

DAC Draft Minutes

Minutes from the Dental Advisory Committee (DAC)  
DMAS 11 AM – 1 PM  
May 16, 2014

<b>DAC Members Present</b>	
Carl Atkins DDS	Sarah Bedard Holland
Cynthia Southern, DDS	Paul Walker DDS
David Hamer DDS	Neal Graham
Joe Paget, DDS	Randy Adams, DDS
Girish Banaji DDS	Bhavana Shroff, DDS
Tegwyn Brickhouse, DDS	Barry Griffin, DDS
John Ashby, DDS	Lynn Browder, DDS
John Unkel, DDS	
Terry Dickenson, DDS	
<b>DAC Members Absent</b>	
Chuck Duvall	Frank Farrington DDS
Zachary Hairston, DDS	
<b>DMAS Attendees</b>	
Daniel Plain	Cheryl Roberts
Bryan Tomlinson	Lisa Bilik
Myra Shook	Pat Bryant
Cindi Jones	Dr. Marjorie Chema
<b>DentaQuest Attendees</b>	
Kristen Gilliam	Cheryl Harris
Bridget Hengle	Tequila Terry
Waradah Eargle	Christine Hohl
Jackie Wake	
<b>Other Attendees</b>	
Nicole Pugar	Rita Miller
Beth Vonn-Turnbill	Jessica Park

**Welcome**

Bryan Tomlinson called the meeting to order at 11:04 AM and welcomed DAC members.

**Approval of Minutes**

Mr. Tomlinson received a motion to approve the minutes from the November 15, 2013 DAC meeting. The minutes were approved.

**DMAS Updates - Where We are with Medicaid Reform and Closing the Coverage Gap**

Cindi Jones, Director of the Department of Medical Assistance Services (DMAS), provided an update on Medicaid reform and the work of the agency in closing the coverage gap.

Ms. Jones stated that Medicaid expansion is a priority for Governor McAuliffe. She reviewed the three phases of the Medicaid reform in Virginia. Virginia is using a phased in approach to implement the reforms. Phase 1 included implementation of the dual eligible, foster care enrollment into MCOs, the new eligibility and enrollment system, how to maximize and coordinate benefits for Veterans who are Medicaid recipients, behavioral health services and enhanced program integrity. Phase 2 of the reform targeted the delivery of healthcare services. The focus was on value-based health care and establishing quality patient-centered medical homes. The third phase will address issues such as home and community-based care services, statewide Medicare-Medicaid coordinated care (duals), and coordinated care for long-term care beneficiaries.

Several of the DAC had questions for Ms. Jones. One dealt with the impact on the provider network should expanded benefits for adults be implemented. Ms. Jones indicated the reforms would be put in place so as not to cut the number of providers and to try to avoid an overloaded burden on the current providers. Dr. Walker asked about the engagement of only 27 percent of providers in Virginia. Dr. Marjorie Chema explained that several factors go into establishing this percentage, factors such as need verses demand, reimbursement rates, and the stigma which is sometimes placed on a Medicaid program. Dr. Walker also brought up the concern of the retirement rate of current providers.

Sarah Holland asked Ms. Jones about the budget amendment which would provide expanded dental coverage for pregnant women. The measure is included in the budget proposed by the Senate, however is not in the budget supported by the House. Ms. Holland encouraged DAC members to support the passage of this budget amendment.

Ms. Jones concluded her presentation by thanking the DAC for their continued service and dedication to the oral health care of Virginia's eligible Medicaid enrollees.

Cheryl Roberts added an update on the enrollment of foster children in the Smiles For Children (SFC) program.

Dan Plain mentioned the possibility of impacts on the network should there be an increase in adult services as a result of any possible expansion of Medicaid services. The network has enough providers and there should not be a major impact on the provision of services.

### **Program Updates**

Myra Shook gave an update on the activities of the dental program. Work continues on the Oral Health Learning Collaborative. Virginia is one of seven states working with Center for Health Care Strategies in identifying strategies to strengthen preventive services like fluoride varnishes. Very successful partnerships have been formed with the Virginia Department of Health (VDH), the Virginia Oral Health Coalition (VaOHC) and the Department of Social Services (DSS). As a result of the partnerships, trainings have been conducted with day care providers on oral health education issues. Additionally, the

Managed Care Organizations (MCOs) have been engaged to increase awareness of the SFC program, the preventive services which are available and to involve more medical providers in the SFC program. As a result of the work done in Virginia, the program was featured on a national webinar on Quality Improvement and the Collaborative.

