



## **COUNCIL ON DENTAL BENEFIT PROGRAMS**

September 19, 2022

### **OFFICIAL MINUTES**

Hanlon, Patricia, Chair (S)

Lee, Gabriela (NY)

Buchalter, Alyson (2)

Goldstein, Gary (3)

Down, William (4)

Bozek, Walter (5)

Vacant (6)

Zugner, William (7)

Craddock, Joseph (8)

Sorrentino, John (9)

Dolin, James (N)

Vacant (Q)

Vacant (B)

Perna, Michelle (New Dentist Representative)

Jhaveri, Viren (BOT Liaison)

The Council on Dental Benefit Programs met at NYSDA on Monday, September 19, 2022. All members attended with the exception of Drs. Down, Bozek and Craddock. Mr. Greg Hill, NYSDA Executive Director, Ms. Betsy Bray, Director of Health Affairs and Ms. Jacquie Donnelly, Manager of Health Affairs, were also in attendance. Dr. Lawrence Weiss (2) attended as a guest of the Council.

Dr. Hanlon called the meeting to order at 9:33 a.m. The Council adopted the minutes from its meeting on April 4, 2022, as written, following a motion by Dr. Lee and seconded by Dr. Buchalter. Dr. Hanlon welcomed the members and asked everyone to introduce themselves.

#### **Chair Report**

Dr. Hanlon thanked Dr. Buchalter for serving as chair of the Council for the last two years. She informed the members that Dr. Buchalter would become the Second District Trustee representative to the ADA Council on Dental Benefit Programs when Dr. Porcelli's term expires in October. Although Dr. Porcelli was unable to attend the meeting, Dr. Hanlon thanked him for his dedication, knowledge and hard work during his tenure. At Dr. Porcelli's request, Dr. Hanlon read a personal statement he wrote to the Council. A copy of Dr. Porcelli's report is attached to these minutes.

Dr. Hanlon provided an update on Resolution 9, Virtual Credit Card Payments, which was passed at the HOD meeting in June. Mr. Hill explained that a meeting was being scheduled with the NYS Department of Financial Services to discuss the problems providers are having with

VCC payments. It is hoped that the issue can be resolved either administratively or by regulation. If unsuccessful, a legislative solution will be explored.

Dr. Hanlon drew the Council's attention to Dr. Porcelli's written report. She briefly reviewed several items in his report, including the need for dental care to be perceived as an "essential health benefit"; value-based payment models; Bento, a dental benefits technology company endorsed by the ADA; and the ADA's credentialing service, CAQH. Dr. Buchalter discussed Bento and CAQH in further detail. She encouraged the members to avail themselves of these services.

Dr. Hanlon reviewed legislation passed in other states pertaining to dental benefit issues. She discussed Massachusetts's statewide ballot initiative that would require dental insurance companies to spend at least 83% of premium dollars on dental services. Dr. Buchalter explained that if they did not do so, they would be required to refund the difference to their policyholders (patients). In Massachusetts, a medical loss ratio is already in effect for medical plans, but not dental. If passed, this could pave the way for other states to enact a medical loss ratio for dental plans in their state as well. Mr. Hill said the Massachusetts Dental Society had asked for contributions to its campaign and that the issue would be discussed further at the upcoming Board of Trustees meeting. The Council was unanimous in conveying its support of the Massachusetts endeavor.

## **Insurance Issues**

### Workers' Compensation/No-Fault Insurance

Ms. Donnelly discussed her efforts working with the NYS Workers' Compensation Board to increase the reimbursement rate for dental procedures. In addition to inadequate fees, payment delays by carriers and administrative hurdles are deterrents to dentists treating patients injured on the job or in an automobile accident. Ms. Donnelly reported that patients contact NYSDA on a regular basis asking for assistance in locating a dentist to treat them. In many cases, their own treating dentist refuses to do so. Dr. Sorrentino said he treats these types of cases and has been able to receive fair reimbursement for services with little difficulty. Other members said they are reluctant to do so, citing fees and administrative burdens. Ms. Bray said the lack of providers accepting Workers' Compensation is at a crisis point with regard to access to care. It is feared that dentistry's image could be harmed if the access issue were to be made public. Mr. Hill noted that Workers' Compensation updates are on the next BOT agenda.

### Assuring Accuracy of Claims

Ms. Bray discussed a new guide published by the ADA with the goal of ensuring the accuracy of claims made on behalf of treating dentists. Dr. Buchalter pointed out that in some cases; claims sent to insurance carriers have been submitted under the employee dentist's NPI number and signature on file when the employee was not the treating dentist, and without the employee dentist's knowledge.

### Insurance Company Complaints and Resolutions

Ms. Donnelly provided an overview of some of the insurance complaints she has received from members since the Council's last meeting. The most common complaints involve payment delays and claim denials for crowns.

### Medicaid Committee Report

Dr. Hanlon reported that the Medicaid Committee continues to work with the Department of Health to address shortfalls and concerns with the Medicaid program. She said that an accurate census of dentists participating in Medicaid was difficult because there was no clear directory; rather it was based on the claims submitted. This results in single practitioners being listed more than once when the practitioner works at multiple sites.

