

Oral health with pediatric members



UPMC HEALTH PLAN

Title of course: Oral health with pediatric members

Presenter: Jessica Rhodes, Program Director

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Time: Noon – 1 p.m. (includes presentation and Q&A session)

Target audience: Doctors (Family practice/pediatricians), nurses, and staff

Course director(s): Johanna Vidal-Phelan, MD, MBA, FAAP; Debra Zeh, RN, BSN; and Andrea Sweeney, RN

Moderator: Andrea Sweeney, RN

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PRESENTERS

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OBJECTIVES

By the end of this program, participants will have reviewed:

- Available dental benefits.
- How providers can integrate oral health into their practices, including best practices for doing so.
- The supports and resources available to assist patients and providers with oral health care.



AGENDA

1. Driving forces behind these efforts
2. Overview of coverage
 - What is a dental benefit manager? (Avesis/SKYGEN USA)
 - UPMC*for You*'s approach to supporting oral health
3. How you can help
 - Oral health recommendations at home
 - Oral health clinical recommendations
 - Oral health in the primary care provider's (PCP) office
 - Learn more together
4. Scenarios in practice
 - Review
 - Discussion
5. Resource information
 - UPMC*for You* contact information
 - Managed care plans
 - Community resources

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1

Driving forces behind these efforts

Driving forces behind these efforts

- In 2010, the Centers for Medicare and Medicaid Services (CMS) released findings demonstrating that incredibly small numbers of children covered by government programs received appropriate dental care. The Department of Human Services (DHS) and managed care organizations (MCOs) were charged with increasing the rate at which these children received preventive care. Such initiatives included developing a performance improvement plan, implementing a Public Health Dental Hygiene Practitioner (PHDHP) program, and offering incentives to the provider community.
 - For more information on this effort, please visit www.insurekidsnow.gov/initiatives/improving-oral-health/index.html.
- UPMC *for You* responded with a cohesive oral health intervention plan which touches on five specific areas:
 - Members
 - Physical health providers
 - Dental health providers
 - Community
 - Health plans

Children's oral health facts¹



About

20%

of children aged 5-11 years
have at least one untreated
decayed tooth.

About

13%

of children aged 12-19 years
have at least one untreated
decayed tooth.

Children (5-19 years) from low-income families are more than

twice as likely (25%)

to have cavities when compared to children from
higher-income households (11%).

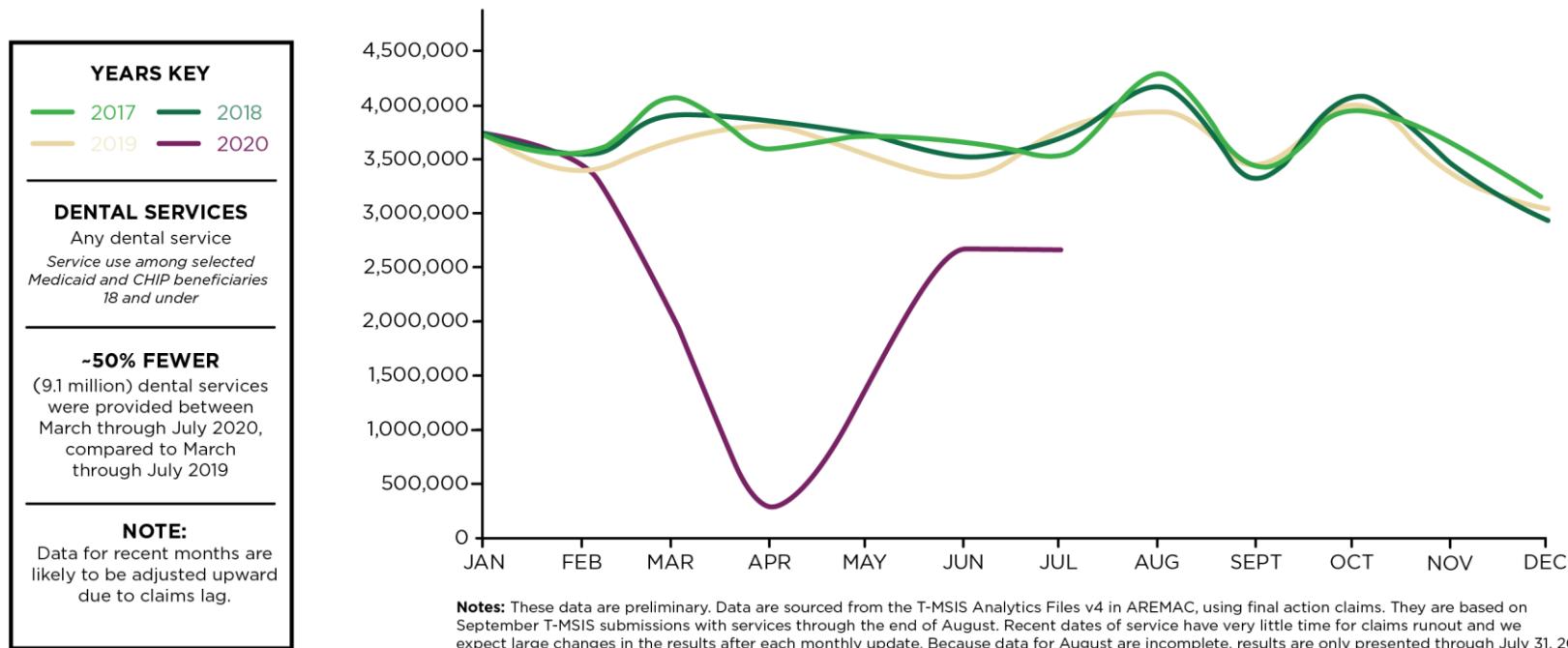
Oral health disparities²

- Despite major improvements in oral health care, disparities between racial and ethnic groups exist. There are other demographic categories that may contribute to disparities, like:
 - Socioeconomic status.
 - Gender.
 - Age.
 - Geographic location.
- American children (3-9 years) of Mexican and non-Hispanic black descent are at the highest risk for having oral health issues.

