

**DENTAL ADVISORY COMMITTEE (DAC) MEETING
May 12, 2011**

ATTENDEES:

Members Attending via Conference Call:

Dennis Thousand, DDS, Chairman
Dana Browning, DDS
Craig Hollander, DDS
Corbin Marchack, DDS
Rolfe McCoy, DMD
John Purk, DDS
Robert Waxler, DMD
Ron Wilkerson, DDS
Alan Stoll, DDS

Members Absent:

Sonja Wooten

Consultants Present:

Dr. William Ramlow, DDS
Dr. John Dane, DDS

MO HealthNet Division Staff Present:

Dawn Cain
Susan Eggen – via phone
Glenda Kremer
Ian McCaslin, MD, MPH
Lois Sandbothe
Julie Trimble
Melody Webb – via phone
Pam Wheeler
Jayne Zemmer

Guests:

Lovey Barnes, Molina
Donnell Cox, DentaQuest
Christine Cybulski, Molina
Ramona Kaplenk, Harmony Health Plan
Cindy Lenger – MO Medicaid Audit & Compliance (MMAC)
Dan Paquin, HCUSA
Carole Ouimet, Harmony Health Plan
Dave Reynolds, Harmony
Paul Roberts, Missouri Dental Association – via phone
David Thielemier, HCUSA
Dr. Jim Thommas – DentaQuest – via phone
Pam Victor, HCUSA
Aaron Washburn, MO Dental Association – via phone
Dr. Doyle Williams, DentaQuest
Paul Roberts, MO Dental Association
Judy Brennan, Blue Advantage Plus
Jennifer Wieman – Legal Aid of Western Missouri
Dr. John Esslinger – MO Care

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.

Approval of Meeting Minutes:

Dr. Thousand summarized the minutes. Many of the items addressed in the minutes will be discussed in today's meeting.

Dr. Stoll made a motion to approve the minutes of February 11, 2011. Dr. John Purk seconded the motion; the motion passed.

Managed Care Discussion:

Dr. Ian McCaslin, Director of the MO HealthNet Division (MHD), began the discussion of Managed Care. MHD has a number of partnerships around the state and all are very important. Dental providers, through the Dental Advisory Committee (DAC), have submitted a number of concerns and complaints with the managed care program from just about every region of the dental plans. Dr. McCaslin wanted to bring the DAC and the Managed Care (MC) groups together to have a professional level of interaction.

Dr. McCaslin addressed the question of what is the purpose of the DAC regarding Managed Care. In his opinion, he believes the DAC is a very valuable resource for the Division in helping the MHD to be aware of the State's oral health access, delivery, and quality; as well as the network of oral health providers for the participants in the state of Missouri. With subcontracting, there is not a close connection between the subcontractors and the providers. Whether it is Fee for Service or Managed Care, Dr. McCaslin values the opinions and awareness that is brought about by the committee. Dr. McCaslin committed to always review the advice and concerns of the committee.

Rolfe McCoy wished to start the discussion with the concern of a Managed Care vendor in Jackson County that has closed their panel, restricting dentists from becoming Managed Care providers. His concern is that vendors could restrict dentists who wish to assist Managed Care participants. Susan Eggen, MHD, added; Bridgeport is the vendor who closed the panel in Jackson County because they had enough dentists. Dr. McCoy expressed his concern is not who closed the panel, but the fact that the panel can be closed and, therefore, restrict providers from seeing patients. Even if a provider is seeing only a small number of participants he should have the right, as the participant should, to seek the provider and care they desire.

Dr. Purk with the Kansas City Dental School expressed a concern on panel closures and the effect on new graduating dentists and the message this sends. If the vendor has the power to limit providers when they want, why should new graduates consider moving in that direction? Dr. Stoll agreed with these concerns.

Dr. Corbin Marchack advised the committee that he recently read an article where DentaQuest sent a letter to a large number of providers stating their services were no longer needed. Due to the response, the letter was over turned; but providers should not be told by a vendor that they cannot provide service.

Aaron Washburn, MO Dental Association, agreed if panel closings are happening how will provider participation continue to grow.