Dr. Hanlon also reported on a webinar she attended given by the ADA Health Policy Institute (HPI) and moderated by Marko Vujicic, Ph.D., chief economist and vice president. The webinar was titled "Dentists in Medicaid" and focused on Medicaid and CHIP claims and provider data. According to the HPI's data, it is estimated that only one in three dentists in the U.S. treat Medicaid patients. She pointed out that 33% of enrolled dentists only saw one Medicaid patient. The HPI was able to obtain data on Medicaid providers for each individual state. Dr. Hanlon asked if NYSDA staff could research obtaining the information for New York.

Ms. Bray discussed New York State's request for funding from the Centers for Medicare and Medicaid Services (CMS) for a new 1115 Medicaid Waiver Demonstration that would address health disparities and systemic health care delivery issues exacerbated by the COVID-19 pandemic. The Department of Health is holding a virtual public forum, and public comments can be submitted before October 10. Ms. Bray said she would prepare written comments for review by leadership and submission on behalf of NYSDA. Dr. Goldstein pointed out that OR time for the IDD population is a health equity issue.

### **Component Reports**

The members reported on dental benefit issues in their components. Among the issues mentioned were insurance company rating systems, Medicare Advantage Plan contracting, Artificial Intelligence and the federal loan forgiveness program. Dr. Perna pointed out that the federal program does not always apply to dentists due to income limitations.

### **New Business**

The Council discussed non-covered services. It was pointed out by Dr. Buchalter that approximately 41 states have some form of noncovered services law. She provided background on NYSDA's past legislative attempts, highlighting former Gov. Cuomo's veto of NYSDA's noncovered services bill in 2017.

Dr. Buchalter made a motion, seconded by Dr. Sorrentino, that NYSDA prioritize reintroduction of noncovered services legislation in the 2023-24 legislative session. The motion passed unanimously.

The possibility of developing a dental benefits webinar for members was discussed. Dr. Hanlon suggested that NYSDA staff explore the financial implications of developing such a webinar. The issue will be discussed at the Council's spring meeting.

### **Old Business**

Ms. Bray encouraged members to develop informational pieces for NYSDA's e-newsletter, NYSDA News or Journal. Drs. Perna and Hanlon said they would work on something together. Dr. Buchalter said she would write something for January.

### **Adjournment**

Ms. Donnelly will send the Council a choice of meeting dates for the spring meeting. There being no further business before the Council, the meeting was adjourned at 1:15 p.m. following a motion by Dr. Buchalter, seconded by Dr. Sorrentino.

Respectfully submitted,

Patricia Hanlon, DMD, Chair

## **ADA Council on Dental Benefit Programs Report to NYSDA September 19, 2022**

Our ADA Council met in Chicago on May 5-6, 2022. Dr. Cohlma, the new ADA executive director, introduced himself to the Council, explaining his role at the ADA. He talked about the new direction of the ADA and creating the future today. He shared his vision and perspective on where we need to be and the evolution of dentistry. Dr. Cohlma discussed strategic forecasting and what that looks like.

### **Vision to Achieve Oral health in America:**

Dr. Vujicic, chief economist and vice president, Health Policy Institute, then joined Dr. Cohlma in proposing a discussion on the long-term vision for oral health in America. The Council discussed the need for dental care to be perceived as essential health care. Dr. Aravamudhan, Vice President of the Practice Institute, provided background information on the "Essential Health Benefit" (EHB) as defined in the Affordable Care Act (ACA). She explained what it means to be classified as "essential" under federal and state health policy. The Council believes that dentistry is essential for children and have supported and sought to improve pediatric Medicaid programs. In 2012, pediatric dental benefits were classified as essential health benefits under the ACA, but adult dental benefits were not. However, the implication of defining essentialism in dentistry for the various age and population groups has potentially wide-ranging implications as the integration of dental benefits into medical benefits and/or other medical structures is believed to be an up-and-coming trend. Compounding factors to consider may also include current ADA policy on matters such as dental in the ACA marketplace, poverty levels as it relates to eligibility for adult Medicaid, Medicare, etc. The Council discussed conducting more research to fully understand the implications.

The Council adopted the following resolution:

**Resolved**, that research be conducted to assist the Council in better understanding the implications of advocating for dental benefits to be classified as "Essential Health Benefit" under federal and state health policy; and be it further,

**Resolved**, that the report be presented to the Council at its November 2022 meeting.

### **Strategic Discussion Presentation:**

Ms. Kates-Ellison, vice president, Member & Client Services and Ms. Moritz, chief marketing & communications officer, Communications and Marketing, briefed the Council on Value and Values—Navigating the Generational Demographic Membership Shift.

Ms. Kates-Ellison explained the difference in the terminology and how it aligns with the ADA. She provided information on the shift in generational membership. Ms. Moritz shared results of a qualitative and quantitative study to better understand member and nonmember relationships and how values impact their decision making, perceptions, and behaviors.

