Minutes from the Dental Advisory Committee (DAC)
DMAS 11AM – 1PM
December 2, 2005

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

| DMAS Attendees | Doral Attendees |
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| Pat Finnerty | Cheryl Harris |
| Cheryl Roberts | Ana Perez |
| Bryan Tomlinson | Kristen Fincher |
| Tom Edicola | |
| Dr. Steve Riggs | |
| Maryanne Paccione | |
| Sandy Brown | |
| Lisa Bilik | |
| Rebecca Mendoza | |
| Merinda Battle | |

**Welcome/Introductions**

Mr. Finnerty opened the meeting at 11:05 a.m. and introductions were made. Minutes from the June 24, 2005 meeting were voted on and approved as written.

**Program Updates**

*Smiles For Children Staff*
Mr. Finnerty introduced new staff members in the DMAS Dental Unit. He reminded the group that a few meetings back, it was recommended that even though the new dental program was carved out to Doral, DMAS was urged to continue to provide policy and administrative oversight of the program. He reported that DMAS did not get two

positions for the dental unit but rather took two positions from the agency and transferred them to the dental program. DMAS has three positions assigned specifically for Dental. Former Dental Program Manager, Tammy Driscoll, has transitioned the position to Sandy Brown who joined DMAS in July. Lisa Bilik is the Dental Contract Monitor and predominantly works directly with Doral to ensure that DMAS and Doral both live up to the dental contract. Sandy and Lisa will both be working with Dr. Steve Riggs, Dental Consultant.

*VDA Component Meetings*

Mr. Finnerty talked about his experience from about a year and a half ago, when he went out to various VDA components, with several DAC members who helped arrange meetings in their areas. He went out to every local component to relay the plans for the new dental program. He requested meeting attendees to look at the information and consider joining the program as it will be more in line with how dentists had said dental care should be administered. Mr. Finnerty described how he went to visit all the components again starting last Summer, thanking the dentists for their help. A Doral representative went to the component meetings with him as well as a representative from the VDA and someone who spoke on behalf of the new program. He thanked everyone for contributing to the success of these meetings. Mr. Finnerty talked about the meetings and how dentists gave testimonials of their experience with the new program and how this helped engage dentists in the process. He commented that the recruitment of new dentists to the program will take time but the component meetings provided a good foundation.

*General Assembly Dental Study*

Mr. Finnerty referenced the copy of the Dental Study submitted to the General Assembly in the meeting packet. The study is a report of the good news that Medicaid got a major dental program off the ground. The report is a summary of the development and work on the new program this year. Mr. Finnerty requested that the committee look at the report for informational purposes.

*Centers for Health Care Strategy Grant*

Mr. Finnerty discussed the Centers for Health Care Strategy Grant. He reported that Virginia had applied, along with other states, to help find ways to improve access to dental care. This grant is not a money grant but rather a technical one, designed to bring states together that have a keen interest in dental care. Representatives from various states convened to share things that have worked, have not worked and share technical assistance across the country. Virginia was one of 15 states awarded a grant. Each state has to develop an oral health action plan by a team which must include an advocacy group representative and maternal and child health coordinator. The three goals of the Virginia team are to 1) implement effective case management, 2) increase the number of dental specialists and 3) increase utilization of dental services for pregnant women under age 21. This grant will last for a year and a half. Mr. Finnerty agreed to provide the committee a copy of the documents and action plan that resulted from the team's meeting in Philadelphia.

## Rate Adjustments for May 2006

Mr. Finnerty stated the importance of acting on the dental rate adjustments for May 2006 in the meeting. In the April meeting, it was decided how to apply the 28% increase in dental fees that were effective on July 1, 2005. Mr. Finnerty requested assistance and guidance on the remaining 2% increase that goes into effect May 2006. Mr. Finnerty turned the meeting over to Dr. Steve Riggs.

Dr. Riggs directed the committee members to information in the meeting packets that described several options on the rate increase. Dr. Riggs reported he personally called 18 dental members of the committee to get their input. He also clarified that the actual effective rate is 1.56% and not 2%. As explained by Steve Ford, DMAS Provider Reimbursement, the rationale for this calculation was that the budget act was based on an overall increase of 30%, with 28% effective July 1, 2005 and the remaining 2% effective May 1, 2006. Relative to the rates in effect just prior to July 1, 2005, the net result would be 30%. Because the current rates have already been increased by 28%, to increase them again by 2% would make the final result greater than 30% overall.

Dr. Riggs presented the options:

Option 1 – Apply the increase across the board for all dental services
Option 2 – Apply the increase to targeted Endo and Oral Surgery Codes
Option 3 – Apply the increase to targeted Endo and Oral Surgery Codes PLUS Conscious Sedation to equal Intravenous Conscious Sedation

Mr. Finnerty proposed that based on discussion from last meeting and the need to get specialist back in the network, Option 1 should be eliminated. All agreed. Mr. Finnerty facilitated a candid discussion between Options 2 and 3. Motion was made and then a second was made in favor of Option 3. Option 3 was decided. Mr. Finnerty commented that he hoped that the specialty fee increases will further entice providers to not only enroll, but to start seeing more children.

