

DAC Minutes

Minutes from the Dental Advisory Committee (DAC)  
DMAS 11 AM – 1 PM  
May 17, 2013

<b>DAC Members Present</b>	
Carl Atkins DDS	
Cynthia Southern, DDS	Ivan Schiff DDS
David Hamer DDS	Barry Griffin, DDS
Tegwyn Brickhouse, DDS	Randy Adams, DDS
Joe Paget, DDS	Zachary Hairston, DDS
Terry Dickinson DDS	Chuck Duvall
Paul Walker DDS	Frank Farrington DDS
John Unkel, DDS	
<b>DAC Members Absent</b>	
Girish Banaji DDS	Bhavana Shroff DDS
Linda Bohanon	John Ashby, DDS
Sarah Bedard Holland	Neal Graham
Lyn Browder, DDS	
<b>DMAS Attendees</b>	
Daniel Plain	Cheryl Roberts
Bryan Tomlinson	Lisa Bilik
Myra Shook	Pat Bryant
John Tabb	Marjorie Chema, DDS
<b>DentaQuest Attendees</b>	
Kristen Gilliam	Cheryl Harris
Bridget Hengle	Christine Hohl
Waradah Eargle	Jackie Wake
<b>Other Attendees</b>	
Beth Vann-Turnball	Kim Spiller
Bob Allen, DDS	Jennifer Chenault-Walker

**Welcome**

Bryan Tomlinson called the meeting to order at 11:05 AM and welcomed DAC members. Introductions were made and Mr. Tomlinson recognized visitors attending. He also introduced Myra Shook, the new Dental Program Manager.

**Approval of Minutes**

Mr. Tomlinson received a motion to have the minutes approved. The motion was made and the minutes from the November 16, 2012 DAC meeting were approved. Drs. Walker and Paget noted changes to the attendance roster.

### **Medicaid Reform**

Mr. Tomlinson introduced Cheryl Roberts, Deputy Director, Program Operations. Ms. Roberts provided an overview of Medicaid reform in Virginia. She discussed the three main objectives of Medicaid Reform: Improving Service Delivery; Improving Administration, and Increasing Beneficiary Engagement. Ms. Roberts discussed that reform will have three distinct phases. Phase I will include ongoing reforms; Phase II will include value based purchasing in managed care for medical services, administrative simplification and flexibility and innovation. The third phase will engage all Medicaid populations, including long-term care in coordinated systems and continued stakeholder engagement.

### **DMAS Electronic Health Record (EHR) Provider Incentive Program**

John Tabb, Manager, DMAS Program Operations addressed the DAC and provided an update on the status of the Electronic Health Records (EHR) program. The EHR program is a part of ACA and started August 2012 and provides funds to cover the cost of purchasing EHR systems for eligible Medicaid providers. The Programs Operation Division has oversight of the EHR Incentive program. The incentive payments for adoption and meaningful use of Health Information Technology (HIT) and qualified EHR are part of a broader effort to accelerate the adoption of HIT and utilization of qualified EHRs. The goal is to educate the provider community regarding the details and parameters of the Medicaid EHR Incentive Program for Eligible Professional and Eligible Hospitals and to administer the program in full compliance with ARRA. Dr. Unkel asked if providers would be penalized for not initiating the second phase of meaningful use. Mr. Tabb indicated they would not be.

To date, of the eligible professionals (EP), 2317 are registered through CMS. Of those, 160 are dentists. Of the 1613 eligible professionals registered through VMIP, 77 are dentists. Of the paid professionals (n=1426), 60 are dentists.

A contract for Provider Incentive Program Administration was awarded to CGI Technologies and Solutions, Inc. The contract will provide: call center support, website for enrollment and eligibility status, auditing of EP and EH claims data, and reporting to CMS on Virginia's project. Approximately \$73,137,947 have been approved for payment.

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

Ms. Cheryl Harris gave the update for the SFC program.

#### **Access and Utilization**

Access and utilization continue to increase for the program although the rate of growth is slowing. Providers continue to join the network which consists of 1774 dentists. Of the 6,529 licensed dentists in Virginia, 27% participate in SFC and the network has increased by 180% since July 2005. For SFY 12, 80% of network providers submitted claims and 70% accepted new patients.

In SFY 2012, 51% of children ages 0-20 utilized dental services in SFY 2012. This is an increase of 45% from the previous year and up 24% from when program started. Of children ages 3-20, 56% utilized dental services in SFY 2012, a 56% increase from the previous year and a 29% increase from when the program started.

Data shows 61.35% of the SFC program members had at least one dental visit in 2011; well above the HEDIS National Medicaid average of 45.78 %. The percentage of members with at least one dental visit was above the 75th percentile of the HEDIS national data.

#### Adult Dental Services

In SFY 2012, 11.16% of SFC adults ages 21 and older received dental services. Activities are in place to expand the number of dentists treating adults.

