



COMMUNITY STAKEHOLDER MEETING

VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

VIRGINIA'S MEDICAID PROGRAM

DMAS

June 2023

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AGENDA

NATALIE PENNYWELL, MPH, CHES
OUTREACH AND COMMUNITY ENGAGEMENT MANAGER

VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

Bi-Monthly Community Stakeholders Meeting

AGENDA

June 15, 2023

11:00 AM - 12:00 PM

Meeting will be held electronically via WebEx.

To Join Meeting Remotely: https://covaconf.webex.com/covaconf/j.php?MTID=m5ba67d1829787254da276f03786c3a1c	
Meeting # (Access Code): 242 936 61062 Meeting Password: hP6Wd6NF374 (47693663)	
Dial in (Phone): +1-517-466-2023	Tap to join from mobile device +1-866-692-4530 US Toll Free
Remote Conference Captioning Link: https://www.streamtext.net/player?event=HamiltonRelayRCC-0615-VA3942	

Topic	Presenter	Time Allotted
Welcome & Introductions	Natalie Pennywell, MPH, CHES Outreach & Community Engagement Manager, Policy, Regulation, & Member Engagement Division Department of Medical Assistance Services	11:00-11:05
Presentations & Discussion <ul style="list-style-type: none"> • Adult Dental Benefit - Presentation and Questions • Pharmacy Overview - Presentation and Questions 	Justin Gist Dental Program Manager	11:05-11:30
	JoeMichael T. Fusco, PharmD MCO Pharmacy Compliance Manager	11:30-11:55
Wrap-Up, Announcements & Closing	Natalie Pennywell, MPH, CHES	5 minutes

Next Meeting: August 17, 2023 at 11:00 AM



PRESENTATION: ADULT DENTAL BENEFIT

JUSTIN GIST
DENTAL PROGRAM MANAGER

VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES

SMILES FOR CHILDREN ADULT DENTAL BENEFIT

June 2023

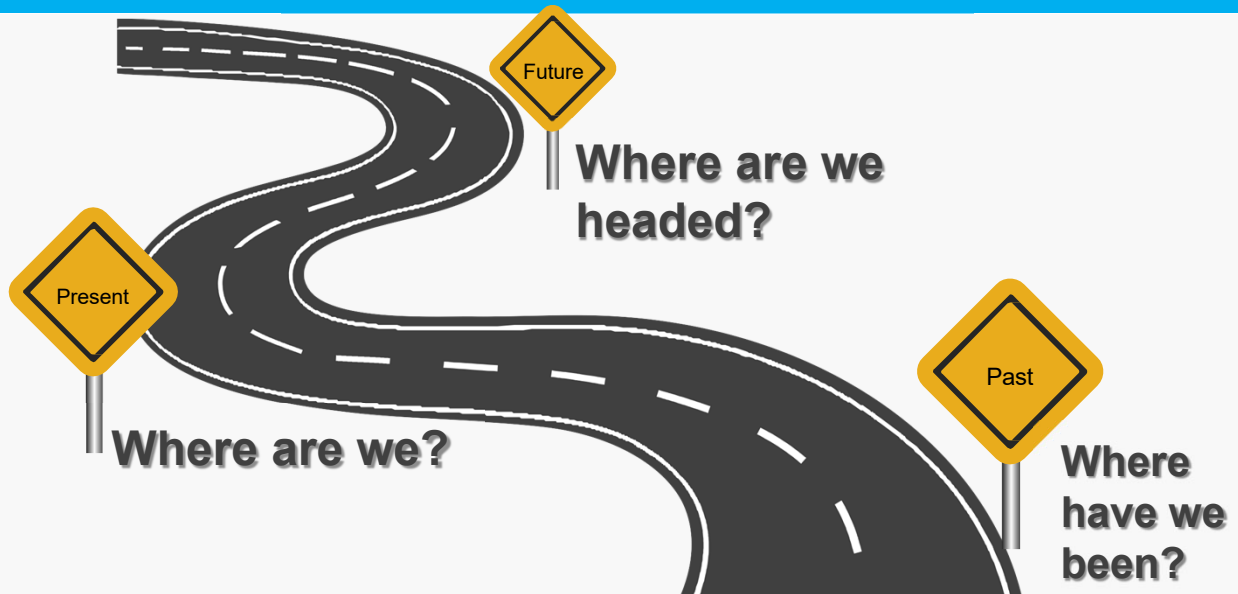


JUSTIN GIST
DENTAL PROGRAM MANAGER

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TODAY'S ROADMAP



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WHERE HAVE WE BEEN?



