Trey Collins
Chief, Purchasing and Contract Administration
RE: solicitation.questions@ahca.myflorida.com
Responses to this RFI shall be provided no later than 5:00 PM, Eastern Standard Time, May 30,

2023. Responses shall be e-mailed to solicitation.questions@ahca.myflorida.com.

My name is Frank Catalanotto, DMD and I am the President of Floridians for Dental Access (FLDA). I am also the former Dean and current faculty member at University of Florida College of Dentistry. Please note that the opinions I offer are my own and do not necessarily reflect the official opinions of any organization I am associated with. FLDA is a statewide organization advocating for improved access to dental care for all residents of Florida ((floridiansfordentalaccess.org). Our website contains a significant amount of data about the lack of access to dental care in our state and the economic and personal negative effects on our residents. We offer the following comments on the Florida Dental Medicaid Program.

1. **Overview-** Our simplistic initial response is that the primary problem with dental Medicaid in Florida is that reimbursement rates are simply too low and that results in a very small provider pool of dentists. Until Florida addresses this one specific issue, little progress will be made in attacking the other issues we will address. A second issue is that many dentists are afraid of audits which may uncover simple clerical errors rather than outright fraud. Finding some way to ameliorate this concern would be very helpful.

2. **Utilize value-based payment (VBP) designs to simultaneously increase quality and reduce Costs-** There are many models in use across the country for VBP. We do not have a favorite one. However, the principle of VBP is quite simple- pay for outcomes/improved oral health rather than procedures. Converting to a VBP will have many advantages such as avoiding unnecessary or unproven treatments, improving patients' oral and systemic health, and eventually lowering total costs. The state should vigorously seek out successful VBP models and incentivize this for bidders of this contract.

A second component of this topic is incentivizing the delivery of preventive dental procedures with an emphasis on the medical management of dental caries (MMDC) as opposed to surgical treatment/fillings. The scientific literature about MMDC is quite clear about the value of this approach in terms of patient outcomes and cost effectiveness. References can be supplied on request.

3. **Improve integration of dental and primary care services for children, adolescents, pregnant women, and the elderly-** Many medical providers do a better job of serving Medicaid and otherwise underserved patients. The state of Florida Medicaid program and private insurers currently reimburse medical providers for providing preventive dental procedures to young children. The state should look for mechanisms to increase the participation of medical providers to include dental preventive services in their practices. Dental hygienists are already doing medical-dental integration in health access settings that have pediatricians and bill using the dental providers' Medicaid number. The same model could be opened to private practice pediatricians. For example, allowing dental hygienists to work in pediatricians' offices and providing the full range of their services to all patients served by these offices. Current law (either 466.023 or 466.24, can't remember) presently allows a dental hygienist to work in a health access setting defined in 466.003 without supervision and authorization from a dentist, with provisions that limits services. Thus, current dental practice act regulations prevent dental hygienists from billing for these services and prevent pediatricians from supervising dental hygienists and billing for

their services. Similar models can be done in family medicine and obstetric offices. The state should pursue and support legislative changes to the state dental practice act. There is a significant literature base supporting this approach which can be provided upon request.

4. **Improve integration of dental and primary care services for iBudget enrollees.** See response to item 3 above.

5. **Improve understanding of the unique oral health needs for individuals with intellectual and developmental disabilities**
6. **Identify different options for integrating sedation dentistry into dental services for individuals with intellectual and developmental disabilities, including iBudget enrollees.**
7. **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.**
8. **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.**

We are providing a consolidated response to items 5-8 by Timothy Garvey, DMD, Clinical Assistant Professor, Department of Pediatric Dentistry, University of Florida College of Dentistry, (352) -273-7631, tgarvey@dental.ufl.edu .

I am a practicing dentist in the state of Florida. I graduated from the University of Florida College of Dentistry in 1980, received a certificate upon completion of a hospital-based general practice residency program in New York in 1981, and have been providing dental care in Florida for the subsequent 42 years. I have also been on faculty at the University of Florida College of Dentistry for 33 years. The majority of my practice has been involved in providing dental care for persons with developmental disabilities. Most of that time, I was also the dental director for clinics at an Agency for Persons with Disabilities facility in Gainesville. I have also been on staff at UF Health Health for over 30 years, providing dental care in a hospital setting, for people for whom there are no alternatives. Over the years, we provided care for thousands of people in the state of Florida who have developmental disabilities, almost all of whom have no access to appropriate dental care. For the last 20 years or so, I have also been the volunteer dental director for a local outreach program in Alachua County, focused on providing dental care for people who do not have the financial resources to obtain much-needed dental care. We have successfully cared for countless numbers of people whose income is near the poverty level, but who do not qualify for Medicaid. I have also provided dental care at multiple Missions of Mercy, Remote Area Medical events, and am a volunteer co-director of another north Florida outreach program in Marion County. I hope that this background information will be of benefit as you review my summary of the state of dental care in Florida for people who have disabling conditions.

Response: I would like to address two groups of people who are not able to access dental care in Florida. One group is financially unable to obtain dental care. For the purposes of this discussion, I would like to focus on those who officially have coverage with the Medicaid system. The other group is people who have disabling conditions. Most of these patients also have Medicaid coverage.

Dental care for persons with disabling conditions in the State of Florida is critically deficient in meeting the needs of his very vulnerable population. To adequately address the problems inherent in caring for

these patients, I believe that a thorough understanding of the issues is necessary. For many years, in many ways, this has not been done. As a result, the outcomes have fallen far short of expectations. Having open, frank, non-biased discussions, with all parties participating, is absolutely necessary for any progress to be made.

