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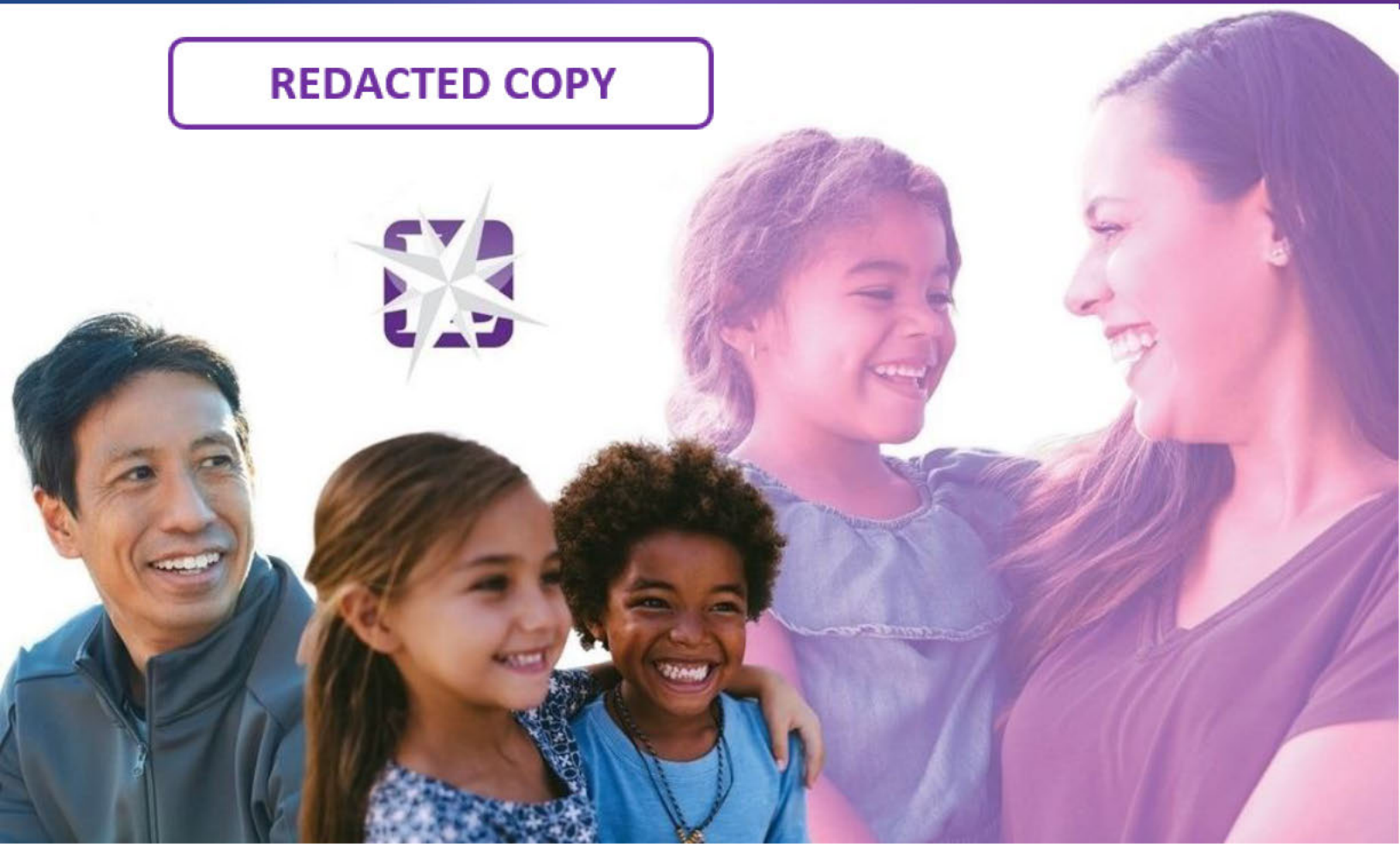