At this time, Ms. Cox requested to present the DentaQuest vision and Dr. McCaslin agreed that the presentation would be acceptable.

Dr. Williams outlined DentaQuest's many attributes and provided a power point presentation for all participants.

Ms. Cox had highlighted the Dental Advisory Committee concerns from the last meeting. Dr. Thousand asked that we direct the meeting to the letter sent to Dr. McCaslin. All dentists agree that prevention is important but we must take care of the patients who are in need and pain now.

Dr. Williams addressed DentaQuest claim denials. The first reviewer is a dental person used to determine the basic information and if the claim is denied or has issues then it will go to a dental consultant who is a licensed dentist. This second line can only approve these claims or requests. The dental consultant is a licensed dentist but may not be a Missouri licensed dentist, however, they are licensed.

Dr. Stoll wished to express the inefficiency and inconsistency his office encountered with DentaQuest. Dr. Stoll's main concern is children who are hurting with possible swollen gums and may have to wait for reviews or even 2 to 3 appeals before the approval is received and treatment can begin.

Dr. Williams stated statistics show an 80% approval of all dental requests. Some points that Dr. Williams would like to bring to light:

- If child is in pain, a PA is not required for emergency services,
- Time period issue has been reviewed with consultants and hopefully those issues are improving,
 Submitting all on one claim form is causing difficulty; submit individual claims

Dr. Stoll's second concern is the medical procedures, tumors, etc., must go to the medical side. Patient then must return to pediatrician to receive medical approval so that dentist can do the work.

Dr. Dane also expressed in his dental clinic, they try very hard not to treat and then go for payment. If the Prior Authorization (PA) is not approved and the treatment is completed, it is a very difficult process of collection, a very similar situation as Dr. Stoll has expressed. Dr. Thousand also has experienced major difficulty with PA's for managed care. Dr. Stoll is having difficulty getting approval for pregnant woman coverage, stating there are eligibility issues. Ms. Cox will call Dr. Stoll's office regarding this issue.

Dr. Marchack also shared his frustration. His practice is basically 18/19 and under in age coverage, he has seen a decrease in denial and some improvement, however, his concern is the amount of paperwork. Time spent to handle the paperwork on these issues has come to a point where they are going to have to hire additional staff. Ms. Cox has assisted a great deal, however, the time frame for approved for reimbursement is extremely difficult.

Dr. Waxler's concern is he has had to stop taking new patients due to the amount of paperwork and denials and the time frame of reimbursement.

Ms. Cox expressed that a new claims processing system took effect on October 27, 2010. DentaQuest is still working on issues with the new system, but this is why you are seeing improvements in the more recent months. With the old system, claim processing took 30 days, whereas the new system takes 5 days; much better turn around. Please remember that reimbursement is on a bi-monthly pay period.

In an average quarter DentaQuest processes about 70 thousand claims for about \$18 million.

Dr. Marchack is concerned about Wisconsin's technicians assisting with Missouri providers. DentaQuest has hired a new technician, Tracey, who will be assisting Missouri providers only. DentaQuest felt that the one on one representation is important.

Dr. Thousand wished to have Ms. Cox address the concern of medically compromised patients. Ms. Cox assists with the medically compromised patients and the problem she sees is physician letters not stating there is a medical condition; heart condition, diabetes, HIV, etc. Ms. Cox has asked to send providers training information on requirements and will follow up on this with provider education.

Dr. Waxler also has a concern of starting a patient, qualifying, getting approval, committing to a 2 year process, and then the plan states it is not going to cover orthodontics; what is he going to do? Dr. Waxler would like to see a guarantee for payment will continue, if the orthodontic coverage is dropped.

Dr. McCaslin advised the members, we will never know what the legislature is planning or what actions they will take. Dr. McCaslin is very concerned and supportive of dental coverage for children. With ESPDT benefits, restrictions, and algorithms in place, Dr. McCaslin feels very sure coverage will be secure for children. Dr. McCaslin asked for Mr. Washburn's opinion, Mr. Washburn agreed with Dr. McCaslin on coverage remaining for children.

