

Special Committee on Dental Medicaid
April 9, 2018

OFFICIAL MINUTES

Hanlon, Patricia, Chair (S)
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 April 9, 2018, via telephone conference. All members participated with the exception of Drs. Backer, Blonda-Gil, and Jacobso. Dr. Judith Shub, NYSDA assistant executive director and Ms. Jacquie Donnelly, NYSDA staff, participated on the call as well.

Call to Order, Roll Call and Adoption of Minutes from Previous Meeting

Dr. Hanlon called the meeting to order at 12:06 p.m. She conducted a roll call of the members. The committee adopted the minutes from its previous meeting on November 1, 2017, as written by unanimous consent.

Chair Report

Dr. Hanlon began the meeting with a report summarizing the Medicaid Symposium at the Greater New York Dental Meeting on November 26, 2017. The symposium include five presenters, including representatives from the ADA, a dentist who has worked for managed care companies, Dr. George Gostling from the NYS Department of Health and attorney Margaret Rossi. The presentations focused on fraud and abuse and recordkeeping. Dr. Hanlon will submit a written copy of her report to be distributed to the committee members.

The committee asked about New York's new Medicaid Dental Director, Dr. Michele Griguts. Dr. Shub is scheduled to meet with her and will report to the committee following their meeting.

Relevant Actions by 2017 NYSDA House of Delegates

Dr. Shub reported that NYSDA Support Services is in the process of implementing NYSDA's 2017 House of Delegates Resolution 16H-2017: Endorsement of Company or Companies to Negotiate Dental Benefit Agreements for Participating Providers.

Related Changes in Federal Regulations and the NYS 2018-2019 Budget

Dr. Shub explained the 2018-2019 New York State budget. She also discussed changes in Medicare regulations affecting dentistry.

Component Committee Reports and Member Issues

The members raised issues from members in their local component dental societies. These included efforts in New York City to coordinate referrals from a mobile dental program providing care in the public schools to local dental practices. Dr. Hanlon reported that, in Suffolk County, there are not sufficient specialists participating with the managed care Medicaid networks to allow timely referrals. Dr. Moto-Martinez reported that DentaQuest is conducting audits and seeking repayment for Class V restorations when decay is not visible radiographically. Dr. Shub asked for copies of related correspondence from DentaQuest.

Dr. Cooperman discussed the Orthodontic Association's complaints that DentaQuest is listing a general dentist on its panel as an orthodontist in violation of NYS Medicaid policy. He continues to have a payment dispute with HealthPlex about its reductions in both the allowable time period and reimbursement rates for orthodontic treatment. NYSDA has reported both of these issues to the NYS Department of Health. He also pointed out that there is no reimbursement for removing appliances placed by patients' former orthodontists.

Dr. Kanner advised that Blue Cross/Blue shield in Nassau County has transferred its Medicaid dental program from HealthPlex to Liberty Dental.

Dr. Hanlon mentioned that she is unable to access patients' complete treatment history on DentaQuest's provider website portal and is having claims denied based on allowable time limits for retreatment, including prophys. She is addressing this issue with DentaQuest.

New Business

Ms. Donnelly explained the new dental insurance complaint form now available on the NYSDA website.

Old Business

There was no old business before the committee.

Adjournment

There being no further business before the committee, the chair adjourned the meeting at 1:50 p.m.

Respectively Submitted,

Patricia M. Hanlon, DMD
Chair

Summary of Annual Medicaid and Government Dental Benefits Program Forum and Discussion Panel, GNYDM, November 26, 2017

Scheduled speakers:

Margaret Surowka Rossi Esq, Barclay Damon, advocate for health care clients

Dr. Sidney Whitman, chair of ADA Council on Advocacy for Access and Prevention's Medicaid Providers Advisory Committee*

Dr. Charles Czerepak, trustee of AAPD*

Dr. Allen L. Finkelstein, former chief dental officer of UHC*

Dr. Dionne Richardson(did not attend), NYS DOH DFH Dental Public Health Specialist

Dr. George Gostling, Director of Dentistry, NYS DOH

*(Drs. have co-authored ADA online course entitled, "Maintaining Your Sanity and Practice Viability as a Medicaid Provider: Embracing Program Integrity")

Description of course:

Despite misconceptions and fears associated with being a Medicaid provider, treating this population can be rewarding. Members of the ADA's Medicaid Provider Advisory Committee share insights, opportunities and challenges regarding program integrity, compliance, fraud, advocacy and how better to safeguard your practice while providing care to this growing population. Special emphasis is given to the importance of proper documentation of medical necessity.

