



COUNCIL ON DENTAL BENEFIT PROGRAMS

April 17, 2020

OFFICIAL MINUTES

Korkosz, Adrienne, Chair (4)
Cooperman, Kenneth (NY)
Buchalter, Alyson (2)
Goldstein, Gary (3)
Bozek, Walter (5)
Lacey, Frederick (6)
Keating, Michael (7)
Craddock, Joseph (8)

Sorrentino, John (9)
Porcelli, Eugene (N)
Krishnan, Prabha (Q)
Hanlon, Patricia (S)
Danilow, Anthony (B)
Kim, Mina (New Dentist Representative)
Madonian, Margaret (BOT Liaison)

The Council on Dental Benefit Programs met via video conference on Friday, April 17, 2020. All members were present with the exception of Dr. Krishnan. Dr. Porcelli attended as both the representative from the Nassau County Dental Society and the ADA Second District Trustee representative to the ADA Council on Dental Benefit Programs. Ms. Betsy Bray, Director of Health Affairs and Ms. Jacquie Donnelly, Manager of Health Affairs, also attended. Dr. Mark Feldman, NYSDA Executive Director, attended a portion of the meeting.

Dr. Korkosz called the meeting to order at 9:32 a.m. The Council adopted the minutes from its meeting on October 25, 2020, as written by unanimous consent. She welcomed the Council members and asked Ms. Bray to introduce herself. Dr. Korkosz asked to change the order of the agenda to allow Dr. Feldman to discuss some of the agenda items and answer questions.

Dr. Feldman began by restating the Governor's directive that extends the closure of nonessential workplaces to May 15. He reassured the Council that the NYSDA Board has a strategy in place to restore safe dental care to the same level of protection as used in a hospital-based setting. He then discussed the recent across-the-board 1.875% cut in reimbursement for all non-institutional services, including dental, that became effective April 1. Dr. Feldman stated that on the positive side, adult dental care was not eliminated from the budget.

The Council briefly discussed S.7812, which would allow school-based health centers (SBHCs) to choose to continue to operate under Medicaid fee-for-service or participate in Medicaid managed care. The Council on Governmental Affairs asked for the Committee's opinion as to

whether NYSDA should support, oppose, or just monitor the bill. Ms. Bray explained the basis for SBHCs. Dr. Korkosz tabled the discussion until New Business on the agenda.

Chairperson's Report

Dr. Korkosz updated the Council on NYSDA's meeting with the Department of Financial Services (DFS). The meeting was a result of the Council's resolution calling for DFS to establish transparency and uniformity in the information provided to patients enrolling in dental benefit plans.

Dr. Korkosz mentioned that she has been contacted by some of the managed care plans she participates with to inquire as to whether she is seeing patients on an emergency basis. She reported that Delta Dental of California is offering a loan program to its provider network in 15 states. Ms. Bray contacted Delta Dental and was told that they are not currently offering this loan program in New York. Ms. Bray will monitor this and inform the Council of any new developments.

ADA Council on Dental Benefit Programs' Report

Dr. Porcelli reported on the November 2019 meeting of the ADA Council on Dental Benefit Programs. A copy of his report is appended to these minutes. He highlighted the ADA's credentialing service (CAQH), teledentistry coding, Medicare, and a report of carriers paying for extractions before orthodontic treatment begins and then reducing that amount from the patient's overall benefit.

Dr. Porcelli also informed the Council that both United Concordia and Cigna are actively pursuing the use of artificial intelligence technology (AI) in claims adjudication, thereby speeding up the payment of claims. They also plan to use it to help them detect fraud. The Council had concerns that insurers would use AI to "diagnose" treatment. Dr. Goldstein stated that Emblem Health was researching AI technology as well. He will make inquiries to various companies to see if there is an interest in presenting to the Council at its next meeting. Ms. Donnelly will discuss this information with the Information Technology Committee as well.

Medicaid

Dr. Patricia Hanlon, chair of the Special Committee on Dental Medicaid, reported on the Committee's meeting held on April 13. Items discussed included the reductions to the Medicaid dental fees, coverage for silver diamine fluoride, and coding and billing for teledentistry. A copy of Dr. Hanlon's report is appended to these minutes.

Drs. Korkosz and Buchalter were concerned that the new Medicaid policy promoting preventive dentistry allows registered nurses to apply SDF. Ms. Bray explained that nurses, in addition to primary care providers, were only able to apply fluoride varnish, not SDF. She further explained that it would apply to a child receiving treatment in their pediatrician's office and is a good initiative for children's oral health.

Managed Care Issues

The NYSDA contract analysis service and payment for teledentistry services were discussed.

Component Reports

The members reported on related activity and concerns in their respective components. These included the PPP and EIDL loans, teledentistry coding, rejection of paper claims by DentaQuest, and mechanisms to generate contact by component members who may need assistance with dental benefit issues. Dr. Buchalter discussed misleading language on an EOB for a pre-authorization from MetLife. Dr. Porcelli will raise this issue at the upcoming ADA Council meeting.

Dr. Porcelli informed the Council that his term on the Council has ended and this will be his last meeting as representative to Nassau County. The members congratulated him on his position as Nassau County's executive director. Dr. Porcelli stated that he would continue to serve as the ADA representative to the Council for the next two years.

Nomination of Council Chair

The Council unanimously voted to recommend Dr. Buchalter of the Second District Dental Society to incoming president, Dr. Craig Ratner, for consideration for appointment as Council Chair from June 2020 to June 2021.

