



ALABAMA CARE NETWORK MID-STATE MEDICAL MANAGEMENT MEETING

MARCH 8TH AND MARCH 13TH, 2024



WELCOME AND INTRODUCTIONS

Presenters

- Melissa O'Brien, LICSW- Manager of Care Coordination
- Caitlin Reaves, DMD- Owner and Pediatric Dentist
 - Homewood Pediatric Dentistry
 - VP of the Alabama Academy of Pediatric Dentistry
- Dr. Peily Soong, MD – Medical Director
 - Pediatrician, Pediatrics East

AGENDA

- Medicaid Updates
- Medical Management Meeting Requirements
- Dr. Reaves- Oral Health Basics
- Dr. Soong- First Look Program



MEDICAID UPDATES

- RFP was issued on 12/27/23
- https://medicaid.alabama.gov/documents/2.0_Newsroom/2.4_Procurement/2.4_Active_Procurements/2.4_2023-ACHN-01_RFP_12-29-23.pdf
- Alabama Care Network Mid-State submitted response by March 4th, 2024
- Fiscal Year (FY) 2025 (October 1, 2024-September 30, 2025) Patient-Centered Medical Home (PCMH) Attestation Form is now available on Medicaid's Website and providers may begin submissions to Medicaid now, via one of the following:
 - Email: ACHN@medicaid.alabama.gov or Fax: 334-353-3856

MEDICAID UPDATES

Eligibility Redetermination

Recipients can visit the following link for information on updating contact information to ensure they receive notice from the Agency regarding redeterminations:

For Providers:

https://medicaid.alabama.gov/content/7.0_Providers/7.11_COVID-19_Vaccine_Providers.aspx

For Recipients:

https://medicaid.alabama.gov/content/11.0_Recipient/11.8_COVID-19_Vaccine_Info_for_Recipients.aspx



Step 1: Update Your Address

- Renew your Medicaid every year. Stay up to date about changes that can affect your benefits. Update your mailing address and other personal information with the Alabama Medicaid Agency as soon as possible to get notified.

Step 2: Check Your Mail



Starting April 1, 2023:

- Medicaid will mail you a letter to let you know it's your time to renew.
- You must fill out and return your form to Medicaid.
- Medicaid coverage will stop if you are not eligible or don't respond.
- Medicaid will mail you a letter letting you know if your benefits change.



Step 3: Complete Renewal Form

- If you were not automatically renewed, you will receive a renewal form in the mail. Fill it out and return it to Alabama Medicaid right away so you are not at risk for losing coverage if eligible.



Alabama Medicaid Agency

For more information visit:
www.medicaid.alabama.gov
and click the gray mailbox, or
Call the Recipient Call Center:
1-800-362-1504

MEDICAL MANAGEMENT MEETING REQUIREMENTS

- Reminder
 - A PCP or physician extender (NP or PA) from each contracted clinic must attend 3 of 4 yearly Medical Management Meetings
 - An average of 2-3 meetings are held per quarter



ORAL HEALTH BASICS

DR. CAITLIN REAVES





FIRST LOOK PROGRAM

DENTAL FLUORIDE TREATMENT – DR. PEILY SOONG



FIRST LOOK PROGRAM

- Created to reduce early childhood caries by encouraging primary care physicians to:
 - Perform dental risk assessments
 - Provide anticipatory guidance
 - Apply fluoride varnish when indicated
- There is mounting evidence to prove that the incidence of caries can be reduced by having children six months to 36 months of age assessed by their pediatric provider and a fluoride varnish applied during routine pediatric visits.
- Can be reimbursed for a dental assessment (D0145) and fluoride varnish application (D1206)

WHO IS ELIGIBLE

- Children 6 mo to 36 mo
- Children already seen by a dentist do not qualify for the 1st Look Program.
- Participating primary medical providers (PMPs) must first obtain certification by completing a Medicaid-approved training course
- Medicaid First Look information Website:
https://medicaid.alabama.gov/content/4.0_programs/4.2_Medical_Services/4.2.2_Dental/4.2.2.4_1st_Look.aspx (short link: <https://bit.ly/firstlookinfoal>)



HOW TO ENROLL AND BE CERTIFIED

- Instructions are located here: <https://www.alaap.org/oral-health-risk-assessment-module> (short link: <https://bit.ly/firstlookal>)
- Instructions are on the website (on the bottom right side):
 - Step #1: Watch the video on the website.
 - Step #2: Take post-test. You must get 75% correct.
 - Step #3: Download your CME certificate for the module.
 - Step #4: Complete the CME evaluation



Oral Health Risk Assessment Online Training



Faculty: Richard Simpson, DMD; Grant Allen, MD, FAAP; Nola Ernest, MD, PhD, FAAP
The Alabama Chapter American Academy of Pediatrics is pleased to offer its 1st Look/Oral Health Risk Assessment Training as an on-demand, CME-approved "enduring materials" module for 1st Look certification by the Alabama Medicaid Agency and Alabama's Children's Health Insurance Program (ALL Kids).

