

**DENTAL ADVISORY COMMITTEE (DAC) MEETING
August 12, 2010**

ATTENDEES:

Member Present:

Rolfe McCoy, DMD

Members Attending via Conference Call:

Dana Browning, DDS
Craig Hollander, DDS
John Purk, DDS
Corbin Marchack, DDS
Alan Stoll, DDS
Dennis Thousand, DDS
Robert Waxler, DMD
David Johnson, DDS

Members Absent:

Ronald Wilkerson
Sonja Wooten

Consultants Present via Conference Call:

Dr. William Ramlow
Dr. John Dane

MO HealthNet Division Staff Present:

Glenda Kremer
Lois Sandbothe
Julie Trimble
Pam Wheeler
Jayne Zemmer

MO HealthNet Division Staff via Conference Call:

Dawn Cain
Cindy Lenger
Susan Eggen

Guest:

Donnell Cox, DentaQuest
Aaron Washburn – via conference call

Welcome/Introduction:

Dr. Dennis Thousand called the meeting to order. All were asked to introduce themselves by name, title, and organization; including those on the conference call line. Dr. Dane the new dental consultant for MHD joined via conference call and introduced himself to the committee.

Approval of the August 12, 2010 Meeting Minutes:

Dr. Thousand asked that the minutes be reviewed for acceptance; the following corrections and notes were made:

- The word option was changed to opinion.
- Staff notes were removed.
- Dr. Thousand asked about the section were Dr. Purk spoke of indirect resin, and a D6250 code; were we going to use the D6999 dump code for this

service. Glenda Kremer stated that if a code is used for that service then the code needs to be used; and that this would be considered a new or added service. With budget constraints new services are not acceptable. At this time the service is tabled until a later date.

- On page 3, regarding D1203 and D1204 fluoride, hygienist charge at school, grant, etc; can the dentist still charge and be paid. The schools and head start would not be billing MHD; therefore the providers will be paid.
- Also on page 3, D7310, Alveoloplasties; this should be reworded as "Alveoloplasty should be done for a cancer patient; it was determined that if a patient has a cancer diagnosis, the alveoloplasty **may need to be completed** or recovery could be detrimental."
- Page 4, the word billing should be changed to bill.
- Page 4 also, Dr. McCoy's statement of alveoloplastics by report, under age of 21, in conjunction with primary tooth, it is billed by report; permanent tooth.
- Dr. Thousand also asked about pregnant women coverage. In the coverage wording of "custom made" could that be changed to "laboratory made". Glenda explained that "custom made" is the MHD verbiage used and policy statement. Dr. Purk also expressed a concern of the 60 days limit for pregnant women in this situation.

Dr. McCoy made a motion that the minutes were approved as corrected; motion seconded and passed.

Old Business:

Lois Sandbothe asked that the agenda be revised as Susan Eggen with the MO HealthNet Managed Care Unit was present by phone to participate in Dr. Stoll's discussion of DentaQuest.

Dr. Stoll has several questions regarding DentaQuest and their way of doing business. His first concern was prior-authorizations; who is doing the reviewing and why? How many reviewers does DentaQuest have and what are their qualifications? Dr. Stoll feels the consultant is trying to dictate to the dental providers what should be done and how. He also feels that the consultants are having difficulty reading x-rays and that many of the denials are being labeled as "not medically necessity"; which is not acceptable unless stated by a medical doctor. He is also concerned the denials are inconsistent. Many of these denials are for participants that are younger than 21 and Dr. Stoll feels that the decisions are poor and not in the best interest of the patient.

Dr. Purk expressed that he had a similar situation in which the payment was denied and when he requested the patient to call DentaQuest and ask the dentist to please be paid, the decision was reversed. Dr. Purk and Dr. Marchack both stated a concern with the lack of oral surgeons taking Medicaid and when reimbursement is made difficult, it keeps those oral surgeons from wanting to participate in Medicaid.

Dr. Stoll asked Susan Eggen and MHD to please not renew DentaQuest contract as a sub-contractor with Managed Care (MC). Ms. Eggen explained that Managed Care contract are not with DentaQuest, that they are a subcontractor of the MC plan.

Dr. Thousand asked if there are, within Managed Care, guidelines that need to be followed. Dr. Stoll states that there are guidelines and that his office is following the guidelines but still receiving denials. Dr. Purk's concern is also the inability of obtaining the name of a contact person with DentaQuest for complaints or concerns. Dr. Marchack stated that his office has had the same concerns, but after they resubmit a claim 4 to 5 times, DentaQuest will usually pay.

Susan Eggen stated that MHD does not dictate to health plans who they should subcontract with, providers and contractors make that determination. Susan asked that the issues discussed be sent to her for review, and she will forward those to the health plans. Susan has received a couple of concerns from Dr. Stoll that she has forwarded to Dr. Dane, the MHD consultant to review. Claims will need participants' name, DCN number and any other information necessary to review. Susan also requested that complaints be put in writing through Lois Sandbothe or ASK.MHD regarding the lack of Oral Surgeons in major cities as well as other concerns and complaints.

