

Minutes from the Dental Advisory Committee (DAC) January 7, 2005  
 DMAS 11AM – 1PM  
 January 7, 2005

<b>Members Present:</b>	<b>Members Absent:</b>
Dr. Ann McDonald	Dr. Vicki Tibbs
Dr. Carl Atkins	Dr. Frank Farrington
Dr. Cynthia Southern	Dr. John Unkel
Dr. Fred Hamer	Mr. Chuck Duvall
Dr. Girish Banaji	Mr. Neal Graham
Dr. Ivan Schiff	
Dr. Joe Paget	
Dr. Karen Day	
Dr. Kristine Enright	
Dr. Lynn Browder	
Dr. Neil Morrison	
Dr. Randy Adams	
Dr. Tegwyn Brickhouse	
Dr. Terry Dickinson	
Dr. Thomas Spillers	
Dr. Zachary Hairston	
Ms. Linda Bohanon	

**DMAS Staff Present:**

Pat Finnerty  
 Cheryl Roberts  
 Dr. Steve Riggs  
 Bryan Tomlinson  
 Tom Edicola  
 Mary Mitchell  
 Tammy Driscoll  
 Maryanne Paccione  
 Sally Rice

**DMAS Staff Absent:**

Adrienne Fegans

**Guest:**

Chris Whyte, Vectre Corporation, representing Doral

**Welcome/Introductions**

Mr. Finnerty opened the meeting at 11:15 a.m. and introductions were made. Minutes from the September 29, 2004 meeting were voted on and approved as written.

## **General Updates/Recruitment Strategies**

### **Component Meetings**

Mr. Finnerty stated that thanks to Dr. Riggs and Dr. Dickinson, he has been able to attend many of the VDA dental component meetings around the state to promote the new dental program and to encourage support and participation. The society meetings he has attended include: Peninsula, Tidewater, Piedmont, Southwest, Northern Virginia, and the Shenandoah Dental Societies. Upcoming society meetings include Richmond and Southside Dental Societies as well as the Old Dominion State meeting in April. Mr. Finnerty stated that the presentations have been well received and that he has been able to reach approximately 500-600 dentists. Thanks also went to Dr. Adams for arranging a meeting with the Peter B. Ramsey minority dentists group at Retreat Hospital.

### **Governor's Budget**

Mr. Finnerty announced that there is good news on the Governor's budget. There is a proposed 10 percent increase in dental rates which translates to 6 million dollars in dental reimbursement (2.8 million in General funds and 3.1 million in Federal funds). This proposal must go through the House and Senate to be final. Both the House and Senate will make modifications but he felt that the money amount will not be reduced; if anything, it may increase. On January 17, 2005 at 1:00 p.m., there will be a public hearing that will give interested parties the chance to lobby for additional funds. Pre-registration is required in order to speak at this hearing.

Mr. Finnerty suggested that the DAC might want to decide where the money should be applied, i.e., to procedures that are most out of line rather than apply the increase across the board to all services.

Mr. Finnerty also stated that there is another critical piece in the Governor's budget. There is language in the budget bill which allows the Department of Planning and Budget (DPB) to transfer money from Medicaid's medical budget to our administrative budget for the administrative services provided by a single dental benefits administrator (DBA).

Mr. Finnerty provided information to the group about the SJR-24 subcommittee studying access to dental care in the General Assembly. He said that Dr. Dickinson, Dr. Day, Dr. Riggs and himself worked on a request as a budget amendment to increase Medicaid dental rates to what 100 percent of the average commercial fees are. The top 20 dental codes for Medicaid were compared to commercial carriers' rates to determine what funds were needed for the budget amendment (14 million General fund), which is being proposed by the subcommittee.

## **RFP Status**

Mr. Finnerty announced that the RFP has been issued, and he thanked the committee for their comments and stated that many of them were incorporated into the RFP. Responses are due from the bidders by 2/22/05. Two DAC members will participate in the review and evaluation of proposals for the selection of the DBA. Implementation of the new dental program will occur on July 1, 2005.

## **Provider Recruitment and Ideas from DAC**

Mr. Finnerty asked for ideas from the committee on how to recruit new dentists as well as how to retain current ones.

