

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

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Vision: To be the **Healthiest State** in the Nation

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Request Response

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Ideas to Support utilizing the Medicaid Prepaid Dental program to:

- Increase access to dental services;
- Encourage participation in Medicaid by Florida licensed dentists;
- Support building the workforce of dental practitioners in Florida;
- Using oral health to improve overall health; and
- Using oral health to improve identification and treatment of chronic disease.

Innovative Ideas and Best Practices that:

- Utilize value-based payment (VBP) designs to simultaneously increase quality and reduce costs.
 - Pending approval of the 2023-2024 budget by the Governor, the Department will be opening or expanding school-based programs into all 67 counties.
 - The Department would appreciate assistance in helping collaborate with the FQHC school-based sealant programs.
 - Consider requiring dental insurance plans to coordinate with the Department of Health before contacting a new school district or Head Start to coordinate services.
 - This will minimize confusion for the school district that occurs when more than one agency tries to initiate a new program that is considered optional by the Department of Education.
 - Consider increasing reimbursement rates and requiring plans to cover services regardless of whether a child has a dentist.
 - School-based sealant programs treat all children who return a positive consent for services.
 - This allows for payment even if the child was seen by a dentist or hygienist within the frequency limit.
 - Consider bundled services consisting of dentist examinations (in person or via teledentistry), caries risk assessment, salivary diagnostic testing, motivational interviewing, nutritional counseling, oral hygiene education, dispensing of a connected toothbrush, dental prophylaxis, sealants, silver diamine fluoride, and fluoride varnish.

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- Consider incentives for patients who reduce their caries risk or maintain it at low threshold.
- Consider incentives for patients who successfully quit tobacco and nicotine use.
- Have oral hygiene supplies for patients as a covered benefit by the insurance plans.
 - These are costly for patients and caregivers and are often not purchased due to the expense.
 - These are less expensive than treatment or an emergency room visit.
- Have dental insurance plans cover emergency room visits for non-traumatic dental conditions.
 - Dental emergency room visits are currently paid by the medical plans.
 - Emergency room dental treatment currently consists of care for traumatic dental conditions, such as accidents.
 - Patients with non-traumatic dental conditions are seen for pain control and advised to see a dentist.
 - Train emergency personnel and urgent care staff on basic emergency dental care for dental trauma, dental blocks, abscesses, abscess drainage, etc.
 - At minimum, have dentists who provide definitive dental treatment at regional emergency departments.
 - This would provide needed patient care, decreasing the overuse of antibiotics and pain medication, and provide incentives for the dental plans to increase their dental networks and services provided in the office.
- Improve integration of dental and primary care services for children, adolescents, pregnant women, and the elderly.
 - Consider virtual dental homes overseen by dentist(s) in medical offices, group homes, nursing homes, and other group settings.
 - Increase medical provider training to provide oral health examinations, fluoride varnish, and silver diamine fluoride applications.
 - Increase referrals between obstetrics/gynecology, Healthy Start, and Women Infants and Children.
 - Create a measure requiring medical providers refer to a dentist, examination, and dental prophylaxis for women of childbearing age and before, during, and after pregnancy.
 - Emphasis should be placed upon dentists completing head and neck examinations and dental hygienists should be completing head and neck assessments.
 - Emphasis should be placed upon dental staff taking blood pressure and referring patients with abnormal readings to medical providers.

- Medicaid could promote and reimburse dental providers who provide diabetes testing.
 - Provision of diabetes testing is currently allowable.
- Emphasis should be placed upon dental providers (dentists and dental hygienists) to provide nicotine screening and refer to appropriate nicotine cessation organizations.
- Consider having dentists be allowed, and reimbursed for, dispensing or prescribing nicotine cessation options to broaden the avenues a patient can take to quit.
- Improve integration of dental and primary care services for iBudget enrollees.
 - Use an identifier in the Medicaid system to identify patients with intellectual and developmental disabilities (IDD).
 - This would require a system change in the way Medicaid and Department of Children and Families completes the intake of the patient.
 - Place identified patients in a specialty plan with higher reimbursement rates and increased frequency of behavior related modifications.
 - The identifier will alert both the medical and dental plans of patients' conditions.
 - The patients are placed in case management by both the medical and dental plans.
 - The identifier will also provide better monitoring and data collection.
- Improve understanding of the unique oral health needs for individuals with IDD.
 - Increase education in patient care for patients with IDD in dental, dental hygiene, and dental assisting schools.
 - University of Pennsylvania Dental Medicine is willing to provide in person training in Florida.
 - Enlist and collaborate with occupational therapy schools and behavior therapy programs to provide education and services for patient management in the office, as well as home care.
 - Reimburse services provided by occupational therapists and behavior therapists in the management of patients with IDD.
 - Collaborate on oral health education training of group home workers and caregivers.
 - Consider collaborating to create oral health education videos.
- Identify different options for integrating sedation dentistry into dental services for individuals with intellectual and developmental disabilities, including iBudget enrollees.
 - Increase education in patient care for patients with IDD in dental so that more patients could be treated in the office.