Response to Request for Information Procurement of the Statewide Medicaid Prepaid Dental Program

Prepared for:

Florida Agency for Health Care Administration (AHCA) RFI 014-22/23

Submitted: May 30, 2023
5:00 PM – Eastern Standard Time (EST)

To: Trey Collins, Chief, Purchasing and Contract Administration
Email: solicitation.questions@ahca.myflorida.com

From: LIBERTY Dental Plan of Florida, Inc.
7870 Woodland Center Boulevard, Tampa, FL 33614

LIBERTY DENTAL PLAN®

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EXEMPT information, as defined in Section 119.071(3)(b), Florida Statutes

LIBERTY DENTAL PLAN

Transmittal Letter

May 30, 2023

*** In the event the Agency for Health Care Administration (AHCA) receives a public records request, LIBERTY authorizes release of this REDACTED version of our response. ****

Dear Mr. Collins:

LIBERTY Dental Plan of Florida, Inc. ("LIBERTY") is honored to participate in this RFI response for the upcoming Florida Invitation to Negotiate. As always, our local team is prepared to collaborate with AHCA, providing input based on our knowledge of the Florida dental delivery system and national experience that will continue to position AHCA for success. We appreciate that the state has cast a wide net to identify topics of interest for innovative ideas and best practices. Below is my primary contact information in response to AHCA's request, as the authorized party for LIBERTY Dental Plan of Florida, Inc.

In our response, we share information on LIBERTY's approach to a selection of items identified by AHCA to display the advantages for continued improvement of the overall Medicaid program regarding the provision of dental services. Our goal is to align with AHCA to retain and enhance the enrollee and provider experience, reduce costs of unnecessary services, and potential concerns. Overall, we communicate, among other discussions, the importance of:

- **Using Value-Based Payment designs** that are well matched to the providers and the delivery system to improve quality outcomes of dental services;
- **Establishing collaborative processes and leveraging AHCA's leadership to ensure availability of sedation in treating enrollees with IDD and complex care needs** to quickly accommodate AHCA enrollees and expand access to care;
- **Implementing data sharing and combining resources for medical-dental integration,** Emergency Department Diversion, and helping enrollees utilize their benefits;
- **Innovating to deliver engaged Member Services and Provider Relations**, helping to elevate the enrollee experience by providing convenient services for the enrollee and their family and retain providers to address enrollee needs;
- **Achieving nationally recognized dental plan accreditations for Quality Management and operations and Dental Plan coordination on ACHA-approved PIPs** to uphold adherence to rigorous standards and implement best practices for improved enrollee outcomes; and,

- **Developing cost containment measures with system edits, monitoring, and tracking cost avoidance** to provide AHCA with a thorough accounting of Return on Investment contributed across the organization.

Our motto, to **"make members shine, one smile at a time,"** expresses our desire to reach the best possible outcomes for ***every*** Florida Medicaid enrollee. For more information, please feel free to contact me at [redacted] or at the information listed in the table above.

Sincerely,

Heather Stearns
President, State Markets & LIBERTY Dental Plan of Florida, Inc.

Utilizing Value-Based Payment Designs

LIBERTY Dental Plan Corporation, the parent company of LIBERTY Dental Plan of Florida, Inc., is a national leader in developing and implementing successful Value-Based Payment (VBP) programs. We have assembled a Value-Based Care Advisory Board, consisting of leading national dental professionals, clinicians, academic deans, scholars, and industry executives, to develop best practices and guide LIBERTY's value-based programs. We have presented on our approach to the American Dental Association and Dental Quality Forum, among others. We consider VBP programs to be foundational and essential to advancing dental delivery system transformation toward the provision of outcomes-based care. VBP programs maximize quality care, reduce inappropriate care, and reward the highest-performing providers. Layering VBP programs into the Dental Home model encourages preventive care and follow-up by the Primary Dental Provider (PDP), transforming a transactional-oriented practice to an engaged practice focused on quality outcomes and whole-person health care.