Another project which is pending is the Early Childhood Caries (ECC) program. Virginia has been asked, along with three other states, to participate in this initiative. In February 2014, Ms. Shook and Kristen Gilliam, DentaQuest Project Manager, attended a meeting in Los Angeles to learn more about the project. The ECC is a three-year proposed grant to the Medicaid State Dental Association (MSDA) from DentaQuest Foundation to examine models of improved care for high risk populations, including children at high risk for early dental disease. The primary objective of the collaborative is to create a payment model(s) that promotes and sustains the successful implementation and outcomes of ECC Disease Management Service Delivery. The project will look at alternative preventive approaches rather than simply expanding or supplementing fee-for-service. No word on funding will be available until July 2014.

Ms. Shook provided a brief update on two proposed pieces of legislation from the 2014 General Assembly. House Bill 147 allows for providers in the SFC program to participate in the state's deferred compensation plan. The bill "authorizes the Director of the Department of Medical Assistance Services to provide payments or transfers to the Virginia Retirement System's deferred compensation plan for dentists or oral and maxillofacial surgeons who are independent contractors providing services for the Commonwealth's Medicaid program". The provisions of the bill become effective on January 1, 2015, and expire on January 1, 2020. This bill is identical to SB 412. DMAS staff held meetings with representatives of the Virginia Dental Association and with staff from the Virginia Retirement System in preparation of this bill becoming effective January 1, 2015.

In both the proposed House and Senate budgets from the 2014 General Assembly, there is an amendment which would allow for expanded dental coverage for pregnant women. The budget amendment states, "The Department of Medical Assistance Services shall have the authority to amend the Title XIX State Plan of Medical Assistance Services, the Virginia Plan for Title XXI of the Social Security Act and the Family Access to Medical Insurance Security Plan (FAMIS) Moms waiver to include coverage of dental services for pregnant women over 21 (excluding orthodontia). The department shall have authority to promulgate emergency regulations to implement this amendment effective July 1, 2014." Staff at DMAS are working with DentaQuest in planning on this implementation. Staff also contacted the Maryland Medicaid program to gain information on how their program was implemented for pregnant women. The implementation of these services is pending the approval of a state budget.

### ***Smiles For Children (SFC) Program Review***

Ms. Kristen Gilliam, the new Virginia Project Manager, provided an update on the *Smiles For Children* program.

### **Access and Utilization**

Fifty-three percent (53 %) of enrolled children (ages 0-20) utilized dental services in SFY 2013. Of enrolled children ages 3-20 years, 60 percent used SFC services in SFY2013. This is down one percentage point from 2012, however, this decline is most likely due to a lag in claims data.

The percentage of SFC members (2-21 years of age) who had at least one dental visit in 2013 was 62.26 percent. This is well above the national HEDIS average of 49.07 percent.

Of the 6,878 licensed dentists in Virginia, approximately 27% participate in *SFC*. As of April 30, 2014, 1879 dentists participate in the *SFC* program. For SFY 13, 80% of network providers submitted claims and 87% accepted new patients.

### **Adult Dental Services**

In SFY 2013, 10.49 percent of *SFC* adults, ages 21 and over, utilized dental services. The question was raised about the increase in the number of members receiving services and the small increase in the amount paid for adult dental services. One possibility is that more members went in for exams but did not follow-up with treatment. More members were possibly seen, yet they did not utilize the services, so there were no costs to the program. DentaQuest is going to investigate this further.

With the possibility of Medicaid expansion, a concern was raised about having enough providers in the network to meet the increased need. There are three new providers in the Roanoke area who treat adults, and one additional member in Chesapeake that treat adults. Assistance with the treatment of adults is still a need of the program.

### **New Program Initiatives**

#### Preventistry Sealant Program

There continues to be an overall increase in sealant placement for ages 6, 7, and 12, with a slight increase in sealant placement rates for ages 14 and 15. There is also an increase in sealant placement for children who are age 8 since many of them were age 7 at the beginning of the reporting period.

#### Early Dental Home Pilot

The early dental home pilot initiative is going well. The program was launched July 1, 2013 in the Richmond Metropolitan region – Henrico, Hanover, Chesterfield and Richmond City. The goal for this initiative is to increase utilization in the pilot area by three percent. To date, 31,268 member assignments have been made. For the most recent semi-annual period, the utilization shows a decrease attributable to seasonality. Incentive kits were provided to members of the early dental home pilot starting at the end of the second quarter 2014. The discussion of incentives continued with the topic of broken appointments.

### Broken Appointments

DentaQuest continues to develop its broken appointment program. The number of providers reporting, while still low, is increasing. As more providers report patients who miss appointments, the effectiveness of the program will increase. Currently, any members who break appointments receive follow-up phone calls. Those who are not reached by phone received a follow up postcard.

