Centers for Medicare & Medicaid Services
ORAL HEALTH Initiative

VERSION: 6-23-2015

STATE ORAL HEALTH ACTION PLAN (SOHAP) TEMPLATE FOR MEDICAID AND CHIP PROGRAMS

STATE: Florida

PROGRAM TYPE ADDRESSED IN TEMPLATE: ☒ MEDICAID ONLY ☐ COMBINED MEDICAID AND CHP

STATE MEDICAL DENTAL PROGRAM LEAD:

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This State Oral Health Action Plan (SOHAP) template is for use by states participating in the CMS Oral Health Initiative (OHI) Learning Collaborative. It includes a simplified framework for planning and evaluating state-specific strategies to improve utilization of preventive dental services by children enrolled in Medicaid or CHIP, consistent with the following CMS national children's oral health improvement goals:

- Increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a preventive dental service by 10 percentage points between FFY2011 and FFY2015; and
- Increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a dental sealant on a permanent molar tooth by 10 percentage points over five-year period (baseline year TBD).

Technical assistance provided through the OHI Learning Collaborative will support each state to use this template and a subsequent Plan-Do-Study-Act (PDSA) template. The SOHAP template guides each state through the following activities:

1. Describing and assessing the state's Medicaid dental delivery system, including: (a) its structure, (b) current workforce participation, (c) dental reimbursement rates, (d) opportunities and resources conducive to improved dental service utilization, and (e) key barriers to preventive service utilization;
2. Identifying key drivers of change and interventions needed to meet the CMS goals, using a driver diagram;
3. Determining the resources needed for intervention implementation, and from where those resources will come;
4. Anticipating barriers to each intervention, and identifying potential solutions and the technical assistance needed to overcome them; and
5. Creating plans to assess the success of each intervention and subsequent achievements of drivers, including the data needed to do so.

SOHAP Template

Please complete this template in its entirety as a Word document, attaching separate documentation (e.g., historical utilization reports, previous strategic plans, etc.) as you think it would add value to the completed SOHAP. Feel free to add rows to each table as needed.

1. Overview and Assessment of State Medicaid Dental Delivery System

A. Structure of Dental Delivery System

	YEAR IMPLEMENTED	NUMBER OF CHILDREN CURRENTLY ENROLLED IN MEDICAID/CHIP[1]	NAMES OF PLANS CONTRACTED WITH PROGRAM
Fee-for-Service			
Administered by the state agency, including **carved out** of medical managed care	1998	TBD	-
Administered by a contractor, including **carved out** of medical managed care	-	-	-
Administered by a contractor, but **carved in** to medical managed care	-	-	-
Other fee-for-service *(please describe):* ______	-	-	-
Dental Managed Care			
Carved in to medical managed care	1998	MediKids (CHIP) 30,469	-

[1] Include date, and distinction between Medicaid and CHIP enrollees, where applicable.

	YEAR IMPLEMENTED	NUMBER OF CHILDREN CURRENTLY ENROLLED IN MEDICAID/CHIP[1]	NAMES OF PLANS CONTRACTED WITH PROGRAM
Carved out of medical managed care	1998	Healthy Kids (CHIP) 192,918	-
Other dental managed care *(please describe):* Statewide Medicaid Managed Care: A managed care model with dental care integrated with medical and behavioral health care.	2014	1,973,459	- Amerigroup Florida, Inc. - Better Health - Children's Medical Services Network - Coventry Health Care of Florida - Clear Health Alliance - Freedom Health - Humana Medical Plan - Integral - Magellan Complete Care - Molina Healthcare of Florida - AIDS Healthcare Foundation (dba) Positive Healthcare Florida - Preferred Medical Plan - Prestige Health Choice - Simply Healthcare Plans - South Florida Community Care Network - Staywell - Sunshine Health - United Healthcare of Florida

B. Dental Workforce

i. Participating Dental Providers ("Participating" = submitted at least one claim[1]; "Active" = submitted at least $10,000 in claims):

- [1]"Participating" dental providers may be practicing in multiple locations

PROVIDER TYPE	YEAR OF DATA	NUMBER LICENSED IN STATE	PRIMARY DENTAL DELIVERY SYSTEM TYPE: Pre-Paid *		SECONDARY DENTAL DELIVERY SYSTEM TYPE: Fee-For-Service	
			# PARTICIPATING	# ACTIVE	# PARTICIPATING	# ACTIVE
Dentists	SFY 13/14	10,464	-	-	2,031	1,362
Dental Hygienists	SFY 13/14	10,923	-	-	-	-
Other Mid-Level Dental Provider	-	-	-	-	-	-
Dental Specialists (enumerated by type)	-	-	-	-	-	-
Oral Surgeons	SFY 13/14	-	-	-	95	60
Pedodontist	SFY 13/14	-	-	-	182	153
Orthodontist	SFY 13/14	-	-	-	44	26

ii. Participating Non-Dental (Medical) Professionals Providing Dental Services ("Participating" = submitted at least one claim; "Active" = submitted at least $10,000 in claims):

