



Smiles For Children
Improving Dental Care Across Virginia

DRAFT

Minutes from the Dental Advisory Committee (DAC)

DMAS 11AM – 1PM

January 5, 2007

DAC Members Present	DAC Members Absent
Dr. Frank Farrington	Dr. Girish Banaji
Dr. Lynn Browder	Dr. Ann McDonald
Dr. Zachary Hairston	Dr. Vicki Tibbs
Dr. Carl Atkins	Ms. Linda S. Bohanon
Dr. Tegwyn Brickhouse	Dr. Cynthia Southern
Dr. Randy Adams	Dr. Ivan Schiff
Dr. John Ashby	Dr. Neil Morrison
Dr. John Unkel	Dr. Fred Hamer
Dr. Karen Day	Dr. Kristine Enright
Dr. Terry Dickinson	Mr. Chuck Duvall
Mr. Neal Graham	
Dr. Joe Paget, Jr.	
Dr. David Strange	

DMAS Attendees	Doral Attendees
Patrick Finnerty	Lori Howley
Cheryl Roberts	Cheryl Harris
Bryan Tomlinson	Anna Perez
Dr. Steve Riggs	Kristen Gilliam
Sandra Brown	Other
Lisa Bilik	Sarah Holland
Susan Offie	Reatha Kay
Doug Hartman	Mike Mazzone

Welcome

Mr. Finnerty opened the meeting at 11:00 a.m. and introductions were made. Mr. Finnerty welcomed Dr. John Ashby to the committee and introduced a new committee member, Dr. David Strange, Chief Dental Officer from Kool Smiles dental clinic. He also welcomed Ms. Reatha Kay from the Attorney General Office to the meeting.

Minutes from the August 25, 2006 meeting were voted on and approved as written.

Program Updates

National Conferences

Mr. Finnerty reported that dental program is doing well with more dentists in the network, increased utilization and more children receiving the care they need. The dental program is gaining more national attention. Mr. Finnerty reported he spoke at the National Association of Dental Plans in Denver last Fall where audience members commented on how well the program is going in Virginia. Mr. Finnerty also reported he spoke at an American Dental Association conference in December, where Virginia was one of three states invited. Mr. Finnerty, Mr. Steve Pollock from Doral and Dr. Burt Edelstein have been invited to speak at the National Oral Health Conference in April 2007.

Dr. Dickinson commented that the Virginia dental program is becoming known as a model state. *Smiles For Children* is a great example of a dental program that focuses on collaborating across boundaries and providing care to children who really need it.

2006 General Assembly Dental Report

Mr. Finnerty discussed the annual General Assembly dental report which highlights the first year's success of the *Smiles For Children* program. Copies of the report were made available to meeting attendees.

Governor's Budget - Oral Health Risk Assessment and Fluoride Varnish

Mr. Finnerty discussed the oral health budget amendment which was to provide additional funding for pediatricians to provide and bill for fluoride varnish and an oral health risk assessment. The budget proposal was not included in the Governor's introduced budget. Comments were made by several committee members regarding the possibility of talking to the General Assembly to further advocate support for these services. Mr. Finnerty agreed to send the proposal document to Dr. Terry Dickinson for his review.

Dental Quality Review: ER Visits and Stainless Steel Crown Utilization Update

Sandra Brown reported that during the previous DAC meeting, a couple of potential quality of care concerns were presented. A document titled "Dental Quality Review: Emergency Room Visits and Stainless Steel Crown Utilization" was referenced. The first issue raised was related to a potential increase in Emergency Room visits due to previous outpatient dental services rendered in new Medicaid dental centers e.g. Kool Smiles, Small Smiles. In November, an email was sent to the DAC members with the findings from DMAS' investigation of this potential problem. The result of the DMAS investigation was that there did not appear to be any evidence to support this concern at this time. DMAS staff also met with the Registered Nurses at DMAS who review Emergency Room claims and documentation pertaining to emergency room care. The DMAS staff nurses had not seen any problems with dental related emergency room visits for children due to previous dental care. Ms. Brown also reported that there have been no patient complaints related to dental treatment leading to emergency room care.