Dr. Brickhouse stated that we should remove prepayment and prior authorization (PA) requirements consistent with commercial carriers and that PA causes payment delays. Dr. Riggs stated that dentists do not need to get prior approval for most services requiring PA. They have the option to request individual consideration (IC) where the claim pends for review and should only delay payment about a week. Dr. Riggs mentioned that the option to by-pass PA through the pended claims review has seemed to work well for most dentists. Dr. Riggs also mentioned that state regulation changes would be required to amend PA/prepayment review requirements, which could take about 15 months. Ms. Driscoll indicated in removing requirements we would need to do so in a way that reflects that the State has appropriate program integrity controls in place in accordance with CMS requirements. Dr. Riggs agreed that we should have data to justify such changes to the Feds. Dr. Brickhouse suggested that DMAS check with other States, like North and South Carolina, Tennessee, and West Virginia to compare Virginia prior authorization requirements to those in other states.

Dr. Southern mentioned that she had received a letter from Doral asking her to sign an agreement to participate with them. She felt that this letter was confusing since DMAS has not selected a vendor yet. Cheryl Roberts explained that the vendors were simply sending out letters of intent to participate; once the vendor is chosen, it's important to sign up then. She stated that part of what we are paying the vendor to do is to recruit dentists.

Dr. Paget stated that it's very confusing for the dentists to receive letters and be recruited by multiple vendors. Ms. Roberts explained that in the RFP, we ask the vendors to explain their recruitment strategies. By sending the letters of intent to participate, they are only doing what we've asked them to do.

Different members of the DAC expressed concern that if they do sign up with a vendor will they just be signing up to see Medicaid patients through the new dental program or will they have to take all of the vendor's other business, and "Aetna" was used as an example? This prompted a lot of discussion. Tammy Driscoll stated that DMAS has final approval of the chosen vendor's provider contract. Each vendor will send in a

sample contract as part of their proposal and DMAS will be reviewing the contracts in depth. Ms. Driscoll read section 4.8.8 of the RFP in an attempt to further clarify the question about the contracts. This section reads: “The Offeror shall submit with its proposal a complete copy of the provider agreement packet. The Contractor’s final provider network agreement for participation in the new dental program shall be consistent with all applicable Federal and State laws and regulations and the requirements described in this RFP. The final provider network agreement language shall be developed by the Contractor and the Department, and must be approved by the Department prior to implementation and upon any revision.” Mary Mitchell explained that if providers are already in the selected vendor’s commercial network, they would not automatically be a new dental program provider. This is because the RFP requires that all of the new dental program providers sign a DMAS participation agreement.

Dr. Morrison asked if the length of the dental vendor contract period was specified in the RFP. Mr. Finnerty replied duration of the Contract is 3 years with up to 3 one-year renewals at DMAS’ option but that either party can get out with 6 months notice. In addition, Ms. Driscoll reported that Section 4.8.8 of the RFP states: “Provider agreements must include a provision whereby either the Contractor or the provider may terminate the provider agreement without cause with 30 days advance notice.”

Dr. Banaji asked if it’s possible that MCOs could come into the picture again. Mr. Finnerty promised that would not happen as long as he is Director of DMAS. This is also an advantage to having a 3-year contract with the vendor.

Dr. Browder asked if something could be put on the VDA and DMAS websites to explain the letters. He said it would be nice to have a place to refer providers if they have questions about the letters they are receiving. Dr. Dickinson and Tammy Driscoll agreed that they would work on drafting something for the DMAS and VDA websites.

At this time during the meeting, Provider Recruitment Issues/Ideas were tabled until later and the committee proceeded to discuss other agenda items.

### **Internal Updates**

#### **Initial Recruitment Letter to Licensed Dentists**

Tammy Driscoll referred the committee members to the recruitment letter included in their packet that was sent to licensed dentists by the Virginia Dental Association (VDA) and DMAS (Mr. Finnerty). She thanked the VDA for co-signing it and for all of their continued support as we go forward with the new dental program. Ms. Driscoll also provided an email address to be used for any comments, concerns or questions. The email address is: [dental@dmass.virginia.gov](mailto:dental@dmass.virginia.gov) and is checked daily.

## **Dental Implementation Advisory Group**

Ms. Driscoll provided an update on the DIAG (Dental Implementation Advisory Group). The purpose of the DIAG is to provide input and support from community partners in relation to the implementation of the new dental program. The DIAG includes representation from dental providers, MCOs, advocacy groups, health districts, departments of social services, DMAS staff and other interested parties. She explained how the DIAG provides the opportunity to network with community agencies to facilitate community level communication about the new dental program initiative, and support a smooth implementation of the new program.