Rolfe McCoy asked the committee to recall the discussion with Dr. McCaslin when he stated his concerns with the different levels of treatment depending on whether it is a straight Medicaid or a subcontracted insurance. Dr. Thousand asked if the committee felt that it was their responsibility, as dental advisory committee, to review and advice on the guidelines of the insurance contractors and subcontractors for managed care.

Dr. Thousand requested a subcommittee to write a letter to Dr. McCaslin, Director of MHD, stating the concerns of the dental committee regarding DentaQuest. There has been discussion of expanding the managed care program and this would be an opportune time to convey concerns, as Dr. McCaslin will be very interested in the dental committee's opinions as the Missouri mental health and pharmacy programs are sharing some of the same concerns.

Donnell Cox, DeltaQuest, joined the meeting and was invited by Jayne Zemmer to comment. Donnell stated that Dr. James Tommas, a licensed Missouri dentist, is the consultant for DentaQuest. Ms. Cox commented on many of the concerns stated and also invited Dr. McCaslin and others to review guidelines and criteria at anytime.

After additional discussion of the concerns with DentaQuest Dr. Thousand made a motion for the committee to review the guidelines and criteria of the Managed Care plans, requesting this be a regular responsibility of the Dental Advisory Committee; Dr. Purk seconded the motion. Dr. Thousand also asked for a subcommittee of the DAC to be formed to compose a letter of the discussed concerns to Dr. McCaslin and have the DAC members review and approve before sending. Dr. McCoy made a motion to have Dr. Thousand draft a letter; Dr. Purk seconded the motion. Jayne Zemmer asked Aaron Washburn of the Missouri Dental Association to assist with this letter. Donnell Cox will provide Lois Sandbothe with the guidelines and clinical criteria for DentaQuest and Susan Eggen will request the guidelines and criteria from Bridgeport for review also.

ER visits and cost:

Dr. Thousand commented that Dr. Stoll had expressed a concern over the extremely high rate of hospital emergency room visits and cost for dental emergencies. Lois stated that the problem with determining the ER cost for dental emergencies is a 99000 code is used for billing and it does not determine what the emergency expenditure for dental specifically is. Dr. Thousand stated that Greene County just came out with a study stating that dental emergency ER visits was the number one cause. Aaron stated that they have been trying to determine this information and have not been able to due to coding as well. It is understood that Greene County actually went into the ER and pulled and reviewed individual records

to obtain the information. Dr. McCoy told of a case of a participant who went to the emergency room with a dental issue and the doctor did a CT scan which was inappropriate. His question is why the hospital is being paid for this procedure that is not valid. If this action took place in an office, the dentist would not be paid. Is it possible to audit and have stricter processes on the hospital's ER as they do on dentist and doctor offices?

Donnell Cox expressed that DentaQuest assisted in one study with the NPCA to try and determine how much the insurance companies were spending on ER visits and Donnell offered to forward the list of ER codes that they used in this study. There were situations where the dental code might be billed at the same time with medical codes and it was often difficult to tell how much of the billing is actually for the dental portion. Lois stated that she would pass this information on to the MHD hospital section to see if they could determine some billing information from this information.

Ortho-Cad – Dr. Ramlow:

Dr. Ramlow has been working over the last year to update the manual of orthodontic care and what is covered and when a case is eligible; this manual is a reflection of state rules and regulations. He does have a concern that providers as well as subcontractors are not aware of these updates.

Ortho-cad is a brand name of a digital model company. Orthodontic treatment and eligibility is determined by the HLD score which is determined from study models. It is now possible to receive an accurate duplication of study models through the use of a computer program and new technology. Dr. Ramlow has done quite a bit of research and found the programs to be very accurate. He has also done investigations and found that his consultant contacts in California do not use digital models; however, DentaQuest does accept digital models.

Dr. Ramlow read through the handout he provided to the committee regarding the digital models. It is important not to refer to this by a product name; Ortho-Cad is one product that he is using. The provider as well as the consultant would have to have the technical program to work together in this process. This is a lab process, where the dentist sends the models to the lab and they scan into a digital program; the cost is on a case by case basis.

Dr. Purk made a motion to accept Dr. Ramlow's proposal for the use of digit models for evaluations and Dr. Thousand seconded the motion; the committee passed the motion.

It was asked that in the case of a State Fair Hearing which type of model Dr. Ramlow would prefer. He stated that at this time either plaster or digital models are acceptable.

Interceptive Orthodontic Care – Dr. Ramlow:

Dr. Ramlow cited the definition of MO HealthNet Comprehensive Orthodontic Treatment: care provided for someone who has their permanent dentition or is 13 years of age, when all the teeth are in. Dr. Ramlow feels there are some situations where the participant could benefit from interceptive or early orthodontic care. When originally written there are several reasons why the limits were put into place. To put this care more in line with the same treatment any other patient would receive, they have drawn up some criteria where interceptive orthodontia

care will be allowed. These are for the most severe situations for children and are the automatic qualifiers from the HDL score sheet or:

1. Cleft Palate
2. Cross bite
3. Impacted Maxillary Incisor
4. Overbite
5. Overjet

Interceptive treatment could be very beneficial for the patient instead of waiting the 3 or 4 years for the teeth to completely come in, however if the patient receives this service, they possibly would not be eligible for comprehensive coverage later.