Please review the information below and follow the instructions in order to view the training and successfully pass the online post-test, which will automatically submit to the Chapter staff for 1st Look certification under ALL Kids.

EFFECTIVE 2019: In order for Medicaid to certify you as a 1st Look provider, you/your staff will need to complete the process on the Medicaid provider portal. See #4 under instructions below.

HOW TO ENROLL AND BE CERTIFIED- CONT.

- Step #5a: For Alabama Medicaid, your practice manager or staff member must visit the AL MCD Provider Secure Portal to submit an **Electronic Enrollment Update**.
 - Attach a request for adding specialty 274 to the location needed and include your CME certificate/certificate of completion as documentation of the training. Call Provider Enrollment at 1-888-223-3630, Option 1 for questions.
- Step #5b: If you are an ALLKids provider, the AL AAP Chapter staff will send your certificate of completion to ALLKids to complete the process. Contact the AL AAP if you have any questions.

Instructions

Steps #1, #2, and #3 are required; Step #4 is required if you are a Medicaid provider:

1. Video Training

Click the [video](#) at top right or access it here. It is recommended that you access the [PowerPoint presentation handout here](#) to review as you watch the video. You will be instructed to return here for the following links to the post-test and evaluation:

2. Post-Test

To take test, choose [physician post-test](#) or [non-physician post test](#) (test is the same but CME certificate is different). You must click through and complete entire test (75% pass rate) in order for your test results to be submitted for CME credit AND for you to become certified as a 1st Look provider (see #4 below). On the last screen you will see your test score and if passing, will be prompted to download your CME certificate.

3. Evaluation

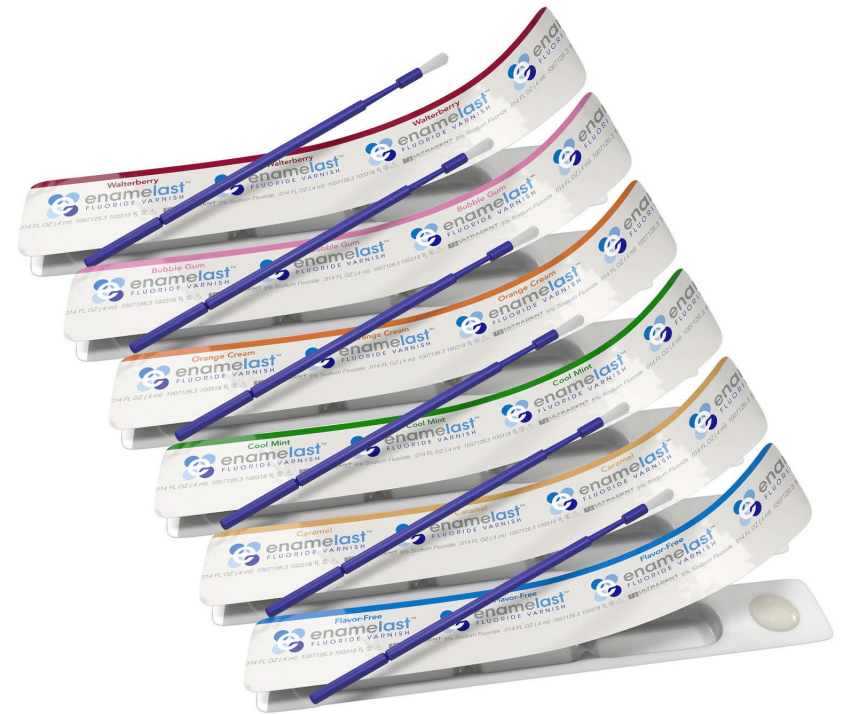
Click [HERE](#) to take/submit CME activity evaluation.

4. 1st Look Certification (**Effective January 2019**)

If you are an ALL Kids provider, the Chapter staff will send your certificate of completion to ALL Kids to complete the process. For Alabama Medicaid, your practice manager or staff member must visit the Provider Secure Portal [HERE](#) to submit an Electronic Enrollment Update. Attach a request for adding specialty 274 to the location needed and include your CME certificate/certificate of completion as documentation of the training. Questions on this process? Call Provider Enrollment at 1-888-223-3630, Option 1.