COVID-19 and pediatric oral health³

PRELIMINARY DATA SHOW THE NUMBER OF DENTAL SERVICES FOR CHILDREN DECLINED SUBSTANTIALLY IN APRIL, INCREASED THROUGH JULY, BUT ARE STILL BELOW PRIOR YEARS' RATES

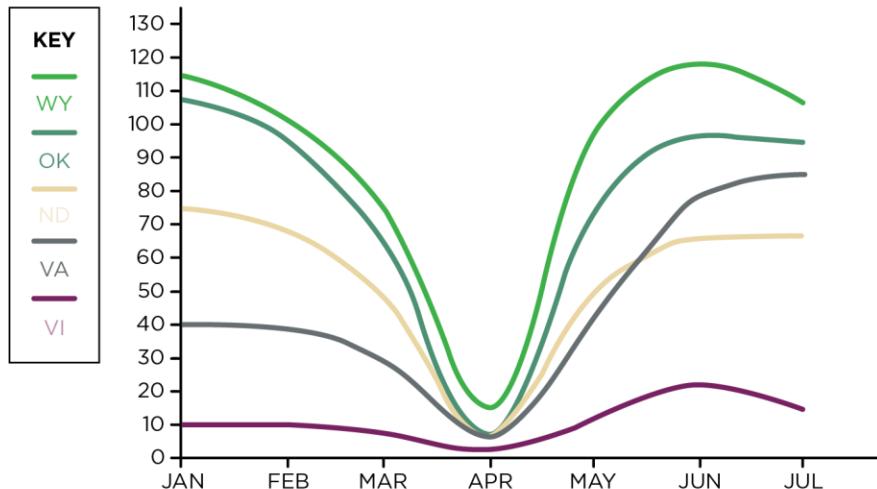
Dental service rates among children dropped from 93 per 1,000 in February to a low of 8 per 1,000 beneficiaries in April and increased to about 71 per 1,000 beneficiaries in July



COVID-19 and pediatric oral health, cont'd³

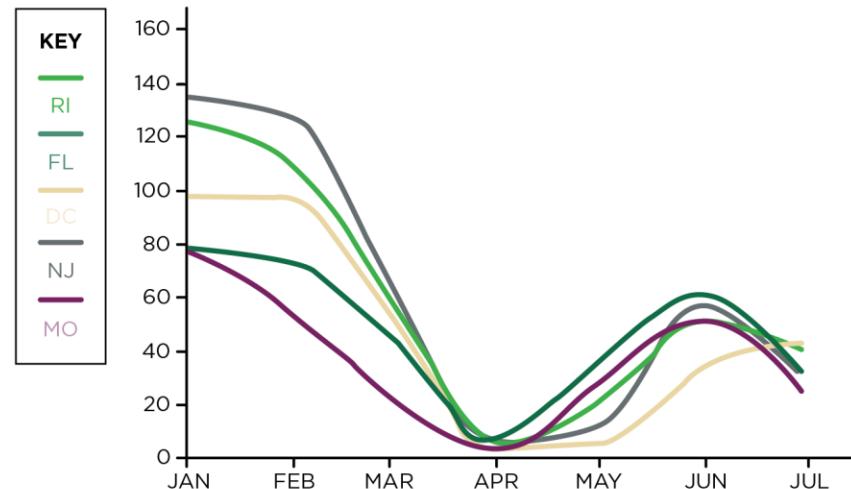
Decline in dental services for children as a result of the pandemic

PRELIMINARY DATA SHOW DENTAL SERVICE RATES AMONG CHILDREN DECLINED FOR ALL STATES IN APRIL, AND IN A FEW STATES, RATES HAD RETURNED TO FEBRUARY LEVELS BY JULY



ND, OK, VI, VA and WY had the greatest percent increase in dental examinations among children under 19 from February 2020 to July 2020 (data incomplete)

Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under



DC, FL, MO, NJ and RI had the greatest percent decrease in dental examinations among children under 19 from February 2020 to July 2020 (data incomplete)

Service use per 1,000 selected Medicaid and CHIP beneficiaries 18 and under

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytics Files v4 in AREMAC, using final action claims. They are based on September T-MSIS submissions with services through the end of August. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for August are incomplete, results are only presented through July 31, 2020. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Slides 3 to 5 for additional information.

2

Overview of Medicaid coverage and UPMC *for You's* approach to addressing oral health



Overview of coverage

UPMC for You members under the age of 21

- Coverage is available for medically necessary services.
 - Some of these may require a prior authorization.
- Note that preventive services (cleanings, exams, x-rays, and fluoride treatments) are covered.

More information can be found in the UPMC for You member handbook:
https://embed.widencdn.net/pdf/plus/upmc/h5dl4panny/19MA1047686-2020_MA_member_handbook_web.pdf?u=ogmeh

Covered Services	UPMC for You Benefits	Copay	Authorization or Referral
Routine Dental Services (Medically Necessary) Under 21 years of age			
Checkups (Routine exam)	Covered Including x-rays	None	Self-referral
Periodontal services	Covered	None	Authorization required
Orthodontics (Braces)*	Covered	None	Authorization required
Cleanings (Prophylaxis)	Covered	None	Self-referral
Root canals and other endodontic services	Covered	None	Self-referral
Crowns and related services	Covered	None	Authorization required
X-rays	Covered	None	Self-referral
Restorations (Fillings)	Covered	None	Self-referral
Sealants	Covered	None	Self-referral
Dentures	Covered	None	Authorization required
Dental surgical procedures	Covered	None	Authorization required
Extractions (Impacted tooth removal)	Covered	None	Authorization required
Extractions (Simple tooth removal)	Covered	None	Self-referral
Dental Emergencies (Emergency care)	Covered	None	Self-referral
Topical Application of Fluoride	Covered - 1 per 180 days (16 years of age and under)	None	Self-referral
Fluoride Varnish	Covered - 4 per calendar year (16 years of age and under)	None	Self-referral
Note:			
* If braces were put on before the age of 21, services will be covered until they are completed or until age 23, whichever comes first, as long as the member remains eligible for Medical Assistance.			
For specific information regarding these benefits, please reference your schedule of benefits or contact the Health Care Concierge team at 1-800-286-4242 (TTY: 711).			

Overview of coverage

Tele-dentistry visits for the under-21 population

- Due to the impact of COVID-19, UPMC *for You* has created a preventive-care focused tele-dentistry program to address the needs of our pediatric population.
 - This program allows for real-time, virtual visits with a dental office for:
 - Education.
 - Virtual exams (still or video images reviewed by a dentist).
 - Collaborative treatment planning.
 - Please note that members must have a **F2F visit between tele-dentistry encounters**.
 - This means members who have a virtual visit must have an in-office visit before they can have a second virtual visit.
 - Members do not need to be an established patient of a given practice to leverage preventive tele-dentistry at that practice.
- Members under 21 are eligible for emergent/urgent tele-dentistry visits at their providers' offices.
 - Members should reach out to their dentist of record and follow his or her recommendations.
 - If the member has no provider of record or is unaffiliated with a dental home, please reach out to the PHDHP team and/or make a referral so a team member can take the appropriate outreach steps.