#### Preventistry Sealant Program

The Preventistry<sup>SM</sup> Sealant Program was implemented in February 2012. The program emphasizes the timely placement of dental sealants with a goal of increasing placement rates to 50% or better. Providers receive a report every six months which identifies all members seen in their practice ages 6-7 and 12-13 and whether sealants were applied. Most recent report was mailed on February 28, 2013.

#### New Program Initiatives

DentaQuest is working to implement an early dental home initiative. The goal of the new strategy is to engage primary care physicians (PCPs) in identifying dental health issues and making referrals to dentists. There is a need to ensure that PCPs in the Medical Homes are familiar with the mandatory dental screening required by EPSDT. This will provide a continual transition from the Early Dental Home Initiative to the Sealant Initiative.

To ensure all enrollees ages 5 and under are assigned to an Early Dental Home, DentaQuest is working to identify enrollees that are not being triaged and managed by a dentist for auto assignment to an Early Dental Home. Members may choose their dental home. DentaQuest will auto-assign dental home if member does not already have one. Auto-assignments are made based on criteria such as history, family history, proximity, provider capacity, etc. Members and providers are notified of dental home assignments.

A pilot of this program is to be implemented in the Greater Richmond area – Richmond City, Henrico, Hanover, and Chesterfield. Participation in the pilot is voluntary. Measures to be used to note program successes include the number of children under age 5 in the region, percentage of children who access care, and percentage of children who receive fluoride. A pediatrician in the Richmond Metro Region, Dr. Helen Ragazzi, has begun contacting local pediatricians to promote the early dental home. DentaQuest is partnering with the VaOHC on this initiative.

### Community Engagement

DentaQuest was involved in 27 community awareness and outreach activities since November 2011.

### Broken Appointments

From July 1, 2011 – March 31, 2013, 388 of 1772 (22%) of *SFC* providers reported a broken appointment. 522,128 appointments were scheduled and 16,832 broken appointments were reported. Based on data for this period, 3.22 broken appointments per 100 appointments were reported. An estimated 40,753 broken appointments were unreported for the period.

DentaQuest continues to develop and implement its broken appointment program. Ms. Harris stated DentaQuest may implement an automated call system to remind clients of appointments. There was discussion on the effectiveness of this procedure. Dr. Walker asked about the effectiveness and Dr. Hamer discussed the effectiveness of the office TeleVox system. Bryan Tomlinson asked Ms. Harris to research the effectiveness of the ROBO call system in decreasing broken appointments and to examine the breakdown of the compliance of the *SFC* clients who received the ROBO call. Ms. Harris was also asked to explore the possibility of implementing a pilot if the ROBO calls prior to complete implementation.

### Program Updates

Item #300H of the 2011 General Assembly Appropriation Act requires all providers to transition to electronic funds transfer for reimbursements via EFT (Direct Deposit) by no later than July 1, 2013. For existing payees, DentaQuest sent mailings on January 25, 2013 to 974 non EFT payees. A subsequent reminder fax blast was sent in March and April. On-going follow-up phone calls are also underway.

Effective January 1, 2013, all new provider applications were required to complete the EFT/Direct Deposit form in order to complete the credentialing process. As of April 2013, 43% of all *SFC* payees are enrolled in direct deposit compared to 5.9% when implemented in May 2009.

Ms. Harris discussed that DentaQuest will soon offer functionality that permits providers to enroll and manage information online. Providers will receive notice of the new feature prior to the “Go-Live” date. The Secure Online Features include a single website with links to online claims functionality. Providers can switch from enrollment to claims submission from the same page. Also, providers can submit credentialing or recredentialing applications using a standard DentaQuest application, or they may be submitted through CAQH. This eliminates submission of incomplete applications. Providers can submit changes in status such as provider information and new office location. This service provides 24/7 status updates throughout the credentialing processes.

There were two revisions to the Office Reference Manual discussed by Ms. Harris. Effective May 15, 2013, there is a revised EXHIBIT A, to add D4277 – FREE SOFT

TISSUE GRAFT PROCEDURE (including donor site surgery), Age limitation 0-20; Teeth covered Teeth 1 through 32; No authorization required; Benefit Limitation – Limited to Once Per Quadrant Per Lifetime. Also, Revised EXHIBIT A, to add D4278 – FREE SOFT TISSUE GRAFT PROCEDURE (including donor site surgery), Each additional contiguous Tooth or Edentulous Tooth Position in Same Graft Site; Age limitation 0-20; Teeth covered Teeth 1 through 32; No authorization required; Benefit Limitation – Limited to Once Per Quadrant Per Lifetime.

Ms. Harris provided an update to the 2012 Provider Survey results. As of December 2012, 91% of providers surveyed stated they were satisfied with DentaQuest. When asked how likely the provider was to continue to be a DentaQuest provider, 100% stated they would continue.

In discussing the delayed remittance, a reminder regarding delayed remittance will be sent to providers in May and June. As a result of the 2009 Virginia Appropriation Act, the remittance that normally would be processed on Thursday, June 27, 2013 will instead be processed on Thursday, July 4, 2013. This means that all claims received between the dates of June 18, 2013 through July 1, 2013 will be processed and reflected in a single remittance dated July 11, 2013. As a result of this remittance processing delay, no claim payments will be issued to providers during the week of July 1 – 5, 2013. Claim payments will resume the week of July 8 – 12, 2013.