WHERE TO GET FLUORIDE?

- Omni Vanish
- Omni Cavityshield (3m ESPE)
- Omni Cavityshield .25 ml unit doses
- Profluorid Varnish (Voco) (available through Patterson only)
- Duraflor (Medicum)
- Durashield (Sultan Healthcare)
- Enamel Pro (Premier)
- McKesson
- Henry Schein
- Wonderful Dental (wonderfuldental.com)



APPLYING FLUORIDE

- PCPs are able to apply fluoride:
 - 3 per calendar year
 - Maximum of 6 applications between 6 months and 36 months of age
 - Must be at least 90 days in between applications
 - D0145 (Dental Assessment Code) can only be billed once by a medical provider and once from a dentist from age 6 months to 36 months.
 - Should use ADA Caries Risk Assessment Tool (CAT) and document at least 2 risk factors.
 - Currently the criteria allow any child who is eligible for Medicaid to be considered high risk. The 1st Look program will require at least one additional high-risk indicator.

ADAP CARIES RISK ASSESSMENT TOOL (CAT)

Table 1. Caries-risk Assessment Form for 0-3 Year Olds^{59,60}
(For Physicians and Other Non-Dental Health Care Providers)

Factors	High Risk	Low Risk
Biological		
Mother/primary caregiver has active cavities	Yes	
Parent/caregiver has low socioeconomic status	Yes	
Child has >3 between meal sugar-containing snacks or beverages per day	Yes	
Child is put to bed with a bottle containing natural or added sugar	Yes	
Child has special health care needs	Yes	
Child is a recent immigrant	Yes	
Protective		
Child receives optimally-fluoridated drinking water or fluoride supplements		Yes
Child has teeth brushed daily with fluoridated toothpaste		Yes
Child receives topical fluoride from health professional		Yes
Child has dental home/regular dental care		Yes
Clinical Findings		
Child has white spot lesions or enamel defects	Yes	
Child has visible cavities or fillings	Yes	
Child has plaque on teeth	Yes	

Circling those conditions that apply to a specific patient helps the health care worker and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (e.g., frequent exposure to sugar containing snacks or beverages, visible cavities) in determining overall risk.

Overall assessment of the child's dental caries risk: High ☐ Low ☐

Note:

- Drinking juice, sugary snacks qualifies as high risk.
- Drinking bottle before bed is high risk
- Document 2 high risk factors

CODES TO USE



CPT
&
ICD 10

- **Dental Screening (billed once only):**
 - Z13.84: Encounter for screening for dental disorders
 - D0145: Dental Screening/Assessment (\$26.40)
- **Fluoride Application (can be billed every 90 days, max 3x/year):**
 - Z29.3: Encounter for prophylactic fluoride administration
 - D1206: Fluoride application (\$26.10)

THANK YOU FOR PARTICIPATING

Questions?

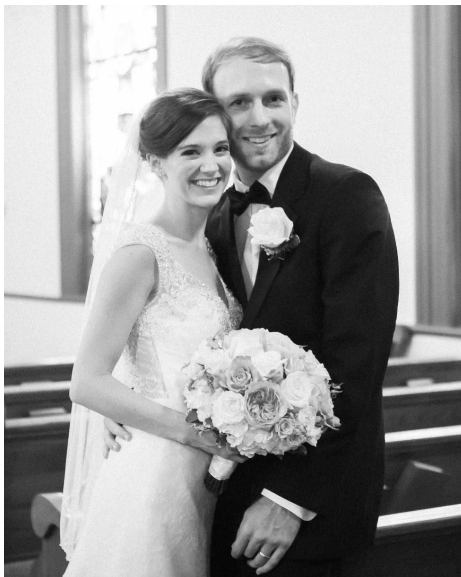
Oral Health Basics for the Pediatrician



Caitlin Reaves, DMD



About Me: Caitlin Reaves DMD



About Me: Caitlin Reaves, DMD



- Auburn University
 - BS in Biomedical Sciences
 - BA in Spanish
- UAB School of Dentistry
 - DMD in 2012
- Indian Health Service
 - General Dentist
 - Navajo Reservation in Arizona
 - Public Health, Oral Surgery, Endodontics, Emergency Dentistry
- Pediatric Dentistry at MUSC
 - 2 year residency
- Private Practice in SC
 - Associate Dentist
 - Board Certified
 - SC Academy of Pediatric Dentistry, Board Member
- Part-time Associate in SC / AL
- Homewood Pediatric Dentistry
 - Owner and solo pediatric dentist

Objectives:

- Fill in oral health education gap
- Help prepare for boards
- Give resources
- Influence you to work collaboratively with pediatric dentists to improve outcomes for patients



DISCLOSURES:

- Not a paid lecture
- No sponsors/stock in any dental product
- Photos are from my own kids, my patients, textbooks and of course, google.
- Information today will be based on ADA and AAPD guidelines and evidence based practice recommendations.