Overview of coverage

UPMC for You members age 21 and older

- All adult members have coverage for basic dental care and preventive services including:
 - Cleanings.
 - Exams.
 - X-rays.
 - Basic fillings.
 - Extractions.
- Additional services (e.g., root canals or crowns) must be reviewed for a benefit limit exception (BLE).

More information can be found in the UPMC for You member handbook:

https://embed.widencdn.net/pdf/plus/upmc/h5dl4panny/19MA_1047686-2020_MA_member_handbook_web.pdf?u=ogmehe

Members 21 years of Age and Older

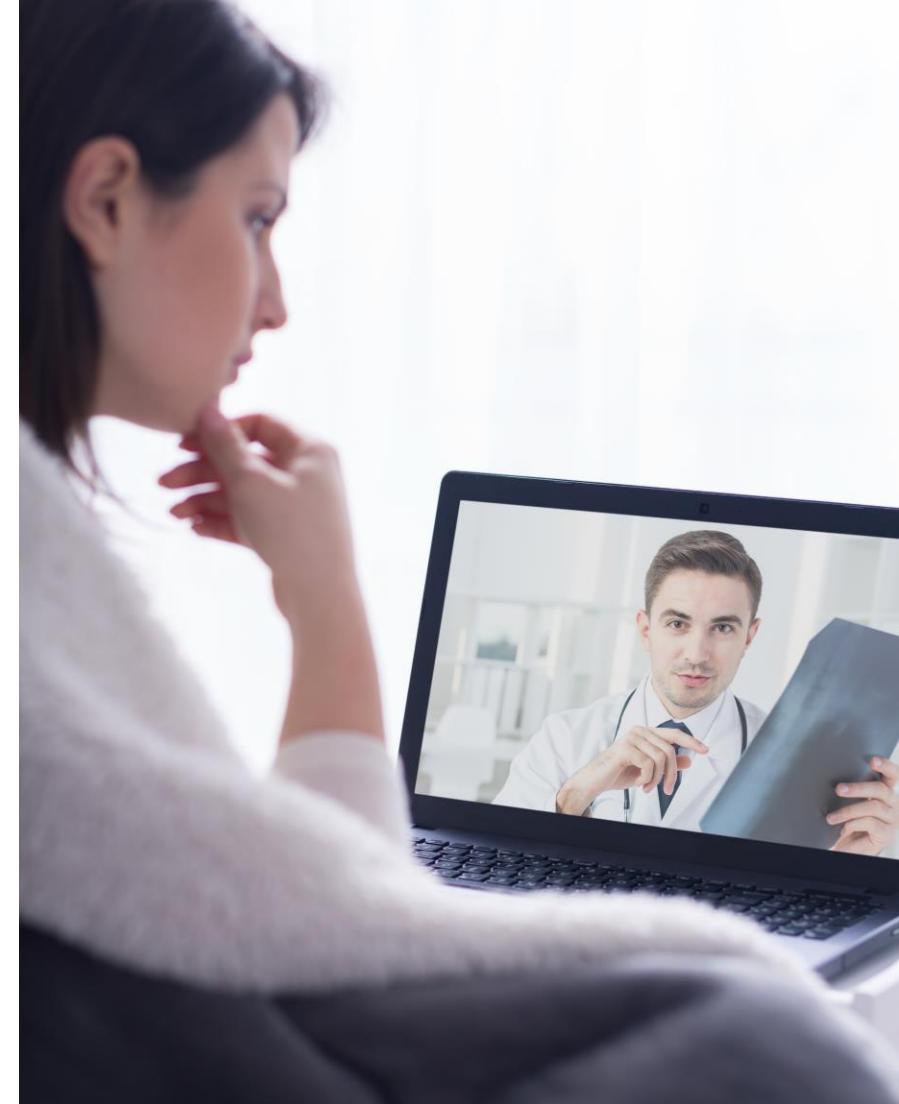
UPMC for You covers some dental benefits for members 21 years of age and older through dentists in the Avēsis/UPMC for You network. Some dental services have limits.

Dental Benefits Description	Full Benefits	
	Age 21 and older (Not residing in a Nursing home or Intermediate Care Facility)	Age 21 and older (Residing in a Nursing home or Intermediate Care Facility)
Anesthesia	Covered may require prior authorization or subject to retrospective review	Covered may require prior authorization or subject to retrospective review
Checkups - (Routine exam – including x-rays)	Covered 1 per 180 days then requires BLE	Covered
Cleanings - (Prophylaxis)	Covered 1 per 180 days then requires BLE	Covered
Crowns and adjunctive services	Not covered unless a BLE is approved	Covered requires prior authorization
Dentures - (One partial upper denture or one full upper denture and one partial lower denture or one full lower denture)	Covered – once per lifetime Requires prior authorization Additional dentures require a BLE	Covered – once per lifetime Requires prior authorization Additional dentures require a BLE
Dental surgical procedures	Covered requires prior authorization	Covered requires prior authorization
Dental emergencies - (Emergency care)	Covered	Covered
Extractions - (impacted tooth removal)	Covered requires prior authorization	Covered requires prior authorization
Extractions - (simple tooth removals)	Covered	Covered
Fillings - (restorations)	Covered	Covered
Orthodontics (braces)*	Not covered*	Covered requires prior authorization*
Palliative care - (Emergency treatment of dental pain)	Covered	Covered
Periodontal & endodontic services**	Not covered unless a BLE is approved.	Covered** requires prior authorization
Root canals	Not covered unless a BLE is approved	Covered requires prior authorization
X-rays	Covered	Covered
Inpatient Hospital, Short Procedure Unit (SPU), or Ambulatory Surgical Center (ASC) dental care.***	Covered requires prior authorization***	Covered requires prior authorization***

Overview of coverage

Tele-dentistry visits for the adult population

- Members over the age of 21 are eligible to have emergent/urgent tele-dentistry visits.
 - Members should contact their dental provider of record for an evaluation of oral pain.
 - If a member needs help locating a provider to complete a virtual urgent or emergent care visit, please refer the member to their local federally qualified health center (FQHC), DOH (if in Allegheny Co.), or the University of Pittsburgh Dental School for assistance.
 - The PHDHP team may also be able to help members find local providers offering care. Please do not hesitate to reach out to the PHDHP team.