To build effective VBP programs, there must be a thorough understanding of the local dental delivery system. It is vital to the success of a VBP initiative to tailor it based upon local market knowledge. LIBERTY believes collaboration and provider input is essential to expanding the VBP model of reimbursement.

LIBERTY is a supporting organization for the Health Care Payment Learning and Action Network (HCPLAN) that informs the structure of VBPs (https://hcp-lan.org/supporting-organizations/). LIBERTY models all of our VBP programs within the LAN Alternative Payment Models (APM) Framework. We recognize and acknowledge AHCA's use of the APM Framework as it relates to the value-based purchasing requirements included in the current AHCA ITN 010-22/23 for the Statewide Medicaid Managed Care (SMMC) Program. The APM Framework corresponds with each type of payment arrangement, ultimately aimed at moving from volume-based Fee-for-Service (FFS) payment designs to quality-based payment programs for all practitioners, which lower care cost, enhance enrollee experiences, provide better medical-dental integration, and reduce barriers for improved health outcomes.

Below is a Table showing an example of programs used by dental payers categorized by the type of VBP arrangement with the underlying LAN framework. Based on our experience, dental VBP programs mainly have successes in LAN Categories 2 and 3.

Table 1 – High-level Descriptions of VBP Arrangements in LAN Framework

Type of VBP Arrangement	Description or Program Examples	Type of Providers
Fee For Service (LAN Category 1)	Traditional payment plan; no link to VBP.	All general providers and specialists have FFS payment and services delivery experience
Pay-for-Performance (LAN Category 2)	Bonus for Providers delivering care to HEDIS-eligible children who received eligible preventive service (pay for performance)	Providers delivering dental care to Medicaid Enrollees under the age of 21
Pay-for-Performance (LAN Category 2)	Bonus for children 0-3 served who received a D0145 Oral evaluation	Providers delivering dental care to Medicaid Enrollees between ages 0-3
Pay-for-Performance (LAN Category 2)	Providers receive a bonus tied to exam code D0120	Providers delivering dental care to pregnant Enrollees
Pay-for-Performance (LAN Category 2)	Providers receive bonus for children who have not utilized preventive care in the last 18 months and bonus of Enrollees who have not utilized care in the last 24 months	Providers delivering dental care to Medicaid Enrollees between ages 0-21
Shared Savings (LAN Category 3)	Up-side risk programs and episode-based payments for procedures/comprehensive payments with upside and downside risk (Notes: Risk- Based Payments not linked to quality).	Providers delivering dental care to Medicaid Enrollees under the age of 21
Population-Based Payments (LAN Category 4)	Condition-Specific or Comprehensive Population-Based payments; Integrated Finance and Delivery System. (Notes: Capitated Payments NOT linked to quality)	Capitated PMPM payments for specialty providers and services; Global budgets or full/percent of premium payments and premium payments in integrated systems.

Recommendations for Implementing VBP Models in the SMMC Dental Program:

Provider VBP Arrangements. There are multiple mechanisms to encourage greater use of value-based payments in Medicaid dental programs and states have tackled this issue differently. AHCA has been at the forefront of this effort, requiring dental plans to incorporate value-based payments since 2018.

LAN 2 and LAN 3 VBP Programs. Considering the successes LIBERTY has experienced with programs in the LAN 2 and LAN 3 category, and knowledge that the payment delivery system in dental lends itself well to this tier of alternative payment models, we recommend the establishment of VBP programs within these tiers of the LAN framework. Within these models, the financial incentives in these programs promote preventive dentistry to disrupt a "drill and fill" mindset, connecting payment to quality, reduced caries risk, and healthier outcomes.