Dr. Waxler also asked about the system of one time payment at the end of the case if provider desires; DentaQuest did rewrite the contracts for all orthodontic providers giving them this option. Ms. Cox thanked Dr. Waxler for the suggestion; DentaQuest is open to provider comments and suggestions.

Dr. Thousand stated he feels encouraged with the changes being made. At the end of Dr. McCaslin's response to the DAC letter, it was stated written authorization for review would be sent to Dr. McCaslin. Dr. Thousand wanted to be sure that the committee could also review the information and help advise on these matters. Susan Eggen stated she would send the information on to the committee.

Dr. Stoll asked if in future meetings the committee would continue to review issues and concerns, can we make it a mission to discuss managed care concerns or specific cases? Does the DAC have power to make recommendation to Managed Care or is the committee just a sounding board? Dr. McCaslin made it clear he wishes to hear from the dental providers through the DAC; dental providers are the ones out there practicing and whether it is MC or Fee for Service he wishes to hear concerns. This is the role of the committee to elevate issues to the MHD's awareness. As an advisory committee, their advice and recommendations are wanted and accepted with interest. MC does not have to be at every meeting, but it can and should be discussed and reviewed. Dr. Thousand stated the committee has the right to request quantitative data for review; Dr. McCaslin agreed. If it can be collected for the committee it will be given; Susan Eggen will know more about what information is available.

Dr. Thousand asked Dr. Dane to conduct the remaining portion of the meeting.

Dr. Thousand thanked the Managed Care Providers for attending and participating in the meeting and welcomed them to all meetings.

Prior Authorization (PA) for porcelain crowns on posterior teeth:

Dr. Dane has had conversations with providers regarding porcelain fused to noble metal crowns for second and some first molars which may be needed, however, he is not sure why it must be high noble metal for crown. Dr. McCoy does not do porcelain fused on his regular patients, much less Medicaid patients. Dr. Dane wanted to discuss with the committee that he was on the same page as the DAC. Dr. Marchack questioned the coverage of PFM on first molar? Dr. Dane stated the cast metal crown is crown of choice. Dr. Dane stated that providers can request PA for any crown including Managed Care. Dr. Thommas, DentaQuest, stated the codes are to be available so the doctor and patient have the option; it is the dentists choice.

Dr. Marchack has trouble getting approvals other than gold. Dr. Thommas asked Dr. Marchack to please send a couple of the cases to Ms. Cox for her review. Dr. Dane thanked the committee for their opinions.

D0460:

Committee requested at the last meeting for a report to be run to determine if this code is being abused. The documentation shows the code has been used by 12 providers for 45 different lines of service. Dr. Marchack did not realize the code was billable, his office had never used it. Dr. Purk stated with the information provided he recommended it remain a covered service.

MISCELLANEOUS BUSINESS:

Dr. Marchack wished to confirm from the last meeting that a palliative treatment will require a tooth number and narrative maintained in the provider record only. This was confirmed by the committee.

Cindy Lenger, Missouri Medicaid Audit and Compliance (MMAC), is in the process of reviewing provider records and wished to ask the committee for their opinion regarding an issue with office visit billing. In the first session of treatment it is expected to bill for an office visit, however, during the treatment appointments after the initial session, should an office visit be billed; for example: with 2 extractions? Dr. Marchack and Dr. Purk both stated that an office visit is different than a treatment session.

Ms. Lenger stated that perhaps the verbiage with the office visit coding needs to be stronger. Some providers are billing an office visit for every visit in a series of treatments. It was suggested the verbiage be revised to read, ". . . cannot charge for an office visit other than the first visit in a series of treatments. . ." After discussion it was determined that the office visit coding verbiage from the manual should be sent to everyone for review and comments brought to the next DAC meeting.

Adjournment

Dr. McCoy made a motion to adjourn; Dr. Purk seconded the motion.

The next meeting is scheduled for Thursday, August 11, 2011, 9:00 am to 12:00 pm, in conference room B, 205 Jefferson Street, 10th Floor, Jefferson City, Missouri. If the meeting is to be a conference call, members will be advised prior.