## **RFP Time Line**

Ms. Driscoll referred the committee to an abridged version of the dental program project plan timeline in their packets. She stated that even though July 1 seems like a long way off, there is a lot of background work that must go into this; contracts must be reviewed, systems changes may be needed, and we must have time to adequately communicate changes to both recipients and providers.

## **Draft Dental Manual (Updates)**

Dr. Riggs and Tammy Driscoll addressed the recent updates being made to the Dental Manual and thanked the DAC for their input. This manual will bring us up-to-date on the current dental program we have now; we will likely need to revise it again after implementation of the new dental program. Updates to the manual include such items as claims filing instructions on the ADA 2000 and 2002 claim forms and policy revisions for covered CDT-5 procedure codes.

## **2004 Report to the General Assembly**

Ms. Driscoll stated that everyone received a copy of the Report on Dental Access and Reimbursement (December 2004) in their packet. This report is provided yearly to the Chairmen of the House Appropriations and Senate Finance Committees as part of the Appropriations Act mandate to explain the Department's efforts to expand dental services.

## **ADA White Paper on Improving Access**

Also included in the packets was an ADA White Paper on Improving Medicaid Access, entitled *State and Community Models for Improving Access to Dental Care for the Underserved*. Ms. Driscoll informed the group that new dental program is very similar to Model 1 as described in the White Paper.

## Provider Recruitment - continued

Mr. Finnerty again asked for ideas from the DAC about how to best recruit more dentists and to retain the ones we have now.

- Dental Survey – Mr. Tomlinson stated that the dental survey is going out within the next 5-10 days to all participating dentists in the state and we hope to obtain valuable information about what we need to do to improve things.
- Dr Banaji suggested that we offer some sort of scholarship or loan re-payment option to new dentists. Dr. Day was able to respond with good news from VDH about this suggestion. She said that as part of the Governor’s budget, VDH will get a little less than 1 million dollars. Of that, \$300,000 will go to the dental scholarship program. This program allows dental students to become eligible for scholarships with repayment by service in underserved dental Virginia communities or by employment in eligible state agencies that provide dental services. The current scholarship program has only had \$25,000 appropriated for it each year since 1952. There is also a dentist Loan Repayment Program that was added to the scholarship program in 2000. The dental Loan Repayment Program is currently not funded.
- Ms. Bohanon suggested that perhaps we have a current participating dentist do a presentation about Medicaid dental to the graduating class at MCV.
- Dr. Enright suggested that we do a “Before and After” handout (Top 10 Talking Points) - something to motivate and provide incentive to participate. She also suggested that perhaps we could require that the vendor supply some sort of appointment assistance – maybe a different version or take off on the “Take 5” Program where dentists commit to seeing a certain number of Medicaid patients on a trial basis.
- Dr. Day suggested that we perhaps target dentists in border areas and states (NC, MD, DC) who see a large number of VA Medicaid recipients.
- Drs. Brickhouse, Hairston, and Banaji all suggested that we develop some sort of flashy mailing; something to alert office managers, possibly a sticker for the envelope or a different color envelope.
- Dr. Hairston suggested that we target dentists who were once participating and now no longer are – try to show them how things are different now. Present them with the “Before/After” or Top 10 Talking Points.
- Dr. Atkins suggested that we have someone call providers who are no longer participating. The personal human touch does make a difference. He also suggested that we go to the dental school and target seniors.

- Dr. Adams suggested that we keep any mailings/communications that we do as simple as possible. Don't get too complicated. Don't have too many instructions. As a follow up to this, Dr. Spillers stated that we shouldn't have to train office staff/billers if we truly are making Medicaid like the industry standard.
- Dr. Hamer commented that if we have an attractive package – it would sell itself.
- Dr. Brickhouse suggested that we look at other Medicaid programs such as NC, SC and TN since they are good models and see what they have done to attract dentists.
- Mr. Finnerty suggested that perhaps we could form a subset of the DAC to go to component meetings and provide information – once again, provide the personal touch. He committed to doing this if the group thinks it's effective.

### **Adjournment and Announcement of Next Meeting**

The meeting was adjourned at 1:10 pm. The next meeting was scheduled for March 25, 2005. It was later determined that this date was not good given that it is also Good Friday. Therefore, the next meeting will be held on April 22, 2005 from 11:00 a.m. to 1:00 p.m. at DMAS.