## Provider Recruitment Strategy

*Introduction*

Bryan Tomlinson presented information related to a DMAS survey conducted in March, 2005 that went out to over 4000 dentists in the Commonwealth. He reported that over 1000 dentists responded. He relayed the feedback received. Most respondents were General Dentists. For those that had participated in the past, over 50% indicated that they would consider rejoining if changes were made to the program. Mr. Tomlinson commented that this survey was done prior to knowledge that the General Assembly would give a 30% increase in the fee schedule. He stated that DMAS now has a new program and product to sell. There is still need to recruit and increase the number of dentists in the network. He commented that Sandy Brown had been out visiting providers and that communication is key, as providers need a chance to ask their questions. He said the dental survey helped DMAS design the program and wanted the committee to be aware of the results.

*Presentation*

Cheryl Harris presented a slide show to the committee on Doral's Provider Recruitment Strategy. Copies of the presentation were provided in the meeting packets. Ms. Harris highlighted the slide pertaining to newly enrolled providers and a breakdown by county of those affiliated with this program. She encouraged the committee to look at the Provider Directory that was scheduled for distribution to recipients. She also referenced another directory that included all contracted providers even those who did not want to be included in the directory that is mailed to recipients. She spoke to the some of the discrepancies in the provider numbers as a result of providers moving out of state or retiring. Through a provider verification process, Doral has established a solid number of providers that are participating in the network. She reported that as of October 31, there were 715 individual providers and 935 practice locations. She reviewed first quarter 2005 data, the number of providers who are in the program versus the number of providers that are billing, the number of new providers, reasons for terminations, recruitment activity, and discussed her meeting with the Old Dominion Dental Society. She reported that the number of terminations has decreased and the network is stable at this time.

Sandy Brown reported on the outcomes of her visits with providers who had indicated on the dental survey that they would be interested in joining the network if changes were made to the program. A total of 24 visits had been conducted. The majority of providers had already heard of the Smiles For Children program and most recalled completing the survey. Ms. Brown reported receiving positive responses to the program changes, especially as they related to the fee increase, choices regarding the directory, panel restrictions and claim submission options. Feedback pertaining to the remaining barriers to joining the network had to do with missed appointments and waiting room behavior of recipients. Most providers visited were receptive to considering trying the new program.

**Operations**

*Claims and Call Center Performance*

Sandy Brown referenced a handout provided in the meeting packet that outlined the outcomes of the Call Center and Claims Activity performance for the first quarter of program operations. She reported that the average number of calls per month was 14,306 calls, with the majority of calls coming from members, not providers. The majority of member calls were for help locating a dentist. The majority of provider calls were to verify eligibility. Call center performance statistics fell within contractual standards.

Ms. Brown reported that there were 61,470 claims processed in the first quarter of the contract with Doral. 99.3% of the claims were processed within 30 days. At the time of the report, the current average time for a clean claim to process and for a provider to be reimbursed was 16-18 days. Ms. Brown commented on the excellent job Doral is doing in meeting the performance standards of the contract.

*DAC 1st Quarter Survey Results*

Sandy Brown talked about a questionnaire she had sent to the committee prior to the meeting, seeking feedback about the 1st Quarter program operations with Doral. Ms. Brown reported the results of the brief survey. DAC members who had had interaction with Doral and who responded to the survey reported the experience dealing with Doral had been good, there was only one report of any phone delay, claim payments had improved, varied responses related to Prior Authorization requests i.e. problems with orthodontic cases and misdirected mail. Most responses indicated a noticeable impact from the fee increase, that the program would be recommended to other dentists and the average program score on a rating scale from 1-10 with 10 being the best was 8.5.

**Questions and Answers**

Mr. Finnerty opened the meeting for discussion, question and answers. There was one report of a Charlottesville provider who had had difficulty with claim payments but the issue had been resolved. Another report was made of a periodontist's experience regarding payment. A comment was made about the need to handle the specialists with care due to the network need for their services.

Dr. Riggs stated that DMAS had been aware of some of the concerns and that DMAS was looking into the needs of the orthodontists. He referenced a copy of a document that had been sent to Doral that was to be used when reviewing orthodontic requests. The document is a list of medical necessity criteria to be applied to the clinical presentation of the case and to be used in addition to the Salzmann scoring process. This additional step is proposed to decrease the number of denials that the orthodontists have been experiencing and more in line with how DMAS had reviewed these requests in the past.

Mr. Finnerty asked for any other questions, comments or issues. He told the group that when he was in Philadelphia for the CHCS Grant, there were 15 other states who were impressed with the work done in Virginia on the new program and its concept. He thanked the committee for their help, their input and for coming to the meeting.

**Adjournment**

The meeting was adjourned at 1:05 p.m. The next DAC meeting is scheduled for April 14, 2006 from 11:00 a.m. to 1 p.m. in the DMAS Boardroom.