FLORIDA'S STATE ORAL HEALTH ACTION PLAN

Division of Medicaid
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Presentation Objectives

➢ What is the Oral Health Initiative?

➢ Provide an overview of Florida's 'State Oral Health Action Plan' (SOHAP)

➢ Discuss interventions that are currently being implemented

➢ Takeaways from the Oral Health Initiative

➢ Future next steps

Oral Health Initiative

➢ In 2010, the Centers for Medicaid and Medicare Services (CMS) launched the Children's Oral Health Initiative and set goals for improvement by the end of FFY 2015.

   ➢ Goal #1 – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a preventive dental service.

   ➢ Goal #2 – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a dental sealant on a permanent molar tooth.

Oral Health Initiative (cont.)

➢ CMS selected a total of five states in the fall of 2014 to participate in a learning collaborative to provide state Medicaid agencies with technical assistance to design, develop and implement a **State Oral Health Action Plan (SOHAP)**

➢ District of Columbia, Kansas, Michigan, Utah and Florida

• Initial collaborative period October 27, 2014 - May 15, 2015, which was later extended one additional year (May 2016).

Oral Health Initiative (cont.)

Percentage Point Difference in Preventive Dental Services of Percentage of children, age 1-20, enrolled in Medicaid for at least 90 days who received a preventive dental service (12b) FFY 2011 to FFY 2013
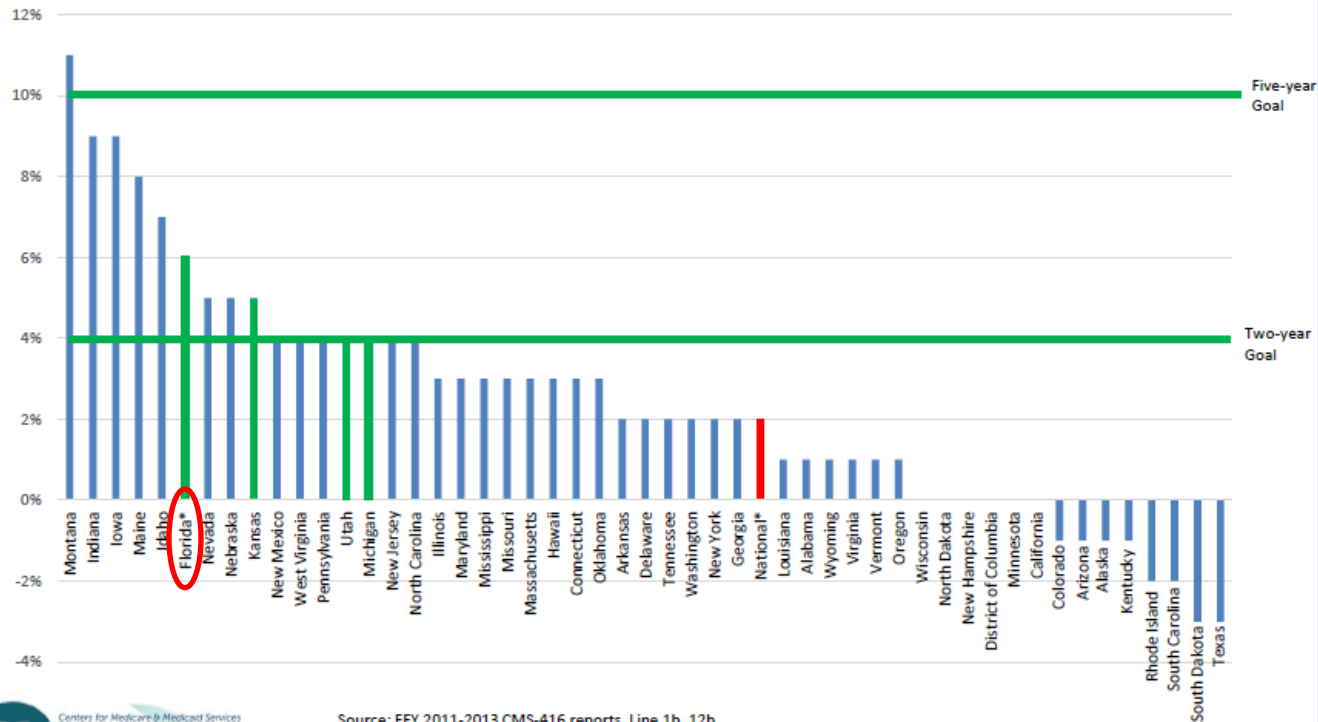
Source: FFY 2011-2013 CMS-416 reports, Line 1b, 12b
Note: *FFY 2011 data for Ohio and Florida are not available. Data for Florida has been substituted with FFY 2012 data. Data for Ohio has been excluded. Estimates for Florida are included in the National figure. Data has been rounded.

Overview of the SOHAP

➢ Describes and assesses the Florida Medicaid dental delivery system

  ➢ Addresses structure, current workforce participation, dental reimbursement rates, opportunities, and resources (which will improve dental service utilization and identify key barriers to preventive service utilization)

➢ Identifies key drivers of change and interventions needed to meet the CMS goals

  ➢ Utilizing a driver diagram & the Plan-Do-Study-Act (PDSA) cycle

Overview of the SOHAP (cont.)

