Dental Policy Review Committee Members Present

Dr. Mona VanKanegan, Illinois Department of Public Health

Dr. Jason Grinter, Delta Dental

Dr. Jim Thommes. DentaQuest

Dr. Randall Markarian, Markarian Orthodontics

Dr. Bill Simon, Illinois State Dental Society

Dr. Danny Hanna, University of Illinois Chicago

Dr. Henry Lotsof, Avesis

Ann Tuscher, Chicago Department of Public Health

Dr. Jorelle Alexander, Cook County Health & Hospitals System

Dental Policy Review Committee Members Not Present

Dr. Kathy Shafer, Southern Illinois University

Dr. Cyrus Oates, Oates Dental

HFS Staff Present

Christina McCutchan, Bureau of Professional and Ancillary Services Kelly Pulliam, Bureau of Professional and Ancillary Services Jose Jimenez Bureau of Professional and Ancillary Services Ryan Dickerson, Bureau of Professional and Ancillary Services Dani Mendez, Legislative Liaison

Other Interested Parties

Trisha Rodriguez, IAMHP

Dave Marsh, Illinois State Dental Society

David Thielemier, DentaQuest

Dr. Andrea Miller, Athena

James Benz, Advocate Illinois Masonic Medical Center

Holly Blanton, Envolve

Beth Enke, DuPage County Health Department

Natalie Basgall, DuPage County Health Department

Robert Rada, DuPage County Health Department

Pam Simmons, CUPHD

Craniofacial Center, UIC

Lauren Messmore, UIC

Jill Hayden, Sellers Dorsey

Laura Amendt, Mobile Dentist

Luciana Sweis, Dental Caravan

Mary Massari, Lake County

Ryan Voyles, Health News

Jorge Pule, CPS

Ken Papineau, CPS

Orlando Rivero, CPS

Christy Blank, MCPHD

Ken Kromash, Advocate Dental Center

Karen Moredock, DCFS

Karen Bryson

Whitney Greger

Sharon Perlman

Katheryn Hudson Katie McKnight Lisa Guinan Patrick Hostert Marc Wasserman

Meeting Minutes

Call to Order

Mrs. Christina McCutchan, Bureau of Professional and Ancillary Services (BPAS), called the meeting to order at 1:33 pm.

Mrs. McCutchan welcomed Mrs. Kelly Pulliam, BPAS, to the committee and announced she started for HFS on June 1.

Old Business

Mrs. McCutchan asked the board if there were any changes that are needed to be made from the April 20, 2022, meeting minutes. Dr. Hanna asked to have University of Illinois Chicago corrected. Dr. Hanna added that he thought he inquired about the status of retreats for therapy that were not in the minutes. Mrs. McCutchan said we'll review and get it added.

New Business

Board Updates

Mrs. McCutchan introduced Ms. Tuscher. Ms. Tuscher introduced herself working for Chicago Department of Public Health and oversees the oral health dental programs for the city.

Mrs. McCutchan informed the board that Dr. Kylea Tibbs-Hnizdo is no longer on the committee, and we are looking for members so if anyone has any nominations, please let us know.

Mrs. McCutchan notified the committee that some of their terms have expired and HFS will be working with the new chair of the committee to get these updated.

Mrs. McCutchan instructed the board to make sure they have all completed their 2022 trainings. If anyone has any issues getting into the training portal, please let us know.

Mr. Jose Jimenez, BPAS, brought up the restructuring of the board to be more aligned with how the other boards are run at the department, the Open Meetings Act by having a Chair and a Co-Chair along with approving the bylaws. Mr. Jimenez added that HFS will continue to support the board, take the minutes, provide the space to host the meetings. Whether this is WebEx or a venue. Mr. Jimenez asked if there were any questions. No questions were asked.

Mr. Jimenez asked board members for a nomination of a Chair for this board. Dr. Bill Simon nominated Dr. Jason Grinter for Chair. Dr. Jim Thommes seconded the nomination. Mr. Jimenez asked if there is any discussion or questions. No questions were asked. Mr. Jimenez asked for a vote. There were no "nays". Dr. Grinter was voted in as the Chair of the Dental Policy Review Committee.