Learn:

- efficient and productive practice protocols to enhance practice viability
- to avoid fraud and abuse allegations
- the value of program integrity within your practice

Summary:

Dr. Whitman-discussed fraud (intentional) vs. abuse(not necessarily intentional); said gov't states 10% of dentists commit fraud or abuse(he thinks much less); feels expansion of Medicaid has overtaxed the system; stated having insurance does not guarantee access; discussed rule 1557-must have translation services in top 15 languages in your state and stated that cards you send out must be in top 2 languages in your state; auditors, "guilty until proven innocent"; Nationwide M FFS reimbursement 49% of what insurance plans pay , NY M FFS 37%; stated that in TX req'd to send pic and narrative for sealant, blocking access to care; discussed importance of awareness of policy limits and coverage and stated very difficult to keep up; stated CMS supposed to be reducing administrative burdens but the only DDS retired and position is frozen; said ADA has ember benefit of reviewing contracts and also has a Medicaid Provider Reference Guide.

Dr. Finkelstein-stated that currently dental care is provider-centric(value blind reimbursement, episodic, treatment based) and will shift to patient-centric(value based reimbursement, continuous, prevention and wellness based); said that in New York there is no oversight of managed care organizations and that must change; discussed factors affecting dentists' income including high fixed expenses, large student loans, decrease in pt demand(ins and self-pay), increase in number of dentists, neg. growth of private benefits, positive growth in public benefits, fragmented admin of public ben. programs with obsolete tech platforms; stated that one must have a compliance and ethics program in place which should include-written standards, code of conduct, internal monitoring, designation of compliance officer, training and education on standards; stated that in NY, if there's an alternative tx that is less expensive, you must do it; said some fraud code "hot buttons" are d7111 vs d7140, d7140 vs d7210, sealant billed as resin instead of 1351, upcoding;

Dr. Czerepak-spoke about maintaining a legally sound dental record; stated ADA has free 12 page download on dental records and AAPD has "guideline on record keeping"; said ADA has Medicaid Program Integrity Inventory list on website; reminded that handwritten charts need pt's name on each page and to document that medical hx was reviewed; said pt must be seen by dentist before assistant takes xrays.

Dr. Gostling-stated less than 20% of NY Medicaid is FFS; stated his office's 3 main functions are to review p.a. requests, adjudicate pended claims and do investigations(e.g. billing for unnecessary tx, double billing, employing banned health prof,upcoding) ; examples of suspicious / inappropriate billing include rebilling same restoration, duplication of services when switching from FFS to MMC and vice versa, billing for an exam when no results are documented, billing for services not rendered, billing for d4341 scale and root planning when perio condition not documented; discussed the problem of Article 28 providers billing for 10 or more visits to fabricate a denture-stated he did a 3 year report on this issue and "got over 100 hits".

M. Rossi-defends healthcare providers and advises about compliance plans; stated every M dentist should have manual, billing guidelines and listserv updates; recommends self-audits-once a month, take 10 charts, pick a code, and make sure documentation etc is improving; said government has increased the resources available to investigate and prosecute health care providers; OMIG-civil agency that audits health care providers for M -aggressive- can ask for money back and can exclude provider from M for a number of years; recommended looking at OMIG website to see audit protocols- said it tells what they're looking for; said that if OMIG asks for money back that you can request an administrative hearing but they have the right to withhold M payments; stated that if you bill over \$500,000 to M and/or MMC you are required to have a compliance plan and need to certify that it's done yearly.