Smiles For ChildrenSM

Improving Dental Care for Children and Adults

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HISTORY OF THE SMILES FOR CHILDREN PROGRAM

- ❑ A New Day in Dental-Patrick Finnerty
- ❑ In **2005**, Virginia's **Smiles For Children** program was established to improve access to high quality dental services for children enrolled in Medicaid.
- ❑ In **2015**, Virginia's **Smiles For Children** program expanded coverage for pregnant members enrolled in Medicaid.
- ❑ In **2021**, Virginia's **Smiles For Children** program expanded coverage for adult members enrolled in Medicaid.



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BENEFIT OVERVIEW

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Under 21

- COE/POE
- X Rays
- Cleanings
- Fluoride
- Sealants
- Space maintainer
- Anesthesia
- Extractions
- Braces
- Restorative

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Pregnant Members

- X-rays
- Exams
- Cleanings
- Fillings
- RCT
- Gum related treatment
- Crowns, bridges, partials
- Dentures
- Extractions
- Braces NOT covered

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Adult Prior to 7/1

- Limited Exams
- Medically necessary extractions and associated diagnostic services

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Adult Post 7/1

- X-rays and examinations
- Cleanings
- Fillings
- Root canals
- Gum related treatment
- Tooth extractions and other oral surgeries
- Other appropriate general services such as anesthesia

MISSION STATEMENT

Improving the health and well-being of Virginians through **access** to **high quality** health care coverage.



A Healthy Body Starts With A Healthy Mouth

IMPACTS BEYOND THE MOUTH

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

High Blood Pressure

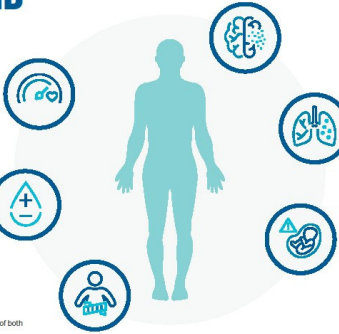
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 88%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸



Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 62%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴

DentaQuestTM
Partnership
for Oral Health Advancement

SOURCES

1. Chhabra, M.R. et al. (2017) Oral health status and longitudinal cardiovascular risk in a national sample of young adults. *Journal of the American Dental Association*, 148(10), 867-876.
2. Prosser, J. et al. (2016) Oral health and blood pressure control among US hypertensive adults. *Journal of the National Health and Human Services Research Service*, 2016, 2016, 1-10. <https://doi.org/10.1186/s12916-016-0705-7>
3. Muehlebach, T.A. et al. (2015) The impact of oral health on glycemic control in diabetes patients: a systematic review and meta-analysis. *Diabetes Care*, 38(10), 1916-1922.
4. Isomaki, M. et al. (2015) Diabetes in dental practice: review of literature. *Journal of Endodontics*, 41(1), 1-10.
5. Park, H. et al. (2015) Longitudinal associations of toothbrushing with obesity and hypertension. *Journal of Epidemiology and Community Health*, 69(11), 1011-1016.
6. Luger, M. et al. (2015) Sugar-Sweetened Beverages and Weight Gain in Children and Adults: A Systematic Review 2010-2014 and a Comparison with Processed Snacks. *Obesity Reviews*, 17(1), 1-10.
7. Black, D.R. (2015) The negative impact of sugar-sweetened beverages on children's health: implications for the future. *BMJ Open*, 9(1), e005555.
8. Benabib, L. et al. (2015) Sugar-sweetened beverages and dental caries in adults: a 4-year prospective study. *Journal of Oral Rehabilitation*, 42(1), 45-51.
9. Chen, C. et al. (2015) Association between chronic periodontitis and the risk of Alzheimer disease: a retrospective, population-based, matched cohort study. *Alzheimer's & Dementia*, 11(1), 1-10.
10. Stevens, R.L. et al. (2015) Periodontitis and Alzheimer's Disease: A Possible Connection. *Journal of Periodontology*, 86(1), 1-10.
11. Miller, F. (2015) Oral hygiene reduction by long-term non-invasive respiratory therapy. *Journal of Dental Research*, 94(1), 1-10.
12. Li, C. et al. (2015) Oral hygiene reduction by long-term non-invasive respiratory therapy. *Journal of Dental Research*, 94(1), 1-10.
13. Miller, F. et al. (2015) Oral hygiene reduction by long-term non-invasive respiratory therapy. *Journal of Dental Research*, 94(1), 1-10.
14. Moore, S. et al. (2015) Reducing maternal and fetal outcomes in pregnant women with periodontitis: a systematic review and meta-analysis of the treatment of women with periodontitis. *PLoS One*, 10(1), 1-10.