Furthermore, these payment models encourage enrollees to seek care at their Dental Home and for providers to take an active role in engaging enrollees. A high-level sample of LIBERTY's VBP program results include:

- **Improved Oral Health Outcomes** – During the January 2023 bonus period, 45% of Child Medicaid enrollees participating for 12 months in LIBERTY's BRUSH® Program, which is structured based on the LAN 2 model, had an improved outcome.
- **Provider Retention** – In assessing impacts on provider retention in one of our state Medicaid programs, providers not involved in VBP programs had a 13.1% turnover rate compared to less than 1% for those involved in our VBP programs.

Integrating Sedation Dentistry in Services for Enrollees with IDD

LIBERTY understands the necessity of integrating sedation dentistry into models of care for individuals with intellectual and developmental disabilities (IDD). Plans must invest in provider training to ensure the IDD population's needs can be met effectively and consistently. LIBERTY requires all network providers to complete cultural competency training annually. This training includes sensitivity awareness for senior enrollees, persons with disabilities, individuals with a hearing or visual impairment, individuals with speech disabilities, and enrollees with service animals. The training addresses disability etiquette, defines learning disability differences, and suggests the appropriate communication devices to use when engaging with a special needs enrollee.

Many patients, including the IDD population, require sedation to occur in ambulatory surgical settings or may require general anesthesia in a hospital setting, and scheduling opportunities remain highly limited in those settings. The Dental Plans are not directly contracted with these facilities (they contract with the Managed Care Plans) and as a result, are unable to require those facilities to serve enrollees with IDD who are in need of these services. Dental plans depend upon the collaboration with Managed Care Plans. Dental plans alone cannot guarantee the availability of needed space, nor can dentists themselves meet the scheduling needs without more cooperation from the facilities. LIBERTY dentists are willing to perform services the IDD population requires, but they lack access to locations needed to do so.

Recommendations for Integration of Sedation Dentistry in the SMMC Dental Program:

We acknowledge and are supportive of AHCA's new expectations and requirements regarding coordination for timely access of dental procedures in ambulatory surgical centers as referenced in the Coordination of Medical and Dental Services section of the current AHCA ITN 010-22/23 for the Statewide Medicaid Managed Care (SMMC) Program. Our recommendation is for AHCA to take a strong statewide role to incentivize surgical and hospital locations to provide scheduling time for serving the dental needs of the IDD population. This could take the form of a workgroup that includes other stakeholders, such as the Managed Care Plans, to establish parameters that ensure that dental providers have sufficient access. There is also an opportunity for AHCA to lead through investment in provider training to support access to care for the IDD population.

Additionally, AHCA can be instrumental in adjusting compensation rates for dental procedures performed in hospitals and surgical centers, both of which place more value on more cost-effective medical procedures when space and time are limited. An imbalance between the needs of dental enrollees and the incentives for facilities leaves many IDD patients facing extended delays or lack of care entirely, even when plans have dentists willing to perform the procedures.

Improving Integration of Care

LIBERTY recommends that AHCA create an environment where the dental and medical plans collaborate in the administration of benefits to create an integrated approach that supports a holistic model of services, cost-effective care delivery, and a positive enrollee experience. We understand the strong relationship between the mouth and body, with 90% of all systemic noncommunicable chronic diseases having oral manifestations (e.g., cardiovascular disease, diabetes) and many common risk factors (e.g., smoking). This collaboration is essential in treating the whole person and achieving optimal health outcomes while reducing the total cost of care.

We acknowledge and are supportive of AHCA's new expectations and requirements in Organizational Governance and Staffing included in the current AHCA ITN 010-22/23 for the Statewide Medicaid Managed Care (SMMC) Program. Furthermore, this should include establishing coordination protocols, as referenced in the AHCA ITN 010-22/23, with the requirement for timely dental care for pregnant and postpartum women and enrollees with intellectual or developmental disabilities (IDD), and those covered by the iBudget waiver.