In concluding her presentation, Ms. Harris noted several challenges and opportunities for the SFC program. First, several economic influences have increased enrollment while there is increased pressure to contain or even lower program costs while maintaining optimal oral health outcomes. Secondly, there are fewer new dentists especially in underserved/rural areas and a limited pool of dentist available to treat adults. 41% of Virginia localities are designated Dental Professional Shortage Areas. Dr. Dickenson asked Ms. Harris how DentaQuest identifies new dentists coming into the state. He suggested DentaQuest work with the state Board of Dentistry to identify new practitioners and reach out to those, especially in rural areas. DMAS staff asked for DentaQuest to determine if it could access new licensee information from the dental board for network development purposes. Also, Ms. Harris was asked to provide a breakdown by region of specialty providers in the Commonwealth.

Lastly, there has not been a change in the fee schedule reimbursement since 2005. DentaQuest and DMAS will continue to work with Virginia Dental Association, the Old Dominion Dental Society, the Virginia Oral Health Coalition and other partners to meet these challenges.

### **DMAS Dental Program Updates**

Myra Shook gave an update on Virginia's participation in the Center for Health Care Strategies (CHCS) Medicaid Oral Health Learning Collaborative. Virginia is one of seven states chosen to participate in the collaborative. While some States have undertaken oral health improvement activities in recent years, additional activities are needed to increase access and prevention in order to meet children's needs and these goals. In an effort to increase the number of Medicaid and CHIP children who have

access to dental care and receive preventive dental services, CMS is working with States to implement two national oral health goals. The goals of the Collaborative are to 1) increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period; and 2) increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period. CMS and CHCS will provide technical assistance to states and promote the dissemination of best practices learned from this four year initiative.

### **Home Visiting Program and Utilization of Dental Services**

Dr. Tegwyn Brickhouse presented on the Child Health Investment Partnership (CHIP) of Roanoke Valley: Begin with a Grin Program (2008-2012). The goal of the program is to promote the health of medically under-served children within the greater Roanoke Valley by ensuring comprehensive health care, strengthening families, and coordinating community resources in a public/private partnership. It is a home visiting program which serves children ages birth to age six and pregnant women. It is based on a preventive medical model. The program helps families establish a medical and dental home and assist with medical needs and understanding treatment recommendations. The Begin with a Grin program provides in-home oral health education for children and caregivers. Over 1900 children have received fluoride varnish applications and dental care coordination over the past five years. CHIP staff conducted 5,994 home visits in FY12 with 1,075 children from 701 families and an additional 92 pregnant mothers. Total access for 216 CHIP enrolled children was 1,757 dental claims. Analysis of the data showed a CHIP enrolled child is three times more likely to have one or more dental claims than a regular Medicaid eligible child. It can be inferred from this statistically significant result that the CHIP program helps low-income families access their Medicaid benefits. A typical CHIP enrolled child had higher access (average = 8.6 dental claims) to Medicaid dental benefits, than a regular Medicaid eligible child (average = 3.1 dental claims) which is 2.8 times more frequent.

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

Dr. Tegwyn Brickhouse presented the update for the Virginia Oral Health Coalition (VaOHC). Dr. Brickhouse is the Chair of the Coalition. She reported that the VaOHC was active in the 2013 General Assembly, working to restore funding for the Virginia Department of Health dental clinics. The VDH has established a stakeholder group to assist in developing a plan to transition to preventive dentistry. The VaOHC also worked to add a definition of dental hygiene in the Code of Virginia. A major focus of the Coalition is working to establish a medical/dental collaborative. A task force has been formed with five action teams – interprofessional education, curriculum, integration of oral health in PCMH, early dental homes, and provider partnerships. The vision for the Collaborative is for health care providers and educators to have an increased understanding and awareness of the link between oral and overall health and work together to expand access to preventive oral health services for children 1-3 years of age and to improve the delivery of care.

### **Virginia Dental Association (VDA) Update**

Dr. Terry Dickenson shared a new public service announcement (PSA) developed for the VDA to emphasize the role of the dentist in the promotion of a person's overall health and wellness. The PSA discusses the role of the dentist in diagnosing diabetes, hypertension and oral cancers and encourages regular dental exams.

The Virginia Dental Association has communicated with VRS about the feasibility of providers being reimbursed through a deferred compensation account. VRS has indicated that this could happen with little impact. Additional information is to be forwarded from VRS via the dental association's lobby for review and impact assessment. Ms. Harris is going to investigate the deferred compensation payments in other states, particularly Louisiana and Arkansas.

There were no legislative updates from the VDA.

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

Mr. Tomlinson ended the meeting and stated that the next DAC meeting will be held on November 15, 2013. All DAC meetings occur on the third Friday of May and November respectively.