What is a dental benefit manager?

Avesis and SKYGEN USA

- The dental benefits afforded to UPMC *for You* members are administered by a dental benefit manager, **Avesis**, through March 31, 2021. Beginning April 1, 2021, **SKYGEN USA** will be the new dental benefit manager on behalf of UPMC Health Plan. The dental benefit manager provides the following:
 - Claims processing
 - Prior authorization
 - Provider services
 - Network development/management
 - Fraud, waste, and abuse oversight
 - Dental director services
 - Provider directories
- For more information:
 - Avesis website: www.avesis.com/Commercial3/Index.aspx
 - Avesis provider directory: www.avesis.com/upmc/upmc_mem.aspx
 - UPMC Health Plan provider directory: findcare.upmchealthplan.com

Important takeaways about coverage^{4,5}

- All Medicaid-covered individuals have the same base benefits across MCOs.
 - Adult
 - Pediatric
- All Medicaid plans have oral health programs that include dentists and PHDHPs.
- All Medicaid plans have special needs units to assist members in addressing barriers to care.
- A complete EPSDT exam requires a dental referral for the “YD” modifier.

UPMC for You dental interventions

Tele-dentistry

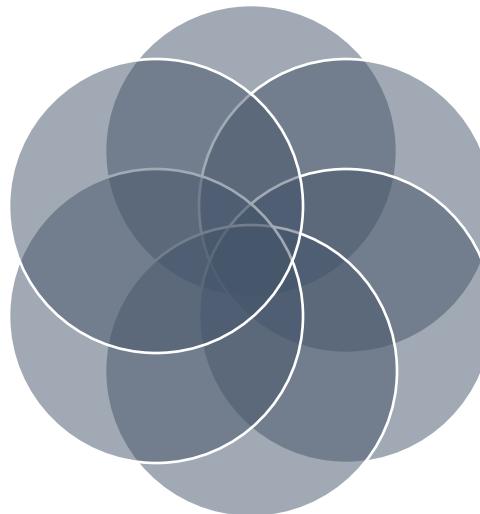
- All under-21 members for preventive care
- All members for urgent/emergent care

Call transfer process

- All under-21 members and their families

Dental home

- Subsection of membership



PHDHP Team

- All under-21 members and their families

P4P

- All dental and physical health providers

Member incentives

- Subsection of members (no current incentive)

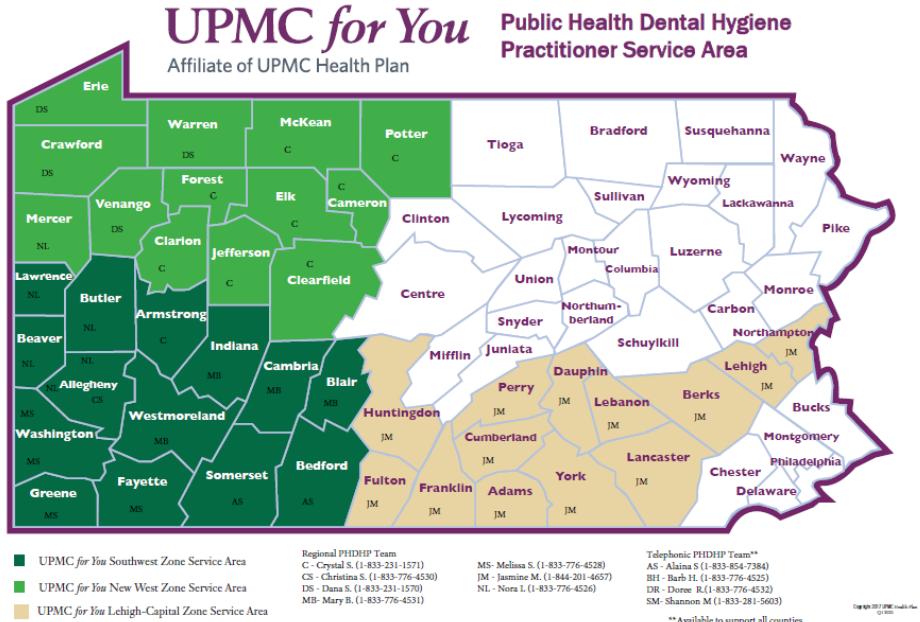
Meet the team

Public Health Dental Hygiene Practitioner (PHDHP) team

- The PHDHP is the most effective intervention for oral health offered by UPMC *for You*. The PHDHP team is comprised of eleven hygienists who work with our members in a telephonic and regional capacity. The team works with our patients, community, and providers.



Regional PHDHP team



The regional team works with approximately 20,000-30,000 members in designated territories. Face-to-face education encounters are the main goal. These encounters occur during community education activities or via community dental health events. The regional team is a major resource for oral and physical health providers in their community.

They help with:

- Troubleshooting.
- Appointment-keep rates.
- MATP or other transportation connections.
- Providing office education certification to providers.



PHDHP map Q1
2021

Telephonic PHDHP team

- The Telephonic PHDHP team is available for inbound calls during normal business operations. This allows members, providers, community partners, and UPMC Health Plan partners to reach a PHDHP for:
 - Oral health education (oral hygiene instruction/nutritional counseling/tobacco cessation, oral health first aid discussions, and more).
 - Facilitating tele-dentistry visits for emergency needs.
 - Real-time troubleshooting.
 - Outreach referrals.
 - Information about upcoming community events.



Engaging with the PHDHP team

- You can reach out to a member of the PHDHP team with oral-health-related questions at UPMCforYouDental@upmc.edu. This email is the point of contact for:
 - General inquiries.
 - EPSDT-related outreach referrals.
 - Leads on community events in your area that might benefit from an oral health educator.
 - Follow-up calls.
 - For follow-up calls, please send a referral to the regional PHDHP team for the member's county of residence in addition to sending an email to the above address.
- You can provide the relevant PHDHP 800 number to members if you think they would benefit from connecting with the PHDHP team personally.

