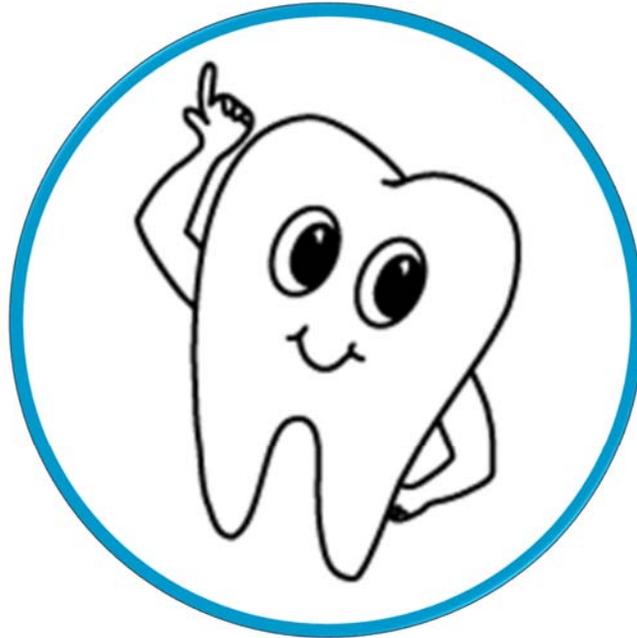


## Alabama Medicaid Agency Dental Task Force



March 18, 2016

12:00 – 1:00 PM CT

Conference Line: 1.888.822.7517  
Passcode: 803743#





**Alabama Medicaid Agency Dental Task Force Meeting**  
**Friday, March 18, 2016**  
**Minutes**

**Members present:** Dave White

**Member present via conference call:** Conan Davis, Rick Simpson, Dwight Williams, Steve Mitchell, Zack Studstill

**Medicaid members/staff present:** Beth Huckabee, Theresa Richburg, Beverly Churchwell, Carolyn Miller, Melinda Rowe, Robin Rawls, Karen Wainwright, Jerri Jackson, Drew Nelson

**HPE staff via conference call:** Cyndi Crockett

**Others on conference call:** Danny Rush

**Call to Order:** The Dental Task Force quarterly meeting was held today at 12:06 PM in the Alabama Medicaid Conference Room 3-I. Beth Huckabee called the meeting to order, welcomed and thanked all attendees for being there.

**Welcome and Introductions:** Beth welcomed members to the meeting, took the roll call of members present by phone and in the room, and introduced people present in the room.

**Review and Adoption of Minutes:** There were no corrections voiced by the members of the December 4, 2015 meeting. Zack Studstill moved the minutes be adopted.

**Medicaid Financial Update:** Karen Wainwright gave a financial update stating the original FY16 GF appropriation for Medicaid is \$685 million. Medicaid will receive a \$20 million additional appropriation for reform. The original budget for the dental line is \$89 million. The current projection showing actuals through February, the dental line is right on target to end the year at \$89 million. Compared to last year FY15: Dental was \$84.5 million. Zac Studstill asked if additional revenue is expected. Karen stated there is none expected.

**Regional Care Organizations Update:** Jerri Jackson and Drew Nelson provided an update on the RCO. She stated the 1115 waiver was approved on 2/9/16 with 89 special terms and conditions with it. The Managed Care Division is continuing the readiness assessment and desk review of the 11 probationary RCOs. Medicaid is meeting with CMS regularly on the RCO contract with a tight timeline. They are also meeting with CMS to review network adequacy, access, and provider services. Also, the team continues to meet with RCOs regarding the care coordination. Ric Simpson asked if there is a time where Medicaid will decide not to go forward with RCO implementation if adequate funding is not provided. Jerri answered they have not been instructed to stop planning and implementation and are proceeding as if the funding will be available. Dave White commented if there is no money, there is no go live date, but the session is not over. There could be a special session if no funding made available.

Steve Mitchell and Drew Nelson discussed network adequacy in regard oral health, especially to hospital access for dental hospital cases. Drew stated the Administrative Code requires the oral surgery to be covered and oral surgeons are to be contracted with the RCOs. He also indicated oral health providers will still need to be contracted with the RCOs for reimbursement. For network adequacy, there is a minimum amount of providers and distance required for 23 specialists for the RCOs, but oral health providers are not one of them. Drew went further saying this can be addressed in the future. There is a quality measure for hospitals regarding access to dental services under general anesthesia.