- University of Pennsylvania Dental Medicine is willing to provide in person trainings in Florida.
- Consider training dental providers in medical immobilization/protective stabilization for patients who need routine treatment rather than referral for sedation.
- Increase facility fees for dental services in ambulatory surgical centers and hospitals to be at least equal to the facility fees for medical services.
- Identify certification(s) and accreditation(s) appropriate for dental health insurance plans which allow the safe and high-quality provision of dental care, including individuals with intellectual and developmental disabilities.
- Identify certification(s) and accreditation(s) appropriate for dental providers, including dentists, dental assistants, and dental hygienists, which allow for the safe and high-quality provision of dental care, including individuals with intellectual and developmental disabilities.
 - Offer dentists and dental hygienists continuing education courses on care for patients with IDD.
 - In state trainings for sedation.
- Educate future dentists in an academic setting about providing dental services for individuals with intellectual and developmental disabilities.
 - The American Dental Association Code of Ethics November 2020 released an advisory opinion that includes discrimination against patients with intellectual or developmental disability or disabilities.
 - Recommend CODA changes to require distinct training in patient care for both IDD and medically compromised patients, instead of allowing training to be focused only on medically compromised patients.
 - Training should include diagnosis, treatment of patients with IDD, including protocols and use of medical immobilization/protective stabilization.
- Provide enhanced orthodontia services.
 - Increase training opportunities for orthodontists in care for patients with cleft lip cleft palate.
 - Set up a mentoring program to pair seasoned providers with providers needing additional training.
 - Create an insurance specialty with increased reimbursement rate and frequencies since they require multiple surgeries and multiple phases of orthodontics.
 - Routine dental services should be part of this specialty.
 - Reimburse general dentists who provide limited orthodontic correction such as anterior crossbite correction and devices to stop thumb/finger sucking.
 - Increase reimbursement rates to attract more orthodontic providers accepting Medicaid.

- Improve integration of dental and sedation services for children, adolescents, pregnant women, and the elderly.
 - Monitor the dentist provider network to include the number Medicaid patients seen and services provided.
 - Require insurance plans to provide a verifiable dental provider network of general dentists and specialists in all regions of the state.
 - Set standards for the number of patients treated within a year for the insurance plan to consider dental provider part of the verifiable network.
 - Consider exceptions to publishing the name of specialist(s) who can see only few patients a year.
 - Require insurance plans to place all patients requiring sedation into case management so that they are matched with the providers that can take care of their needs in a timely manner and the case manager can monitor to confirm the treatment was completed.
 - Currently due to lack of providers in various areas, the referring dentist and the patient are left to find the specialist.
 - When patients contact the insurance plan, they are given a list of providers to contact.
 - Many give up when they find there are no providers in their area, or the wait is too long.
 - Monitor the number of patients in case management and the length of time to receive treatment.
 - Facility fees for ambulatory surgical centers and hospitals should be at least equal to the facility fees for medical procedures.
 - Facility fees should be higher for full mouth rehabilitation cases so that the patient is not subjected to frequent shorter surgeries to complete the treatment.
 - Consider requiring hospitals to allow operating room time for dental procedures.
 - Consider having dental plans pay for all phases of dental care, including sedation in the office, ambulatory surgical center, and hospital so that the process is more cohesive.
- Leverage community partnership innovations to improve access to dental services and outcomes for Medicaid recipients.
 - An opportunity to improve access to dental services for patients includes the IDD Roundtable which meets monthly and is hosted by the Florida Department of Health (initiation in April 2021).
 - IDD Roundtable members consist of national figures including Dr. Steve Perlman (founder of Special Olympics Special Smiles); Marty Dellapenna and Mary Foley of (Policy, Quality and Financing, Medicaid, Medicare and CHIP Services Dental Association); and local entities including Agency for Persons with Disabilities, Agency for Health Care Administration, Medicaid managed care plans, Arc of Florida, Florida Developmental Disability Council, Disability Rights of

Florida, University of Florida, Nova Southeastern University, Children's Medical Services, Oral Health Florida, Florida Voices for Health, Florida Dental Association, ambulatory surgical centers, and dental providers.

