

DENTAL ADVISORY COMMITTEE (DAC) MEETING

February 9, 2012

ATTENDEES:

Members Attending via Conference Call:

Dennis Thousand, DDS, Chairman
John Purk, DDS
Alan Stoll, DDS
Robert Waxler, DMD
Dana Browning, DDS
Corbin Marchack, DDS
Ronald Wilkerson, DDS

Members Absent:

Rolfe McCoy, DMD
Craig Hollander, DDS
Sonja Wooten, RDH

Consultants Present via Conference Call:

Dr. John Dane, DDS

Consultants Absent:

Dr. William Ramlow, DDS

MO HealthNet Division Staff Present:

Dawn Cain
Glenda Kremer
Lois Sandbothe
Jayne Zemmer
Jennifer Willmeno
Susan Eggen
Melody Webb
Julie Trimble

Guests:

Donnell Cox, DentaQuest
Aaron Washburn, Missouri Dental Association- via Phone
Joann Morrow, Family Health- via Phone
Judy Brennan, Blue Advantage Health- via Phone
Pam Victor, Health Care USA - via Phone
Tony, MO Care- via Phone

Welcome/Introductions:

Dr. Dennis Thousand called the meeting to order. Attendees were asked to introduce themselves by name, title, and organization; including those on the conference call line.

Approval of Meeting Minutes:

Dr. Thousand requested discussion regarding the previous meeting of October 27, 2011 Dental Advisory Meeting (DAC).

Dr. Thousand is unclear how Managed Care plans can close provider panels. He would like clarification on the criteria used to close provider panels. He feels closing panels' gives the Managed Care Plans the ability to choose providers and limit providers and gives no transparency. He also thinks that future contracts should be amended and the DAC should have the responsibility to oversee this process and make sure we know what the guidelines are and have the proper data to ensure the panels are not being closed to limit access to care. Dr. Thousand does not see an advantage to closing panels but would like input from managed care organizations. Susan Eggen with MO HealthNet, who has oversight responsibilities with the Managed Care Program, addressed Dr. Thousand's concerns. She stated the health plans have to meet travel distance standards and access standards as mandated by the Department of Insurance for their HMO licensure. Participants must have access to a dentist within a 30 mile radius of the zip code where the member lives. It is at the health plans discretion when they can close and what panels they do close and when to accept additional dentists into their network. Missouri is not an "any willing provider" state for dentists so the health plans have the option to close their panels when they feel they have enough dentists on board.

Dr. Thousand addressed the thirty mile radius. Access to care is limited due to transportation. If the managed care company can close provider panels when they have a minimum number of providers within the thirty mile radius that does limit access to care. Ms. Eggen stated that every March the health plans have to submit an access plan to the Department of Insurance (DOI). At any point during the year if situations are brought to the MO HealthNet Divisions attention, DOI will look at the health plans panel for dentists to see if they continue to meet the thirty mile standard in determining access.

Donnell Cox with DentaQuest stated there are federal requirements that require one general dentist per 1,500 members and one specialist per 3,000 members.

Ms. Cox stated all the managed care plans work to review their provider networks on a quarterly basis through very extensive geo-access reports that look at the

network by region and also by urban, rural and basic counties to make sure they not only meet distance requirements but they also want to have a provider panel that exceeds the federal requirement.

There was a broad discussion of the role of the Dental Advisory Committee (DAC). Dr. Thousand suggested the DAC compose a letter advising Dr. McCaslin on the committee's opinions.

A motion was made to proceed, it was seconded by Dr. John Purk. A committee was formed to compose the letter.

Office Visit Report

A more comprehensive office visit report was requested during the October 27, 2011 meeting. A list of procedure codes and the number of times they have been used along with the amount allowed for these visits along with the amount of reimbursement was requested.

The manual states there is supposed to be one office visit to establish a series of treatments.

Dr. Thousand asked if there was a way to find out if these CPT codes are being used by specialists or by a general dentist.