SUGGESTED CITATION:

DentaQuest. Partnering for Oral Health Advancement. (2016) *Impacts Beyond the Mouth*. DentaQuest Partnership for Oral Health Advancement, Boston, MA. <https://www.dentaquest.com/>

WHERE ARE WE?



Smiles For ChildrenSM

Improving Dental Care for Children and Adults

WHERE ARE WE?



Effective Date

July 1, 2021



New Population

Over 900,000 new members and special needs populations



Benefit Model

Comprehensive benefits based on a preventive, restorative model



Strategic Partnership

Work with key partners to assist with delivery of new services and provider recruitment



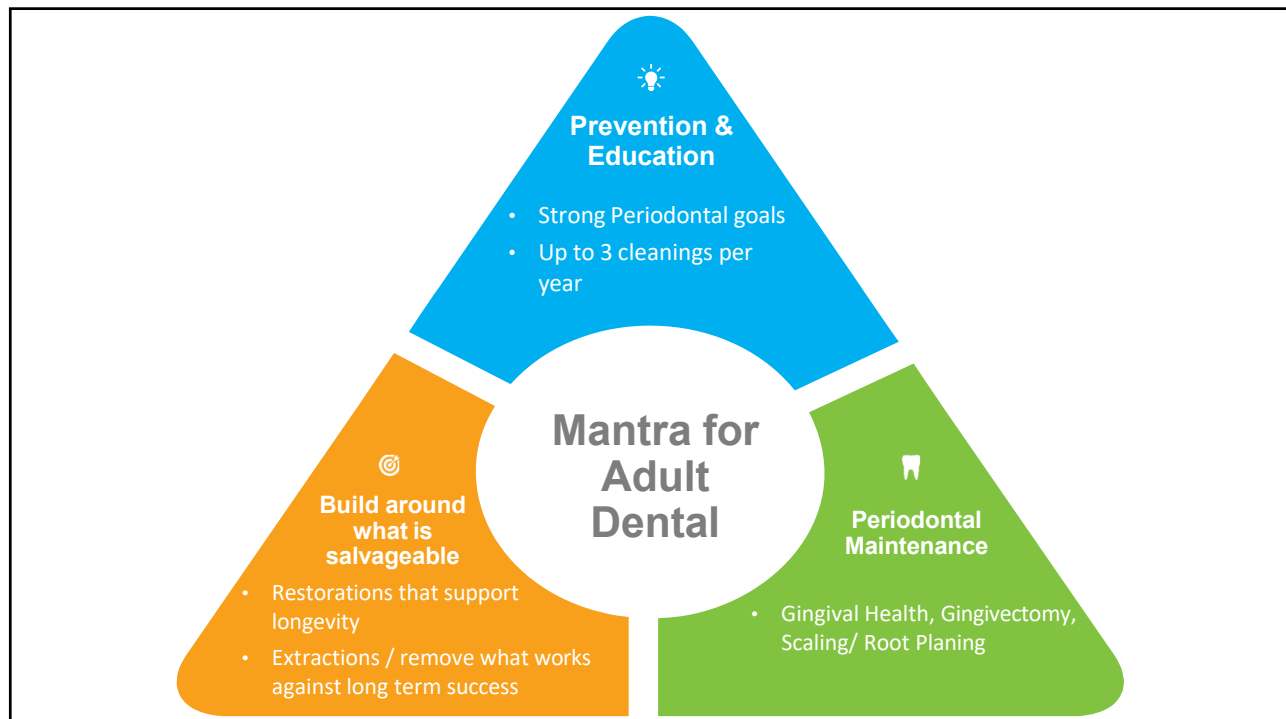
Adult Benefit Goals:

- Prevention and Education
- Build around what is salvageable
- Periodontal Maintenance
- Innovative Strategies to Improve Utilization and access to care through Member, Provider, and Stakeholder Outreach

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THE BENEFIT...IT'S WORKING!

Since July 1, 2021

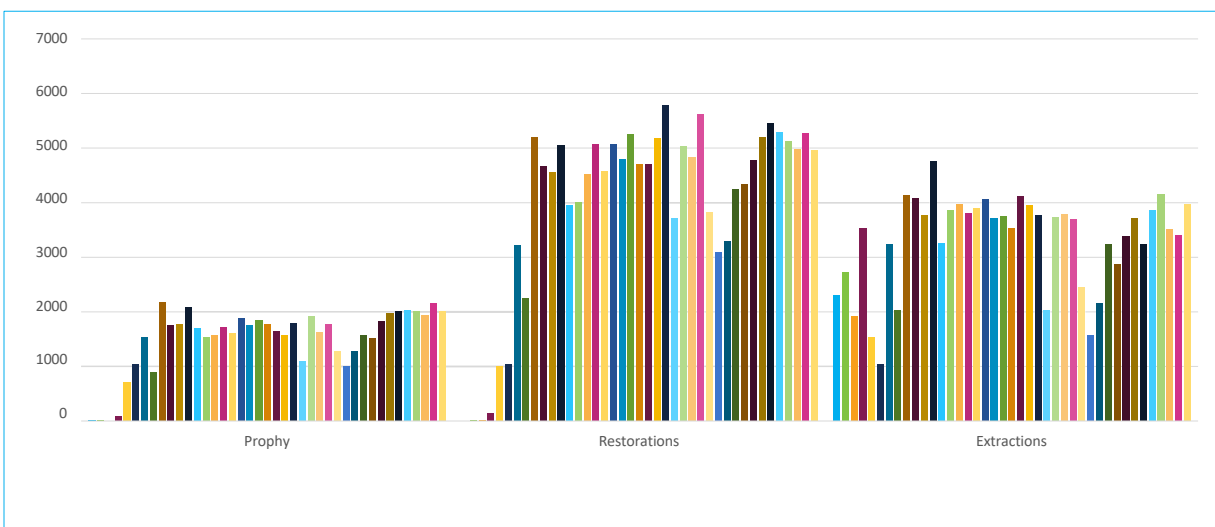
- ❑ 165,140 adult members have received a dental service of any kind.
- ❑ 87,007 adult members have received a dental cleaning
- ❑ 82,458 adult members have received a comprehensive evaluation.
- ❑ 227,205 adult members have received restorative services.
- ❑ What's even better?

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THE BENEFIT...IT'S WORKING!



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PUTTING IT ALL TOGETHER!

Smiles For Children Program

- ❑ Over **1.8 million** members in the SFC program.
- ❑ According to the most recent SFC quarterly report, **303,529** children have accessed a dental service of any kind during the quarter.
- ❑ **89%** of those services were preventative!
- ❑ According to the most recent SFC pregnant member quarterly report, **9,740** pregnant members accessed a dental service of any kind.
- ❑ **28.5%** of those services were preventative.

