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January 5, 2016

Seon Rockwell  
Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

**RE: Public Comment Document: Virginia's Section 1115 Waiver Application**

Dear Ms. Rockwell,

The Virginia Oral Health Coalition (VaOHC) is pleased to provide comment regarding the Department of Medical Assistance Services' (DMAS) application for Virginia's Section 1115 Waiver. VaOHC is an alliance of over 150 organizational and individual partners striving to improve the health of Virginians by ensuring that oral health is part of comprehensive health care. It is well-documented that poor oral health is linked to chronic disease, frequent emergency department visits and adverse pregnancy outcomes. To that end, the Virginia Department of Health (VDH) included oral health as part of a foundational goal within "Virginia's Plan for Well-Being," stating that Virginia's system of health care should aim for a **"strong primary care system linked to behavioral health care, oral health care and community support systems."**

Virginia's Medicaid program covers emergency extractions for adult enrollees, including an exam and x-ray. While far from a comprehensive benefit, an extraction can mean the difference between a fatal infection and a mouth free from pain. It also contributes to a reduction in use of the emergency department (ED) for dental issues and can help reduce inflammation that contributes to increased A1C levels in diabetics. Pregnant women enrolled in Medicaid and FAMIS MOMS have access to a comprehensive dental benefit.

A 2014 statewide survey conducted by the VDH found that over 11 percent of adults reported they had a tooth that needed to be pulled (extracted), and almost five percent of adults reported they had visited the ED for dental issues.<sup>1</sup>

We commend DMAS for its vision to address the health needs of Virginia's most vulnerable, through both the Medicaid Managed Long Term Care Services and Supports (MLTSS) and the Delivery System Reform Incentive Payment (DSRIP) initiatives; however, we are concerned that the absence of oral health is counter to the efforts across the commonwealth to create a comprehensive model of care and is not reflective of the entire array of services Medicaid-eligible adults are able to receive.

**To that end, we provide the following recommendations, which are organized by DSRIP proposed projects:**

**System Transformation Projects**

Oral health is linked to outcomes for birth, diabetes and other chronic conditions, and medical and dental providers must be able to communicate to improve overall health. To that end, oral health providers are an important part of the care team, and thus we recommend they are included in the Virginia Integration Partner or "VIP" community. We recommend that VIPs provide oral health referrals, services and education to patients, as appropriate. Community health centers across the commonwealth are demonstrating the effectiveness of this approach and can provide a replicable model as VIPs emerge throughout the state. Additionally, as part of the commonwealth's State Innovation Model (SIM) work, a diverse stakeholder group created five integrated care models that are reflective of current Medicaid benefits and include oral health services, education and referrals in primary care and ED settings. These models are shovel-ready and provide a framework for care delivery and coordination, data and electronic medical record (EMR) integration, provider education and communication. Each model can be augmented by VIPs to ensure oral health is included in efforts to provide comprehensive care.

1 2014 Adult Dental Survey, Virginia Department of Health



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#### Preliminary DSRIP Transformation Project List

While we recommend that oral health be included in all models of patient centered care, oral health is a pivotal component in two of the transformation projects identified in the DSRIP application. They are described below:

##### *Emergency Department Diversion*

Dental issues are often the number one reason Medicaid-enrolled adults visit the ED, despite the fact that no treatment is provided. Often, individuals present at the ED with severe infection due to a tooth abscess that needs to be extracted. Virginia Medicaid covers extractions; however, in the ED, a patient typically receives a prescription for an antibiotic and a pain pill (often an opioid). Stopping this cycle by integrating oral health referrals and education into all ED diversion programs is an important step in reducing inappropriate use of the ED. Several hospitals in Virginia partner with area safety net sites and dental clinics to curb use of the ED for dental issues with great success, such as Halifax Regional Medical Center and VCU Medical Center. As the VIPs address issues related to ED use, we recommend oral health be included in care models and data-sharing.

##### *Condition-focused Initiative*

As mentioned above, the SIM planning process resulted in five integrated models inclusive of oral health; safety net sites and other health systems throughout the commonwealth are also implementing excellent oral health integration initiatives. Thus, myriad integration models that include oral health and are sensitive to existing Medicaid dental coverage are available and can be scaled and replicated by VIPs to ensure that oral health is incorporated in appropriate condition-focused initiatives.

For example, research demonstrates the importance of good oral health as part of a healthy pregnancy. Partly due to research such as this, Virginia recently began to offer a comprehensive dental benefit to pregnant women enrolled in Medicaid. As the VIPs implement high touch care models designed to improve pregnancy outcomes, oral health education and referrals for care are important components. Additionally, diabetics have improved health outcomes and reduced hospitalizations when they receive successful oral health treatment, and thus could benefit from coordinated care and education.<sup>2</sup>

Thank you for the opportunity to provide comment; we look forward to an ongoing effort to ensure that person-centered health care is the norm for all Medicaid beneficiaries. We are happy to provide any additional information or resources, or answer any questions.

Sincerely,

Sarah Bedard Holland  
Executive Director

Robin Haldiman  
Chair, Board of Directors

Tegwyn Brickhouse, DDS, PhD  
Chair, Legislative Committee

2 Periodontal Therapy Reduces Hospitalizations and Medical Care Costs in Diabetics. March 2012. M. Jeffcoat, J. Blum, and F. Merkel, School of Dental Medicine, University of Pennsylvania, Philadelphia, PA, United Concordia Companies, Inc. (UCCI), Harrisburg, PA. Based on three years of data.