Dr. Grinter asked the board if there was a nomination for a Vice Chair. Dr. Randall Markarian nominated Dr. Simon. Dr. Hanna seconded the motion. There were no "nays". Dr. Simon was voted in as the Vice Chair of the Dental Policy Review Committee.

Mrs. McCutchan shared the bylaws and asked if anyone had any changes. Dr. Thommes brought up the quorum states "enough voting members must be present" but doesn't define what "enough" is. Mr. Jimenez answered that it was 51%. Dr. Simon recommended that we have 30 days' notice for an in-person meeting and another time from for a virtual meeting. Mrs. McCutchan responded that the 30 days is just to have it posted on our website. The agenda must be out 10 days prior. We can still change it if it's necessary. Dr. Simon responded that he thought it was a timeframe to call the meeting, and the 30 days to have it posted on the website is important. Dr. Grinter asked for a motion to approve the bylaws. Dr. Thommes made a motion to approve the bylaws. Dr. Henry Lotsof seconded the motion. No "nays" the bylaws passed.

Dental Program Updates

Dental Website

Mrs. McCutchan announced the HFS Dental website has been updated. There's a section specific to the Dental Policy Review Committee that has the board members information, the dates of DPRC meetings, the agenda, and the minutes. The only page that has not been updated is the All-Kids School Program page, and that will be updated soon.

Dental Anesthesia

Mrs. McCutchan stated that BPAS is working with the Bureau of Managed Care to ensure there is a uniform prior authorization process and criteria. Mrs. McCutchan made it clear that we have not changed any dental anesthesia benefit limitations at this time. We are working with the Bureau of Managed Care to make sure fee for service and the MCO's are consistent.

As a follow up to the last DPRC meeting, Mrs. McCutchan asked for examples of anesthesia issues to be sent of issues. We received two examples. Dr. Thommes gave a breakdown on those examples. Mr. Jimenez asked if one example was FFS and the other MCO. Dr. Thommes answered both were MCO. Dr. Jim Benz asked for clarification from last meeting where Dr. Thommes stated that routine sedation cases we run in our outpatient clinic are not going to require pre-authorization. Dr. Thommes broke it down that he's a dentist and sending a case to be done in an outpatient facility, the outpatient facility is going to be billing the medical side along with the anesthesia. If it's in an office or a GPR program and you're doing the anesthesia there. You're going to be billing the anesthesia to the dental program. When you're sending them to a short procedure unit or an ambulatory care center, those require prior authorization. If it's just anesthesia in your own facility and you're going to be billing for anesthesia, then you can do it retrospectively if you'd like. Dr. Benz responded that it's a policy that adults don't qualify for any more than six units of anesthesia. Dr. Thommes suggested to reference the office manual for limitations as it was just the case for the program he was referencing. Dr. Benz further inquired that Dr. Thommes referred to pediatric cases as being potentially different in terms of the number of increments. Dr. Thommes answered in pediatric cases under EPSDT benefit limitations can be exceeded if proper documentation is received. There are also rules how EPSDT is handled and in Illinois it may only be considered on prior authorizations. The best bet is what the dental office reference manual states and talk to your provider representative.

Dr. Hanna asked if we could discuss time limitations for anesthesia. There is a hard limit of six units and if true the provider would have to continue without compensation or schedule for

another day, if understanding correctly. Dr. Thommes said his recommendation is always look at the office reference manual for the requirements and limitations for whatever program or carrier. If it doesn't meet your requirements, then that's the type of thing you ask for on a prior authorization. If something is set as a certain limit, there's usually a reason for that limit. That's not necessarily clinical that is administrative.

Dr. Simon spoke that the feedback they're getting from members at ISDS relates to this limitation specifically. If it's being capped at six units, there's cases that require much more. And we need to in some fashion change those limitations.

