

DAC Draft Minutes

Minutes from the Dental Advisory Committee (DAC)
DMAS 11 AM – 1 PM
November 15, 2013

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

Welcome

Bryan Tomlinson called the meeting to order at 11:05 AM and welcomed DAC members. After finishing the introductions, Cheryl Roberts, Deputy Director, Program Operations, recognized Cheryl Harris and congratulated her on the promotion to Regional Director Client Services for Virginia, Maryland, and Washington, DC. Ms. Roberts thanked the DAC for its work and the success of the program.

Approval of Minutes

Mr. Tomlinson received a motion to approve the minutes from the May 17, 2013 DAC meeting. The minutes were approved.

DMAS Updates

Cindi Jones, Director of the Department of Medical Assistance Services (DMAS), provided an update on the Affordable Care Act (ACA). She stated the new eligibility system went live as of October 2013. It includes the new Medicaid eligibility criteria which is income based on IRS MAGI methodology.

Cover Virginia, is the new system being used to perform eligibility criteria checks with the Social Security Administration, the IRS, and Homeland Security. The system allows for cases to be coordinated real-time with the federal exchange. All 122 Department of Social Services offices are now on-line with the new system.

Ms. Jones stated the three main goals of Medicaid reform in Virginia. They are: 1) coordinated services; 2) efficient administration; and 3) significant beneficiary engagement. She also stated that Virginia is working closely with CMS to implement reforms in Virginia. In doing so, Virginia has received approval for Medicare-Medicaid enrollee fiscal alignment (duals), reforms to MCO contracts, and fast-tracking eligibility changes.

Virginia is using a phased in approach to implement the reforms. Phase 1 will include the dual eligible pilot, foster care enrollment into MCOs, the new eligibility and enrollment system, access to Veterans benefits for Medicaid recipients, behavioral health services and enhanced program integrity. Phase 2 of the reform includes: cost sharing and wellness, commercial-like benefit packages, quality payment and incentives. These will all be fully implemented by July 2014. 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.

Ms. Jones explained that at this time, there are no new savings estimates in Phase 2.. Phase 2 reforms and savings are likely to come with an expansion of the private option to uninsured adults, if implemented. A potential Virginia model for private option for low-income adults includes identifying eligible adults, facilitating enrollee's health plan selection, assuring access to statewide coverage, and using Virginia's approved benchmark plan – Anthem Key Care 30 benefit package to include transportation and community behavioral health services.

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.

Program Updates

Myra Shook delivered a brief overview of updates to the DMAS dental program. She referenced the draft 2013 Report to the General Assembly and also the *Keep Kids Smiling Report*. The DAC is featured as a Virginia success story in both reports. She also provided an update to the Oral Health Learning Collaborative, of which Virginia is one of seven participating states. The project addresses two goals from CMS: 1) Increasing 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)

Increasing 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. The project focuses on collaboration with partner organizations to address preventive services, including fluoride varnish applications and sealants.

Ms. Shook discussed the Medicaid State Dental Association (MSDA) project. Virginia has been asked to participate in a pilot program to examine comprehensive approaches to risk-based caries prevention and chronic disease management. No confirmation has been received regarding this project.

Smiles For Children (SFC) Program Review

Access and Utilization

Fifty-three percent (53 %) of enrolled children (ages 0-20) utilized dental services in 2012. This percentage is the same as the previous year. Of enrolled children ages 3-20 years, 61 percent used SFC services in 2012. This is down one percentage point from 2012, yet up from 29 percent when the program started in 2005.

Ms. Cheryl Harris addressed the leveling off of utilization of the program and stated DentaQuest is strategizing ways to increase participation. Dr. Farrington addressed the need to engage parents to increase the utilization rate. He suggested the issue be framed as a family health issue. Dr. Adkins stated this utilization rate was approximately the same as the overall general population in seeking dental care. To examine the issue more closely, Dr. Walker suggested the utilization data be broken down by age groupings to identify the group (s) with the lowest participation.

The percentage of SFC member (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 6,529 licensed dentists in Virginia, 28% participate in *SFC* and the network has tripled since July 2005. As of September 30, 2013, 1801 dentists participate in the *SFC* program. For SFY 13, 80% of network providers submitted claims and 85% accepted new patients. Dr. Browder asked for a closer examination of the data, specifically if the percentage increase in network dentists reflects a corresponding increase in Virginia licensed dentists during the same time frame. Ms. Harris is to work with DMAS staff to examine the issue.