Basic Dental Hierarchy:

- College Degree
- Dental School (DMD, DDS)
 - General Dentist upon graduation
 - Can do optional General Practice Residency (GPR)
- Residency
 - Pediatrics - pediatric and special needs
 - Dental Anesthesiology - sedation for dental cases
 - Endodontics - tooth nerves
 - Oral and Maxillofacial Surgery - trauma, pathology
 - Oral and Maxillofacial Radiology - dental radiology
 - Oral and Maxillofacial Pathology - diagnosis of path
 - Oral Medicine - complex adult medical patients
 - Orofacial Pain - TMD
 - Orthodontics - braces
 - Periodontics - gums
 - Prosthodontics - oral/facial prosthesis
 - Dental Public Health - research/teach
- Front desk staff
 - Reception
 - Scheduling
 - Insurance
- Dental Assistants
 - Assist chairside
 - Take x-rays
 - Sterilization
 - Expanded Function: in some states they can place sealants, fillings - requires more training
- Hygienists
 - Clean teeth
 - Can detect pathology/diseases
 - Higher degree of knowledge/training
 - Place sealants

Pediatric Oral Health Clock

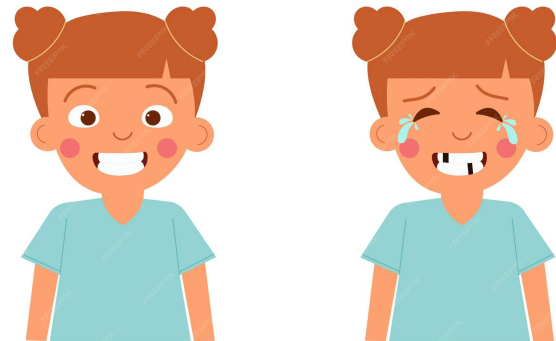




0 - 1 yo →



1 - 3 yo →



Limited Restorability Options

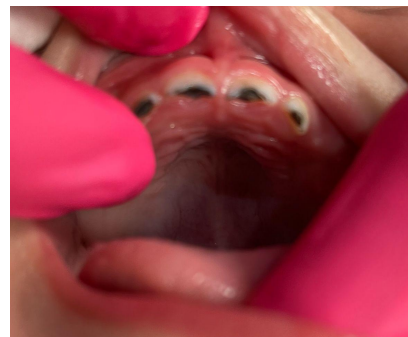
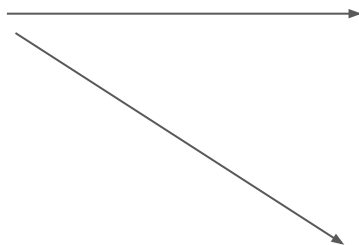




Non-restorable



SDF





Check for Plaque



Emphasize Dental Home

Ask about nutrition habits

Ask about oral hygiene

Apply fluoride varnish



1st dental visit by the 1st Birthday

or

6 months after the first tooth comes in

.....

whichever comes first !!!

- Average age for 1st primary tooth eruption is 6 months old.
 - 1st tooth at 4 mo → 1st dental visit at 10 mo
 - 1st tooth at 9 mo → 1st dental visit at 1st bday
 - No teeth at 12 mo → 1st dental visit at 1st bday
- Natal or neonatal teeth can be seen immediately if concern for aspiration (45° mobility) or if Riga Fede “disease” present.