➢ Determines the resources needed to implement the interventions

    ➢ What barriers will we encounter? Potential solutions?

    ➢ What technical assistance will be needed from CMS to overcome these barriers?

Overview of the SOHAP (cont.)

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. Use single, streamlined query for CMS-416 data collection
	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

Interventions (in process)

➢ Use single, streamlined query for CMS-416 data collection

➢ Develop/adopt and distribute materials (working primarily through health plans) to educate parents on the importance of oral health

Interventions (Streamlined CMS-416 Query)

➢ How the need to improve data was identified:

    ➢ Discussions held regularly with the Centers for Medicare and Medicaid Services on Florida Medicaid's approach to collecting and reporting data and they suggested several areas to explore.

    ➢ We reviewed the CMS 416 report and several lines of data stood out as requiring additional review.

Interventions (Streamlined CMS-416 Query)

➢ Established an internal workgroup that included staff responsible for data, systems, policy, and managed care contracts.

➢ Significantly modified the methodology of compiling the data used to develop the CMS 416 report.

➢ Created a process to ensure that data utilized to define the eligible population was mutually exclusive.

Interventions (Streamlined CMS-416 Query)

➢ We closely examined the data used to compile the CMS 416 report and found opportunities for improvement

- Health access settings had to list only one or two procedure codes on their claim, even though more procedures could be completed in one encounter.

- Data on services rendered to Medicaid recipients that is not being reported or is under-reported:
  - Most school-based dental programs and dental schools
  - Grant-funded programs
  - Dentists providing free care

Interventions (Streamlined CMS-416 Query)

➢ The internal workgroup conducted a line-by-line review of the coding used for the CMS 416 query

- Included staff responsible for data, systems, policy, and managed care contracts

➢ Achieved agreement on the areas where updates were required

➢ Developed and programmed a single, refined query

- Updated our billing system to allow for more detailed information on claims from health access settings

- Identified areas where data are unreported or under-reported for future targeted interventions

Interventions (Consumer Engagement)

➢ Performance Improvement Project (PIP) Check-Ins with health plans

  ➢ The sharing of ideas across health plans
  ➢ Discovered which plans (are/are not) utilizing the PDSA process
  ➢ Introduction of quality improvement tools
  ➢ Discussion of the importance of rapid cycle improvement
  ➢ Learned that health plans are doing much more than what is actually documented
  ➢ Health plans are monitoring data more frequently (monthly and weekly)
  ➢ Establishment of stakeholder connections between the Agency and the health plans

Interventions (Consumer Engagement)

➢ As part of the Agency's oral health social media campaign, a new logo has been developed

➢ The logo's message is one that is attempting to incorporate the overall health of the recipient

Takeaway from the OHI

Percent of Children Ages 1-20 Enrolled in Florida Medicaid for at Least 90 Continuous Days Receiving A Preventive Dental Service: FFY 2011 - FFY 2015 *
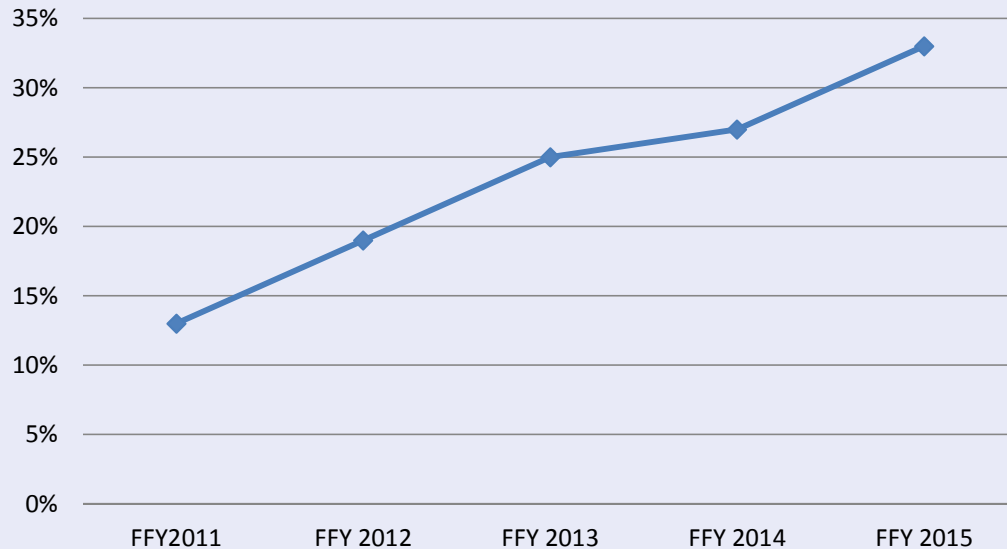
* Florida's FFY 2015 goal is based on the state's FFY 2012 CMS-416 data.

Takeaway from the OHI

Next Steps

➤ The Agency seeks to partner with Head Start and Early Head Start centers to have federally qualified health centers and county health departments provide:

- Oral health assessments
- Screenings
- Fluoride varnish
- Education
- Referrals to dental homes

Questions?

Thank you for your time!

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