3

How you can help



Recommendations for patients

For routine oral hygiene practices at home

- Brush teeth with fluoride toothpaste twice each day.
 - Use a soft-bristle brush.
 - If a pediatric patient does not yet have teeth, a soft cloth should be used to wipe gums after feeding.
- Floss daily to clean between teeth.
- Eat a healthy diet that limits sugary beverages and snacks.
 - Drink water between meals.
 - Don't sip sugary drinks throughout the day.
 - Drinks like juice and milk can be enjoyed with meals.
 - Limit gummy or sticky snacks.
 - Rinse mouth or brush teeth after eating these foods.
 - Have these things as a dessert after a meal.



Recommendations for patients, cont'd

For clinical oral health care from the dental provider

- See a dentist every six months for prevention and treatment of oral disease (beginning with the eruption of the first tooth).
 - This will include a check for oral cancers.
 - Talk with your dentist if you are experiencing symptoms of dry mouth as this can cause decay and discomfort.
- Have a plan for addressing oral health emergencies **before** they happen.
 - Know basic oral health first aid.
 - Determine if your dental provider has on-call/after-hours care or consultations.
- Have sealants placed when clinically appropriate.
 - Upon eruption of molars
 - To prevent cavities from forming in the grooves of the chewing surfaces

Recommendations for patients

For oral health discussions in the pediatric/family practice care environment

Building oral health education into the discussion:

- Create a question set that flows with the other systems of care being reviewed during a well-visit.
 - When discussing diet:
 - Incorporate recommendations related to having sugary drinks during mealtimes only.
 - Suggest water in sippy cups/bottles in-between meals.
 - When discussing bedtime:
 - Discuss brushing routine before bed.
 - Discuss rinsing the mouth after night feedings.
 - When assessing for safety:
 - Add a recommendation to learn about oral health first aid.

Provide information about the following to members and caregivers . . .

- Where they can locate information about coverage for dental care
 - Reference their insurance plan.
- Where to find the provider directory for dental services (or other means to find care)
 - All plans are required to place the provider directory on their website.
 - All plans have member services teams that can assist with locating providers.
 - All plans have Special Needs Units to address more specific barriers or challenges.
- How to build positive parenting through modeling
 - Stress the importance of adults in families modeling care for children.
- How oral health routines related to other healthy routines

Increase practice quality metrics through oral health

- Annual Dental Visit (ADV) is a quality measure for our Pediatric Value-Based programs.*
 - To close the gap in care, ensure one or more dental visits with a dental practitioner during the measurement year.
 - The ADV measure is based on the National Committee for Quality Assurance (NCQA) HEDIS® measure specifications.**
 - Gap closure by line of business:
 - **Medicaid:** Preventive dental visits starting at 1 year will close the quality gap.
 - **Other pediatric lines of business:** Any dental visits starting at 2 years will close the quality gap.
 - Gap closure is determined by receipt of a dental claim (service billed using CDT code set) during the calendar year.

**Only certain providers may be eligible, and these products are subject to change upon notice by UPMC Health Plan.*

***The HEDIS specification is 2-20 years of age. However, the DHS measures Medicaid based on an additional CMS Oral Health initiative (OHI) which starts at age 1. The clinical recommendation to start dental visits is with the eruption of the first tooth or by age 1.*

- Additional earnings through topical fluoride application:
 - Procedure is billable for patients up to age 5.
 - There is a quarterly allowance for application.
 - Payment is set at \$18-20 per application.
 - Fluoride application does not close the quality gap but provides the opportunity to educate on the importance of regular dental care.

Learn more together

- Become certified as a topical fluoride varnish provider.
 - UPMC*for You* PHDHP team can assist with this process.
- Host a Lunch and Learn for practice members.
 - UPMC*for You* PHDHPs offer the following programs:
 - Oral health in pregnancy and the first year of life
 - Oral health and tobacco cessation
 - Oral health for individuals with special health care needs
 - Oral health through the ages
- Learn about oral health or get involved with oral health efforts in your area:
 - AAPD
 - Healthy Teeth, Healthy Children
 - PA Coalition for Oral Health
 - CDC
- UPMC*for You* can also assist in making connections for educational opportunities through the dental clinic at Children's Hospital of Pittsburgh UPMC.

4

Scenarios in practice

The following scenarios are fictional but based on true stories.



Scenario I

Scenario:

- Member is seen for well-visit at 4 years of age.
- Review of known health history in medical record indicates member had no history of dental care.
- Member has no reported pain or enamel defects.

Observations and family self-report:

- In review of oral health routines with grandma (custodial caretaker), clinician observes early signs of decay on teeth.
- Grandma reports that member hasn't been to the dentist yet since "kids don't have to do that until school."
- Grandma states, "He brushes his teeth and all that stuff."

Action steps:

- Clinician refers family to a dental home for visit and to address noted concerns with tooth surfaces.
- Follow-up referral to MCO made per EPSDT guidelines.
- Topical fluoride is applied.

Scenario I, cont'd

Best case possible outcome:

- Grandmother heeds advice of clinician.
 - Member schedules care at dental practice.
- Evidence of cavities is noted in molars and restorative work complete.
- Early markers of cavities on front teeth also observed and fluoride treatment completed.
- Member maintains relationship with dental home and teeth remain intact until natural exfoliation.

Worst case possible outcome:

- Grandmother dismisses recommendations by saying, "They are just baby teeth anyway."
- Member is seen for mouth pain/swelling in ER six months later.
- Member has significant deterioration of front teeth dentition due to untreated caries and has abscess.
- Member is treated with course of antibiotics and referred to pediatric dental specialist for complete oral rehab under sedation.

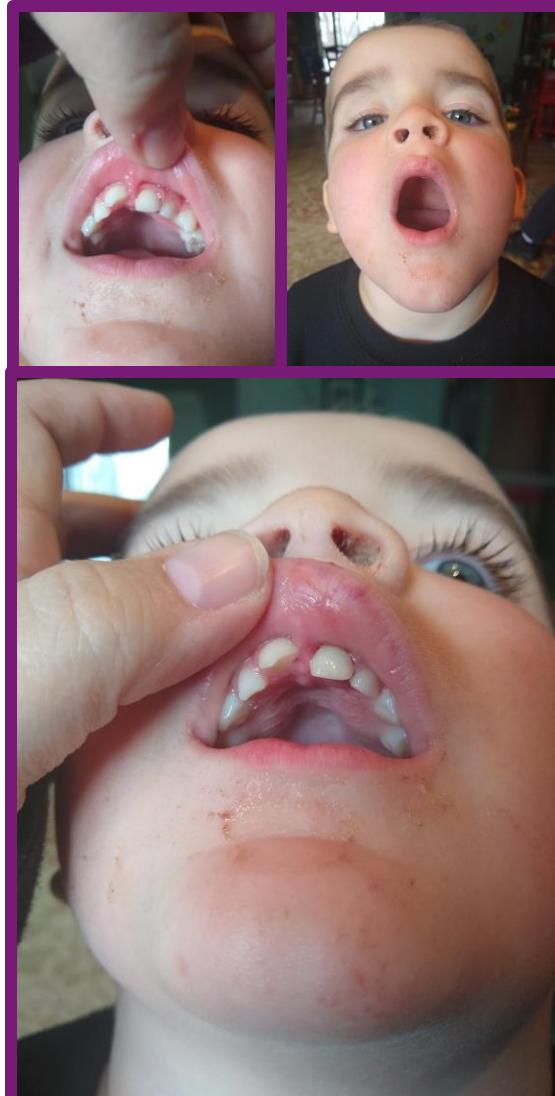
Scenario II

Scenario:

