From:	Casey Stoutamire
To:	solicitation.questions
Subject:	Florida Dental Association Response to RFI 014-21/22
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Attachments:	2022 June FDA Response to AHCA RFI Final.docx

Cody,

Attached please find information from the Florida Dental Association in response to the Agency's request for information RFI 014-21/22 Re-Procurement of the Statewide Medicaid Managed Care Program.

Thanks,
Casey

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Save the Date!
Florida Dental Convention ■ June 23-25, 2022
Florida Mission of Mercy – West Palm Beach ■ February 24-25, 2023

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June 2, 2022

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To Whom it May Concern:

The Florida Dental Association (FDA) would like to provide information to the Agency for Health Care Administration (AHCA) that will be beneficial and insightful as the state prepares for its upcoming re-procurement of the statewide Medicaid managed care program.

The FDA represents many dentists who participate as Medicaid providers and agree to treat eligible recipients receiving care through Medicaid managed care. Under Medicaid, states are required to provide dental benefits to children, specifically referred to as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. The EPSDT benefit requires that all services must be provided and funded by the state, if determined necessary. If a condition requires treatment, then the state must provide the necessary services to treat that condition, whether or not those services are included in the state's Medicaid plan[1].

Dental services for adults are optional for states under the Medicaid program. Florida currently covers emergency dental services for adults, and partial and full dentures. Dental managed care plans have the option of offering expanded dental services for adults who are eligible for the Medicaid program; however, the state's budget has never been adequately funded to cover these expanded services for adults. Expecting the dental managed care plans to provide dental care for adults, who may have extensive dental disease, with the same pot of funds to cover comprehensive dental care for children, is an irresponsible way to manage the Medicaid program. This could potentially provide a false sense of security for adults who desperately need dental treatment and are expecting that treatment through the Medicaid program.

Funding for the Medicaid program has increased every year, with a focus on increasing appropriations for medical care. Funding for dental care in the Medicaid program has been overlooked and not prioritized, even though there is an expectation for dental care utilization to increase every year. AHCA needs to request appropriate funding from the Legislature to address this concern and be proactive in making sure there is appropriate resources to provide those services. Just as AHCA requested millions during the 2022 Legislative Session to cover anticipated legal challenges of the re-procurement process, it is imperative that AHCA requests increased funding for dental care.

[1] Medicaid.gov – Dental Care: https://www.medicaid.gov/medicaid/benefits/dental-care/index.html

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On May 6, AHCA released a request for information (RFI), to solicit concepts from stakeholders on best practices and innovations in business models for the delivery of services through Medicaid managed care. The FDA supports the independence of Florida's dental managed care program and would like to offer assistance in implementing ideas and best practices to increase utilization of oral health services for Medicaid recipients. As such, the FDA submits this response to AHCA for consideration.

In the RFI, AHCA states that it is interested in innovative ideas and best practices to:

- **Improve birth outcomes for mothers and infants through and beyond 12-month postpartum coverage period.**
    - Periodontal infection has been linked to preterm, low birth weight babies. AHCA should update the dental coverage policy manual to cover dental cleanings and periodontal dental services for pregnant women to stimulate a higher utilization of periodontal services and help reduce preterm births.
    - The State Health Improvement Plan oral health objective under the maternal and child health goal to improve preconception and interconception health is "By December 31, 2026, increase the percentage of women 18 years old and older who had their teeth cleaned by a dentist or dental hygienist in the 12 months before pregnancy by 10% from 34.5% in 2020 to 38.0%. (Centers for Disease Control and Prevention Pregnancy Risk Assessment Monitoring System.) The FDA recommends the plans faciliate collaborative efforts between obstetric/gynecological medical providers and dental providers to provide a wider range of educational messaging and increased referrals.

- **Improve integration of dental and primary care services for children and adolescents. 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.**
    - Dentists typically do not see children as often as medical providers especially during the first few years of their life. There needs to be better education on the importance of visiting the dentist during a child's early years of life. There are training programs available for medical providers on oral health screening and fluoride application. Providing these services, in addition to referring the child to a dentist, as well as affirming the importance of oral health care, would increase the overall health of children. The medical plans have patient coordinators that should be trained to educate patients (parents) on the importance of oral health care and visiting the dentist. The dental plans also have patient coordinators. The coordinators from both plans should work together to ensure the child's overall health is addressed.
    - The treatment of special needs patients (children, adults, and cleft lip/palate patients) is a critical issue in the state. Special needs patients previously were treated through a program at the Department of Health and had separate funding.

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The FDA supports a separate dental program, with its own funding, to treat both children and adult special needs patients through the Medicaid program.