The second potential quality of care concern that had been raised in the previous DAC meeting was related to an excessive number of stainless steel crowns and pulpotomies performed in a single dental visit, as experienced in North Carolina with Medicaid Dental Centers. DMAS had conducted an analysis of claims having beyond six stainless steel crowns without general anesthesia or conscious sedation. As reported also in the November email to DAC members, at this time there does not appear to be a problem with excessive stainless steel crowns and pulpotomies performed in one dental visit without the use of anesthesia or sedation. However, the plan is to further develop and validate the current reports and continue to monitor this issue at least on a semi-annual basis. Mr. Finnerty inquired how the Virginia data compares to other states and requested Ms. Harris from Doral to provide a comparison with different state contracts they administer.

In the Dental Quality Review document, several attachments were referenced and questioned by a committee member as they were not included with the document. Attachment one, the Doral report on stainless steel crowns and pulpotomy use, was made available during the previous meeting and the second attachment, a letter from Kool Smiles on stainless steel crown and pulpotomy utilization issues, had been omitted. Ms. Brown agreed to send the referenced document attachments to the DAC members with the meeting minutes.

Smiles For Children Service Mark Policy

Mr. Tomlinson discussed the background of the dental program and the decision to register *Smiles For Children* as a service mark to own and protect the use of the name. The name has now gained value and DMAS does not want it misused in any way. There is concern that some providers may have used *Smiles For Children* as part of their advertising which may give the appearance that they are a subsidiary of Medicaid. In order to ensure the proper use of the name, DMAS has worked with Ms. Kay of the Virginia Attorney General's Office to establish guidelines. A copy of the Service Mark Policy was provided to the committee and Mr. Tomlinson asked for comments, questions and concerns regarding the guidelines.

Committee members offered several suggestions to include providing dentists with prepared graphics to use in their offices e.g. tent cards. Ms. Kay suggested that DMAS provide a resource to contact if they have any questions regarding advertising issues and the proper use of the name. Comments were made regarding the value of keeping the image consistent as used by commercial plans and which will help promote the *Smiles For Children* program name.

Specialty Recruitment Activity

Mr. Finnerty discussed the recent recruitment letter that was jointly signed by the Virginia Dental Association, the Old Dominion Dental Society and DMAS. Mr. Finnerty expressed gratitude to the Virginia Dental Association and the Old Dominion Dental Society for their involvement in recruiting providers. Mr. Finnerty reported he attended

the Virginia Academy of Endodontists meeting in Roanoke last Fall where he spoke to a small group of endodontists about the dental program.

Mr. Finnerty reported that Dr. Dickinson and he met with the President of the Virginia Society of Oral and Maxillofacial Surgeons, Dr. Omar Abubaker, last July to discuss the network needs of the program. Dr. Abubaker subsequently sent a letter to members of the society acknowledging his support of the program and urging each of them to join the dental network.

Committee member, Dr. Paget, presented a letter from a participating oral surgeon colleague who was expressing frustration with the process of billing for I&D (incision/drainage) services, with some extractions. The current process is resulting in excessive denials and appeals to Doral. Concern was raised that such claim difficulties could result in oral surgeons not wanting to participate. Dr. Riggs had Doral follow up with the providers on this issue and is being resolved.

Discussion continued regarding endodontists and oral surgeons not typically wanting to participate in any insurance plans and many practices are already full. Many specialists prefer the patient pay and are reimbursed directly for services.

Suggestion was made to consider developing a special network to serve as a safety net, as an unpublished secondary group of specialists, which possibly would handle only specific referrals from general dentists. It was noted that currently there are about 15% of providers whose network participation is limited to referrals from other dentists. Concern was expressed that realistically it would be difficult to keep such a list of providers unpublished or unknown to recipients. Also, there are times that specialists join a practice that does not accept *Smiles For Children*. Another suggestion was made that there be *Smiles For Children* staff dedicated to help specialists with their special needs. It was recommended that Doral may want to create this type of model and then communicate this to the community.

Mr. Tomlinson stated that the recruitment of specialists was a particular focus and effort for *Smiles For Children* this year. Dr. Farrington commented that there are still some areas where there are no specialists. Anna Perez, Doral Provider Relations Representative, spoke about an existing informal referral system with participating specialists and that broken appointments continue to be a problem.