- IDD Roundtable Goals:
 - Increase training for dentists, dental hygienists, and dental assistants in the care of patients with IDD; increase access to oral health care for patients with IDD in general practice provider offices as well as ambulatory surgical centers and hospitals; and improve data collection to monitor improvements.
 - While the Roundtable is focused on patients with IDD, many of the same entities are able collaborate on other patients with Medicaid.
- Working to create a toolkit with resources to assist families on Medicaid and patients with IDD.
- Publishing articles about care for patients with IDD in the Florida Dental Association (FDA) Today magazine in October 2022 and April 2023.
- Providing training for dental hygienists and CHD dental staff.
- Members are working to estimate the number of patients with IDD who need sedation so that the ambulatory surgical centers can assist with increasing access to care.
- Determine the value of our current quality measures and verify other quality measures that might be utilized.
 - Centers for Medicaid and Medicaid Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children and Adolescents strategies include:
 - Align the dental periodicity schedule to clinical recommendations. *Align with clinical findings (e.g., caries risk assessment, etc.).*
 - Use dental delivery system contracts to improve dental program performance. *Currently, reimbursement rates for Medicaid dental services are ranked 49-50th in the nation.*
 - Expand reimbursement of medical providers for preventive oral health. *Current reimbursement allows fluoride (varnish) application.*
 - Physicians will be able to apply silver diamine fluoride to arrest decay July 1, 2023.
 - Consider incentivizing more physicians to provide oral health examinations and fluoride varnish.
 - Incentivize dental providers through new payment models.
 - Consider increasing reimbursement rates and creating a specialty subgroup for patients with IDD and those with cleft lip cleft palate.
 - This subgroup could have increased frequencies for behavior management and desensitization along with reimbursement rates.

- Monitor the dentist provider network to include the number of Medicaid patients seen and services provided.
 - Require insurance plans to provide a verifiable dental provider network of general dentists and specialists in all regions of the state.
- Set standards for the number of patients treated within a year for the insurance plan to consider dental provider part of the verifiable network.
 - Consider exceptions to publishing the name of specialist(s) who can see only few patients a year.
- Require credentialing to be completed in one month or less for new providers and re-credentialing to be completed within two weeks.
 - Currently credentialing is taking three to five months to complete depending on the plan.
- Implement robust Healthy Behaviors incentive programs.
 - Consider bonuses for dental providers when a patient's caries risk assessment is reduced from their previous visit or is maintained at low threshold.
 - Liberty Dental currently provides bonuses; however, the caries risk assessment data collection has decreased in reimbursement amount since initial implementation (\$5 to \$1).
 - Tobacco and nicotine impact both oral and overall health.
 - Tobacco and nicotine increase the risk and severity of periodontal disease, which in turn adversely affects overall health.
 - Incentives for patients who successfully stop tobacco and nicotine use.
 - Incentives for patients in the medical plans for enrolling and completing health classes such as diabetes prevention and management and exercise classes.
- Describe innovative delivery methods for the dental care model, including care bundling, that empower recipients in making more informed health care decisions.
 - Consider virtual dental homes overseen by dentist(s) in group settings with dental hygienists completing:
 - Head, neck, soft tissue, and dental charting.
 - X-rays and intraoral photographs.
 - Dental prophylaxis.
 - Silver diamine fluoride application on suspected dental decay.
 - Fluoride varnish application.
 - Oral health education and motivational interviewing through videos and group exercises.
 - Patients with further dental needs are referred to a brick-and-mortar clinic.

- With more patients receiving preventive care in group settings, there will be additional access for patients who need follow up care.
 - It is crucial to have brick-and-mortar clinics.
- Since toothbrushes, floss, interdental brushers, fluoride mouthwash, electric toothbrushes are expensive for patients to purchase, consider making them allowable purchases under their dental insurance plan.
 - The expenses of these items are still relatively small compared to complicated dental care.
- In patients with high risk for dental decay or periodontal disease, consider paying for connected toothbrushes which send data to the patient's phone or to a data base showing the brushing frequency and effectiveness.
 - Connected toothbrushes are currently either an electronic toothbrush that shows the frequency, duration, and areas they are missing on their phone, or a sensor clipped on the patient's regular toothbrush and then information is sent to a data base that the patient can access.
 - The patient and caregiver can view the results and may choose to share them with their dental provider or keep private.
- Describe assessment and needs for rural regions and counties. What relationships can be leveraged to serve the needs of rural populations?
 - Consider increased reimbursement in rural areas.
 - Consider promoting and funding dental school rotations in rural areas.¹
 - Student rotations may be supervised by either courtesy faculty employed by the clinic or by a university faculty dentist if the clinic is unable to hire a dentist.
 - Consider higher reimbursement rates for those facilities.
 - Dental students receive a better experience being able to see more patients than while in school.
 - The dental students work with a dental assistant and complete more pediatric dental care.
 - Rotations provide opportunities for those students to enter public health in rural areas.
- Improve providers' experience with the Statewide Medicaid Managed Care (SMMC) Dental Program.
 - Consider increasing the Medicaid dental fee schedule to 50 percent of Florida's usual and customary rates or at least equal to the national average of Medicaid reimbursement of private insurance reimbursement for child and adult services.