Recommendations for Integration of Care in the SMMC Dental Program:

Combined Assessments at Enrollment. One area to improve upon medical-dental integration is through early awareness and consolidation of data relative to completion of an Oral Health Risk Assessment (OHRA). When an enrollee is accepted into Medicaid, prior to selection of a Managed Care Plan and Dental Plan, the enrollee could fill out a universal Health Risk Assessment (HRA) for medical risk concerns combined with the OHRA for Dental. Once an enrollee selects their plans, the combined assessment(s) would be sent over with 834 eligibility files for processing. Introduction of this step into the application process for Medicaid is beneficial because it captures the information at a point in time when the enrollee is highly engaged in the process. This will support early referral to interventions such as case management at the onset of enrollment. It will allow the medical and dental plans to better coordinate care for enrollees with associated risk factors such special needs, pregnancy, chronic conditions, and those under 21 years of age.

Request an Enrollee Contact E-mail Address. A second suggestion is for the state to collect the enrollee's email address in addition to telephone number and physical address at the time of Medicaid enrollment and share with the Dental Plans on the 834 eligibility file. Obtaining accurate contact information for the Medicaid population can be challenging since phone numbers or addresses can become out of date quickly. We find that email addresses may be more reliable for connecting with Medicaid enrollees and may remain a consistent form of

contact that is changed less frequently than other forms of communication. Additionally, AHCA currently requires enrollees to opt-in to receive email communications from a Plan. If AHCA changed this to an opt-out process, it would increase the probability for the Plans to connect successfully with a greater number of Medicaid enrollees.

Use of ICD-10 Codes for Integration. Although the ICD-10 codes do not drive payment, we find value to use these codes in various ways, such as risk stratification and to bolster further the integration between dental and medical care, for "whole-person" treatment. If we receive a diagnosis code that should be considered in the treatment of an enrollee, we are able to optimize our established HIPAA compliant data sharing and communication with medical providers, which is a beneficial aspect of partnership between LIBERTY and Managed Care Plans. LIBERTY's system is equipped to store and process ICD-10 codes. As an example, we have been processing ICD-10 codes in our work for one or more of our state Medicaid partners. If AHCA could facilitate the data sharing in this regard (as described in AHCA ITN 010-22/23) and were to expand the requirements for data sharing between the Managed Care Plans and Dental Plans to include receipt by the Dental Plans of ICD-10 codes (such as to aid in the identification of comorbidities), we could pass the information on to the dentist to inform the treatment planning process, and introduce preventive care measures in oral health tied to the medical diagnosis. Additionally, AHCA could require the Dental Plans to receive and process ICD-10 codes to aid medical-dental integration. LIBERTY's system is equipped to support this collaboration immediately.

Innovative Delivery Methods and Enrollee Experience

LIBERTY applauds AHCA's instrumental role in allowing the Dental Plans to put clinical teams into the communities they serve and bring care outside the office setting. As a result of AHCA's actions to lift the barrier to this form of engagement, the Dental Plans have had opportunities to innovate in their delivery methods. LIBERTY's statewide, community-based dental wellness team has performed fluoride treatments and sealant applications for enrollees at events across Florida. We have found that the integration of preventive services into community locations where our enrollees frequent is an effective strategy to reduce barriers to care and improve outcomes.

Enrollee education and oral health literacy play a large role in increasing utilization. Best practices for the Dental Plans should include extensive outreach through a variety of media (including social media and text messaging) and in-person engagements at schools, community events, and in other healthcare settings. Engaging children, parents, and other caregivers is critical to improving outcomes in pediatric dentistry. Plans should employ digital tools to empower enrollees to access information about their benefits, including text messaging to support gap closure for enrollees who have not visited a dentist within recommended timeframes. Text campaigns can also inform parents on the importance of certain behaviors that promote oral health, such as limiting sugary foods, proper brushing and flossing, and toothbrush replacement. Incentive programs that reinforce these behaviors provide both better engagement and utilization.

