



Minutes from the Dental Advisory Committee (DAC)
DMAS 11AM – 1PM
November 21, 2008

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

DMAS Attendees	Doral Attendees
Patrick Finnerty	Cheryl Harris
Cheryl Roberts	Bridget Hengle
Bryan Tomlinson	Kristen Gilliam
Dr. Marjorie Chema	Other
Sandra Brown	Dr. Marlene Navedo, Kool Smiles
Lisa Bilik	Sarah Holland, VHCF
Donna Garrett	Richard Grossman, The Vectre Corporation
Carol Stanley	

Welcome

Mr. Finnerty opened the meeting at 11:00 a.m. and thanked everyone for attending the meeting. Introductions were made.

Minutes from the 4/11/08 meeting were voted on and approved as written.

Program Updates

Mr. Finnerty provided the following program updates:

- The National Association State Medicaid Directors held its annual meeting in Washington, DC. Mr. Finnerty served on a panel along with Conan Davis, CMS Dental Director, Jim Gilchrist Tennessee Dental Director, and Mary McEntire, Alabama Medical Director to discuss successes of different state dental programs.

- In September 2008, a Congressional hearing was held to address the impact of the death of Deamonte Driver, a Maryland boy who died as a result of an abscessed tooth. A Congressional Committee has been looking at what CMS and the states have been doing to improve dental care. Mr. Finnerty testified at the hearing on the successes of the Virginia dental program.
- CMS sponsors Technical Advisory Groups (TAG) made up of different state Medicaid representatives to address different areas of Medicaid, such as Managed Care, Pharmacy, etc. CMS recently started an Oral Health TAG and Mr. Finnerty was asked to chair this national TAG. Several conference calls have been held and have focused on updating a CMS Oral Health policy document. The document was finalized and has been posted on the CMS website and will be posted on the *Smiles For Children* website. Mr. Finnerty commented on the value of the TAG devoted to oral health issues.
- The Appropriations Act requires Medicaid to report annually on the status of the dental program. The 2008 draft report has been completed and submitted to the General Assembly. The draft was provided to committee members prior to the submission and Mr. Finnerty thanked the committee for their review of the document. The report was referenced as a 'great news' document.

Smiles For Children Program Review

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.

Dental Utilization - Pediatric utilization continues to increase. The cumulative increase in utilization represents an approximate 74% increase for ages 0-20 and 70% increase for ages 3-20 since the start of the SFC program on 7/1/05. The SFC HEDIS score falls between the 75th and 90th percentiles. Adult dental utilization has increased by 200% from SFY 2006 to SFY 2008.

Member Outreach – Postcard reminder activity has been completed and results are pending complete claim submissions. New oral health literature is being developed for member education.

Network Status – As of October 31, 2008, there are 1134 providers in the dental network. There has been an 83% increase in the number of providers since July 1, 2005.

Recruitment Efforts – Based on data from Request-A-Dentist reports and utilization reports, targeted cities/counties for recruitment have been identified. Recruitment packets have been mailed to licensed dentists. Follow-up phone calls are being made. On-site visits are also being conducted. The Fall 2008 Provider Training Sessions have been

completed. A total of 157 attendees participated in the six sessions held across the state from 10/21-24.

Stabilization Policy – Doral has proposed a policy that requires participating providers to confirm completion of training in the use of protective stabilization techniques. The decision to adopt Doral’s policy was placed on hold until further research could be done to determine if Virginia has a problem with these techniques being used in the SFC network. Dr. Chema reported results of a survey of providers who bill for this procedure. Conclusions were that a problem does not exist in Virginia regarding general dentists using this procedure at this time. Also, the policy is not consistent with Virginia law. Therefore, the adoption of the policy is not necessary for Virginia. DMAS will continue to monitor. No objections were made by the Committee.

Broken Appointment Initiative

Sandra Brown commented on DMAS’ continued efforts to address the frequency and volume of broken appointments due to the impact it has on dental access and network recruitment. Cheryl Harris provided a summary of activities completed and future plans to further address the issue. Ms. Harris’ Power Point presentation can be accessed at www.dmas.virginia.gov under the *Smiles For Children* link. Ms. Harris highlighted the upcoming enhancements to the Doral Provider Website to permit improved electronic broken appointment tracking. Committee member, Dr. John Unkel, proposed that DMAS allow providers to bill patients a scheduling fee, which will be charged for kept and non-kept appointments. Mr. Finnerty commented federal regulations prevent charging patients a fee and funds would most likely not be matched by CMS. DMAS will contact CMS regarding this proposal.

SSC and Pulpotomy Utilization Review

Sandra Brown reported DMAS continues to monitor providers who perform more than six stainless steel crowns and pulpomies on the same date of service without sedation and not performed in a hospital setting. An annual report is pending complete claim submissions but quarterly monitoring suggests the number of providers is not increasing. Any outlier identified on the report will be investigated and audited as indicated. Clinical discussion occurred regarding the need for education about stainless steel crowns which are often considered the best restoration based on a child’s oral hygiene habits and history. The amount and toxicity of local anesthesia used to perform multiple stainless steel crowns in multiple oral quadrants proves to be a greater concern than the actual number of stainless steel crowns provided per visit.

Clinical Discussion

Dr. Chema reported the misuse of scaling and root planing procedure codes are a reoccurring theme in the Virginia Peer Review meetings. Dr. Chema commented potential use of these codes in place of debridement. Because in Virginia these codes do not require pre-payment review and due to the rare instances when children require these

services, Dr. Chema recommended instituting a potential pre-payment review of scaling and root planing services. Committee members discussed the need for a potential edit, the clinical implications of any related edits and educating providers about the correct use of the codes. DMAS will draft a policy incorporating Committee comments and send to Committee for further comments.

Other Business/Questions & Answers

Dr. Strange reported recent media attention on Kool Smiles in Virginia prompted by a parent complaint. He reported Kool Smiles' response to the coverage which suggested over treatment of caries with stainless steel crowns. He provided copies of diagnostic films and a clinical discussion occurred regarding the *Smiles For Children* patient presented in the Hampton Roads broadcast. Dr. Strange also commented on a pending media story in Georgia related to provision of rubber cup prophies. Dr. Dickinson commented on the need for individualized treatment plans for all children.

Dr. Atkins commented on opportunities to recruit providers whose business may be slowing down due to poor economic times and more patients qualifying for Medicaid. He also proposed planning for potential budget cuts to the dental program. Mr. Finnerty informed the Committee that the areas and amounts of Medicaid budget cuts are not known at this time. Mr. Finnerty also commented on being proud of the success of the dental program. Information pertaining to budget cuts will be sent to the Committee.

Adjournment

The meeting was adjourned at 1:20 p.m.

The date for the next DAC meeting is to be determined. Sandy Brown will poll DAC members regarding their availability and potential dates to schedule the next meeting.