Dr. Thousand felt that this is a good increase to the quality of care. Glenda stated her concern was cost impact now. Dr. Waxler stated that in the long run that this is going to save money; he believes that it is beneficial to the participant. Lois asked if the board members see several of these patients. Members responded that they do not see the number of patients increasing; they just see the treatment being done at an earlier age at half the regular fee. There would not be an HLD form completed, it would only be the automatic qualifiers.

Dr. McCoy asked if the board felt that this process would be open to abuse. After additional discussion, Dr. Thousand stated that he does not feel that abuse is a concern and that the program will be very beneficial to participants and that the program could be evaluated after a year. In the long run he feels that many children are going to be helped and have substantial savings to MHD in the long run.

Glenda asked if there was an idea of the number of comprehensive cases would qualify for this interceptive care for budget issues. Dr. Waxler guessed that about 40% of them would qualify. Parents and participants would need to be informed that they would probably not qualify for future comprehensive treatment. Dr. McCoy made a motion that the interceptive care be adopted, Dr. Purk seconded and the motion passed. DAC recommends the interceptive treatment be adopted. Glenda said that she would pass this recommendation on for approval of the treatment. It was also agreed that this issue will be revisited. Dr. Ramlow said that since this is a new program, that it can be monitored, tracked by DCN, and reviewed after approximately one to two years. Dr. Ramlow will ask for follow-up on these cases for the review at his discretion.

D9110 Palliative Treatment of dental pain:

Glenda and Lois were hoping to get some guidelines. Lois stated that this code was to be by report but she needed guidelines from the board so that the bulletin can be composed correctly. The records were not available at this point so Lois suggested that the discussion be tabled until the next meeting so the records can be pulled. Dr. Purk stated that restrictions for all are not needed if it is only being abused by a couple of providers. Dr. Thousand asked that the members bring to the table next meeting when this code should and would be used to assist in the discussion. At that time we can determine if this is an issue with just a couple of providers or if this is a program wide problem.

Dr. Marchack will look into his office records and check his notes on this billing. Dr. Thousand suggested that all members do this with their records to have that a complete discussion at the next meeting.

New Business:

Dr. Thousand asked for clarifications regarding medical necessity adult dental treatment. The physicians have been writing a letter stating that comprehensive treatment on due to medical necessity for dental procedures when the treatment is not necessarily medical necessary. How should the dentist handle this situation? Is there a way that these treatments could be billed against the medical provider instead of the dental provider? Billing is based on the service itself, not who referred the patient for treatment. Glenda stated that at this point she is not sure how to handle this situation and perhaps MHD's Program Integrity could look into these issues. Lois asked if there was a way to make this ruling stronger since the board feels this is a very gray area. Dr. Purk asked for perhaps a method of monitoring this process. Dr. Stoll asked about the form that physicians have sent to his office stating it is a medical necessity, showing physician's information and conditions causing this situation to be a medical necessity. Dr. Stoll sent the form to Lois for review. Dr. Thousand feels that if there were a form similar to this for the physician to sign off on, realizing that they were claiming responsibility by signing off on a need, perhaps this will be beneficial to the program. Glenda reviewed the form and it appears to be composed by the Hannibal Clinic, it is not a MHD form. Dr. Thousand asked if MHD could come up a form similar to this. Glenda stated she was afraid that a form of this type could increase these concerns. Dr. McCoy suggested that we come up with a definition of "Medical Necessity".

Lois will consult with MHD's Program Integrity (PI) to see if they can strengthen the bulletin and manual on physician's "Medical Necessity" policy. Lois will check with Dawn Cain to see if the education process for providers can also be strengthened. Glenda and Lois will consult with PI and get back to Dr. Thousand to see what can be done to help. Dr. Stoll informed the committee that there have been cases even with the letter from the physician, he and his clinic has denied treatment.

Lois informed the committee that Dr. Shearer has resigned his position with the committee and that she is open for suggestions and recommendations for a member from the Southwest part of Missouri.

Dr. Waxler's term will expire at the end of 2010; he was asked and agreed to remain on the committee for another term.

The next meeting will be Tuesday, October 28, 2010 and will be a conference call meeting. The DAC will continue to do conference calls meetings as long as possible unless x-rays and records need to be reviewed, as the committee does want to continue to be assist in benefiting the Medicaid participants.

The meetings for 2011 are:

- February 10
- May 12
- Aug 11
- Oct 13

Homework for the next meeting will be palliative care and a letter drafted to Deltadental. Dr. Thousand would like a subcommittee including Dr. Stoll and Dr. McCoy to assist in the composition of the DentaQuest letter.

The meeting adjourned at 12 noon.