0 - 3 yo RICE-sized
amount of FLUORIDE
toothpaste

3 - 6 yo PEA-sized
amount of FLUORIDE
toothpaste

- No training toothpaste
- Nanohydroxyapatite for anti-fluoride family
- Brushing BEFORE bed is most important

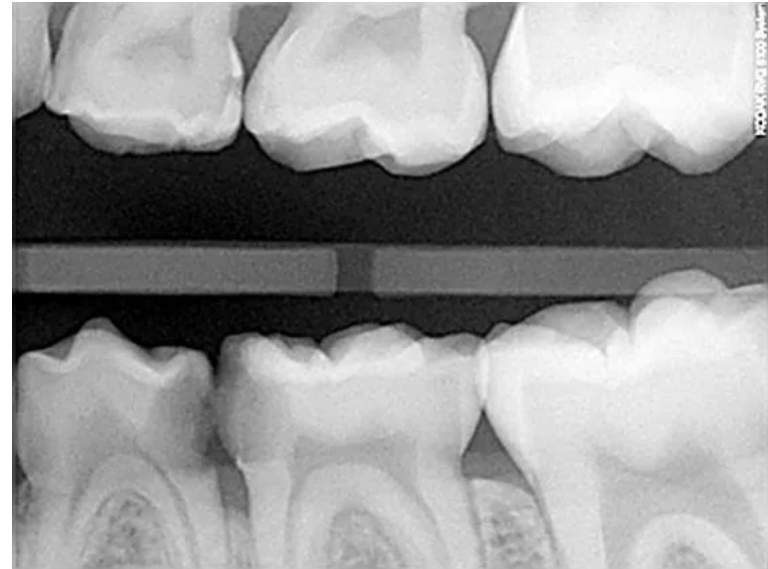
NON-nutritive sucking habits ❌ by age 3 yo



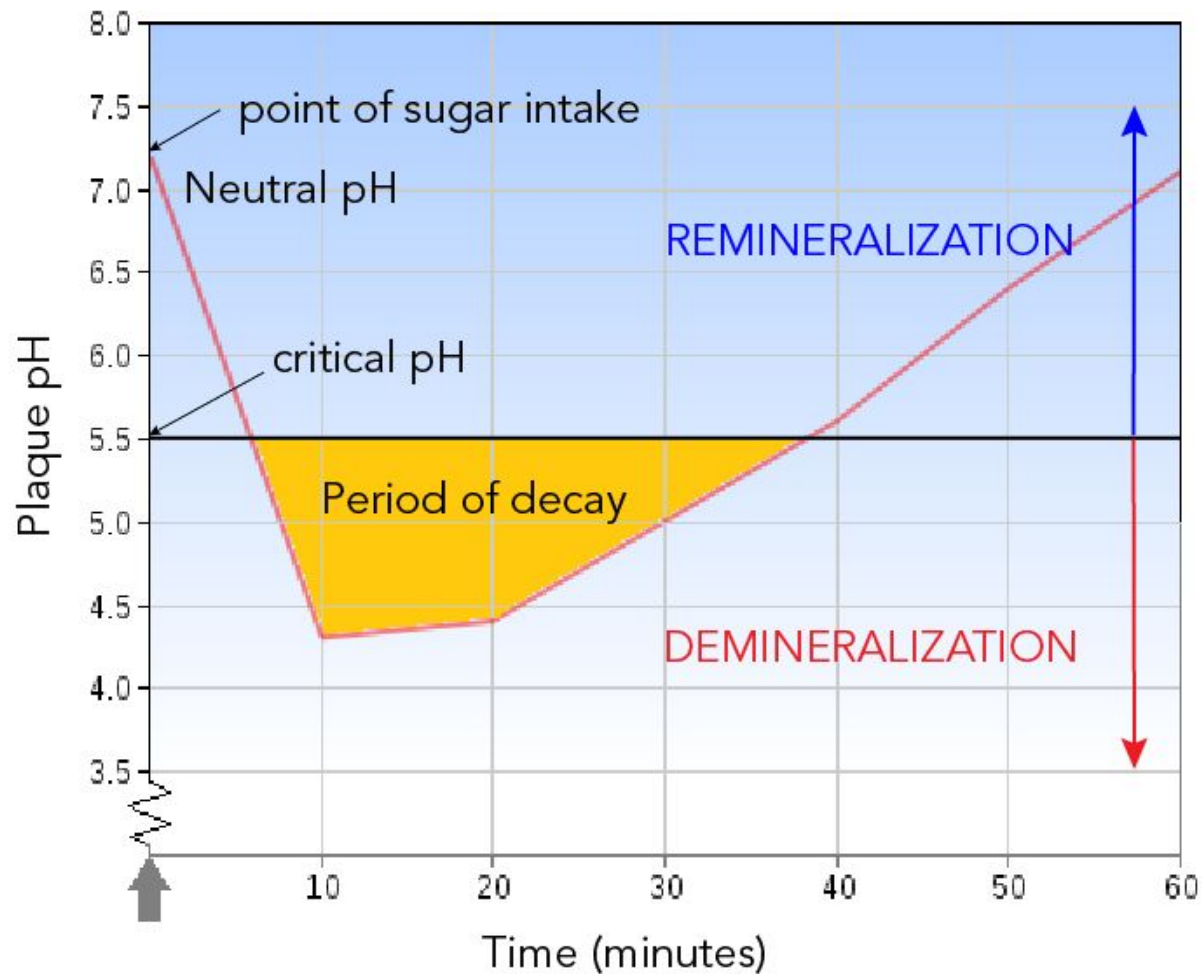
- Positive reinforcement
- Calendar method
- Do NOT try to do at same time as any other big life change: potty training, new sibling/house
- Guards / Nail polish / Orthodontic appliance only when patient is internally motivated to stop and needs help