¹ The Agency has created an amendment to allow funding of student dental rotations through the 85 percent claims portion of the dental insurance plans' budget (not restricted to rural areas).

- The Florida Medicaid dental fee schedule has not been increased since 2011, while the cost of providing services has increased.
- According to the American Dental Association Health Policy Institute October 2021 article, Florida Medicaid reimbursement was 42.6 percent of private insurance for child dental services.
 - The national average was 61.4 percent.
 - Florida was listed as having no benefit or emergency only coverage for adults.
- While managed care plans agreed to provide expanded benefits to adults such as fillings, dental prophylaxis, and periodontal treatment (scaling and root planing), these are often paid at a much lower rate since the payments are coming out of their administrative budget.
 - As a result, Medicaid providers who treat adults, including pregnant women, patients with disabilities, and the elderly have decreased.
 - Adults resort to going the emergency room for non-traumatic dental conditions increasing hospital costs.
- Since periodontal disease, dental decay, inflammation, and infection have many oral systemic links, less costly dental services could promote improved overall health outcomes.
- In addition, plans often deny periodontal services and extractions, reduce reimbursements, and place additional requirements, which take more time to complete, disincentivizing providers to take Medicaid patients and/or provide those services.
 - Additional requirements are disproportionate to the reimbursement for procedures.
 - In general, plans should decrease the number of services requiring preauthorization and should not require narratives and pre- and postoperative radiographs with claims.
 - This is essentially a deferment of the preauthorization to the claim, which can still be denied.
 - Periodic review of provider claims, and chart audits could be done to monitor providers rather than requiring extra burdens for all.
- Monitor the dental provider network to confirm that the required number of providers including specialists are available in the region.
- Require insurance plans to locate a specialist for referrals rather than the referring dentist or the patient.
- Improve recipients' experience with the SMMC Dental Program.
 - Two members of the IDD Roundtable from Florida Voices for Health state that in their family forum, families largely complain about being unable to access dental services for their child or adult with IDD.
 - Other members of the IDD Roundtable have examples of caregivers attempting to make appointments for patients with IDD and are told there are

no openings. Subsequently, someone else who does not say they have IDD calls the same provider, and they are given an appointment.

- The few providers providing sedation and anesthesia have waiting lists ranging from several months to years.
- There are not enough providers or specialists in rural areas to provide care.
- Consider higher reimbursement rates in rural areas to attract dentists who will accept Medicaid.
- Consider funding centralized brick-and-mortar clinics in rural areas and creating virtual dental homes overseen by dentist(s) in smaller brick-and-mortar sites, schools and groups settings who can refer patients to the main clinic.
- Consider funding dental student initiatives in rural areas to provide a faculty dentist and dental students to provide care.
 - This increases access to care, improves the dental student's educational experience, and provides opportunities for them to consider public health after graduation.
- Achieve cost savings throughout the SMMC Dental Program.
 - Consider bundled services consisting of dentist exams (in person or via teledentistry), caries risk assessment, salivary diagnostic testing, motivational interviewing, nutritional counseling, oral hygiene education, dispensing of a connected toothbrush, dental prophylaxis, sealants, silver diamine fluoride, and fluoride varnish.
 - More emphasis should be placed on patient lifestyle change.
 - Have oral hygiene supplies as a covered benefit by the insurance plans.
 - Have dental insurance plans cover emergency room visits for non-traumatic dental conditions.
 - This should incentivize them to improve their dental provider networks, increase reimbursement rates, and look for better delivery models.
 - Consider bonuses for dental providers when a patient's caries risk assessment is reduced from their previous visit or is maintained at low threshold.
 - Consider incentives for patients who reduce their caries risk or who maintain it at a low threshold.
 - Incentives for patients who successfully stop tobacco and nicotine use.
 - Incentives for patients in the medical plans for enrolling and completing health classes such as diabetes prevention and management and exercise classes.