Doral Medicare Recruitment Letter Update

Lori Howley, Doral Regional Executive Director, reported Doral entered into an agreement with Wellcare to administer a national network for them specifically for Medicare members. Doral mailed a letter last Fall to all Virginia providers indicating providers would be automatically enrolled in this network unless they contacted Doral to not be in the network. This letter was not approved by DMAS and it was sent in error. A second letter was mailed to providers apologizing for the confusion and requesting them to contact Doral if they are interested in participating in this network. Ms. Howley

extended an apology to the Committee and reported that in the future, all letters to *Smiles For Children* providers will be reviewed by DMAS and Dr. Dickinson. Comments were made that the retraction of the first letter was handled very appropriately and quickly by Doral.

Smiles For Children Review Presentation

Cheryl Harris, Doral Virginia Project Director, presented a Power Point presentation which can be accessed in its entirety at www.dmas.virginia.gov under the *Smiles For Children* link. The following areas were reviewed in the presentation: Distribution of Dental Services, Distribution of Paid Claims, Broken Appointments, Network Status and NPI.

Extensive discussion occurred regarding broken appointments. The reluctance for many providers to participate in the network is not necessarily the fee schedule but rather patients not showing up for their appointments. For the past 12 months, Doral has been gathering broken appointment data from providers and Ms. Harris reported on the plan to further analyze the data and problem. She also indicated the plan to do a regional analysis to see if things are different between Southwest Virginia and Central Virginia. Doral is working to educate patients and examine barriers to treatment compliance.

A question was raised regarding the percentage of broken appointments. Based on the current data presented, knowing only the number of broken appointments is insufficient if the total number of scheduled appointments is not known. The percentage of appointments that are broken appointments would help determine the extent and significance of the problem. Ms. Howley agreed Doral would change the current broken appointment log to include the number of scheduled Medicaid appointments in that reporting period. A recommendation was made to identify the difference between a broken appointment and a cancelled appointment.

A question was raised on what would be the expected percentage of broken appointments within a practice. Ms. Harris indicated her interest in performing an analysis to see how the Doral Virginia data relates to similar contracts across the United States but it is uncertain how much data would be available to do so. Various committee members offered their estimated rate of broken appointments which were from 20% to 35%. Dr. Adams mentioned his practice does not have a lot of broken appointments and he does not necessarily know why.

Ms. Harris was questioned about the follow up with patients who missed appointments i.e. what are they being told, what is the significance of them not showing up for dental appointments, what was the reason for the missed appointment? Ms. Harris responded that currently, Doral is educating the enrollees on the significance of their appointments and no method is in place to enforce compliance. A committee member suggested the provider place limits on the number of broken appointments or the patient will no longer have access to the dental practice. Another comment was that some providers will not reschedule patients who do not show for their first appointment.

Ms. Harris indicated that it is Doral's intention to be more specific in gathering data that will identify reasons for missed appointments and asked the Committee members for feedback. Concerns were expressed that many patients miss appointments due to transportation problems and that the transportation network was inadequate. Ms. Harris reported transportation problems are being captured on the broken appointment log when providers document it. Since Medicaid pays for transportation, DMAS will follow up with the transportation contractors to further investigate these concerns.

Recommendation was made to contact providers for feedback or suggestions on best methods to address the broken appointment issue. Comment was made that it would be helpful if there was a shared database for providers to share information. Another suggestion was made to survey providers on broken appointments for opinions and suggestions. The survey would also be an opportunity to thank providers for participating in the network and treating *Smiles For Children* enrollees.

Ms. Harris reported a steady increase in the number of providers participating in the network. At the end of November 2006, there were 897 enrolled providers. Ms. Harris reported a comparison of the number of licensed dentists and specialists in Virginia to the *Smiles For Children* network. There are few general dentists in the network. Inquiry was made on where dental students were going upon graduation. Dr. Brickhouse commented on the importance of going into the dental school and talking to the students about the needs of the underserved.

Questions & Answers

Sarah Holland, Dental Opportunities Coordinator for the Virginia Health Care Foundation and guest to the meeting introduced herself to the Committee and spoke briefly on her role at the Foundation. She will help centralize communication between multiple groups and will help grow the dental safety net in Virginia.

There was a question regarding new dental codes and how the new codes will be communicated to the network. Dr. Riggs stated the Office Reference Manual will be updated shortly.

Adjournment

The meeting was adjourned at 1:00 p.m. The next DAC meeting is scheduled for April 13, 2007 from 11:00 a.m. to 1 p.m. in the DMAS 7A Conference Room.