From: Miranda, Jennifer

To: solicitation.questions

Cc: Brantley, Shanae; Gray, Brittany; Manning, Douglas

**Subject:** DQT\_Response to AHCA RFI 014-21/22 Re-Procurement of the SMMC Program

**Date:** Thursday, June 2, 2022 11:49:15 AM

Attachments: image001.png image002.png image003.png

DOT RFI Response - AHCA RFI-014-2122.docx

Good Morning Mr. Massa,

Attached please find DentaQuest's response to AHCA's RFI 014-21/22 for the Re-Procurement of the SMMC Program. We understand that this request may not be specific to dental; however, DentaQuest would like to take this opportunity to provide a response to the bullet points that apply to dental for the Agency's review.

Please let me know if you have any questions.

Thank you, Jenny



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From: Lovett, Philynsia < Philynsia.Lovett@ahca.myflorida.com>

Sent: Tuesday, May 10, 2022 4:07 PM

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Dear SMMC Plan,

FYI on the alert below. Thank you.

### Philynsia Lovett, MSW, FCCM

Government Analyst II
Agency for Health Care Administration
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From: State of Florida Agency for Health Care Administration < Medicaid\_Alert@ahca.myflorida.com >

Sent: Tuesday, May 10, 2022 2:21 PM

To: Lovett, Philynsia < <a href="mailto:Philynsia.Lovett@ahca.myflorida.com">Philynsia.Lovett@ahca.myflorida.com</a>

Subject: Posting of a Request for Information (RFI) relating to the Procurement of the Statewide Medicaid Managed

Care (SMMC) Program



RON DESANTIS GOVERNOR

SIMONE MARSTILLER SECRETARY

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## FLORIDA MEDICAID

A Division of the Agency for Health Care Administration

# Florida Medicaid Health Care Alert May 10, 2022

Provider Type(s): ALL

Posting of a Request for Information (RFI) relating to the Procurement of the Statewide Medicaid Managed Care (SMMC)

Program

The Agency for Health Care Administration (Agency) has posted a Request for Information (RFI) relating to the procurement of the Statewide Medicaid Managed Care (SMMC) Program (AHCA RFI

014-21/22 Re-Procurement of the SMMC Program. The RFI may be viewed <u>HERE [vendor.mvfloridamarketplace.com]</u>.

In preparation for the upcoming procurement, the Agency is seeking information from entities and stakeholders with direct experience in the managed health and long-term care industries regarding best practices and innovations in business models as well as service delivery for Medicaid managed care.

The Agency is interested in innovative ideas and best practices to:

- Leverage the managed care delivery system, either through expanded benefits or other
  mechanisms, to promote sustainable economic self-sufficiency among Medicaid recipients in
  the short and long term.
- Improve birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.
- Utilize value-based payment designs to simultaneously increase quality and reduce costs.
- Maximize home and community-based placement and services through proactive aging-in place strategies.
- Improve integration of dental and primary care services for children and adolescents.
- Align quality metrics and outcomes with the Florida State Health Improvement Plan.
- Enhance specialty health plans services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.
- Increase access to community-based pharmacists within prescription benefit manager networks.
- Improve mental health outcomes for children and adolescents.
- Improve coordination of care for individuals enrolled in both the Medicare and Medicaid programs.
- Decrease mortality rates for recipients with complex chronic diseases and address payment strategies for high-cost therapies and prescription drugs in development.
- Consider innovative delivery methods, including care bundling, that empower recipients in making more informed health care decisions.
- Improve providers' experience with the SMMC Program.
- Improve recipients' experience with the SMMC Program.
- Increase timely access to providers and services.
- · Achieve cost savings throughout the SMMC Program.

The Agency will consider information gathered from responses to this RFI in preparing the competitive procurement for the Statewide Medicaid Managed Care program which is scheduled for release in the fourth quarter of CY 2022.