**Insure Kids Now:** Beth Huckabee reported the last update was done on February 14, 2016. The next one is due May 4, 2016. Dental program area will mail questionnaires to meet the next update. Beth committed to verifying when questionnaires will be mailed out and will update the members.

**Dental Consultant Update:** N/A

**Program Update:** Beth Huckabee updated on the following items:

The dental program area continues to work with Dr. Janet Bronstein on the 1<sup>st</sup> Look 5-year evaluation. The 3-year evaluation showed there was not enough data to see if the program was effective and proposed a 5-year evaluation to be done. Initial findings are back and we will continue to work with her and her team at UAB.

Coming this summer, providers will be able to fax or upload Prior Authorization supporting documentation for review via the forms menu in the Medicaid Provider Web Portal. This will help ensure receipt of documents in a timely manner. For dental providers that submit hard copy radiographs, these will still be accepted through mail. All other documents will be received digitally. More information will be forthcoming in the Provider Manual, Provider Insider, Provider Alerts, etc. HPE will be educating providers. This could help reduce the turnaround time and allow providers to see the decision letter quicker.

As many of you know, we had the Medicaid Dental Workgroup to come back together last Friday, March 11, to follow up on the last meeting in September. DentaQuest, Delta Dental, and MCNA made presentations of potential savings for the Dental program. The Commissioner committed to reviewing the companies' final reports and seeking input from the Dental Workgroup on next steps in the coming weeks. The reports are due back by next Wednesday, March 23.

Another event the program has been working on is procuring a Dental Consultant for the program. The RFP was re-issued on February 10, with proposals due February 29. After an evaluation period, a notice was posted that the Agency intends to award the contract to Dr. Danny Rush. The final award of this contract is subject to review by the Legislative Contract Review Committee and signature by Governor Bentley.

In the interim time, we established an in-house review process for the urgent cases and have been approving as able.

Ric Simpson asked when the new Dental Consultant would start voicing concern of the backlog of the prior authorizations. Beth answered it would be mid to late April depending on the Governor's office review.

To date, the RCO impacts 4 main areas within the dental community:

- FQHCs – these centers will continue to bill Medicaid as they do today through encounter claims.
- As the RCO contracts require...RCOs will reimburse PMPs for oral assessments and the application of fluoride varnish, in accordance with Chapter 13 of the Provider Manual.
- Oral and maxillofacial surgeons – CPT (medical codes) will be billed to the RCO that the recipient is enrolled in; CDT (dental codes) will continue to be billed to Medicaid via HPE. Internal reports will be run after the 1st quarter of RCO implementation to review utilization of codes and thereafter.
- D9420 (hospitalization) – hospital and physicians services, including anesthesia, are covered services by RCOs so they will continue to be billed by hospitals on an outpatient claim form to the RCOs.

Ric Simpson asked Cyndi if the PA decision will be viewed quicker with the new electronic PA submission. She indicated providers can view it currently if submitted through the web portal.

Conan Davis asked if adult emergency department services would be covered in RCOs and would patients be watched closely for treatment in the emergency, possibly getting them into case management. Cyndi Crockett indicated that if a service is not covered on the date of service, the RCOs will not cover it. Melinda Rowe added that RCOs will get capitated rates. They look at data for X number of claims for RD visits. If identified as such, they will be put in case management,

Steve Mitchell asked Cyndi since MCOs showed edits in their reports at the Dental Workgroup meetings, can HPE change edits/audits to achieve the same effect. She answered yes as Steve indicated the Workgroup can identify problems as the Dental MCOs can.

**New Items:** Ric Simpson stated he attended an RCO provider meeting and had more questions. Beverly suggested to submit those through the RCO question portal. He also cited a potential problem if the PMP does not have admitting privileges, he might not be able to get a pre-anesthesia physical or a child may cross over to another RCO to get a pre-OR physical different from the RCO with which the PMP has contracted. Beverly stated what the Medicaid coverage is on a date of service, the RCO must cover it as well.

No other new business. The meeting was adjourned.

**Next Meeting Date:** The next meeting is tentatively scheduled for June 3, 2016 from 12:00-1:00 CT.