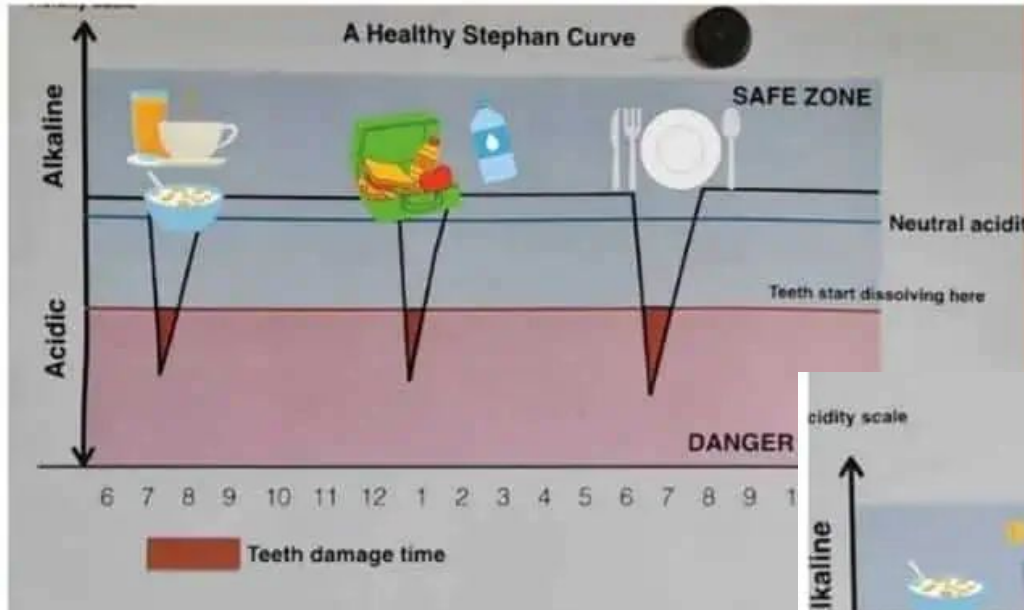
First Dental X-rays



- Compliant patients → want to please
- X-rays tell us a lot about which behavior management techniques will be needed