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WHERE ARE WE GOING?



Smiles For Children SM

Improving Dental Care for Children and Adults

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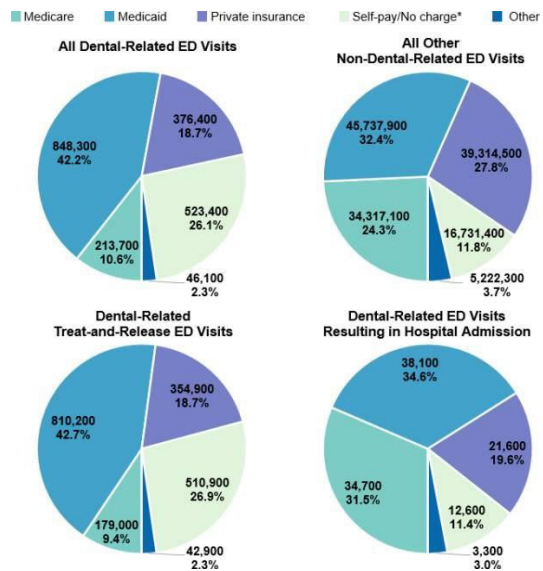
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FUTURE GOALS

- ❑ Decrease the percentage of members who utilize the Emergency Department for **non-traumatic** dental visits.
- ❑ Continual increase in access to care through **network adequacy**.
- ❑ Continual increase in **preventative** utilization.
- ❑ School-Based Oral Health
- ❑ Social Determinants of Health

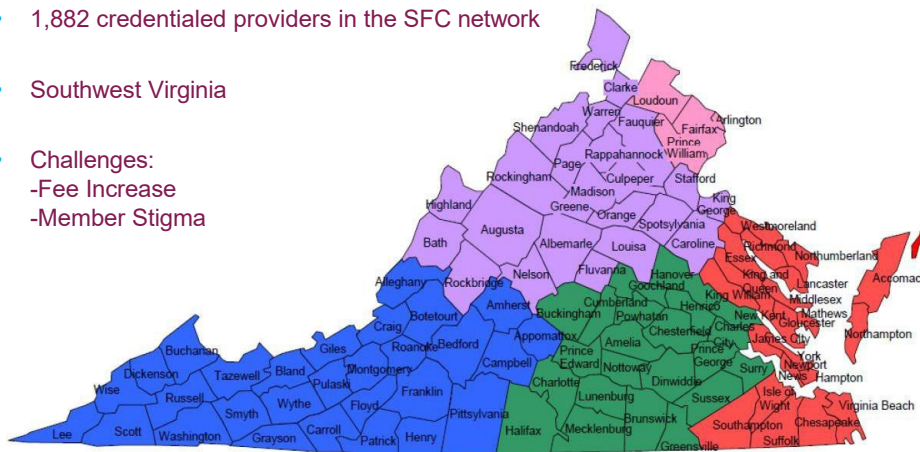
EMERGENCY DEPARTMENT UTILIZATION

- ❑ According to the Virginia Oral Health Coalition, Virginia spent **\$3.31 million** on 12,617 visits to the Emergency Department (ED) for dental related pain and infection.
- ❑ According to the ADA Health Policy Institute, 54% of older adults cited dental care as their second-most frequent unmet need.



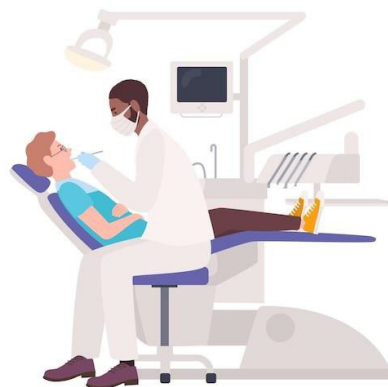
NETWORK ADEQUACY

- 1,882 credentialed providers in the SFC network
- Southwest Virginia
- Challenges:
 - Fee Increase
 - Member Stigma



PREVENTATIVE UTILIZATION

- Priority across all three programs.
- Emphasis on adults and pregnant members.