New Business

Policy Manual Review

The Council was given a directive from NYSDA President Elect, Dr. Craig Ratner, to review the Dental Benefit Programs' section of the NYSDA Policy Manual from the past fifteen years. After review, the Council agreed unanimously to remove the following resolutions from the NYSDA Policy Manual because they have either already been carried out and are now moot or they reside in another NYSDA governance document.

RESOLVED: That the following resolutions be deleted from the NYSDA Policy Manual: 4-J-05; 4-N-05; 13-J-06; 24-J-07; 14-J-08; 2-EC-09; 36-N-09; 38-N-09; 31H-2010; 33H-2010; 15H-2012.

The members chose to keep the remaining resolutions even though some have already been carried out and considered moot. The Council felt they should remain in order to "document" a history of enacted policies.

The Council decided to delay submitting this resolution to the NYSDA Board until the Council meets again in the fall.

S.7812

The Council resumed their earlier discussion of S.7812. The differences in practice models among upstate and downstate dental Medicaid practitioners was discussed. The need for school-based health centers in underserved upstate areas was highlighted, and continuing to allow Medicaid fee-for-service, in addition to the option of Medicaid managed care, considered necessary. While downstate, where there is more access to Medicaid providers, there was concern that allowing only fee-for-service was not fair to Medicaid providers who participate with managed care companies. The Council has decided to monitor the bill at this time and gather more information before either supporting or opposing this bill.

Old Business

There was no old business before the Council.

Adjournment

Dr. Korkosz asked for a moment of personal privilege to thank the Council for their support during her tenure as chair.

Ms. Donnelly will discuss a fall meeting date with Dr. Buchalter.

There being no further business before the Council, the meeting was adjourned at 12:05 p.m.

Respectfully submitted,



Adrienne Korkosz, DDS
Chair

ADA CDBP Report

The ADA CDBP met on November 7-8, 2019 in Chicago.

The Administrative Efficiencies Summit, which was started in 2018 continues to work with all parties to help streamline the claims submission/adjudication/payment process,

Credentialing Service (CAQH) - as of Oct. 2019, 57,275 dentists have completed and attested to their CAQH ProView credentialing profiles. There are now 28 participating dental plans and the program, as of the meeting, had generated \$42,363 in non-dues revenue which is on track to exceed the \$44,000 revenue target for the year.

The council is looking into the report that some carriers pay for extractions before orthodontic treatment begins and reduced that amount from the lifetime orthodontic benefit. A survey of payors will be done to see how wide spread the practice is and will determine the action taken.

The Elder care workgroup continues to meet, and a report will be generated for the 2020 HOD.

There were eight bills introduced in the House and/or Senate to add a dental benefit to Medicare. The ADA is at the table in Washington primarily to educate congress as opposed to lobbying for or against a particular bill.

CDT – there are 86 substantive action requests and 12 editorial requests being considered for next year's CDT codes. Further information will be distributed at our next Council meeting at the end of the month. Also the licensing fees entities pay for use of the CDT was raised between 5-10% for 2021.

There was a discussion on the development of a list of code modifiers for procedures that qualifies the way a procedure is performed. This will also be discussed further at our spring meeting.

As an aside here the current teledentistry codes are being recommended for use but will basically be a modifier. So, if you do a problem focused exam by phone you would submit the usual D0140 and then also list either 09995 teledentistry - synchronous; real-time encounter (such as face time) or 09996 for asynchronous encounter (such as texting pictures). The insurance will pay for the exam but not on the teledentistry code.

A vendor is in contract negotiations to begin to establish the technology to extract information from practice software to develop the Clinical Data Warehouse. This is a project that will enable the ADA to be in control of the treatment data that drives benefits as opposed to the insurance companies.

Finally, Artificial Intelligence is becoming more and more developed in diagnosis and claim adjudication. It's a two-prong approach with companies developing it for use by dentists to interpret x-rays saying it can read changes in the grey scale better than the human eye. On the insurance side its being used to detect fraud by being able to detect the use of the same x-rays for multiple patients as well as things like determining changes in bone height for the approval or disapproval of perio treatments. On March 26 & 27 my subcommittee met via video conference with United Concordia and Cigna and both are actively pursuing this technology.

Respectfully submitted,

Eugene G Porcelli, DDS

Medicaid committee report

Recently, the New York State Department of Health issued a notice containing changes that apply to dentistry.

Effective for dates of service April 1, 2020 through March 31, 2021, and each fiscal year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by \$2.5 billion. All non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.875%. This includes dental services. This is in addition to the 1% reduction that was implemented on January 1, 2020.

Silver diamine fluoride usage has been approved as a service to be provided under Medicaid. Details of coverage have not yet been finalized, and our committee has given some input to Dr. Michele Griguts at NYS DOH regarding coverage parameters.

Telehealth services have been expanded during the covid 19 crisis to include telephone conversations between the provider and patient.

Some of the concerns discussed during our conference call include asking for an extension of the current time frame for appeal (90 days) of claims, extending the length of time a prior approval is in effect from 6 months to one year, the cost of future ppe requirements with even lower Medicaid reimbursement, and the possibility of practitioners with open bay office design to have to renovate and put up walls.

Finally, we discussed writing a letter from the committee regarding the 1.875% fee reduction and its effect on us.

Respectfully,
Patricia Hanlon
April 17, 2020