From July 2013 through March 31, 2014, 307 (16%) of the 1879 *SFC* providers reported broken appointments. Based on data for this period, 5.78 broken appointments per 100 appointments were reported. An estimated 28,569 broken appointments were unreported for the period.

Several DAC members discussed the use of financial incentives as a means to decrease the number of broken appointments. Dr. Hamer shared he uses incentives in his practice which has helped decrease broken appointments. Financial incentives have proven to be a big help in motivating patients to keep appointments. Dr. Hamer also stated he gave patients an iPod after they successfully kept a certain number of appointments.

Cheryl Roberts asked that staff investigate how the MCOs work to decrease broken appointments. A representative of one of the MCOs will be asked to attend the November 2014 DAC and discuss their approaches and use of incentives in combating broken appointments. Dr. Banaji brought up the concept of same day appointments as a means to avoid broken appointments. This scheduling may work differently in a private practice and one that serves predominantly Medicaid patients. The DMAS dental program staff and DentaQuest will investigate these suggestions for the next DAC meeting.

### Collaboration with Health Plans

DentaQuest continues to work with each of the seven health plans to ensure they are aware of oral health services available to *Smiles For Children* members. Some of the collaborative efforts include: distribution of DentaQuest fluoride varnish pads to pediatricians and family practice practitioners; newsletter articles in non-dental professional newsletters; attendance at health plan provider meetings (i.e. Anthem provider forum, INTotal member forum); and distribution of 6,000 DentaQuest oral health during pregnancy kits to health plans for distribution to pregnant members.

### Provider Operations

DentaQuest provides trainings via WebEx, onsite, and teleconference to all *SFC* providers. The focus areas are on newly enrolled provider training and orthodontic provider education. Other topics include broken appointment tracking, sealant program, dental home program, IVR self service functions and changes to the Office Reference Manual.

Ms. Gilliam shared that 83.4% of the network providers are enrolled in the EFT compared to 81.7% in November 2013. She also shared a new method of credentialing

for providers. AppCentral is a Smartphone application which assist providers with the credentialing online. Pilot office trainings on AppCentral will begin in May 2014.

Ms. Gilliam concluded her presentation by thanking the DAC for its continued support of the *SFC* program.

### **Virginia Department of Health's Tobacco Control Quitline**

Ms. Rita Miller, Quitline Coordinator with Virginia's Tobacco Use and Control Program gave a brief presentation on the *Quit Now* Virginia Tobacco Quitline. The Quitline is an evidence-based tobacco cessation program which is funded by the Centers for Disease Control and Prevention. The services provide 24 hour/7 days a week information and cessation coaching to residents who want to quit smoking or using tobacco. The program is free and provides one-on-one cessation assistance. Ms. Miller stated that as of May 2014, no referrals to the Quitline had been received from dentists. She provided information on the fax referral system providers can use in making a referral of a patient to the Quitline. The Quitline number is 1-800-QUIT NOW or 1-800-784-8669. For additional information, Ms. Miller referred the DAC members to [www.QuitNow.net/Virginia](http://www.QuitNow.net/Virginia).

### **General Updates**

Dr. Marjorie Chema, DMAS Dental Consultant, discussed the need for involvement of DAC members in reviewing the Office Reference Manual (ORM). There is a need to have a small group of DAC members involved at looking at the pre-authorization language in the ORM in order to clarify the authorization process.

### **Virginia Oral Health Coalition (VaOHC)**

Sarah Bedard Holland, Executive Director of the Virginia Oral Health Coalition (VaOHC), delivered an update on the work of the Coalition. The VaOHC is updating the Virginia Oral Health Plan and will be asking for input from the DAC. Additionally, the 2014 Oral Health Summit is planned for November 14 at the Westin in Richmond. The theme is "Patient Centered Care". Ms. Holland stated the Coalition is following the budget process and working to gain the funds for dental coverage for pregnant women. The VaOHC is also sponsoring trainings on special needs dentistry and dentistry for pregnant women.

### **Virginia Dental Association**

Dr. Terry Dickinson shared a new initiative which will take place on June 20<sup>th</sup> at the Westover Hills Nursing Home in Richmond. A "mini-MOM" project will be held for residents of the nursing facility. He also mentioned the upcoming MOM project to be held June 7 at the University of Richmond. This project is in conjunction with the Virginia Special Olympics program.

### **Other Business/Next Meeting**

Dan Plain ended the meeting and stated that the next DAC meeting will be held on November 21, 2014. All DAC meetings occur on the third Friday of May and November respectively.