentage of Eligible Medicaid Children Ages 0-20 Receiving Any Dental Services</td>
<td>H</td>
<td>H</td>
<td>H</td>
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<tr>
<td>Number of preventable ER visits with oral health</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td></td>
</tr>
<tr>
<td>Percentage of eligible Medicaid children and youth that received preventative dental services</td>
<td>H</td>
<td>H</td>
<td>H</td>
<td></td>
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<tr>
<td>Number of preventable oral surgeries</td>
<td>Not rated</td>
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<td></td>
<td></td>
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<tr>
<td>Percentage of counties and/or municipalities without fluoride programs</td>
<td>Not rated</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Number of restorative visits</td>
<td>Not rated</td>
<td></td>
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</table>

Communication Power: does this indicator communicate to a broad range of audiences? Would those who pay attention to your work know what this measure means?
Proxy Power: Does this indicator say something of central importance about the result? Is it a good proxy for other indicators? Data tend to run in a “herd” – in the same direction. Pick an indicator that will tend to run with the herd of all the other indicators that could be used.
Data Power: Is there quality data for this indicator on a timely basis? To be credible, the data must be consistent and reliable. Timeliness is necessary to track progress.

**Headline Indicators (rated as H,H,H):**
*Of the candidate indicators you listed above, which will be your headline indicator(s)?*
Indicator: *Percentage of Eligible Medicaid Children Ages 0-20 Receiving Any Dental Services*

**Data Source:** Our headline indicator was taken from national and state CMS-416 form. Data for children ages 0-20 was retrieved for item 12a: CMS Total eligibles receiving any dental services. Data was retrieved between the years 2010-2014.

Please note that this has been updated since our last meeting. We began by looking at ages 0-18 and since revised to include ages 19 and 20. We did this in order to align with the measures that AHCA and CMS are using. We also updated this with 2014 figures to encompass the years of 2010-2014.

Our trend line was added for a couple of additional years (up to 2016).

Data for children 0-20 years old retrieved from Florida, Louisiana, Mississippi and National CMS 416 Data. Form CMS-416 is used by CMS to collect basic information on State Medicaid and CHIP programs to assess the effectiveness of EPSDT (Early and Periodic Screening, Diagnostic and Treatment).


**Indicator:** *Number of preventable ER visits with oral health*
**Indicator:** Percentage of eligible Medicaid children and youth that received preventative dental services

**Data Source:** The data was obtained from national and state CMS-416 form. Data for children ages 0-18 was retrieved for item 12a: CMS Total eligibles receiving any dental services. Data was retrieved between the years 2009-2014. The trend line was added for a couple of additional years (up to 2016). Data for children 0-20 years old retrieved from Florida and national CMS 416 Data. Form CMS-416 is used by CMS to collect basic information on state Medicaid and CHIP programs to assess the effectiveness of EPSDT (Early and Periodic Screening, Diagnostic and Treatment). For more information on form items: [http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/cms-416-instructions.pdf](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/downloads/cms-416-instructions.pdf)

These remaining indicators have not been addressed since the May 22, 2015 meeting.

**Indicator:** Percentage of counties and/or municipalities without fluoride programs

As of July 1, 2015, 21% (14 counties) are without community water fluoridation.

**Indicator:** Number of preventable oral surgeries  
**Data Source:** Pending Submission

**Indicator:** Number of restorative visits  
**Data Source:** Pending Submission

**Data Development agenda (rated as H,H,L):**  
*Are there any candidate indicators with high communication power, high proxy power but low data power (data is not available)? This would mean that a data development agenda is needed.*

On August 28, 2015, the group identified the following data development agenda:  
This represents a recap of the work during the July 31 face-to-face meeting. As part of their action commitment work, 5 members were identified to become a data work group. Data work group will explore how to find missing data for services provided by non-dentist or someone not supervised by a dentist based on:

- Free dental services (no claims)
- CDT codes (billing codes)
- Ages

Additional concerns: No-show and utilization rates are not captured.