Ms. Kremer stated after looking at previous meeting minutes from 2008, it was recommended then these codes be limited to be billed by specialists or surgeons. It was never put in place in our system but it is something to look into further. It was noticed that general dentists seem to be the abusers of these CPT codes.

Dr. Thousand asked if there was any opposition to limiting these codes to specialists only. No opposition was noted.

Ms. Sandbothe stated there are three specialists in the system that should be using these codes. Those are pedodontist, periodontist, and oral surgeon.

Why use a CPT code instead of the D0140 or is it possible to use them together. It was asked if it could be used more than once a year. Ms. Sandbothe stated it is limited to twice a year.

Dr. John Dane asked about codes to be used in Nursing Home cases. Ms. Kremer asked why one of the two yearly codes couldn't be used. Ms. Sandbothe asked about the use of the 99310 consultation code. Dr. Dane thought that particular code was limited to specialists only. Ms. Sandbothe will check into the limitations of the codes. Ms. Kremer believes that there are some CPT codes that are nursing home specific that she will look into.

Dr. Purk asked if MO HealthNet was accepting 2006 ADA forms. Ms. Sandbothe stated only the 2002 & 2004 ADA form is accepted.

Cone Beam Imagery was asked about. Will MO HealthNet be covering CPT codes D0360, D0362, & D0363? Ms. Sandbothe stated that MO HealthNet does not cover Cone Beam Imagery at this time. Since it would be a new coverage item, they would need appropriations before it could be covered due to it not replacing other codes.

Dr. Thousand feels that there should be appropriations for the D0363 and would like to move on that. It was second.

Managed Care Carve Out Contract

Aaron Washburn, MDA, stated that MDA is working on a bill that would put dental carve out in statute. Currently, this is not in statute which results in it having to be renewed each year.

D0220 & D0230

MMAC feels these codes should require a tooth number when being billed due to being specific to a tooth root or a portion of a tooth. A tooth number has not previously been required. It was asked if the committee thought a number should be required. DAC recommends using a tooth number.

Dr. Thousand asked if there was limit as far as the use of these codes. Ms. Sandbothe stated that D0220 could be billed once per day and D0230 could be billed four times a day. There are no other limitations. It was felt within the committee that there should be limitations other than daily.

Dr. Thousand asked if there could be a report generated with the users of the CDT codes. The report should contain just the D0220 & D0230 codes, the number of providers and the number of times the code is used per patient. A report will be ready for the next DAC meeting.

Federally Qualified Health Care Clinics (FQHC) and A1C

A compliant was received from a Southeast Missouri medical doctor regarding an FQHC informing her patients to let their A1C rise above 7.5 so they would be able to receive dental services.

The Doctor did not know which FQHC it was.

Dr. Thousand stated provider education may be needed.

Dr. Dane suggested that a letter be written and sent to the MPCA to send out to all the FQHC's making them aware that this is not correct information. An article for the MDA news was also suggested.

NEW BUSINESS

Dr. Thousand stated that Dr. McCoy wrote a letter regarding emergency room (ER) visits and data supporting that the four most common reasons for ER visits were dental related. The problem with this was mostly due to access to care.

Dr. Thousand stated that one thing suggested was that dental oral emergencies must have consultations with a dental professional to guaranty completion of acute treatment and a referral to a dental provider.

A motion was given to do a report that would show how much state could save by putting the money spent on the ER care and place it in dental care for adults.

Ms. Zemmer suggested this be done in steps. First the data would need to be gathered and a report generated with that information.

Dr. Thousand suggested to get time, date, age of patient, number of repeated visits if they were admitted and cost association with these ER visits for the report. It was stated that everything but the time could be generated for this report.

Next meeting discuss new chair-person for DAC and hygienist position.

Motion to adjourn the meeting was made by Dr. Dane, second by Dr. Stoll. Meeting adjourned.

Next meeting: May 10, 2012.