

Dental Policy Review Committee Members Present

Dr. Jason Grinter, Delta Dental
Dr. Cyrus Oates, Oates Dental
Dr. Henry Lotsof, Avesis
Ms. Ann Tuscher, Chicago Department of Public Health
Dr. Jorelle Alexander, Cook County Health & Hospitals System
Dr. Jim Thommes, DentaQuest
Dr. Danny Hanna, University of Illinois Chicago
Dr. Mona VanKanegan, Illinois Department of Public Health

Dental Policy Review Committee Members Not Present

Dr. Bill Simon, Illinois State Dental Society
Dr. Kathy Shafer, Southern Illinois University
Dr. Randall Markarian, Markarian Orthodontics

HFS Staff Present

Jose Jimenez, Bureau of Professional and Ancillary Services
Christina McCutchan, Bureau of Professional and Ancillary Services
Kelly Pulliam, Bureau of Professional and Ancillary Services
Ryan Dickerson, Bureau of Professional and Ancillary Services

Other Interested Parties

Dr. David Trost
Dr. Flavia Lamberghini
Dr. Luciana Sweis
Lindsay Wagahoff
Krista Smothers
Julie Lineback
Dawn Fehr
David Thielemier
Cassandra Nichelson
Trisha Rodriguez
Kevin Sebaski
Victoria Coons
Eric Johns
Daniel Rich
Daniel Taetzsch
Dani Brazee
Shane Pino
Savana Perez
Miakaye Anderson
Eric Hansen
Larry Lewis
Mary Kathryn Garza
Ryan Voyles
David Dunteman

Call to Order

Dr. Grinter introduced the Dental Rate Subcommittee meeting as a subcommittee to the Dental Policy Review Policy Committee to discuss the legislation that goes into effect January 1, 2023, for the increased Medicaid budget. Dr. Grinter informed everyone that the meeting was being recorded. Dr. Grinter summarized the subcommittee meeting two weeks ago on how it became a consensus that we want to look at the codes that describe the program.

Dental Rate Discussion for 01/01/2023 Rate Increase

Dr. Grinter pulled up a working spreadsheet and provided a breakdown of what everything on the spreadsheet represented. The fees with associated to preventative codes in this scenario are increased by 5%. In this preliminary approach it was felt that a different designation for the percentage from preventative to the restorative and oral surgery codes. Those show a 15% increase in the fee. Those changes lead us to about \$10 million. Dr Grinter reminded everyone that it's not set in stone and certainly up for discussion and asked for questions.

Dr. Trost wanted to entertain the idea of having an equal percentage across the board and wanted that considered. Dr. Grinter showed on the spreadsheet if we matched all the rates at 15%, the amount would move from \$10 million to \$18 million. If changed to 10% it would still be over \$12 million. Reason is utilization numbers we have from Managed Care and HFS. Dr. Grinter suggested to make all the codes even, we'd have to eliminate a code or come down on all the percentages. And asked for more questions.

Dr. Thommes mentioned he ran separate data of a reference fee schedule. Taking existing fees on Illinois in relation to this reference. The Illinois fee schedule runs about 19% of this reference. The oral exam for children is running at 47%. Basically, all the preventive codes are between 46%-51%. Dr. Thommes continued that we all understand the value of preventative codes, but preventive is already out of the range of the rest of the fee schedule. Dr. Thommes added that he's a fan of taking the money that's designated and not have leeway in preventive because it's already more heavily weighed than the rest of the fee schedule.

Dr. Lotsof brought up a lot of things he was going to say Dr. Thommes said. Adding, in his networks there's no problems finding preventative services for members, it's finding restorative form members that's difficult. His hope is if non-preventive fees get raised then more will participate or find it economically viable to start doing the services. Dr. Lotsof supports raising the fees that are low versus the ones that are kind of low.

Dr. Sweis asked what the amount would be if prevention went up to 10% and the others at 20%. Dr. Grinter responded that it would be \$16 million, \$6 million over. Dr. Grinter brought up that we must look at this through the lens of the overall wellbeing of the numbers. During his career in Illinois, it's a struggle to find services beyond prevention. Dr. Grinter also added that we still have dual billing or parallel billing.

Dr. Grinter explained the purpose of this is to continue the discussion and if anyone else has any questions or perspective. When a consensus is reached it will be forwarded to the Dental Policy Review Committee and then they will vote to make a recommendation or not to HFS. Reminding everyone that this is just a recommendation and it's still up to HFS to finalize.

Dr. VanKanegan mentioned the hope with this increase will enroll more providers. Dr. VanKanegan asked if there was a way, we could use the fund to provide a one-time incentive to

enroll providers. Dr. Grinter responded that this money is for procedure codes. Mr. Jose Jimenez added it's not the legislative intent for this \$10 million.

Dr. Grinter brought up what Dr. Simon finds out of sync is that the periodic exams pay more than initial. Dr. Grinter showed that if we made them equal it would be \$11 million. Dr. Grinter asked for discussion if we wanted to make them equal and if so, something would have to go.

Dr. Lamberghini agreed that's it's not logical to have a periodic exam pay more than a comprehensive and an initial exam, but it's always been that way. Dr. Lamberghini added she didn't see a code that could go.

Dr. Thommes asked if there is any level of service that is inordinately high compared to the whole program and could be adjusted down. Just an idea but not a specific idea. Mrs. McCutchan responded that the legislation will not allow us to do that.

Dr. Grinter asked for any other commentary. Dr. Grinter thought this is a very nice compromise. It allows us to basically have something for prevention and allows a 16% increase in non-preventative codes. If no questions we could move forward for a formal vote with the Policy Review Committee in October. Mr. Jimenez brought up for HFS to have this implemented by January 1, we must move some things internally. While we wait on an official vote, HFS may need to start working on implementation.

Dr. Grinter suggested having a meeting in about two weeks to finalize. Ms. McCutchan thought three weeks would give ample time to get the notice posted. Ms. Kelly Pulliam hoped to have an agreement so we could start working on it right away, but if it still needs to be tweaked, we can wait a couple of weeks.

Dr. Grinter realized there was a quorum and Mr. Jimenez reminded him that the meeting was posted so it does comply with the Open Meetings Act.

Dr. Thommes asked Dr. Grinter to summarize everything. Dr. Grinter responded it's at a 5% increase in prevention and 16% in everything else.

Dr. Thommes made a motion that we vote to accept the current fee schedule as Dr. Grinter has presented with keeping palliative the same, raising the other fees on the non-preventive diagnostic fees here by 16%, the preventive diagnostic ones on this sheet at 5%. Dr. Lotsof seconded the motion. Dr. Grinter brought the motion to a vote. No "nays". The motion passed.

Adjournment

Dr. Grinter asked for a motion to adjourn the meeting. Dr. Thommes made a motion to adjourn.