



SPECIAL COMMITTEE ON DENTAL MEDICAID

March 18, 2019

OFFICIAL MINUTES

Hanlon, Patricia (S), Chair
Cooperman, Kenneth (NY)
Backer, Steven (2)
Sandu, Diana (4)
Wilson, Michael (6)

Frustino, Jennifer (8)
Blonda-Gil, Nora (9)
Kanner, David (N)
Mota Martinez, Mercedes (Q)
Jacobso, Amarilis (B)

The Special Committee on Dental Medicaid met on Monday, March 18, 2019, via telephone conference. All members participated with the exception of Drs. Blonda-Gil and Frustino. Drs. Mark Feldman, executive director, and Judith Shub, assistant executive director, and Ms. Jacquie Donnelly, NYSDA staff, also participated on the call. Dr. Michele Griguts, Dental Director, Division of Medicaid and Dental Directors, Office of Health Insurance Programs, NYS Department of Health, participated as a guest of the committee.

Dr. Hanlon called the meeting to order at 1:07 p.m. She conducted a roll call of the members. The committee adopted the minutes from its meeting on October 15, 2018, as written by unanimous consent.

Chair Report

Dr. Hanlon discussed the Medicaid symposium she participated in at the 2018 Greater New York Dental Meeting. The topics she highlighted from the symposium were the emphasis on the need for complete records to protect practitioners in the event of an audit, the importance of proper coding, and the recent decision by the Department of Health regarding coverage for implants. Dr. Hanlon noted that a number of attendees expressed frustration with the Medicaid managed care companies.

NYS DOH Report

Dr. Griguts informed the committee that she has met with the Medicaid managed care division. She stated that they encourage dentists to submit complaints regarding specific situations to them via email. She requested that a copy of the complaint be sent to her attention as well. Dr. Griguts will forward a copy of the email complaint form to Dr. Shub.

Dr. Griguts asked the members if they are negotiating their managed care contracts upon renewal and, if so, what the results were. Dr. Cooperman stated that Liberty Dental is not following up

with contracting – they have not provided doctors with a fee schedule, delaying the formation of a provider network. Dr. Griguts stated that this type of problem should be reported to the Medicaid managed care division. They need to be aware that although providers should be able to negotiate fees with a managed care company, in reality, this is not happening.

Dr. Wilson discussed an issue he is having with DentaQuest. They are denying 3-surface restorations or recoding them as 1-surface. He expressed his frustration that providers are kept “on hold” for extended periods of time when they try to contact DentaQuest by telephone.

Dr. Griguts told the committee she would follow-up on these issues.

Dr. Hanlon asked whether there has been any further movement on coverage for silver diamine fluoride. Dr. Griguts responded that it is pending the adoption of the 2019-2020 NYS budget.

New Business

The chair asked Dr. Feldman to provide an update on the 2019-2020 NYS budget negotiations. The governor included an across the board reduction in Medicaid funding to help reduce a massive deficit. Neither the State Assembly nor the State Senate included the reduction in their budget proposals. Dr. Feldman advised that the budget proposals are now in conference between the Governor, Assembly and Senate.

The new Medicaid policy to provide coverage for implants was discussed. Medicaid will only cover implants when “medically necessary” and the patient’s physician provides supporting documentation. The managed care companies issued letters to their enrolled patients advising them of the policy change. Dr. Jacobo expressed her frustration with the new policy pointing out that patients are bringing these letters to their dental offices expecting coverage for implants. The dentists then must explain that not all implants will be approved.

Dr. Feldman explained why DOH added coverage for implants. He added that Medicaid also has changed the policy regarding the frequency of replacing dentures.

Component Committee Reports and Member Issues

Dr. Cooperman reported that DentaQuest is denying coverage for patients during their third year of treatment. This has affected 15% to 20% of his patients.

Dr. Hanlon discussed the limited availability of specialists in the managed care networks, especially oral surgeons. She spoke to an oral surgeon who had an issue of partially impacted third molars being denied for a patient. She is waiting for the dentist to provide her with copies of the related EOB.

Dr. Jacobo stated that cervical restorations are being denied universally. She also reiterated complaints about the inadequate fees and obstacles to referrals to oral and maxillofacial surgeons.

Dr. Kanner raised the issue of the cost of providing sign language interpreters, which can exceed the actual reimbursement for the treatment provided. Dr. Griguts told the committee that she would bring this to the attention of the managed care division and will check with the Medicaid medical program staff to determine if this is a problem for the physicians as well.

Dr. Sandu stated that Ellis Hospital continues to experience problems with Delta based on its requirement that prior authorizations be obtained for all procedures, with the exception of prophylaxis and examinations. Dr. Griguts said that she would look into this problem.

Adjournment

There being no additional business before the committee, Dr. Hanlon adjourned the meeting at 2:01 p.m.

Respectfully Submitted,

Patricia M. Hanlon, DMD, Chair