Agency administers Florida's Medicaid program, licenses and regulates more than 48,000 health care facilities and 47 health maintenance organizations, and publishes health care data and statistics at <a href="www.FloridaHealthFinder.gov">www.FloridaHealthFinder.gov</a> [gcc02.safelinks.protection.outlook.com]. Additional information about Agency initiatives is available via <a href="Facebook">Facebook</a> [gcc02.safelinks.protection.outlook.com] (AHCAFlorida) [gcc02.safelinks.protection.outlook.com], <a href="www.Florida">www.FloridaHealthFinder.gov</a> [gcc02.safelinks.protection.outlook.com], <a href="www.Florida">www.Florida</a> [gcc02.safelinks.protection.outlook.com], <a href="www.Florida">www.Florida</a> [gcc02.safelinks.protection.outlook.com], <a href="www.Florida">www.Florida</a> [gcc02.safelinks.protection.outlook.com], <a href="www.Florida">www.Florida</a> [gcc02.safelinks.protection.outlook.com].

Agency for Health Care Administration | 2727 Mahan Drive, Tallahassee, FL 32308 | http://ahca.myflorida.com

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DentaQuest of Florida 11100 W. Liberty Drive Milwaukee, WI 53224 www.DentaQuest.com

June 2, 2022

### Via Email

Mr. Cody Massa Procurement Officer Florida Agency for Health Care Administration

Re: Request for Information (RFI) relating to the Procurement of the Statewide Medicaid Managed Care (SMMC) Program. AHCA RFI 014-21/22

Dear Mr. Massa:

Thank you for the opportunity to allow DentaQuest to provide a response to the RFI relating to the Procurement of the Statewide Medicaid Managed Care (SMMC) Program which is scheduled to be released in the fourth quarter of CY 2022. We understand that the Agency is interested in innovative ideas and best practices, so we have provided responses to the five bullet points below as they relate to medical **dental** integration.

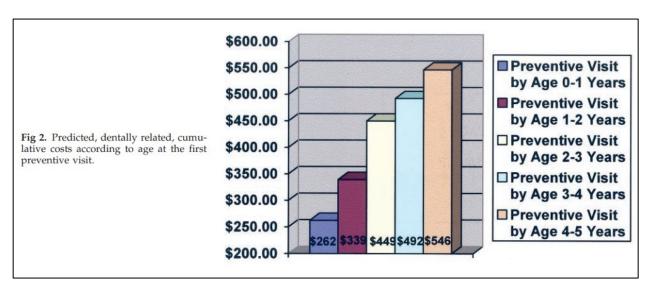
- Improve birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.
- Improve integration of dental and primary care services for children and adolescents.
- Align quality metrics and outcomes with the Florida State Health Improvement Plan.
- Enhance specialty health plans services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.
- Achieve cost savings throughout the SMMC Program.

### **DentaQuest's Response**

- 1. Pregnant women studies have linked periodontal disease to poor pregnancy outcomes early term, low birth weight babies. The health plans should have to coordinate care with the dental plans to access and treat periodontal disease in pregnant woman. Additionally, the state should cover periodontal dental services for pregnant woman (instead of it being an expanded benefit) to stimulate higher utilization of such services to improve birth outcomes.
- 2. Childhood obesity poor diets high in carbohydrates and sugars lead to not only obesity but dental decay. There is a correlation between poor diet, obesity, and dental decay. The health plans should have to include dental education in their obesity programs. The state could also consider adding the nutritional counseling (code D1310) to the child Medicaid dental benefit program so dental providers could also impact the child obesity epidemic.



- 3. Require health plans to cover mouthguards (stock and custom fitted) for children who play sports. Mouthguards not only protect teeth but reduce the incidence of concussions. Thus, an investment in mouthguards provides a cost savings for Medicaid and state around concussion injuries.
- 4. Early childhood access to dental preventive care medical providers (through well baby and child visits) typically see kids more often than dentists during the first few years of life. If more medical providers underwent oral health screening and fluoride application training and the state held health plans to a preventive dental type performance metric it would improve oral health of children (the state could modify CMS -416 line 12g Total Eligibles Receiving any Dental or Oral Health Service which records the number of individuals under the age of 21 with at least 90 continuous days of enrollment during the federal fiscal year from Line 1b who received either a "dental service" by or under the supervision of a dentist or an "oral health service" by a qualified health care practitioner who is neither a dentist nor providing services under the supervision of a dentist" to develop a metric for health plans to have medical providers perform oral health screenings and preventive services on younger children (5 and under?). Studies have shown the earlier a child receives oral health prevention services the less the long-term restorative costs are for that child.



