

Project Directors' Meeting Q&A

- 1. Do medical assistants inform the patient's parents that even though their baby got fluoride, they still need to go to the dentist to get a dental checkup?
 - Yes. Even though we placed fluoride, we would either refer or give the number to our dental office to make an appointment. We found that even though we made the referral, patients did a no-show or did not follow-up, unfortunately.
- 2. Could you please share this (DHCS varnish ppt) training presentation?
 - https://www.dhcs.ca.gov/services/chdp/Pages/FluorideVarnish.aspx
- 3. You mentioned a workaround for referral follow up since the referral management system was not bi-directional. Can you share what those workarounds were? And provide more information about how you got medical staff on board to refer to and how you went about integrating oral health referral options into the referral management system?
 - We utilized the various features on Epic. A specific feature on Epic allowed us to see if someone had made an appointment and if it had been closed out. Providers were able to see various comments on the referral process. Regarding getting medical staff on board, it was easier to enter the referrals into the system and know that it would be handled by someone. In Epic they have a referral to a dentist that we used as a place holder for referrals. This made the process of calling patients easier, as there was a visible work queue.
- 4. Can the link to this medical f/v training be provided in a follow up to this meeting?
 - https://www.dhcs.ca.gov/services/chdp/Documents/CHDP-FV-Dental-Training-PPT.pdf
- 5. My nursing director says because RNs aren't on the AB667 specifically, they can't apply. What do you suggest?
 - Utilized standing order from doctor, which states who can apply the varnish.



- In San Joaquin County, they implemented the fluoride varnish training to train school nurses. They established a standing order with our Public Health Officer, who used to train pediatricians on applying fluoride.
- All dental and medical professionals, as well as non-healthcare individuals such as teachers, parents, Promotoras, and community health workers, can apply varnish. (Source: https://www.astdd.org/docs/cda-fv-bill-faqs.pdf)

6. What is your plan moving forward now that CHDP is sunsetting this month?

 On the LOHP side, we worked closely with CHDP and essentially looped it over and are performing those things under objective 3.2 in the workplan (implementing prevention and healthcare policies with healthcare providers).
Once a year we go in and do the update trainings as well.

7. Could you share the educational handouts with the LOHPs?

Yes, they will be provided in slides.

8. Can medical providers bill Medi-Cal for FV application in an FQHC?

- What we know about FQHC billing is that they get a wrap-around reimbursement fee per encounter. This wrap-around reimbursement fee is different for each FQHC, depending on what was set/negotiated for them. There is another mechanism that they do get Medi-Cal reimbursement on the back end. The medical (CPT code) and dental (CDT code) have different codes to bill for FV application. I recommend asking your billing dept.
- 9. Regarding the screening questions for prenatal patients, what is the estimated percentage of those who do not want to be referred to a dental clinic, and have they expressed their reluctancy?
 - Low percentage that declined, but of those that did, they were provided educational resources which helped ease concerns. Important to educate on the importance of oral health tied to prenatal/pregnancy.

10. Dr. Tepel, how are these services funded?

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These services are funded through Medicaid reimbursement by billing insurance for the services. We provide additional support to children since all children receive care regardless of insurance status. There are some levels of unreimbursed care through the grants I mentioned, as well as purchasing supplies.

11. Can you talk more about the MOU? What level is that at? Is it individually negotiated with each school and with who, or a blanket one at the DOE level?

 The MOU is a large agreement between the school-based dental provider (SBDP) and the NYC Department of Education. Each individual school can elect to participate in the program by signing an agreement indicating they would like to sign up with a particular SBDP, and that becomes part of the MOU.

12. Who conducts the follow-up services when an urgent case is found?

 All individual school-based dental providers are expected to perform case management to follow up with children with additional needs, both urgent and non-urgent (as per their MOU). There is some additional assistance from school nurses.

13. Do you get your staff at NYC or a consultant to develop the materials?

 We have staff for educational materials, as well as colleagues throughout NYC DOH. For example, if it's on tobacco, we will work with the Tobacco unit. If it's on HPV, we work with the HPV unit. We also have consultants for certain items that staff cannot take on

14. How do you handle parents who are not responsive after repeatedly trying to contact them, or after their child receives an urgent referral after a KOHA screening?

Sometimes you have to get CPS involved. It's my last option.

15. Dr. Tramel, can we have your email address please?

o <u>rdhap@gerismilesmobile.com</u>

16. What LOHP staff/credentials are providing your screenings? How many kids do you see a year?

 RDHAP's who are contracted provide the screenings. We've seen 674 kids this year and estimate closer to 1000 next school year.

17. Does Humboldt use nurses/aids?

 Yes, we coordinate with nurses in basic screenings. They are champions in schools.

18. Are your RDHAPs Medi-Cal providers?

2 out of 3 are Medi-Cal providers. Currently they do not do their own billing.
Also, we have not enforced billing, as the logistics are challenging considering uninsured students.