Dr. Simon made a motion that any limitation to the 15-minute increments of anesthesia that are currently being capped at six maximum, be allowed to expand beyond that with appropriate documentation and supporting narrative. Dr. Grinter responded he's not following where we only are doing six units and typically it's supported with documentation. Dr. Simon said that he doesn't deal with the codes himself so he's not sure if the limitations are different from one plan to another or one MCO to FFS but is getting feedback from membership that the limitations are there and have not been advised that more than six units of anesthesia have been covered. Dr. Grinter supports it but requested it to be brought to a subcommittee and make a recommendation at the next meeting because it's valid. Dr. Hanna asked if there's a hard limit at six or six will likely get approved but if you need more than six you must submit additional documentation to have it approved. Dr. Grinter responded that we have a lot of support for anesthesia, and we know we need it but, maybe take a few minutes look into it and make a recommendation at the next meeting. Dr. Grinter second the motion. Dr. Grinter called for a vote on the motion. Dr. Thommes, voted nay as he's not opposed to it, but opposed to putting it out there now. We need to research it what everybody is doing and the limitations among all the plans and programs. Having this now is just an empty motion. Dr. Henry Lotsof agreed and voted nav.

Dr. Thommes made a motion that each program get their limitations ready to look at for a committee of subcommittee to see who's got what for what program and get us all on the same page. Dr. Lotsof made a second. Dr. Hanna asked for a discussion. It was his understanding that the MCO's can put any limitations they want on services. What they're doing is outside the purview of our committee. Mr. Jimenez addressed that this committee does review the fee for service program, however you can recommend to the department, and we will take that recommendation and bring it back to the state and review the recommendation and see if we can support that recommendation or not. If not, we'll explain why that cannot be done. Dr. Lotsof commented as a dental administrator not contracted with the state, the other ones tend to mirror the state guidelines and in general could offer more comprehensive benefits but can't offer less comprehensive benefits. Mr. Jimenez agreed but they can also set up their own prior authorization criteria and there's a gray area on the limitations. Dr. Lotsof disagreed on the limitations. Anytime you have two different companies they're authorization systems may be a little different, but on frequency limitations we must follow what the state mandates. Mr. Jimenez said we can commit to this subcommittee, and we will survey the plans and we will work with our Bureau of Managed Care and request specific polices for all plans and add the fee for service one for your review. Mrs. McCutchan added that we discussed it several meetings back that we were going to try to incorporate everything, MCO and FFS together. That's why we invite the MCO's, IAMHP, the Bureau of Managed Care to these meetings. Dr. Simon responded that the metrics that were sent out shows that FFS in 2022 is just 15% of the entire procedures being provided and 15% of the revenue being paid out. The big picture is there's a whole lot of confusion going on particularly because the program has been farmed out to

multiple MCO's, and the providers are the one's left out of the equation. Mrs. McCutchan reiterated that HFS agrees to work with the IAMHP and Bureau of Managed Care to provide a summary of the plans, what their specific policy is as well as FFS. Mr. Jimenez added that it would be ok to make a recommendation to the department in terms what would benefit the program in general and on our end, we can have a discussion on whether this would apply or not to manage care. We cannot prevent you from making a recommendation so if it includes at some point a policy change beyond FFS you are welcome to make that recommendation. Dr. Simon announced that ISDS has been advocating for a carve out for dental Medicaid. The motion was called for a vote by Dr. Simon as Dr. Grinter lost connection. No "nays" motion was approved.

Dental Utilization

Mrs. McCutchan brought up at the last meeting HFS requested to get some dental utilization for the committee. That was submitted to the board yesterday. It's for fiscal year 2020-2021 and 2021-2022. There was an attachment sent to all the committee members. We do not have the information on the providers and the provider location, but they are still working on it. If there are any questions to let us know. Dr. Hanna asked clarification on the fiscal year ending June 30th. Mrs. McCutchan verified and added that 2022 probably isn't all in yet. Dr. Simon asked that it's through July 16, 2022 and aren't they all through the same date in the respective year. Mrs. McCutchan clarified that it would be from July 1st until June 30th of the following year, except for 2022 and that is only until July 16th.