- Provide an auto-identifier for patients with special health care needs during patient application to Medicaid that would be used by both the medical and dental plans.
  - Special needs patients that require anesthesia/sedation for any dental service, even exams (due to behavioral issues where the patient may bite, thrash, grab sharp instruments, or are uncooperative or have serious medical conditions), need access to ambulatory surgical centers and hospitals for sedation services. Very few dentists have access to these facilities because they are not granted hospital privileges, the Medicaid reimbursement rates for these procedures are extremely low, and the facility fee for an operating room is considerably lower for dental procedures than for medical procedures. With entities attempting to manage costs, many hospitals have been decreasing or eliminating the time a dentist may work in a hospital or ambulatory surgical center. A recommendation would be for the medical plans who control access to the surgical centers and hospitals to leverage their relationships to get more dentists access for these vulnerable patients. A second recommendation is to increase the facility reimbursements for dental procedures to a similar amount paid to the medical personnel. A third recommendation would be to combine other short medical procedures such as phlebotomy and gynecology with dental procedures to be able to provide these services under one sedation, thus decreasing costs and improving outcomes for patients.
  - This would include the statutorily required treatment of cleft lip/palate patients. Treatment of these patients involve both medical and dental providers to correct these conditions and medical defects. Barriers to communication between medical and dental plans need to be removed in order for continuity of care. An auto-identifier for cleft lip/palate patients used by both the medical plans and dental plans would remove administrative barriers in the processing of claims that will help streamline the process for these patients who desperately need care.

- **Align quality metrics and outcomes with the Florida State Health Improvement Plan and achieve cost savings throughout the Medicaid managed care program.**
  - Currently, the dental plans offer an enhanced adult benefit. However, it is under utilized because no additional funding has been allocated by the state to support this benefit. For example, there is a known linkage between periodontal (gum) disease (which is primarily a disease of adults) and many medical conditions such as diabetes, heart disease and stroke. If AHCA covered more preventative services, and in particularly periodontal services, for adults to stimulate treatment

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of periodontal disease it would result in costs savings around the chronic medical diseases. Currently, dental plans "offer" periodontal benefits to adults as an expanded benefit. However, the dental plans have a disincentive to promote such programs because 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 when the medical conditions are resolved or better managed.

- There needs to be appropriate fees set for the dental treatment of both children and adults. Florida's Medicaid fee schedule has not increased in over 10 years. Florida's Medicaid fee schedule is 50th in the nation and the child fee schedule is about 27% of the usual and customary rates for Florida's dentists. The adult fee schedule is even lower at 67% of the child fee schedule. The overhead in a dental office is around 70% and that is only going up due to an increase in the cost of supplies (heightened measures for disinfection) and personal protective equipment. As a result, any time a provider treats a Medicaid patient, he/she loses money because the cost of providing services is more than the low rates reimbursed by the state. This makes it exceedingly difficult to keep their practice open and viable.
- Low reimbursement rates have also affected the Florida Department of Health (DOH). Prior to 2011, the DOH received cost-based reimbursement for dental services. Currently, the DOH receives fees based on the fee for service model. The current full time equivalent of dental staff (dentists, hygienists, assistants and clerical staff) has decreased from 770.2 in fiscal year 2011/2012 to 369.9 in fiscal year 2020/2021.
- There needs to be better data collection and sharing between the medical and dental plans. Dental plans can manage patients better if they have data on their medical status and conditions (e.g., diabetes, special needs, pregnancy, cleft palates, etc.). In addition, the better data collected on the actual treatment being provided by dental providers, the better we can measure how well the Medicaid patients are being treated. As such, AHCA should collect data from the plans via the Code on Dental Procedures and Nomenclature submissions/payments to evaluate the treatment actually being performed.

Recently, the FDA had a productive conversation with Dr. Christopher Cogle, Chief Medical Officer at AHCA, about many of these issues. While we appreciate Dr. Cogle's expertise and willingness to assist on dental issues, the FDA strongly recommends AHCA hire a Chief Dental Officer or at minimum work with the DOH and the FDA to oversee and assist with the dental managed care program. A dentist has a unique insight into the management of a dental office and managing the oral health care of patients that a physician, while qualified in his or her own field, just does not have.

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The FDA openly invites a continued discussion with AHCA on the dental managed care program and looks forward to working with AHCA on these initiatives. If you have any questions or need additional information, please contact Casey Stoutamire, FDA's Director of Third Party Payers & Professional Affairs at cstoutamire@floridadental.org or 850.350.7202.

Sincerely,

Dr. David F. Boden, DDS, MS
FDA President

cc: FDA Board of Trustees
FDA Governmental Action Committee
Drew Eason, FDA Executive Director
Joe Anne Hart, FDA Chief Legislative Officer