Recommendations to Improve Delivery Methods and Enrollee Experience:

OHRA. One of the best ways to improve enrollee experience from the outset is through early identification of risk factors. If the state were able to have enrollees complete a Universal Risk Assessment for medical and an Oral Health Risk Assessment (OHRA) for dental upon enrollment, as discussed previously, that could be sent to plans along with the 834 eligibility files and allow the plan to address identified needs more rapidly. This can also reduce Emergency Department visits by providing needed dental care before issues worsen.

Enhance data collection to support enrollee contact. Incomplete enrollee data hinders the Dental Plans from conducting necessary outreach and reaching enrollees with their preferred language. With approximately 50% of initial data files lacking necessary information such as current phone numbers and preferred languages, the plans often cannot provide welcome information and connect enrollees with their assigned providers until the enrollee contacts the plan themselves. LIBERTY encourages the state to enhance initial data collection practices to aid plans in engaging in effective preventive dentistry from the outset.

Allow non-Medicaid dental providers to perform emergency procedures. Because dental emergencies often occur after hours and when a Medicaid provider is not readily available (e.g., teeth knocked out at a sporting event), LIBERTY encourages AHCA to provide the Dental Plans with the flexibility to use a willing non-Medicaid provider that is able to offer the emergency services in these circumstances. Requirements for limited credentialing could be considered to provide some safeguards.

Quality Management

Quality Management and Improvement (QMI) Programs provide continuous identification, monitoring, measuring, and strategy documentation of established quality measures to evaluate the impact of improvement activities on our dental care delivery system. These Programs should include both monthly and point-in-time monitoring of compliance with prescribed standards to ensure a constant process of Quality Improvement encompassing clinical and non-clinical functions.

Recommendation to Improve Quality in the SMMC Dental Program:

Accreditations. Dental Plans should consistently further their operational preparedness to serve clients through certifications and accreditations of standards and processes. These accreditations provide assurance to our partners and demonstrate adherence to the most current, comprehensive, rigorous quality standards in the industry. The two most widely recognized accreditations for dental plans to achieve are the URAC Dental Plan Accreditation and National Committee for Quality Assurance (NCQA) accreditation for credentialing and utilization management. LIBERTY has earned three-year URAC and NCQA accreditations. For in-scope functions and more information on these accreditations, visit www.urac.org/ and www.ncqa.org.

Collaboration on Performance Improvement Projects (PIP)s. With the expected requirement for Dental Plans to perform AHCA-approved PIPs and collaborated PIPs coordinated by AHCA and Florida's external quality review organization (EQRO), we recommend that AHCA or the EQRO facilitate collaboration between the Dental Plans to allow for sharing of proposed methodologies and best practices in PIP development and implementation. This exchange would help all Dental Plans to align better their PIPs with the objectives defined by AHCA to improve the SMMC Dental Program and result in healthier outcomes for Medicaid enrollees.

Incentive Programs and Provider Experience

LIBERTY endorses data-driven approaches to incentivize provider performance, which can include either financial or non-financial strategies to put the focus on outcome-based dentistry. The goal should be to identify and reward high-performing providers who reduce patients' risk profile and to identify and support low-performing providers by addressing deficiencies. Alternate Payment Models can include financial incentives related to targets such as utilization. Engagement with providers on value-based programs and their progress in achieving targeted goals creates transparency in the provider experience.

Plans should have continual quality improvement programs in place to identify both over- and under-utilization of services and to address concerns directly with providers performing outside expected patterns. Best practices include consultation with staff clinicians as well as training opportunities, whether in-person or online and on-demand. Training and mentoring can have benefits in helping providers care for special needs populations, thereby increasing access for individuals with intellectual and developmental disabilities.

Plans should measure provider satisfaction through such methods as surveys no less than annually and analysis of trends on key data metrics (e.g., grievances, retention rates). Ongoing communication with providers includes in-person office visits, updating educational materials and key policy information, and sharing of best practices through newsletters and portals.

