



COUNCIL ON DENTAL BENEFIT PROGRAMS

November 7, 2018

OFFICIAL MINUTES

Korkosz, Adrienne (4), Chair
Cooperman, Kenneth (NY)
Buchalter, Alyson (2)
Hosoyama, Shigeru (3)
Bozek, Walter (5)
Lacey, Frederick (6)
Keating, Michael (7)

Hoddick, James (8)
Cuomo, Christopher (9)
Porcelli, Eugene (N)
Jhaveri, Viren (Q)
Hanlon, Patricia (S)
Danilow, Anthony (B)
Gellert, Jonathan (BOT Liaison)

The Council on Dental Benefit Programs met on November 7, 2018, via videoconference. All members participated with the exception of Dr. Cuomo. Dr. Judith Shub, NYSDA Assistant Executive Director, and Ms. Jacque Donnelly, NYSDA staff, also attended.

Dr. Korkosz called the meeting to order at 9:40 a.m. and welcomed the new members to the council. There being no additions or corrections, the council adopted the minutes from its meeting on April 27, 2018, as written. She then informed the council that she has received positive feedback about an article she wrote for the New York State Dental Journal and asked the members to consider writing topical pieces to submit.

Special Committee on Dental Medicaid Report

Dr. Patricia Hanlon, chair of the Special Committee on Dental Medicaid, reviewed the discussion of the committee at its meeting on October 15. The committee noted that DentaQuest is down coding claims for 3-surface restorations. Dr. Hanlon also discussed the NYS Department of Health's new policy to cover implants and reduce the time limitation for denture replacement when medically necessary. Dr. Korkosz asked the council members to report whether such claims are denied or approved.

Dr. Cooperman reported that NYSDA staff helped to resolve concerns about whether Medicaid will provide reimbursement for removing appliances placed by previous orthodontists by confirming that Medicaid will cover the service. He added that the orthodontists are stating that,

when a patient has previously received orthodontic treatment, Medicaid will not pay to have treatment continued if the patient no longer meets the clinical eligibility criteria.

The committee also discussed the adequacy of the managed care company networks and the inability to locate participating oral and maxillofacial surgeons. Specifically, Liberty Dental's requirement that its HealthPlex providers re-credential before paying claims; and that DentaQuest only will pay for Class V restorations when decay is present.

Dr. Hanlon informed the council that she would participate in a Medicaid forum at the Greater New York Dental Meeting (GNYDM) on November 25. The chair requested that she provide a report at the council's spring meeting.

The chair informed the council that she is inviting Dr. Michele Griguts to the council's spring meeting. Dr. Griguts is the Dental Director, Division of Program Development and Management, Office of Health Insurance Programs, at the New York State Department of Health.

NYSDA House of Delegates Actions

The chair reviewed the council's resolutions adopted by the House of Delegates at its annual meeting in June. These included expanding Medicaid coverage for fluoride varnish and adopting policy calling for NYSDA to advocate with all payers to provide benefits for silver diamine fluoride.

ADA Reports

2018 ADA House of Delegates Actions

Drs. Gellert, Hoddick, Jhaveri, Lacey and Porcelli attended the ADA House of Delegates annual session in October. Dr. Porcelli chaired NYSDA's Legislative, Health, Governance and Related Matters caucus study group and is now the Second Trustee Caucus representative to the ADA Council on Dental Benefit Programs. Drs. Hoddick and Jhaveri served on the Dental Benefits and Practice reference committee.

Dr. Porcelli reviewed the actions taken at the meeting. He explained that the debate on the ADA policy relating to the inclusion of dental coverage in the Medicare program was referred back to the ADA Board of Trustees. Dr. Hoddick added that the Board will look at alternative funding sources and programs. Dr. Porcelli described the resolution calling for the ADA to establish a treatment database. A resolution seeking a CDT code for donated dental services was withdrawn and one calling for the ADA to develop a cell phone application with information on dental plans was defeated.

Dr. Porcelli will follow-up with a report to the council once he attends his first meeting.

