

Dental Care for Children Subcommittee Meeting

9/23/14

AHCA Leads

Erica Floyd-Thomas

Pam Hull

Subcommittee Members Present

Dr. Edward Zapert– Department of Health

Tami Miller – Florida Dental Hygiene Association

Sara Sequenzia – Beneficiary Representative

Casey Stoutamire – Florida Dental Association

Dr. Robert Payne – MCAC Member Representing the Florida Dental Association

Meeting began at: 3:48

Erica provided introductions.

Purpose – comprehensive quality strategy – solicit feedback for strategy for dental quality.

Erica - Are we on the right focus?

Payne - more data is needed.

Erica – references CMS 416 report and acknowledges underreported data.

Dr. Payne - HEDIS measures not adequate.

Casey – Dental Quality Alliance? Five measures endorsed – another area to look at for model development.

Erica – Rachel’s group completed survey. Agency plans on aligning measures and data to 416 report needs.

Dr. Payne – Does not have accurate provider lists. Need to assure that provider lists are accurate.

Casey – Although aware of new standards, Medicaid providers are calling to indicate that they are not providers. Very few providers. Some plans doing special contracts with providers – may be paying more than Medicaid rates.

Casey – References that quality measures as a whole looks great. Hopeful it will stick, but history indicates it will not.

Erica – Advises that we have more backing to support program for quality measures to ensure success. Steps in right direction to determine issues; working with CMS; looking at plan data from DentaQuest. Identifying areas of underreporting. Focus on model to approach dental care.

Dr. Payne – Dental part of Medicaid budget is .8 to .9 percent. Restorative dental care cannot fix problems...need to focus on preventive measures and education. Push to get physicians to do fluoride varnish and oral screenings in offices...but not much success due to reimbursement. Dental association has tried to get materials into schools through FCAT testing. Dental Association given out \$75,000 in grants.

Dr. Payne – References page 51 regarding medical schools being given money to focus on developing a plan to identify dental issues in PCP settings. Why is it going to Medical schools instead of dental schools?

Erica – Responds with statutory requirement about Florida medical school quality network. Network will assist Agency with development of strategy for model development.

Dr. Payne – Responds 6 million dollars is being provided to the wrong area

Tami – Important to get medical schools and physicians to advise of importance of oral assessments and connect with the dental community.

Group – Discussion regarding amount of money but agree that there is value in the idea

Dr. Zapert – Advises that FSU has had medical residents work with his program

Casey – Need to include focus on diverting emergency room visits for dental care. Emergency room visits for dental care have gone up since MMA implemented.

Dr. Zapert – Concern regarding expense for emergency room visits.

Tami / Erica – Discussion of methodology study.

Tami – Likes consumer report cards if utilized correctly.

Casey – Agrees consumer report cards are great if used correctly.

Erica – Page 50 – consumer report card? Measures accurate and complete?

Casey – Consumer report card – can the providers grade the plan on performance? Compare plans for report card feedback.

Pam – Agrees that can be “beefed” up to allow provider feedback more clearly

Erica – Confirms that areas to increase focus are ER diversion; Provider feedback; encounter data by codes not just HEDIS.

Dr. Payne/Casey – agree data needs focus.

Dr. Zapert – Procedure codes – if contract is in place, they can collect data, if not, they can't get credit for pro bono work.

Erica – Data warehouse needed to access data for Agency and other users.

Erica - School based programs and federal dollars may work with county health departments.

Dr. Zapert – Asked question regarding data source.

Erica – Agency does not get data from that source. Need mechanism for getting data.

Pam – Question to Dr. Zapert: Why no contract with Prestige?

Dr. Zapert – Capacity versus profit was not favorable.

Dr. Payne – County Health Departments collect data on coded basis. Why can't Agency get data from them?

Erica – Agency working on data sharing agreements with health departments.

Erica – Which data system is being used? HMS or SEALS?

Tami – Responds to Erica “that is a question for Donna.”

Dr. Payne – Provides background for data programs started in Dade county for encounter data. Industry practice of “Skimming” for easy fees and no actual treatment. Numbers were robust due to consults versus actual procedures done. Need to report by CDT codes.

Tami – School based programs need to use SEALS for reporting and capturing data. Core sets of data in SEALS – free to customize data package. Wisconsin requires use of SEALS program. Suggests AHCA looks at Wisconsin model.

Erica – Florida has climbed some.

Casey – Anecdote about Florida's status in dental care with senators and senator's understanding of Florida statutes.

Pam – Florida dictated pass through rate to Plans.

Casey – Stated providers saw no increase a few years ago.

Casey – Look at credentialing as part of performance plan.

Erica & Pam – We are looking at credentialing as part of the model for performance.

Casey – need to mention credentialing as part of model.

Dr. Zapert – Wants all counties to access to care regardless if the county has a fixed health department dental program. Only 47 have it now.

Erica – looking at county partnering with schools for services outside of MMA.

Dr. Zapert – Most MMA plans are on board with school based programs with providers but not all.

Dr. Payne – Do we still have school based fluoride programs?

Dr. Zapert – Yes, in areas that don't have fluoride in water.

Tami – Washington ABC Program – Florida should look at that model.

Pam/Tami – discussed ABC program model – has physicians/pediatricians working on fluoride and then transitioning to dentist.

Erica – Agency has communicated Agency desire to increase dental awareness/programs.

Pam – County health departments are working with schools when available.

Erica – Encouraging finding dental homes.

Dr. Payne – Speaking for himself and not his Association – realizes that solving the problem would take the legislature putting up money. What about limiting Medicaid population who receive dental services if rates can't go up. Changing eligibility levels to include more younger children would be better spent dollars. Limited orthodontics for necessity.

Casey – In the May dental care steering committee it was discussed that the orthodontic form has flaw that allows loophole – Melanie Brown-Woofter was involved in discussions.

Dr. Payne – Again, his opinion, not his Association's opinion – if you only have limited dollars – put it to the younger population instead of older population. Not all Medicaid recipients should have the right to get orthodontic care, cosmetic services being given away.

Casey – Earlier treatment is more preventative.

Dr. Payne – Interceptive orthodontic process – is preventative.

Casey – Preventative care should be encouraged instead of restorative.

Erica – Goal is to encourage prevention.

Erica – Do you feel like the report is useful and understandable?

Dr. Payne – Joking: “Useful for insomnia.” There is a lot of information.

Casey – Suggest categorize and structure by subject area.

Casey – Great start, momentum starting, CMS grant will help.

Erica – Need has been recognized.

Casey - Suggest dentist on staff with AHCA would be beneficial.

Erica – Responds: Agency uses a consultant. Want to use stakeholders more before making policy decisions.

Casey – supports stakeholder input.

Pam announced - Subcommittee breakout conference call scheduled for the week of November 17. Firm date to be determined and MCAC tentative schedule for 2015.

Committee meeting ended 4:40