Dental Rates

Mrs. McCutchan brought up the issue of another \$10 million rate increase going into effect January 2023. We did meet with many board members and some other interested parties on June 1st to discuss the codes and the need for the rate increase. Illinois State Dental Society did make a recommendation on some of the codes. There was diagnostic, preventative, restored, oral surgery codes that when we met was discussed they were all important codes. We did add three more codes to look into and that was D3220, D7140, and D7210. Those that were present at the meeting asked us to see if put together how much these codes would be. We had our fiscal staff put it together to find utilization and it came up over \$81 million. Mrs. McCutchan asked for the best way to reevaluate these codes.

Dr. Simon made a motion to form a subcommittee to look at the dental rates for January 2023. Dr. Thommes seconded the motion. No "nays". The motion carried.

Parallel Billing

Mrs. McCutchan said parallel billing is still in place. Rule 140 Table D has been updated and sent to JCAR for final adoption. The only change is sealant limitation. Originally it was one sealant per lifetime per tooth. During the public health emergency, it was changed to one every two years per tooth, regardless of place of service. The Rule was changed to five years. If you have any questions it needs to go to our JCAR Committee.

Dental Denials

Dr. Simon brought up if you are doing a sealant on a tooth and the tooth also needs a buckle pit restoration, the benefit will only pay for one or the other. And the limitation on providing a sealant on a tooth at the same time as a restoration should be eliminated. Dr. Simon added that the administrative burden that offices are experiencing, it's unrealistic to maintain six-month timely filing.

Dr. Simon made a motion that the limitation on a sealant placed on a tooth that also receives a restoration in the same day be eliminated. Dr. Hanna seconded the motion. Dr. Thommes assumed that Dr. Simon's motion is not to allow a sealant on the same surface as a restoration. Dr. Simon answered correct, separate surfaces. Dr. Thommes asked Dr. Simon if he had any instances where he did a sealant and a buckle restoration on the same day, denied. Dr. Simon answered he doesn't have an answer to that and asked if we are given the opportunity to state a surface for a sealant. Dr. Thommes answered we should be paying them both and would love to see examples of denials. Dr. Thommes added that he's not opposed to the motion, just doesn't know if it's really happening. Dr. Simon asked if Dr. Lotsof had a comment. Dr. Lotsof answered not at this time. No "nays". Motion carries.

Dr. Simon made another motion to change the six-month filing limitation on any plan in the Medicaid system for dental to a 12-month limitation instead. Dr. Hanna explained it isn't getting a second because this is the law. Mr. Jimenez clarified the board can make the recommendation but it's for all programs, not just dental and a lot more complicated and may not have an option to move. Dr. Simon withdrew his motion.

IDPH Update

Dr. Mona VanKanegan shared that the All-Kids School Based Program providers are now going to be responsible for the anaphylaxis response in a school setting. The policy has been published by the Illinois State Board of Education and states that "schools should address anaphylactic emergencies in memoranda of understanding and contract agreements as they consider their response plan to take into account contracted providers who may have a presence in your buildings and provide health care." Dr. VanKanegan stated this applies to the All-Kids School Based Program so they will need to start initiating talks with school staff on developing a MOU and how the anaphylaxis response is going to take place if an event should occur while the school based oral health program team is in the building.

Illinois State Dental Society (ISDS) Update

Mr. Dave Marsh shared that October 28 is ISDS' Government Affairs Meeting at ISDS Headquarters. On November 2, they have Access to Care meeting. And that the discussion today has given a lot of information to bring back to their committee and hopefully to make recommendations for their next Legislative Session on December 8th and 9th.

Mr. Marsh announced that 1,030 patients over two days were seen at Mission of Mercy and were given \$1 million in free care. The facility and location were great, and the volunteers were prepared to treat probably twice as many patients. The dental community really stepped up and did a great job after a four-year layoff. Dr. Simon thanked DentaQuest for being a platinum sponsor, and Avesis for being a silver sponsor.

FQHC Update

Mrs. McCutchan shared there is not a FQHC update.

Open Discussion

Mrs. McCutchan opened open discussion.

Adiourn

Dr. Thommes made a motion to adjourn. Dr. VanKanegan seconded the motion. The meeting was adjourned at 2:58 pm.

The next meeting is scheduled for October 19, 2022