Adult Dental Services

In SFY 2013, 10.49 percent of *SFC* adults, ages 21 and over, utilized dental services. Chuck Duvall raised the concern about adult services. Mr. Duvall cautioned about the need to assure members of the General Assembly that the program's priority is still on children's dental needs and that by serving adults, children's services would not be diminished.

New Program Initiatives

Preventistry Sealant Program

There is an overall increase in sealant placement for ages 6, 7, and 12, with a slight decrease in sealant placement for age 13.

Early Dental Home Pilot

The pilot for the early dental home initiative 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. Baseline data has been established and participation will be tracked to note the increase in utilization. To date, 27,865 member assignments have been made. Letters informing parents and legal guardians of assigned children were mailed giving information about the benefits of the program.

A new component of the early dental home program is to implement the Healthy Smiles Wellness Program. DentaQuest will mail a birthday card to the member's home after their first and second birthdays, reminding parents and legal guardians of the need to schedule a visit to the dentist. Participating members will receive an incentive as a component of the initiative. There will be quarterly monitoring of utilization results. No negative feedback has been received by any of the pilots participants.

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 2011 through September 2013, 463 of the 1801 *SFC* providers reported broken appointments. Based on data for this period, 3.27 broken appointments per 100 appointments were reported. An estimated 1,262,507 broken appointments were unreported for the period.

Member Outreach

DentaQuest participated in numerous community events to increase awareness of the *SFC* program. Some of the events include: participation with the Sussex High School Teen Outreach program; collaboration with the health plans to ensure awareness of *SFC* oral health services; distribution of postcard reminders to increase compliance with appointments; participation in the Missions of Mercy (MOMS) events; and partnerships with over 30 organizations to promote the *SFC* program.

Provider Operations

As of October 30, 2013, 81.7 percent of all *SFC* payees are enrolled in direct deposit. The goal is to increase this to 100 percent. Dan Plain discussed how DMAS is going to

require participating providers to use the EFT system. The process and enrollment will be staged so as not to cause any hardship for the providers. Those providers who are not able to participate in the EFT will have the option to ask for hardship consideration.

Other provider operation updates included:

- As of September 30, 2013, 575 (45%) of provider verification forms have been received.
- Effective 12/2/2013, providers will have direct access to DentaQuest staff knowledgeable about the credentialing/recredentialing processes.
- During the fourth Quarter of 2013, DentaQuest will begin pilot testing a “smart” application that will allow providers to electronically complete credentialing applications. Upon completion of the pilot test, the new feature will be rolled out across all DentaQuest markets.
- The DentaQuest Provider Portal now features two new message types – Appeals and DDS Peer to Peer Call Request.

Provider Education

DentaQuest is offering numerous trainings to providers covering topics such as broken appointment tracking, sealant program, dental home program, IVR self service functions and changes to the Office Reference Manual. Additionally, the DentaQuest Institute recently launched a free online dental learning center, allowing dental professionals to earn certified education units for completing learning modules. Modules include self-paced curriculum on prevention and disease management of caries, from birth to maturity. Providers may go to <http://www.dentaquestinstitute.org> to open the online learning center.

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

Virginia Department of Health (VDH) Dental Program

Dr. Lynn Browder discussed the report on the public health dental transition plan. The VDH dental program is restructuring. The proposed restructuring requires significant budget and staffing reductions for health district dentists who have been supported in part with State general funds. An expanded dental hygienist workforce will be established within the Office of Family Health Services (OFHS), managed by the Dental Health Program, and supported with general funds allocated to OFHS. The hygienists will be deployed throughout the State in areas of greatest need, working under the newly created “remote supervision” model of preventive services.

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. She also discussed the work which is being done on the early dental home pilot and collaboration. The VaOHC is sponsoring training for pediatricians and OBGYNs on the importance of early oral health care and the application of fluoride varnish. Ms. Holland provided an overview of the

recent Oral Health Summit sponsored by the Coalition. The evaluations of the Summit were very positive.

Other Business/Next Meeting

Dan Plain ended the meeting and stated that the next DAC meeting will be held on May 17, 2013. All DAC meetings occur on the third Friday of May and November respectively.

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