

SPECIAL COMMITTEE ON DENTAL MEDICAID

February 25, 2016

OFFICIAL MINUTES

Filanova, Vincent, Chair (3)
Cooperman, Kenneth (NY)
Backer, Steven (2)
Sandu, Diana (4)
Wilson, Michael (6)

Blonda-Gil, Nora (9)
Milord, Fabiola (N)
Mota Martinez, Mercedes (Q)
Hanlon, Patricia (S)
Jacobso, Amarilis (B)

The NYSDA Special Committee on Dental Medicaid met via conference call on Thursday, February 25, 2016. All members participated with the exception of Dr. Jacobo. Dr. Judith Shub, assistant executive director, and Ms. Jacquie Donnelly, NYSDA staff, participated as well.

Dr. Filanova called the meeting to order at 1:05 p.m. and conducted a roll call. He changed the order of the agenda to address the items listed as "new business" first, beginning with a discussion of whether an MCO must honor a prior approval granted by DOH when a patient transfers from the "fee-for-service" (FFS) program into a managed care plan.

Prior Approvals

Medicaid policy requires that a prior approval be honored when the definitive appointment has occurred prior to the patient being transferred from the FFS program. The committee members discussed two related scenarios raised by Drs. Backer and Cooperman respectively. Dr. Backer cited a situation where he has a FFS Medicaid patient in treatment but, when care is completed, if the patient has transferred into an MCO with which he has a capitation contract, he does not receive the payment he would have received had the patient remained in FFS.

Dr. Cooperman described a situation orthodontists face when a patient transfers from one MCO to another or from FFS into an MCO. When the new company considers whether to approve a patient for continued orthodontic treatment, the patient, who has been in treatment, may no longer meet the criteria to be eligible for orthodontic treatment in the Medicaid program. Drs. Filanova and Shub will verify the responsibility of an MCO to complete an authorized orthodontic treatment plan that is in progress. Nonetheless, patients who lose their Medicaid

coverage do not continue to receive benefits, neither do patients with commercial dental coverage. Both become responsible for the cost of continued treatment. Where there is no reimbursement, the orthodontist would be required to get the patient to a “stopping point” and place retainers to maintain the results achieved.

Retroactive Terminations

The members identified significant problems with “retro-terminations – i.e., situations where they have verified a patient’s eligibility with an MCO and performed treatment. The MCO then denies the claim submitted because the patient was dropped by the plan prior to the treatment. Dr. Shub advised that when appealing the denial, dentists must include a print out of the original eligibility verification with the appeal. This situation occurs with both restorative and orthodontic claims.

Dr. Milord discussed problems with payments being held for services until the MCO recovers payment from a previous provider who was paid in error. She also cited long wait times she and other doctors have experienced when calling Healthplex’s provider hotline.

Dr. Backer suggested the members file a complaint with the Department of Health’s managed care complaint line. The Department of Health will address individual complaints against a managed care company submitted to managedcarecomplaint@health.ny.gov or 1-800-206-8125 (website https://www.health.ny.gov/health_care/managed_care/complaints/). Complaints involving Long-term Managed Care Programs (FIDA) can be submitted to 1-866-712-7197.

Changes to the ADA CDT Codes for General Anesthesia and Conscious Sedation

The committee next discussed the impact of the changes to the CDT anesthesia codes. Dr. Filanova pointed to the decision by DOH to return the fees to 2015 levels when using the new CDT codes for general anesthesia and conscious sedation.

Dr. Sandu complained that, because CDPHP changed its dental IPA contract from HealthPlex to DentaQuest in 2015, her hospital receives less reimbursement.

Dr. Backer urged NYSDA to encourage component dental societies to establish Medicaid committees for their members. Dr. Filanova pointed out that it is at the discretion of each individual component and that members with Medicaid-related issues can raise them with the component’s representative to the Council on Dental Benefit Programs.

FIDA Policy Changes

The Committee briefly reviewed changes occurring that affect enrollees who are “dual eligible” for Medicare and Medicaid, as well as patients enrolled in medical plans created in compliance with the Affordable Care Act that include limited dental benefits. Patients enrolled in such plans often have dental benefits that cover only examinations and prophylaxis. Because the patients do not have coverage for restorative and surgical dental treatment, they do not follow through with any necessary treatment.

Coverage for Radiographs

The members complained that, unlike DOH, the managed care plans will withhold reimbursement from a general dentist when a patient has been referred to a specialist when the specialist has taken a Panorex (or other “full series” equivalent radiograph) or deny claims submitted by a specialist when the general dentist has taken a full series prior to the referral.

Oversight of MCO Dental Programs by DOH FFS Staff

Dr. Backer again recommended that NYSDA advocate to have DOH return oversight responsibility for the dental program to the FFS dental staff. He believes that with Valencia Lloyd’s retirement and Jonathan Bick assuming her role, DOH may be more favorable to this change. He stated that he has been attempting to set up a meeting with Mr. Bick. If necessary to address specific issues, NYSDA will pursue establishing contact with Mr. Bick.

Downcoding of Operative Claims

Dr. Backer complained that claims for multiple restorations on an individual tooth are usually processed as multi-surface restorations. He also complained that claims for two bite wings and four periapical x-rays are reimbursed as a “full series”.

Credentialing Issues

The members reported that the MCOs have been improving their credentialing process by credentialing dentists who are enrolled as Medicaid providers who work in a previously credentialed practice.

Possible Scam

Dr. Hanlon reported that some local offices had received an email requesting the identity of the office’s administrative staff.

Remaining Agenda Items

Dr. Filanova summarized the issues raised at the previous meeting addressed in the report to the Council on Dental Benefit Programs.

Adjournment

There being no further business before the Committee, Dr. Filanova adjourned the meeting at 2:10 p.m.

Respectfully submitted,

Vincent Filanova, DDS, Chair