ADA Legislative Update

Dr. Korkosz reviewed the ADA's report of state legislative activity including a new law in Louisiana barring dental plans from denying claims for which the company had granted a prior approval; a Delaware law which establishes a two-year limit on recovery of funds; and a New Jersey law limiting charges by out-of-network providers. Dr. Porcelli advised that these will be discussed at the ADA council meeting later in the week.

The chair asked whether the council members thought NYSDA should pursue any similar legislation. She appointed a subcommittee to consider this issue. Drs. Keating and Buchalter volunteered.

Component Issues

The members reported issues raised in their respective components. Concerns include the inclusion of dental benefits in Medicare and restricted coverage for full mouth debridement (D4355). The council agreed that D4355 should be revised to allow dentists to perform debridement, examinations and prophylaxis during the same visit. Dr. Porcelli stated that he would discuss their concern at the upcoming ADA council meeting.

Dr. Bozek reported that doctors are asked to submit copies of laboratory bills when submitting claims to Medicare for sleep apnea appliances.

Dr. Porcelli wondered if there was a relationship between a member who had used a consultant to renegotiate plan fees and a subsequent audit by the insurer.

Dr. Hanlon informed the council that she was going to conduct an informal survey at the GNYDM Medicaid forum and would report the findings to the council.

Dr. Danilow expressed concern about whether seeking to increase contract fees will result in follow-up by the companies. He also expressed interest in the implementation of the new DOH Medicaid implant and benefit frequency policies.

New Business

Policy and Legislative Considerations

Dr. Porcelli expressed concern about misleading dental plans. He described a patient who purchased a plan with a \$1,500 annual maximum that only covers two bitewings, examinations and prophys – costing the patient significantly more than he/she could possibly recoup each year. Dr. Korkosz discussed California law SB1008, the Dental Plan Transparency Act, adopted in September 2018. It requires plans to provide clear, understandable information to plan purchasers. The law requires:

- The California Department of Managed Health Care and the Department of Insurance to work with stakeholders to develop a standardized benefits form to help patients understand what the plan covers. The form will include:
 - Annual plan deductible
 - Annual benefit limit
 - Coverage for the following categories: preventive and diagnostic services, basic services, major services and orthodontic services
 - Dental plan reimbursement levels and estimated enrollee cost share for services
 - Waiting periods
 - Examples to illustrate coverage and estimated enrollee costs of commonly used benefits
- Carriers are required to file annual Medical Loss Ratio (MLR) reports with the state indicating the percentage of premium revenue spent on dental care. Under the new law, the MLR information submitted by carriers must now be posted on select state websites within 45 days of receiving all reports.

The council adopted a resolution by Dr. Hoddick calling for NYSDA to support the adoption of similar legislation. Dr. Cooperman seconded the resolution.

Resolved: that NYSDA support legislation in New York to require transparency and uniformity in the information provided to patients enrolling in dental benefit plans; and be it further

Resolved: that such legislation include, but not be limited to, a standardized benefit plan description containing the annual plan deductible; annual benefit limit; coverage for preventive and diagnostic services, basic services, major services and orthodontia services; plan reimbursement levels with estimated enrollee cost share for services; and waiting periods and examples to illustrate coverage and estimated costs for commonly used benefits; and be it further

Resolved: that dental carriers be required to file annual Medical Loss Ratio (MLR) reports with the state indicating the percentage of premium revenue spent on dental care and that the MLR information submitted by carriers be posted on select state websites within 45 days of receiving all reports.

Articles for Publication

Dr. Shub reiterated the chair's suggestion that the council consider writing articles to help educate the membership about dental benefit issues.

Old Business

Dr. Shub informed the council that the NYSDA Board of Trustees has endorsed Five Lakes Professional Services to provide dental insurance and fee negotiation services, pending legal review. Dr. Gellert pointed out that the company could not negotiate with Delta or Medicaid

contractors. He stated that Five Lakes offers a range of services and will analyze plans to see which is best for an individual practice.

Adjournment

After a brief discussion about the most convenient day of the week and time to schedule the in-person meeting, the chair adjourned the meeting at 10:58.

Respectfully submitted,

Adrienne Korkosz, DMD, Chair