Recommendation to Improve Incentive Programs and the Provider Experience in the SMMC Dental Program:

Improved Service Delivery for Enrollees with Special Needs As enrollees with special needs can require significantly more time or treatment at locations outside the dental office, providers should receive appropriate compensation that encourages and incentivizes them to accept these enrollees as patients. Providers forgo seeing patients who require more time and effort without higher rates. The differentiation exists for medical providers and could be expanded for dental as well. LIBERTY participates in the Department of Health (DOH)-led IDD/SPN workgroup. The group is comprised of the DOH, AHCA, the Agency for Persons with Disabilities, the Florida Dental Association, the three Dental Plans, academic centers, and community providers, among others. LIBERTY endorses the workgroup's recommendation "that AHCA create a subgroup with an appropriate rate cell for these outlier enrollees who demand a higher level of case management, coordination, and care" as referenced in one of their recent proposals. To improve recruitment

and retention of providers who possess the expertise to serve this subgroup and to compensate them for the extended treatment time, the workgroup recommends that "AHCA should set an appropriate rate for this subgroup that addresses these concerns."

Provider enrollment improvements. The provider experience could be enhanced through simplification and improved experience in the Medicaid enrollment process. Nationally, providers may choose not to enroll in Medicaid or to disenroll because of a real or perceived administrative burden. Minor data inconsistencies, including entered addresses not matching USPS addresses precisely, can generate errors and create significant challenges to providers and plans in meeting requirements in areas such as encounter data. This results in the failure of encounters below the contracted standards and can result in potential liquidated damages and denials of claims for providers.

Dental plans receive access to pharmacy data. Dental providers are a significant source of opioid prescriptions nationally and must be included in solutions to reduce overprescribing. The Dental Plans lack access to data to identify providers with higher-than-expected opioid prescription rates because these claims are paid by the Health Plans. The Dental Plans are poised to intervene with our provider networks through provider education and other solutions such as incentive programs. Receipt of pharmacy data would allow the Dental Plans to implement proactive solutions such as early identification of potential issues through data analysis. Another option would be to create a centralized enrollee data repository to allow the Dental Plans and Managed Care Plans to work together by alerting each other to new opioid prescriptions for their shared enrollees.

Cost Containment

LIBERTY supports proactive identification and implementation of interventions for enrollees with high utilization, intensive health care needs, or enrollees who consistently access services at the highest level of care. National data demonstrates that non-emergent dental utilization is a significant source of emergency department visits, particularly for the Medicaid and uninsured populations. As a result, interventions must be designed to reduce dental expenditures by providing the right care at the right time and in the right setting. Strategies need to be implemented to avoid and contain unnecessary costs through improved and timely disease management and reduction of emergency department utilization.

Cost containment also occurs through care coordination, which results in timely intervention and referral to specialists. Having a medical or dental home is a strong predictor of routine and preventive care utilization. Provision of regular services prevents dental disease, and early diagnosis can often reverse results in less invasive, less costly services.

Recommendations for Cost Containment in the SMMC Dental Program:

Tracking and Reporting Cost Avoidance to AHCA. As required by the SMMC Dental Program, Dental Plan Special Investigations Unit (SIU) submit an Annual Anti-Fraud Plan which includes

reporting on results of fraud, waste, and abuse activities and resulting monetary savings. We also submit a quarterly Waste Report to AHCA, which identifies Retrospective Recoveries, and Overpayment Recoveries on a rolling basis. LIBERTY recommends an added requirement of tracking and reporting of cost savings specific to prospective payments, or Cost Avoidance. These items would likely come from Claims or non-SIU activities. The report could be provided separately, incorporated into the Waste Report, and combined with the Annual Anti-Fraud Plan reporting requirement. Monitoring and tracking should be based upon specific system edits established across all Plans.