Child falls from bicycle and chips/moves front tooth.

Possible care pathways:

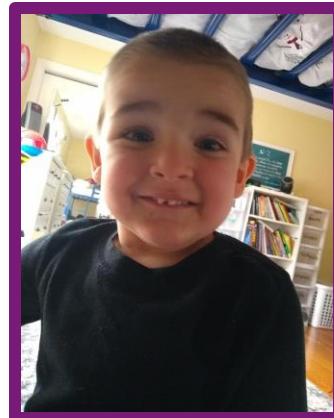
- Parent has oral health first aid plan and phones dental provider.
 - Tele-dentistry visit is scheduled.
 - Parent takes still images and videos of the mouth and shares them with the dental provider.
- Parent rushes child to urgent care to address need.
 - Urgent care directs parent to take child to the emergency department (ED) as they are unable to address dental issues.
- Parent goes straight to ED.
- Parent reaches out to pediatrician's office for direction on how to help child.



Scenario II, cont'd

Best-case possible outcomes:

- One of the following occurs:
 - Member is referred for tele-dentistry visit with a provider in their community by pediatrician's office.
 - Family follows oral health first aid plan and connects with dental home that has tele-dentistry capabilities.
- Plans for next steps are communicated to the family.
- Member recovers well with a distinct smile and no unnecessary trips to the ED.



Worst-case possible outcome:

- Parent rushes to urgent care and is diverted to ED.
- ED is unable to treat member outside of addressing bruising and recommending follow-up with a dental provider.
- Parent is frustrated and attempts to address issue by pushing on the tooth resulting in root fracture and complete tooth loss.

Scenario III

Scenario:

- A pediatric office receives a call from school nurse's office.
- Per RN, she is investigating a child's compliance with the PA requirements for dental visits in 3rd grade.
- Nurse reports that she has had many engagements with the family and that the member was seen by the school hygienist over the past 6 months.
 - During the encounter, visible caries were noted.
 - The family has failed to follow through with treatment.
 - A ChildLine referral is the next step.
- RN wonders how/if the office took any action, as she returned a physical form during the time in which they were working on getting the child dental care.
- The office reviews available information in the chart.
 - Member has no notes related to oral health conditions outside of standard "dental referral made" notation.
- School RN informs office that ChildLine referral will be completed.
 - The office may be contacted by the Office of Children, Youth, and Families (OCYF) as a part of the investigation.

Scenario III, cont'd

Possible outcome: ChildLine referral is completed.

- Investigation ensues, and family is seen in courts to address dental neglect.
- Caregiver defense is that “no one said it was this bad” despite “lots of providers [seeing] the child.”
 - Caregiver goes on record to state that the only “medical” people that had a problem are those who worked in the school—the pediatrician, ED, and family therapists haven’t said anything.
- Mediation occurs with OCYF officials, and a family service plan is created.
- Member appointment with a dental provider is facilitated.
 - Member has significant decay requiring sedation and complete oral rehabilitation, inclusive of extractions and crowns.

Scenario IV

Scenario:

- A new family presents to a PCP's office for first visit (well EPSDT visit).
- Family indicates that they are still in the process of establishing their care, including PCP for adults, dentists, specialists, and school district.
- Family reports increased stress around this coordination effort and feelings of exhaustion.

Possible outcomes:

- PCP provides a list of resources to help.
 - Family is referred to pediatric care management at UPMC.
- The office has established ongoing dental days.
 - The family is scheduled for appointments at the next event.
- PCP's office requests PHDHP engagement for the family to assist the children after the event dental day and help the parents connect to care.

Scenario IV, cont'd

Possible outcomes, cont'd:

- UPMC pediatric case management establishes a relationship with family.
 - Family needs are assessed. Parents report that:
 - They are looking for a PCP who can coordinate with specialists easily.
 - They need to work with an office that has later-day or evening appointments.
 - They would also like virtual visits, if possible.
 - A specialist is needed for cardiac care.
 - The children need to re-establish care with a behavioral health (BH) group.
 - Family reports history with family-based care but have graduated services. With the increased stress of the move, they think it is a good idea to have a plan.
 - Family reports need for food security information to back up their existing benefits.
 - Dental care providers are needed for whole household.

Scenario IV, cont'd

Possible outcomes, cont'd:

- Pediatric care manager works with internal supports to develop a mini-care team to address the family's needs, including:
 - Adult care management (CM).
 - Adult CM works on parent issues noted and helps them to establish care with a provider group as well as a specialist group.
 - Pediatric social work (SW).
 - Pediatric SW works with parent on food security supports as well as connection with MATP.
 - PHDHP team.
 - PHDHP team assists family face-to-face.
 - PHDHP team assists the family at their dental day appointment and talks through the family's dental care needs.
- Pediatric care manager connects with offices on-site care manager and facilitates BH service connection with pediatric group as embedded BH care.
 - Family makes the connection.

Working together, the family thrives and maintains positive relationships and good health.



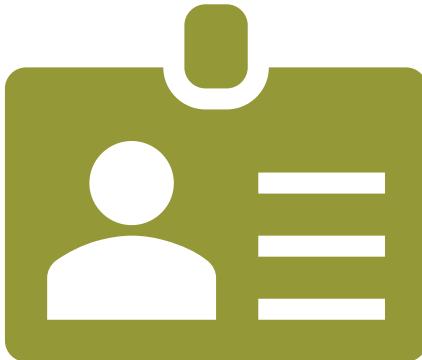
You are not alone.
We are here to support you.