\*Early Preventive Dental Visits: Effects on Subsequent Utilizations and Costs Savage MF, et al. Pediatrics October 2004

5. Child and teen awareness programs – tobacco, vaping, opioids – all have oral health connections. The state should require medical plans to collaborate with dental plans around tobacco and vaping programs and opioid reduction. Medical plans should have to share dental provider prescribing with dental plans so the dental plans can monitor their providers (e.g. most children's first experience with opioids was after 3rd molar extractions with an



oral surgeon). Additionally, the state could add tobacco counseling (code D1320) to the child Medicaid dental benefit program as dental providers see oral health issues around tobacco use in members mouths. Thus, they can impact tobacco and vaping use among teens.

- 6. Cleft palate and craniofacial conditions treatment for such conditions usually involves both medical and dental providers to correct these conditions and defects. The medical plans need to coordinate care with the dental plans to ensure comprehensive care occurs at appropriate times. Since most cases are usually diagnosed by a medical provider, the data about which members have which conditions needs to be shared with the dental plans to ensure proper and effective management of the case.
- 7. Numerous studies have shown a variety of linkages between periodontal disease (which is primarily a disease of adults) and many medical conditions such as diabetes, heart disease, stroke, etc. Also, non-ventilator induced pneumonia is related to periodontal disease in surgical patients. These linkages are well known. If the state covered periodontal services for adults (at an appropriate fee the AHCA Medicaid fee schedule has not increased in over 10 years and the AHCA Medicaid adult fee schedule is 67% of child fees)) to stimulate treatment of periodontal disease in adults it would result in costs savings around these diseases on the medical side and for the entire Medicaid program. Currently dental plans "offer" periodontal benefits to adults as an expanded benefit. Thus, the dental plans have a disincentive to promote such programs (the more periodontal services dental plans cover the more it costs their bottom line the cost for such services is incurred by the dental plan but the savings is with the medical plan).
- 8. Individual with special health care needs (especially the profoundly disabled) require anesthesia/sedation for any dental service including exams since they may not be able to follow directions, may bite, thrash, or have involuntary movements that pose a risk to themselves and dental staff. Proper care of such individuals requires access to Ambulatory Surgery Centers (ASC) and hospitals. Very few dentists have access to ASCs and Hospitals. The medical plans control access to the ASCs and hospitals so more could be done here to leverage their relationships to get more dentists access for these members. One of the barriers to ASCs and hospitals is facility charges. Data has indicated that the facility charge for a dental procedure is 10 times less that the facility charge for a medical procedure. Thus, ASCs and hospitals have no incentive to allow access, to dental providers. The state needs to require equivalent reimbursement of facility charges for dental procedures to align with medical procedures, so ASCs and hospitals have an incentive to allow access to dental providers.
- 9. Data for dental plans to manage patients better, they need data on the patients' medical status and conditions (e.g., Diabetes, special needs (and specific conditions), pregnancy, cleft palates, etc). It will be beneficial for the state to data share (or develop a centralized data system which all plans can access) or the state needs to create subgroups for certain conditions that require complex treatment services (e.g., members with Intellectual and



Development Disabilities (IDD), cleft palates or craniofacial effects) for the dental plans (and develop appropriate and reasonable rates for these subgroups).

We appreciate your time in reviewing our response and welcome an opportunity to discuss these items in more detail with Agency staff, either through phone/video conference or at an in-person meeting at the Agency's convenience.

Thank you,

Jennifer Miranda

Jerfu

Senior Client Partner – FL Client Engagement (Remote)

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Dental Director - DentaQuest

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