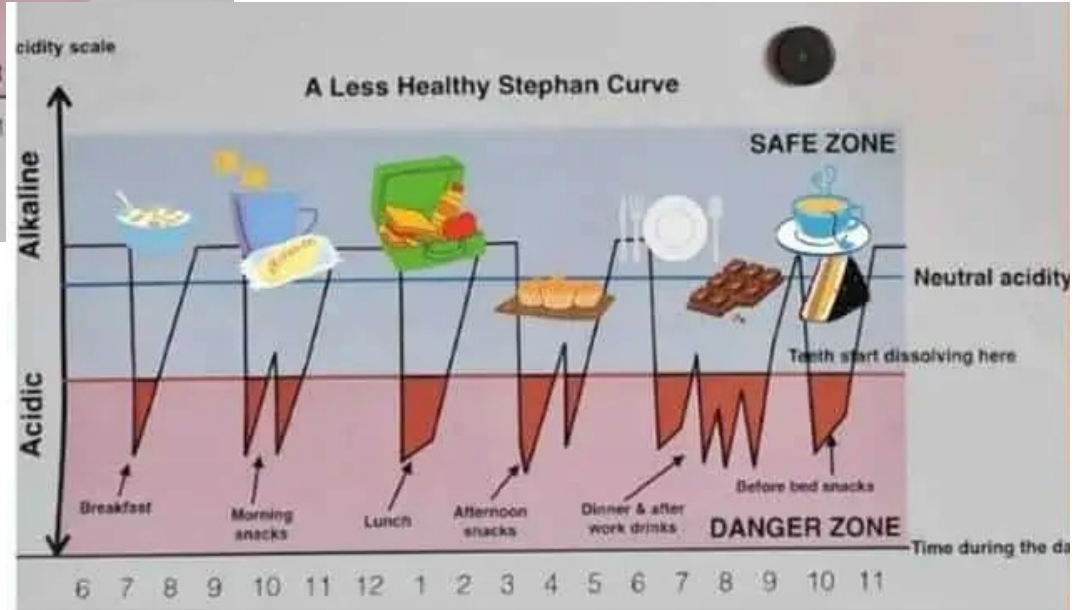


pH **5.5**



- Frequency matters most

- No more than 3 meals and 2 snacks per day or
→ High Caries Risk



Supplemental Nutrition

- Counsel about the increased cavity risk by emphasizing good daily ORAL HYGIENE (aka brushing with fluoride toothpaste and flossing)
- Make sure they have a pediatric dental home that they are seeing every 3-6 months.
- Apply fluoride varnish up to once every 3 months if they do not have dental home.





- Permanent teeth start erupting
- Sealants can prevent 85% of cavities in permanent teeth.

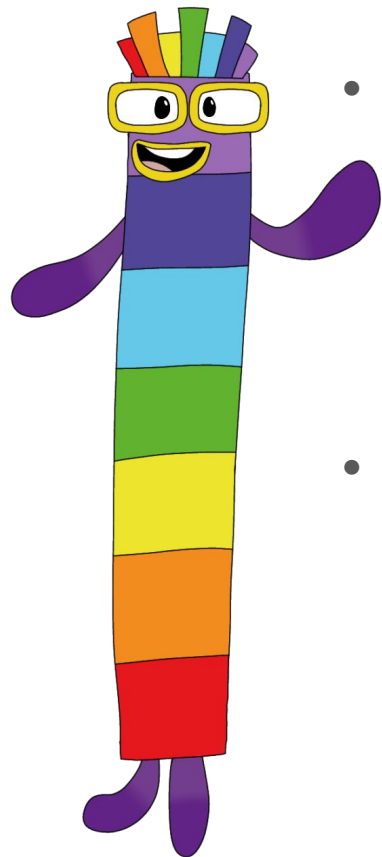


BEFORE SEALANT



AFTER SEALANT

7



- American Academy of Orthodontics recommends all kids see orthodontist for growth and development evaluation by age 7 yo.
- When caught early, some growth disturbances can be treated early and eliminate need for extensive treatment like surgery.

Problems to Watch for in Children Age 6-8



Excessive Spacing



Crowding



Open Bite



Overbite



Crossbite (Front Teeth)



Crossbite (Back Teeth)



Underbite



Overjet (Protrusion)