### **Value-Based Payment Models:**

Dr. Dens, Council Chair, and Dr. Aravamudhan provided an educational session on Value-Based Payment Models. Dr. Aravamudhan gave a basic overview of the model, explained the framework, and encouraged the Council to be prepared for this change.

The Council discussed the ADA's role in these emerging programs and discussed the need to influence their structure in order to positively support patient care and oral health. To this end, the Council discussed the need to encourage dentists to document diagnostic codes within patient records. The

**Resolution 93H-2021 – Developing Safeguards to Protect Employee Dentists:**

Resolution 93H-16 2021 adopted by the House of Delegates (HOD) directed the Council to assess the feasibility of developing guidelines, best practices, or other educational resources to assist dentists in assuring accuracy of claim submissions. In response, the Council assessed that it was feasible to develop a guidance document, and then proceeded to complete the next step by developing a new comprehensive resource guide titled, *Assuring Accuracy of Claims as a Treating Dentist*.

The Council adopted the following resolution:

**Resolved**, that the guide titled, *Assuring Accuracy of Claims as a Treating Dentist*, be approved for dissemination and a response to Resolution 93H-2021 be included in the Council's Annual Report.

**Third Party Payer Concierge Service:**

an overview of the reinstatement of the ADA Third Party Payer Concierge service in an effort to lower the burden of answering dental benefit calls from members by state dental association staff. As authorized by Resolution 88H-2021, ADA members are now able to once again contact the ADA to receive individual assistance regarding dental benefit issues. Furthermore, DBIS oversaw the institution of a grant program to leverage state societies to market this service locally. A total of \$50,000 was awarded to 17 states to disseminate information on the Third-Party Payer Concierge service. Success of this program will be measured each year based on satisfaction of state dental association staff.

**Legislative Update:**

Lobby day in Washington, DC this past March was a very successful event and the first in-person lobby day since 2019. About 400 people attended.

The Council was updated about a proactive campaign at the National Council of Insurance Legislators (NCOIL) seeking dental insurance reform. A dental insurance reform model act was adopted in December 2021 with great success, out of which many new state laws were passed. The 2021 model covered three issues: Prior Authorization, Virtual Credit Cards, and Network Leasing. State Government Affairs is ramping up efforts seeking another model for three additional issues, which include retroactive denial, assignment of benefit, and medical loss ratio for dental plans. NCOIL adopted a model bill for non-covered services in 2010. There are up to 21 laws now for non-covered services.

There is pending legislation on dental insurance reform, Medicaid, fluoridation, and health dental literacy. There are about 50 bills currently under discussion in state legislative bodies that can impact dentistry, of that, ten new laws have come out this year in six states so far.

**DentaQual Update:**

The Council was informed that the summary of comments from the Dental Quality Alliance (DQA) was shared with Delta Dental of California following the Council's action from its special meeting held in March 2022 on provider rating systems. The DQA will meet in June, and this will be on the agenda. Council members expressed concerns that members were not adequately informed this on activity from payers. To that end, Council agreed that information related to this issue should be shared with state dental associations and a communication channel be developed to inform membership.

**Election of Council Vice-Chair:**

The Council elected, by acclamation, Dr. Stacey Gardner, 5th district, to serve as CDBP vice-chair until the close of the 2023 meeting of the ADA House of Delegates.

**Veterans Affairs Policy:**

A discussion was held on the Council on Government Affairs proposed policy: Expanding Access to Dental Services for Veterans. It was felt that CDBP should encourage the Council on Government Affairs to discuss the issue further before moving policy forward to the ADA House of Delegates. Specifically, what was questioned, was the need to introduce an income-based eligibility structure for benefits given that the current structure focused on disability-based priority groups. Also noted was the need for all ADA agencies to understand the enrollment implications and program costs so that Congress could be urged to appropriately fund any expansion of Veterans benefits. The Council agreed with the considerations raised and requested that Dr. Dens, as Chair of CDBP, communicate the need to further discuss the proposed policy with the Chair of CGA.

This concluded our Spring meeting. There will be a breakfast meeting of the CDBP during the ADA HOD in Houston in October. The next meeting of the ADA CDBP in Chicago will be in November.

This completes my report to the NYSDA Council on Dental Benefits; however, I would like a moment of personal privilege. I regret that I am unable to be with you today in person. Unfortunately, my obligations of being Executive Director of the Nassau County Dental Society conflicted with today's meeting. This report represents my last official act as a member of this Council. My term as your ADA Representative ends at the conclusion of the ADA HOD in Houston in October. You will be well served by my replacement, Dr. Alyson Buchalter. It has been my privilege to have served on this Council for the last fifteen years as a member, as it's Chair, and now as it's ADA Representative. I have learned a lot in the last one and a half decades and I hope I have managed to make a positive contribution to the Council's success. I wish you all well, I thank Jacquie for her incredible help all these years, as well as Lance for his guidance. But I'm not disappearing, I am just a phone call away if a need arises.

Respectfully Submitted,

*Gene Porcelli*