**Data work group:**  
Individuals who volunteered to form a data work group included:

- Farren Hurwitz
- Tara Price
- Dave Meadows
- Juliette Fabien
- Douglas Manning

On July 31, 2015, the group identified the following missing data (7/31/15):

- CDT codes (billing codes)
- Ages
- Our headline indicator does not capture anything provided by non-dentist or someone not supervised by a dentist

Individuals who volunteered to form a data work group included:

- Farren Hurwitz
- Tara Price
- Dave Meadows
- Juliette Fabien
- Douglas Manning

**Notes on missing data:**

- Other professionals that are delivering dental services.
- Other non-Medicaid eligible children and youth that received dental services.
- Utilization and no show rates are not available.
- Florida shows poor results. There is a lack of understanding about the impact of dental care.
- There are children and youth who have access that are not receiving dental services.
- Reimbursement for dental services is low.
- A limited reimbursement system that pays for treatments but not for preventative services.
- No data results for lack of claim forms for free dental services.
**Result**

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

**Headline INDICATOR**

**Eligible Medicaid Children Ages 0-20 Receiving any Dental Services**

![Graph showing the trend of Medicaid children receiving dental services from 2008 to 2017.](image)

The following information represents a culmination of work since the initial Florida Oral Health Alliance meeting.

**Story behind the data**

What has caused the data to increase? (Contributing factors)

**Contributed on August 28, 2015:**

This represents more of a recap of the work the group has completed to date. Using Results-Based Accountability to determine what is the story behind the curve?

During our meeting, we listed the key factors underlying the historic baseline and forecast for our headline indicator.

Results-Based Accountability framework that we are using to structure our work and move from plans to action. We organize all of our meetings according to this framework.

**Contributed on July 31, 2015:**

- Efforts on behalf of community organizations that focus on oral health
- School based services that provide oral care
- FQHC’s that focus on oral health while achieving oral health equity
Contributed on May 22, 2015
- An increase in efforts throughout Florida to improve access to dental care
- Increase in awareness of the importance of oral health
- Grassroots efforts directed at improving oral health

What has caused the data to decrease? (Restricting factors)

Contributed on July 31, 2015:
- An exclusion of certain populations, primarily undocumented population in state.
- Insufficient data of ER visits for basic care that did not receive preventative services.
- An increase of local and community initiatives but not many statewide initiatives.
- A limited reimbursement system that pays for treatments but not for preventative services.
- An ineffective and realistic oral health policy focus in the state.
- A lack of integration between physical medicine and oral health.
- An isolated approach between private providers and public collaborative efforts.
- A lack of follow up case management systems for patients and members, continuation of care, and post-op.
- Inadequate number of providers in care network and access points.

Contributed on May 22, 2015:
- There is a lack of consistent collaboration and disparity from partners and stakeholders.
- Low or poor oral health literacy exists.
- Available dental services are not being accessed.
- There is a need to increase parental education and overall oral health literacy.
- There is a need to work consistently and improve the data.
- Payment to dentists (fees) for preventative services is low which leads to a lack of quality providers.
- Inadequate funding does not provide access to services which leads to a low number of providers, lack of coverage, and benefits.

What are the most important root causes to address?
1. Lack of parent knowledge or understanding of importance of preventative care, which includes nutrition, safe sleep and oral cancer.
2. Low or poor oral health literacy exists and includes factors such as cultural diets, concepts of health and value of oral health.
3. There are available dental health services that are not being accessed.
4. Inadequate funding does not provide access to services which leads to a low number of providers, lack of coverage, and benefits.
5. There is a lack of consistent collaboration from partners and stakeholders, including oral health understanding by legislators.
6. There is a need to increase requirements and gather “meaningful use” data across oral health community.

During the August 28 virtual meeting, key oral health action plans that exist throughout the state were featured. This included:
- Mr. Justin Senior, Deputy Secretary of Medicaid, Florida Agency for HealthCare Administration (AHCA) provided the group with an overview of Florida’s shift from Medicaid to Medicaid managed care and its effect on our oral health care delivery system.
- Presentation included history, opportunities and challenges associated with our current care payment and delivery system.
Mr. Senior’s presentation included the following information:

- Traditional Medicaid program is a fee paid for services, interventions based on a fee schedule.
- Low incentives for dentists, lack of oversight and care coordination
- Managed pre-paid care plan started in Miami-Dade County, 15 years ago.
- Medicaid reform in 2006, model covered all Medicaid recipient services (including medical, hospital, physician services, behavioral health, dental and pharmacy) were covered by one managed care plan paid with a risk adjustment rate.
- 3 delivery systems were operating side by side (since 2006) –
  1. State-wide fee for medical service
  2. State-wide fee for service for dental delivery system
  3. Pre-paid dental plan in Miami-Dade
- In 2011, Governor made shift of delivery program to state-wide Medicaid managed care program.
- Since 2014, Florida Medicaid managed care program is now a comprehensive benefit package.
- All recipient health and dental services covered under single Managed Medical Assistance health plan under contract with AHCA.
- AHCA selected health plans based on experiences with populations they serve, and national accreditation.
- In 2013 and 2013, AHCA entered contracts pre-paid dental plans for state-wide managed dental care with DentaQuest and MCNA Dental.
- Will compare and prepare 416 report to previous years.
- Health plans have flexibility and higher fee for service.
- Early success include:
  1. Increase accuracy of HEDIS dental score each year
  2. Increase 416 report by 10 points
  3. AHCA keeps track of dentists – fee for service or managed care actively participating
  4. 23% plus increase in participating dentists in plan (Nov 2013-June 2015)
  5. Plans to provide adult dental services, to increase child dental preventative services

What works: (known solutions)

At the August, 28, 2015 meeting, Juliette Fabien from The Children’s Trust and Dr. Ana Karina Mascarenhas from Nova Southeastern University presented their Health Connect oral health initiative to promote attainable dental care for school aged children in Miami-Dade County public school system. This included:

- Screen for oral diseases, particularly dental caries.
- Provide oral health counseling and a fluoride varnish application.
- Make referrals for children identified as needing further treatment from a dentist.

At the July 31, 2015 face to face meeting, participants identified the following strategies

1. Consistent collaboration among providers, stakeholders combined with state legislators.
2. (Palm Beach County, Tampa Bay) Established partner organizations with FQHC’s providing oral health.
3. (Palm Beach County, Tampa Bay) Literacy and education for women with infants.
4. (Miami-Dade, Broward) Continuation of funding for FQHC’s to provide free oral health services in schools. All successful school based services.
5. (Union, Lee, Glades counties) Identification of gaps in oral health care to improve.
6. Medicaid Managed Assistance (MMA) is a program with performance measures to deliver quality services.
At the May 22, 2015 face to face meeting, participants identified the following three strategies as strategies that work to turn the curve.

1. Collaboration among stakeholders
2. Use of best practices used by other states
3. Implementation of dental programs through advocacy and education

In response to a call for other successful strategies that work, Tara Price, (V.P., Operations) Dental Health & Wellness and Mary Weaver (Senior Health Services Analyst, Public Health Dental Program) from the Florida Department of Health provided their successful strategies.

These strategies were presented at the July 1, 2015 virtual meeting:
- Florida Department of Health Initiatives that increase access to fluoridation using a Community Water Fluoridation grant and a statewide initiative to provide dental sealants utilizing a school based program.
- Successful tactics from Dental Health & Wellness
  - Contracting with county health departments to pay them for school based services and other health access settings to help promote that program
  - Partnering with Sunshine Health Provider Relations representatives to visit pediatrician offices and educating staff on how to view dental care gaps in Sunshine’s provider web portal;
  - Providing the office with a list of participating dentists in their area to which they can refer.
  - Holding a health and dental fair for Sunshine members in an area where we have a high concentration of members with care gaps

What is our STRATEGIC plan with our ROLE, to improve the data?

Strategies for Action

At the August 28th meeting, the group was presented with a summary of commitments to action. These included the following action and strategy ideas:

- HCN: Develop statewide oral health data warehouse and nomenclature to aggregate data
- DQ: Facilitate collaboration between Managed Care Organizations and community-based organizations; convene MCOs statewide
- FDA: Secure funding source for implementation of statewide dental coordinators (board of trustees)
- TBHC: Administer local data collection to identify oral health needs
- CSC BROWARD: Utilize existing infrastructure to connect MCOs with Broward Children’s Strategic Plan
- OHF/PBCOHC: Use Tobacco Free Florida to communicate oral health information; promote through AHECs

During the July 31 meeting, participants selected the proposed and applied the following four criteria to each of the options: leverage, feasibility (or reach), specificity, and values.