SCHOOL-BASED ORAL HEALTH

- ❑ Tooth decay is the most common Chronic disease in childhood.
- ❑ According to the most recent VA Oral Health Report Card, only 52% Of third-graders had sealants.
- ❑ SBOHP's are effective ways to Deliver oral health education in Schools.



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SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health



- 1. Economic Stability
 - 2. Education Access and Quality
 - 3. Health Care Access and Quality
 - 4. Neighborhood and Built Environment
 - 5. Social and Community Context
- Goal**
- Increase our member and provider education within our SFC program.

Social Determinants of Health
Copyright free

Healthy People 2030

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SUGGESTIONS?





PRESENTATION: PHARMACY OVERVIEW

JOEMICHAEL T. FUSCO, PHARMD
MCO PHARMACY COMPLIANCE MANAGER

VIRGINIA DEPARTMENT OF MEDICAL
ASSISTANCE SERVICES



DMAS PHARMACY DEPARTMENT OVERVIEW

JoeMichael T. Fusco, PharmD
MCO Pharmacy Compliance Manager



1

Pharmacy Team

Office of the Chief Medical Officer

Chief Medical Officer – Lisa Price Stevens MD, MPH, MBA

Pharmacy Manager – MaryAnn McNeil, RPh

Pharmacy Unit Staff:

- JoeMichael Fusco, PharmD – MCO Pharmacy Compliance Manager
- Rachel Cain, PharmD – Clinical Pharmacist, DUR Coordinator
- Current Vacancy– Senior Pharmacy Policy and Data Strategist
- Kiara Jasper, MHA, CPhT – Pharmacy Systems Administrator

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Medicaid Pharmacy Benefit

- Optional Benefit – Offered by ALL states
- Defined by Social Security Act (Section 1927)
- Medicaid programs are required to cover all drugs that are:
 - FDA Approved
 - Medically Necessary
 - Manufactured by a pharmaceutical company participating in the Medicaid Drug Rebate Program
- Medicaid programs may use utilization management and prior authorization to limit access to covered drugs

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Pharmacy Benefit Exclusions

- Drugs from manufacturers who do not participate in the MDRP
- DESI drugs
- Expired drugs
- Non-FDA approved drugs
- Experimental drugs
- Recalled drugs
- Drugs for the following diagnoses:
 - Anorexia
 - Fertility
 - Hair growth
 - Cosmetics

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Medicaid Drug Rebate Program (MDRP)

- Federal Drug Rebate Program is managed by CMS
- Purpose is to ensure Medicaid Programs obtain the “Best Price” for all medications, to offset high drug spending on the Medicaid population
- Pharmaceutical manufacturers must participate to be eligible for coverage under Medicare Part B
- States must cover all legend and controlled medications in the MDRP program when medically necessary to be eligible for federal payments for the optional pharmacy benefit

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Federal vs Supplemental Rebates

- Federal Rebates are collected on all MCO and FFS pharmacy and medical drug utilization
- Supplemental Rebates are collected on **select** CCF drugs
 - Negotiated “above and beyond” federal rebate
 - DMAS Participates in the NMPI negotiation pool with 13 other states
 - The MCOs may collect supplemental rebates on all non-CCF drugs, but must report these rebates to DMAS to allow future capitation rate adjustments
- Both Federal and Supplemental Rebates collected by DMAS are shared with the Federal government according to the state’s FMAP

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Virginia Medicaid Managed Care Organizations (MCOs)

- Provide coverage to approximately 98% of Medicaid-enrolled individuals
- Pay for care in exchange for a capitation payment
 - Per Member, Per Month (PMPM)
 - Set annually, adjusted semi-annually if needed
- MCO responsible to cover any cost incurred by members
 - Expenses could exceed or be less than the capitation payment
 - For members with drug costs above \$200,000 per year, DMAS uses a reinsurance pool to cover 90% of costs above that threshold
- This reimbursement is intended to reduce costs and create incentives for improved quality, coordination and continuity of care