Supports available to providers within UPMC *for You* . . .

- UPMC *for You* members—PHDHP team for adults and kids
 - Email: UPMCforYouDental@upmc.edu
- SNU coordinators (for care coordination needs between providers and addressing barriers to care)
 - Email: SNUcoordinator@upmc.edu
- Member questions on benefit coverage:
 - Contact Member Services at **1-800-286-4242** (TTY: 711).

Contact information

- Jess Rhodes, Program Director
- General inquiries
 - UPMCforYouDental@UPMC.edu
- Avesis Provider Services
 - 1-866-918-1595
- SKYGEN USA Provider Services
 - 1-855-806-5193



Telephonic team:

- Barb Hammerschmitt, Telephonic PHDHP
 - 1-833-776-4525 (800 number)
- Doree Rossey, Telephonic PHDHP
 - 1-833-776-4532 (800 number)
- Alaina Stango, Telephonic PHDHP
 - 1-833-854-7384 (800 number)

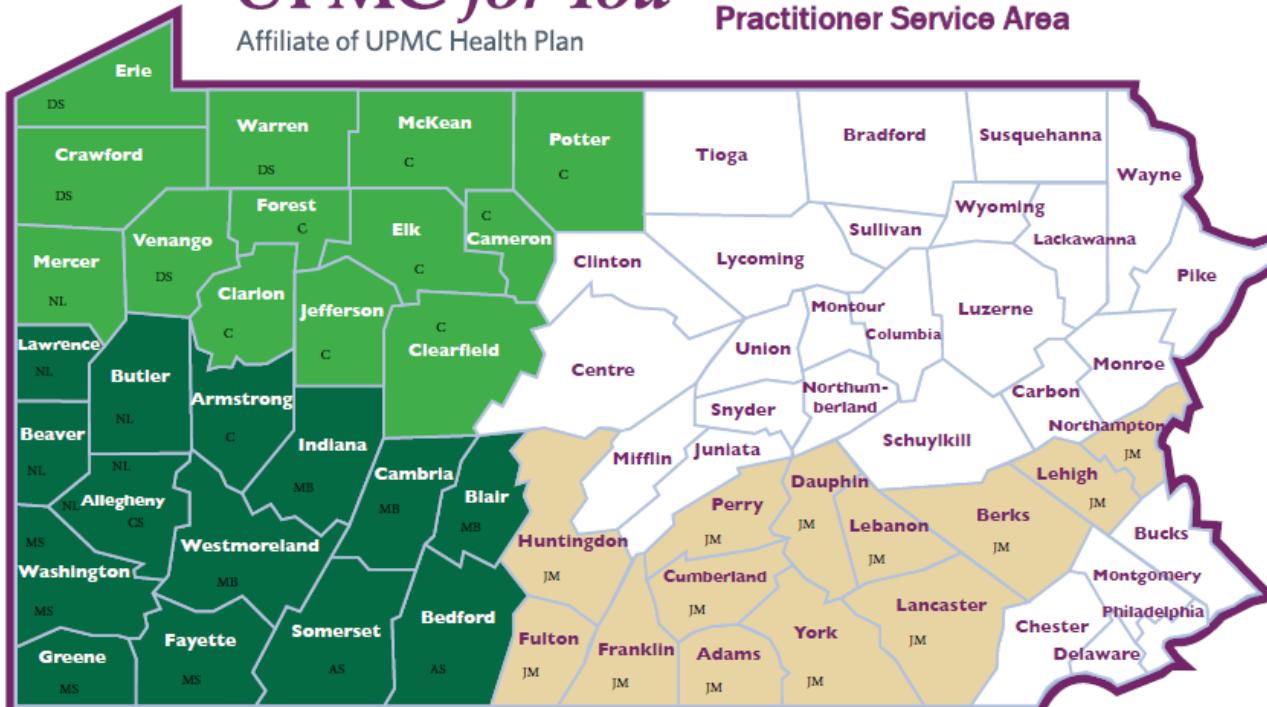
Contact information: Regional PHDHP team

Name	Assigned 800 number	Territory	
Christina Stephenson	1-833-776-4530	Allegheny Co. (city central: south and east)	
Crystal Siebka	1-833-231-1571	Armstrong Co. Cameron Co. Clarion Co. Clearfield Co. Elk Co.	Forest Co. Jefferson Co. McKean Co. Potter Co.
Dana Shaffer	1-833-231-1570	Erie Co. Crawford Co.	Venango Co. Warren Co.
Jasmine Morales	1-844-201-4657	Adams Co. Berks Co. Cumberland Co. Dauphin Co. Lancaster Co.	Lebanon Co. Northampton Co. Perry Co. York Co.
Jennifer Preuss	1-833-776-4534	Bedford Co. Blair Co. Cambria Co. Franklin Co.	Fulton Co. Huntingdon Co. Somerset Co.
Mary Bearer	1-833-776-4531	Indiana Co.	Westmoreland Co.
Melissa Stewart	1-833-776-4528	Fayette Co. Greene Co.	Washington Co. Southern Allegheny Co.
Nora Lugaila	1-833-776-4526	Allegheny Co. (city central: north and west) Beaver Co. Butler Co.	Lawrence Co. Mercer Co.

UPMC for You

Affiliate of UPMC Health Plan

Public Health Dental Hygiene Practitioner Service Area



■ UPMC for You Southwest Zone Service Area

■ UPMC for You New West Zone Service Area

■ UPMC for You Lehigh-Capital Zone Service Area

Regional PHDHP Team
 C - Crystal S. (1-833-231-1571)
 CS - Christina S. (1-833-776-4530)
 DS - Dana S. (1-833-231-1570)
 MB - Mary B. (1-833-776-4531)

MS - Melissa S. (1-833-776-4528)
 JM - Jasmine M. (1-844-201-4657)
 NL - Nora L (1-833-776-4526)

Telephonic PHDHP Team**
 AS - Alaina S (1-833-854-7384)
 BH - Barb H. (1-833-776-4525)
 DR - Doree R(1-833-776-4532)
 SM- Shannon M (1-833-281-5603)

** Available to support all counties

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Resources



MCO plan contact resources

Statewide managed care—New West counties

New West counties in the HealthChoices program:

Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Potter, Venango, and Warren

HealthChoices physical health plans	Member Services phone numbers	Special Needs Unit phone numbers
Aetna Better Health	866-638-1232 TTY: 711	855-346-9828 TTY: 711
AmeriHealth Caritas Pennsylvania	888-991-7200 TTY: 888-987-5704	800-684-5503 TTY 215-849-1579
Gateway Health Plan Inc.	800-392-1147 TTY: 711	800-642-3550 TTY: 711
UPMCfor You Inc.	800-286-4242 TTY: 800-361-2629	866-463-1462 TTY: 800-361-2629

Statewide managed care—New East counties

New East counties in the HealthChoices program:

Bradford, Carbon, Centre, Clinton, Columbia, Juniata, Lackawanna, Luzerne, Lycoming, Mifflin, Monroe, Montour, Northumberland, Pike, Schuylkill, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, and Wyoming

HealthChoices physical health plans	Member Services phone numbers	Special Needs Unit phone numbers
Aetna Better Health	866-638-1232 TTY: 711	855-346-9828 TTY: 711
AmeriHealth Caritas Northeast	855-809-9200 TTY: 855-859-4109	888-498-0766 TTY: 711
Geisinger Health Plan	855-227-1302 TTY: 711	855-214-8100 TTY: 711

MCO plan contact resources

Statewide managed care—Southeast counties

Southeast counties in the HealthChoices program:

Bucks, Chester, Delaware, Montgomery, and Philadelphia

HealthChoices physical health plans	Member Services phone numbers	Special Needs Unit phone numbers
Aetna Better Health	866-638-1232 TTY: 711	855-346-9828 TTY: 711
Health Partners of Philadelphia Inc.	800-553-0784 TTY: 877-454-8477	866-500-4571 TTY: 215-849-1579
Keystone First Health Plan	800-521-6860 TTY: 800-684-5505	800-573-4100 TTY: 800-684-5505
UnitedHealthcare Community Plan	800-414-9025 TTY: 711	877-844-8844 TTY: 711

Statewide managed care—Southwest counties

Southwest counties in the HealthChoices program:

Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Fayette, Greene, Indiana, Lawrence, Somerset, Washington, and Westmoreland

HealthChoices physical health plans	Member Services phone numbers	Special Needs Unit phone numbers
Aetna Better Health	866-638-1232 TTY: 711	855-346-9828 TTY: 711
Gateway Health Plan Inc.	800-392-1147 TTY: 711	800-642-3550 TTY: 711
UnitedHealthcare Community Plan	800-414-9025 TTY: 711	877-844-8844 TTY: 711
UPMC for You Inc.	800-286-4242 TTY: 800-361-2629	866-463-1462 TTY: 800-361-2629

Organizations offering in-facility, school, or community mobile care

Miracle Dental Associates

- Care for individuals up to 20 years of age in the community or in facilities (e.g., school programs, RTFs, or community living environments), as well as brick-and-mortar care
- Portable units to use pop-up dental clinics in community spaces
- Connection via main office at www.miracledentalcare.org
- Service area:
Allegheny and surrounding counties

Email the PHDHP team for and introduction help coordinating, if needed.

Cornerstone Care

- Serves all ages
- FQHC with medical, behavioral, and dental services
- Mobile dental unit available, as well as portable units to for pop-up clinics
- Service area:
Fayette, Greene, and Washington counties
 - Will go to immediate surrounding counties
- Please reach out to main dental office at 724-802-0142.

Email the PHDHP team for and introduction help coordinating, if needed.

Organizations offering in-facility, school, or community mobile care, cont'd

Smile Pennsylvania

- Mobile dental care only
- Portable units to use pop-up dental clinics in community spaces
- Connection via Eric Tolkien, CMO
 - 855-400-5480 x21131
 - etolkin@mobiledentists.com
- Service area:
all of Pennsylvania

Email the PHDHP team for and introduction help coordinating, if needed.

Please note:

If none of these organizations fit your needs, please let us know. We are here to help and will reach out to local groups to see if they are willing to "work outside of the box." Let's explore those options together.

Furthering knowledge

Get involved

- PA Coalition for Oral Health
 - paoralhealth.org
- Healthy Teeth, Healthy Children
 - www.HealthyTeethHealthyChildren.org
- American Academy of Pediatric Dentistry
 - www.aapd.org
- County-Level Oral Health Taskforces
 - Please check with your individual county for taskforce/coalition work.
 - If you need assistance, contact a member of the UPMC*for You* PHDHP team.



Questions?



“Alone we can do so little;
together we can do so much.”

- Helen Keller

References

¹Children's oral health, basics. Centers for Disease Control and Prevention. December 10, 2020. Accessed February 1, 2021. <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html>

²Disparities in oral health. Centers for Disease Control and Prevention. May 1, 2020. Accessed February 1, 2021. https://www.cdc.gov/oralhealth/oral_health_disparities/index.htm

³Internal Medicaid and CHIP COVID-19 Summaries [PDF]. Centers for Medicaid and Medicare Services. No date. Accessed February 1, 2021. <https://www.medicaid.gov/state-resource-center/downloads/covid19-data-snapshot.pdf>

⁴Dental information for recipients and families. Pennsylvania Department of Human Services. No date. Accessed January 12, 2021. <https://www.dhs.pa.gov/Services/Assistance/Pages/Dental-Services.aspx>

⁵Medical assistance bulletin 99-19-02. Pennsylvania Department of Human Services. August 19, 2019. Accessed January 12, 2021.

<https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMAP/c291410.pdf>

UPMC HEALTH PLAN

Thank you!

CME information

Oral health with pediatric members

Feb. 24, 2021 (Live—Virtual)

UPMC University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences

This is not your official certificate.

How to receive your continuing education credit:

<https://cce.upmc.com/oral-health-pediatric-members>

Provider is responsible for verifying CME eligibility. This activity is approved for *AMA PRA Category 1 Credit™* and ANCC. Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

To receive credit, you will be required to log in, complete the course evaluation, and claim credit within 14 days of the activity. Please allow for 24 hours after the live event before trying to claim credit. If you are a new user, click **Register** to create a new account. The activity will be added to your **Pending Activities** and accessible on the first day of the activity. Upon completion, certificates will be available to download and stored for future reference in your **Completed Activities**.

Records are matched to users by email address.

To receive credit, log in and complete the course evaluation and/or claim credit on the CCEHS Learning Portal, <http://cce.upmc.com>. The activity is accessible in your **Pending Activities**. If you are a new user, click **Register** to create a new account.

For answers to common questions or step-by-step instructions please visit the FAQ available on the **CCEHS Learning Portal**.