PROVIDER TYPE	YEAR OF DATA	NUMBER LICENSED IN STATE	* NUMBER PARTICIPATING PROVIDERS	* NUMBER ACTIVE	**REIMBURSEMENT FOR ORAL HEALTH SERVICES (PAYMENT RATE OR NO)	* NUMBER OF PROVIDERS DELIVERING ORAL HEALTH SERVICES
MDs/DOs	SFY 13/14	47,069/ 4,847	-	-	-	-
Nurse Practitioners	SFY 13/14	16,863	-	-	-	-
Physician Assistants	SFY 13/14	6,118	-	-	-	-
Other Non-Dental, Mid-Level Providers	SFY 13/14	-	-	-	-	-

**** Note: Florida is working to provide data on current participating and active provider numbers that will reflect the experience in the Managed Medical Assistance program.***

C. Dental Service Reimbursement Rates

CODE	SERVICE	CURRENT REIMBURSEMENT RATE*	PLANS TO ADJUST*
D0120	Periodic Oral Exam	$22.29	
D0140	Limited Oral Evaluation, problem-focused	$11.89	
D0150	Comprehensive Oral Exam	$23.78	
D0210	Complete X-rays with Bitewings	$47.56	
D0272	Bitewing X-rays – two films	$13.38	
D0330	Panoramic X-ray film	$44.59	
D1120	Prophylaxis (cleaning)	$20.81	
D1208	Topical Application of Fluoride	$16.35	
D1206	Topical Fluoride Varnish	$16.35	
D1351	Dental Sealant	$19.32	

***** These rates are fee-for-service rates for services provided to children under the age of 21. Florida's delivery system is primarily a managed care model. Medicaid health plans have the ability to set their own reimbursement rates.***

D. Opportunities and Resources Conducive to Improved Preventive Dental Service Utilization

Describe opportunities or resources in your state (e.g., political/legislative support, changes in reimbursement, scope of practice laws, stakeholder support, etc.) that could support increased preventive dental service access and utilization among children enrolled in Medicaid or CHIP:

Opportunities/Resources currently being utilized

Opportunities/Resources currently being utilized
Stakeholder involvement: Florida stakeholders have demonstrated a commitment to improving oral health care through involvement in oral health initiatives such as the Oral Health Florida coalition and development of this State Oral Health Action Plan (SOHAP). Some key stakeholders are: • Florida Dental Association • Florida Dental Hygiene Association • Florida Department of Health • Florida Institute for Health Innovation • Medicaid Health/Dental Plans • Colleges of Dentistry • Oral Health Florida Coalition
Medicaid leadership engagement: Florida Medicaid leadership adopted improvement in oral health care as one of two key quality goals. It has shown its commitment to improving oral health care for Medicaid children by requiring its health plans to adopt the CMS-established preventive oral health goals and engage in a performance improvement project to increase preventive dental services use by children. High-level Medicaid staff participate in the Oral Health Florida leadership council and lead the development of the State Oral Health Action Plan.
Medicaid managed care system: The move to a primarily managed care system creates opportunities to focus on outcomes. Medicaid health plan contracts establish dental performance standards and network adequacy standards, and the capitated payment methodology allows plans to implement flexible and innovative payment arrangements. Each health plan is also required to conduct a Performance Improvement Project, under the direction of the state's External Quality Review Organization, aimed at increasing the use of preventive dental services by children.

School-based programs and 3rd grade surveillance programs (sealants). There are a number of school-based sealant programs and a commitment from the Florida Department of Health to expand school-based sealant programs through the county health departments and Federally Qualified Health Centers. The Department of Health also undertook a 3rd grade oral health surveillance which provides baseline data for improved measurement.
Florida Head Start program: The state program office for Head Start is engaged in the Oral Health Florida leadership council and has shown leadership in the oral health area by partnering on a grant with dental hygienists for education, screening, fluoride varnish application, and referral to a dental home.
Dental hygienists may provide preventive dental services in health access settings without the pre-authorization or supervision of a dentist.
Federally qualified health centers and county health departments in recent years have expanded to provide dental services in underserved areas.