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Common Core Formulary (CCF) Program

Purpose:

- Standardizes pharmacy coverage so that a consistent list of drugs are preferred without prior authorization (unless clinically necessary)
- Allows DMAS to collect supplemental rebates from manufacturers for closed drug classes, to offset increasing drug prices

“Preferred” drugs are selected based on safety and clinical efficacy first, then on cost effectiveness

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Common Core Formulary (CCF) Program

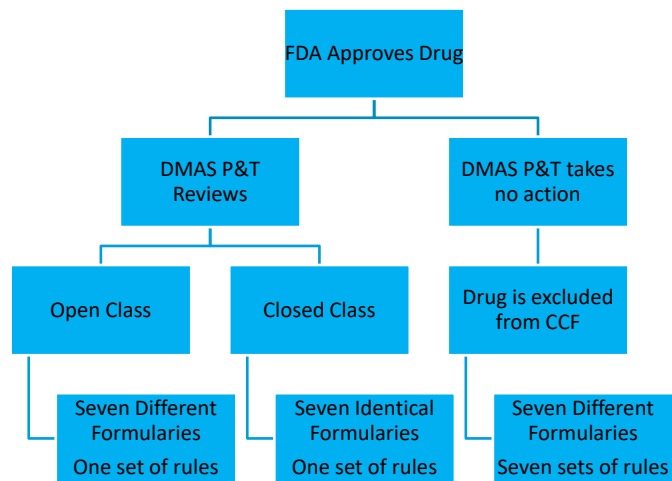
- Closed Class
 - MCOs must provide identical coverage with identical criteria
- Open Class
 - MCOs are able to be more liberal with coverage than FFS standard

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Common Core Formulary (CCF) Program



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Formulary Management

- Drug Utilization Review Board
 - Drug Interactions
 - Dose Limits
 - Review Special Interests
- Pharmacy and Therapeutics Committee
 - Drug Class Reviews
 - Drug Coverage Determinations

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Recent CCF Changes

- HIV Medications
- Hepatitis C Treatment
- Hemophilia Treatment
- Weight Loss Agents

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Current and Future Initiatives

- Copay Removal
- Dispensing Fee Changes (MOUD)
- Cures Act Compliance for Providers
- Pharmacist Provider Status
- Physician Administered Drugs
- Section 5042 of Support Act

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DMAS Communications

- Newsletters
- Social Media
- Websites
- Call Center

coverva.org
1-855-242-8282



Cover Virginia
FAMIS



@CoverVA
@VaMedicaidDir



@cover_va

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Questions

JoeMichael T. Fusco, PharmD
MCO Pharmacy Compliance Manager
Office of the Chief Medical Officer
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WRAP-UP, ANNOUNCEMENTS & CLOSING

NATALIE PENNYWELL



MEETING DATES

- Thursday, June 15, 2023, 11:00 AM - 12:00 PM
- Thursday, August 17, 2023, 11:00 AM - 12:00 PM
- Thursday, October 19, 2023, 11:00 AM - 12:00 PM
- Thursday, December 22, 2023, 11:00 AM - 12:00 PM

VIRGINIA'S MEDICAID PROGRAM

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WWW.DMAS.VIRGINIA.GOV



AGENCY SUPPORT



Community Stakeholder Meeting

Agency Support

Staff Support

- Natalie Pennywell, MPH, CHES, Outreach and Community Engagement Manager
- Dalia Tejada Halter, EdD, MBA, Outreach and Member Engagement Specialist
- Dorothy "Dot" Swann, Outreach and Member Engagement Liaison

Administrative Support

- Sarah Hatton, MHSA, Deputy of Administration, Director's Office
- Jessica Anecchini, Senior Policy Advisor, Administration
- Emily McClellan, Policy, Regulation and Member Engagement Division Director



NOTES





VIRGINIA'S MEDICAID PROGRAM

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