1. Florida Oral Health Alliance will develop, along with AHCA, to standardize data collection and create “meaningful use” requirements.
2. To convene health plans with community organizations and partners to meet HEDIS measure as it applies to oral health.
3. Create Google form to document Florida Oral Health Alliance partners.
4. Secure funding and other opportunities (i.e. Kickstarter) to fund mandates.
5. Utilize technology for quality outcomes
During the July 1 meeting, multiple oral health action plans that exist throughout the state were featured. This included:

- The Agency for Healthcare Administration (AHCA) presented their State Oral Health Action Plan (SOHAP). This plan can be accessed by request by contacting Robert Reifinger, (Dental & Child Health Check-up, Primary and Preventive Care Policy, Robert.Reifinger@ahca.myflorida.com).
- Also presented during the meeting were the Florida Dental Association’s Action for Dental Health statewide plan to promote attainable dental care for the uninsured and underserved in Florida. This included:
  - FDA to collaborate to maximize use and capacity of the current dental workforce to optimally serve Floridians with preventive and therapeutic dental care.
  - FDA will expand opportunities for public health dentistry to serve Floridians.
- Oral Health Florida’s Roadmap for Oral Health addresses several areas for oral health improvement including building partnerships and utilizing Roadmap strategies for future success. Oral Health Florida gave an overview of its current plans and work groups. For more information: www.oralhealthflorida.org.

The following strategies were designed through a small group activity at the face to face meeting on May 22, 2015 and during the face to face Florida Oral Health Alliance meeting on July 31, 2015 in West Palm Beach, Florida.

The information below is a cumulative report of strategies by Alliance participants since May 22 through July 31.

**What is this?**
To further engage local and state wide partners, such as legislators, school board, as well as Special Olympics Florida.

<table>
<thead>
<tr>
<th>Factor/ Cause*</th>
<th>STRATEGY</th>
<th>Partner(s)</th>
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<tbody>
<tr>
<td>An increase in Florida to improve access to dental care.</td>
<td>Consistent collaboration between oral health providers, stakeholders and legislators.</td>
<td>School boards, School nurses, Community centers, State based education campaign</td>
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<tr>
<td>Fear</td>
<td>Strategies were not identified during the meeting.</td>
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| Low or poor oral health literacy exists. | • Increase parent knowledge  
• Lack of parent knowledge or understanding of importance of preventative care  
• A lack of knowledge of community dental resources exists.  
• Increase Alliance media and communication tools for participants.  
• Create local “champions” to provide information and infuse value of oral health, through schools, faith and community based organizations. | • Dentists and dental societies  
• School Districts  
• Consumer Advocates  
• WIC services  
• Oral Health Coalition Palm Beach County  
• School Based Oral Health (Miami-Dade, CSC-Broward)  
• Oral Health Equity (Tampa Bay Health Initiative) |
| Payment to dentists (fees) for preventative services is low which leads to a lack of quality providers. | • Improve dentist payments for preventative services  
• Increase outreach and network development  
• Promote increased participation of dental providers in managed care programs to improve access to care  
• Increase number of providers to reduce costs and improve reimbursements  
• Align with hospitals (whole health care) that integrate dental care | • AHCA  
• Managed care dental plans  
• Legislature  
• Faith based communities  
• Social services  
• CSC’s  
• Departments of Health  
• Public schools |
| Lack of understanding of Medicaid dental insurance | • Educate legislature on importance of dental care and reimbursement  
• Health plans need to take advantage of payment (rate)  
• Provide flexibility to pay dentists more for preventative care  
• Demonstrate improved outcomes  
• Increase state funding  
• Increase a number of providers to improve access and reduce costs and improve reimbursements. | • Health plans  
• AHCA  
• DCF  
• MediKids  
• Navigators  
• Florida Action for Dental Health |
Next Steps: What do we propose to do to turn the curve?

On July 31, 2015, as a next step in order to maintain continuous communication, group discussed the following communication vehicles:

- Google forum
- Wiki
- DQF Basecamp

The group identified additional partners to be engaged

- Florida Agency for Health Care Administration
- Florida Department of Education
- Human services providers (social services)
- Oral health consumers to tell their stories and participate on Alliance work committees

*List the priority root causes to be addressed (from July 31, 2015 meeting)*

Presented to group in August 28, 2015 meeting

Prioritized Factors as determined by the group on July 31, 2015:

1. Lack of consistent collaboration
2. Lack of uniformity of oral health
   - Recording every oral health visit
   - Data reporting and being able to “mesh” oral health community with health care in general.
   - Acceptable claim process
   - Accounting for every dental visit (Data is not always entered into system).
3. Lack of (standardized) oral health infrastructure:
   - Connecting providers, members, community members with each other
   - Insufficient number of providers
   - Lack of follow up after treatment
4. Lack of alignment of oral health with overall health literacy
   - Legislators, providers, stakeholders, parents)
   - Cultural diets; concepts of health; value of oral health