E. Key Barriers to Preventive Dental Service Utilization

Describe the key barriers to preventive dental service utilization among children in your program, including those specific to certain geographic areas or demographic groups (e.g., by age or race/ethnicity), and/or to the specific service of dental sealant application:

Challenges to access: parents have difficulty taking time off of work or away from other obligations to take their children to the dentist; they may have to schedule family members at different times; there are limited after hours and weekend appointments; there are few providers willing or equipped to serve special needs population; providers report the recipients insured by Medicaid have higher rates of missed appointments.
Provider perception of reimbursement rates for Medicaid dental services: Providers may not realize that Medicaid health plans have more flexibility in payment arrangements than was available under fee-for-service Medicaid.

Health plan credentialing requirements: Providers must be contracted with and credentialed by each Medicaid health plan for which they wish to provide services.
Low levels of oral health literacy: Families may not understand the importance of preventive dental care and how to utilize dental benefits.
Some Medicaid health plans have declined to contract for preventive dental services in schools without comprehensive care being available.
Stakeholders have a limited understanding of challenges/barriers identified by families (e.g., cultural misalignment, transportation, geographic accessibility, willingness to serve children with special health care needs, ability to make appointments).

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2. State-Specific Aims, Drivers of Change, and Interventions

Driver Diagram 1

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
By the end of FFY 2015, increase by 10 percentage points from FFY 2012 the proportion of children enrolled in Medicaid for at least 90 continuous days who receive a preventive dental service.	1. Complete & Accurate Oral Health Performance Data	1a. Increased data submitters' (health plans) knowledge level and enhanced skills in data collection and submission	1a. Educate data submitters on data collection and submission protocols - develop/adopt educational materials - create clear specifications for submission - disseminate materials through webinars or workshops - include as deliverable(s) for health plan & fiscal agent contracts
		1b. Improved quality of utilization data reporting	1b. Streamline and standardize queries used by health plans, Medicaid fiscal agent, & Medicaid data analytics team for the CMS 416 report
	2. Increased Level of Engagement of Families and Children for Oral Health Care	2a. Increased family/recipient understanding of and appreciation for the importance of oral health	2a. Develop/adopt and distribute materials (working primarily through health plans) to educate parents on the importance of oral health
		2b. Increased use of dental services by families and children	2b. Outreach to enrollees to improve understanding of how to use services and reduce missed appointments, including appointment assistance from health plans
	3. Adequate Dental Service Delivery & Workforce	3a. Refined Medicaid coverage policies & procedures related to the delivery of dental services	3a.* Identify and determine if new codes should be opened to expand access (e.g., after hours codes) - clarify coverage and reimbursement policy for services for children less than 3 years of age
		3b. Increased dental provider participation in the Medicaid network	3b. Streamlined provider credentialing process for managed care (in progress)
		3c. Increased utilization of health access settings	3c. Work with health plans to connect enrollees with dental homes such as those offered through health access settings

Driver Diagram 2

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
By the end of FFY 2017, increase by 10 percentage points from FFY 2012 the proportion of children ages 6-9 enrolled in Medicaid for at least 90 continuous days who receive a dental sealant on a permanent molar tooth.	1. Complete & Accurate Oral Health Performance Data	1a. Increased data submitters' (health plans) knowledge level and enhanced skills in data collection and submission	1a. Educate data submitters on data collection and submission protocols - develop/adopt educational materials - create clear specifications for submission - disseminate materials through webinars or workshops - include as deliverable(s) for health plan & fiscal agent contracts
		1b. Improved quality of utilization data reporting	1b. Streamline and standardize queries used by health plans, Medicaid fiscal agent, & Medicaid data analytics team for the CMS 416 report
	2. Increased Level of Engagement for Families and Children in Oral Health Care	2a. Increased family/recipient understanding of and appreciation for the importance of oral health	2a. Develop/adopt and distribute materials (working primarily through health plans) to educate parents on the importance of oral health
		2b. Increased use of dental services by families and children	2b. Outreach to enrollees to improve understanding of how to use services and reduce missed appointments, including appointment assistance from health plans
	3. Adequate Dental Service Delivery & Workforce	3a. Refined Medicaid coverage policies & procedures related to the delivery of dental services (payment policies)	3a. Remove barriers to encourage health plans to cover fluoride varnish and sealants in school-based programs
		3b. Increased dental provider participation in the Medicaid network	3b. Streamlined provider credentialing process for managed care (in progress)