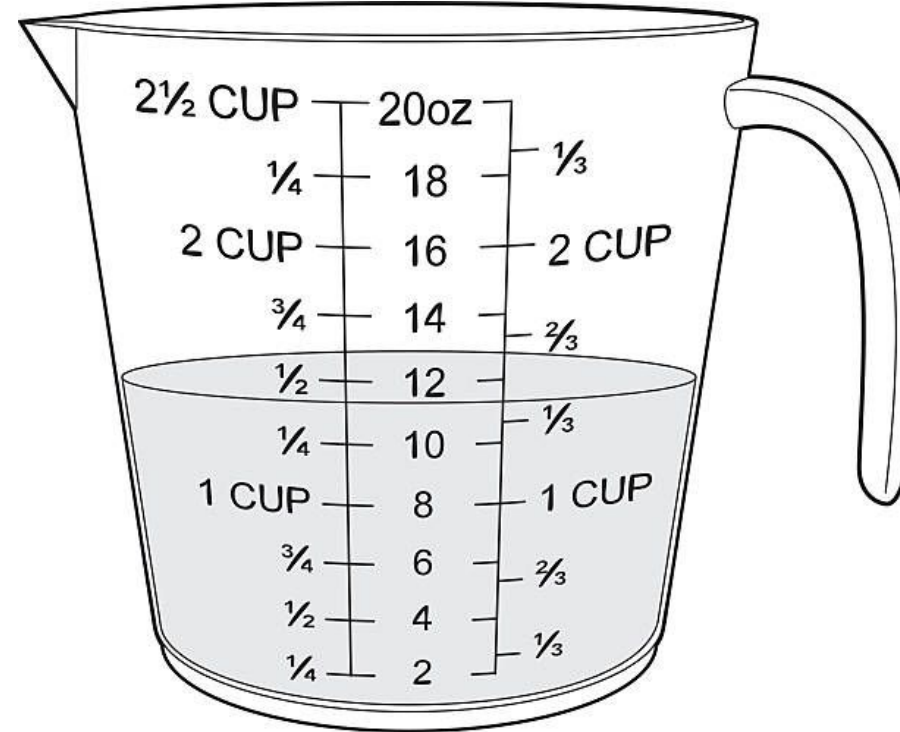
Abnormal Eruption

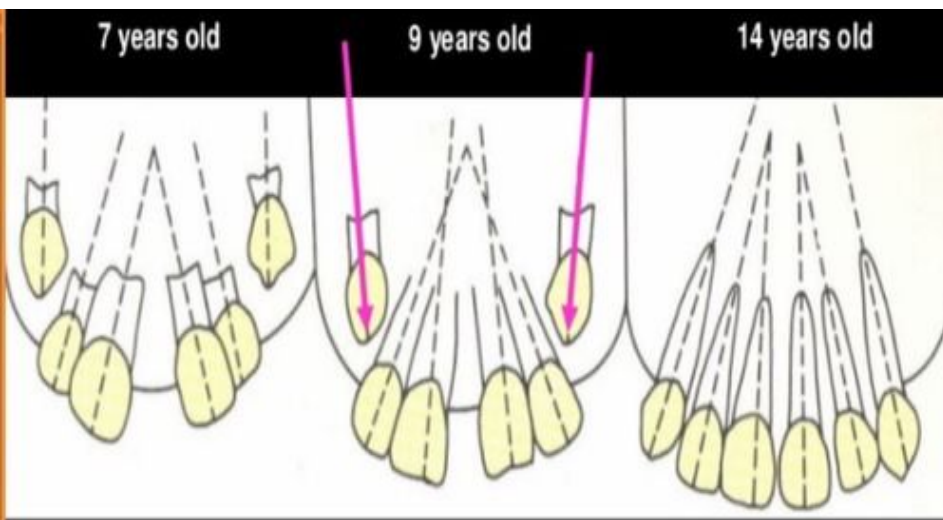
Guided Tooth Eruption



“Juice” Guidelines

- AAP guidelines for juice:
 - confusing.....so K.I.S.S
 - No juice under 1 yo
 - No more than $\frac{1}{2}$ cup (4 oz) / day from 1-6 yo
 - No more than 1 cup (8 oz) / day from 6-18 yo.
- 
- Just do not start it and they will not crave it. Truly!
 - Saves money.
 - Juice / Sports drinks are acidic and sugary.





Ugly Duckling Stage in Children



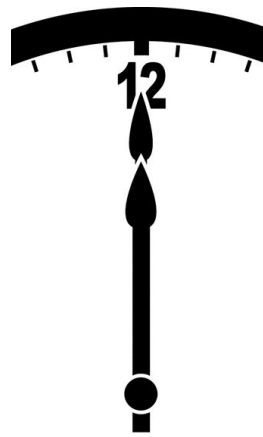
- Ugly Duckling Stage of dental development = splayed out anterior teeth without full root development to hold teeth in place
- Mouthguard for all contact sports !!!
 - Type II ("Boil-and-Bite")



Sleep through the night.....

- Sleep issues are often soothed with bottle or nursing on demand
- Instead:
 - Give motrin or tylenol before bed if teething pain
 - Treat acid reflux or other GI discomfort
 - Play enough during day
 - Eat well at meal time





- Full permanent “Adult” dentition
- Ready for complete or phase II braces

- High Caries Risk



Spring Lecture:

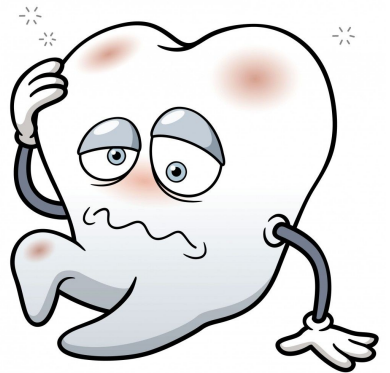
- April 30th - Oral Health Problems and the Role of the Pediatrician (1 hr)



Emergency Dentistry and the Pediatrician



Caitlin Reaves, DMD
August 6, 2023



Caitlin Reaves, DMD

- Diplomate, American Board of Pediatric Dentistry
- Specialist in Pediatric Dentistry
- Member, American Academy of Pediatric Dentistry
- Member, American Dental Association



AMERICAN BOARD OF
PEDIATRIC DENTISTRY



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