First: A discussion of Medicaid is necessary. It should probably be stated at the outset that the main obstacle to providing dental care for these patients is the reimbursement by the Medicaid companies in the State of Florida. Reimbursement in Florida is one of the lowest, if not the lowest, in the United States. Rates have not been adjusted for many years. Some of the reimbursement is at a level of 10% of normal-and-customary fees, relative to dental offices in the State of Florida. Until such time that this is addressed, there will probably never be true advancement in providing care for these patients.

Add to this the multiple levels of bureaucratic management in becoming and maintaining status as a Medicaid provider in Florida. Each company has its' own unique management protocols, reimbursement rates, predetermination standards, and other impediments to providing appropriate and timely dental care. This all proves to be an impediment to dentists wishing to participate.

The 2023 Florida Legislature passed a bill that could be of benefit for dentists who would like to have a practice that is focused on caring for underserved populations of patients. This legislation focused on a loan-repayment program for graduates who would like to have a career in an FQHC or other public health venue. A focused effort to support and continue this legislation would be a significant step in the right direction.

Second: From a perspective of dental science and dental practice, the needs of most of these patients are theoretically within the scope of practice of general dentists and dental specialists in Florida. The dental pathology with which these patients present is usually that which other patients present.

Realistically, however, until the last 10 years or so, formal dental education in the United States did not place adequate emphasis on providing our graduates with an adequate understanding of the unique aspects of this group of patients. Subsequently, many graduates felt that they did not have the skill set to provide this care. All dental schools in the US are now obligated to provide our students with this foundation. In fact, most people with developmental disabilities do not need any extraordinary accommodation to provide dental care.

Several years ago, the American Dental Association amended its' formal policy on ethics. The current language incorporates a statement that dentists cannot deny dental care to a patient due to the fact that the patient has a disabling condition.

There is a significant subset of these patients, however, for whom providing dental care in a traditional dental office or clinic setting is truly impossible. There is probably not any patient for whom care cannot be provided, but this special group of patients requires significant interdisciplinary collaboration. This involves multiple dental specialties, many other health-care professionals, dental schools, hospitals, government agencies, and private agencies. In order to achieve a positive outcome, however, all of these people and groups must be willing and able to have this collaborative effort.

Almost all of these patients are under some type of government insurance, usually Medicaid.

9. **Educate future dentists in an academic setting about providing dental services for**

individuals with intellectual and developmental disabilities.

- **Provide enhanced orthodontia services.**
- **Improve integration of dental and sedation services for children, adolescents, pregnant women, and the elderly.**

Submitted by Frank Catalanotto, DMD- I am a long-term academic who started my career treating patients with Intellectual and Developmental Disabilities (IDD). I have also been the Dean of the UF College of Dentistry. Teaching dental students and dental advanced education students how to manage and treat patients with IDD is very labor intensive and expensive. There are physical plant costs including specialized equipment usually not found in many dental schools. Then there are faculty and staff costs including faculty with the expertise to treat patients with IDD. AHCA should develop mechanisms to support dental schools in Florida to obtain state funding to build out the necessary physical equipment and support the faculty and staff necessary to deliver this kind of educational programming.

10. Leverage community partnership innovations to improve access to dental services and outcomes for Medicaid recipients. The three dental schools in the state partner with organizations such as FQHCs and other safety net groups where dental students spend time in these facilities treating Medicaid and otherwise underserved patients. There are costs involved including travel expenses and lodging. State subsidies to such programs would facilitate the development of additional student rotations

11. Determine the value of our current quality measures and verify other quality measures that might be utilized. AHCA should reach out to the Dental Quality Alliance (DQA) for reviewing the evidence-based quality measures developed and evaluated by the DQA.

We are not offering any suggestions for the following topics.

- Implement robust Healthy Behaviors incentive programs.
- Describe innovative delivery methods for the dental care model, including care bundling, that empower recipients in making more informed health care decisions.
- Describe assessment and needs for rural regions and counties. What relationships can be leveraged to serve the needs of rural populations?
- Improve providers' experience with the SMMC Dental Program.
- Improve recipients' experience with the SMMC Dental Program.
- Achieve cost savings throughout the SMMC Dental Program.

Responses should include, but are not limited to, information to address the following components:

- Operational strategies.
- Performance metrics – including use of digital measures and electronic clinical data sources.
- Provider network requirements.
- Best practices for maximizing communication and resources.
- Integration with the Agency's Florida Health Care Connections (FX) Project and the Federal Centers for Medicare and Medicaid Services Interoperability Rule.

There is a "workforce" approach to addressing the need to improve access to dental care in Florida. First, I would like to address two data points that clearly indicate the nature of the access problem in our state. Details can be found at the floridiansfordentalaccess.org website. First, Medicaid Utilization in 2021 reached the low point with Florida now ranking as the second from the bottom of all states.

Second, approximately 6,000,000 people in Florida live in federally designated Dental Health Professional Shortage Areas. The primary reason why people do not access dental care is costs along with poor oral health literacy. Producing more "expensive" dentists will not address this problem; for example, loan forgiveness programs to lure dentists to rural underserved communities only works in the short term, not long term.

We propose two ways to address this workforce problem.

1. Revise the state dental practice act to allow more "direct access" by dental hygienists including the ability to bill Medicaid for services within their scope of practice and loosening dentist supervision requirements.
2. Revise the state dental practice act to authorize dental therapists in the state of Florida. Thirteen states have now authorized dental therapists. All the published evidence supports their quality, safety, cost effectiveness and positive patient oral health outcomes. Dental therapists work under general supervision allowing them to implement preventive and restorative programs in community-based settings. We have provided one attachment/published paper reviewing the literature on dental therapy. More references can be found at the found at the FLDA website.