

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
April 26, 2023

Dental Policy Review Committee Members Present

Dr. Jason Grinter, Delta Dental
Dr. Bill Simon, Illinois State Dental Society
Dr. Danny Hanna, University of Illinois Chicago
Dr. Flavia Lamberghini, UIC/Apple Dental Care
Dr. Henry Lotsof, Avesis
Dr. Cyrus Oates, Oates Dental
Dr. Sharon Perlman, Oral Health Consultant
Dr. Kathy Shafer, Southern Illinois University
Dr. Jim Thommes, DentaQuest
Ann Tuscher, Chicago Department of Public Health
Dr. Ryan Tuscher, PCC Community Wellness Center
Dr. Mona Van Kanegan, Illinois Department of Public Health

Dental Policy Review Committee Members Not Present

Dr. David DePorter, Envolve Health

HFS

Arvind Goyal, Medical Director
Jose Jimenez, Bureau of Professional and Ancillary Services
Kelly Pulliam, Bureau of Professional and Ancillary Services
Christina McCutchan, Bureau of Professional and Ancillary Services
Ryan Dickerson, Bureau of Professional and Ancillary Services
Mary Richey, Office of the Inspector General

Other Interest Parties

Dave Marsh, Illinois State Dental Society
Lindsay Wagahoff, Illinois State Dental Society
Sherri Foran, Illinois Department of Public Health
Dr. Geisel Collazo, UIC Craniofacial Center
Sylvia Dominguez, UIS Craniofacial Center
Laura Scully, Illinois Dental Hygienist Association
Tomika Flowers, TCA Health, Inc.

CALL TO ORDER

Dr. Jason Grinter called the meeting to order at 1:00 P.M. Dr. Sharon Perlman made a motion to start the meeting. Dr. Ryan Tuscher second the motion.

Dr. Grinter reminded everyone that the meeting is being recorded. Adding that it's an open meeting so everyone is welcome to attend but asked only board members speak until the Open Discussion at the end.

OLD BUSINESS

Minutes from Previous Meeting

Dr. Grinter asked if anyone had changes to the January 25, 2023, meeting minutes. Dr. Bill Simon asked that under ISDS fourth paragraph-third line that components be changed from composites. Dr. Grinter asked for a motion to approve the January 25th meetings with that change. Dr. Henry Lotsof made a motion to approve the minutes. Dr. Mona Van Kanegan second the motion.

NEW BUSINESS

Trainings

Ms. Christina McCutchan was notified that most board members have not completed their 2023 trainings and reminded the committee to do so. Some members are awaiting access, as soon as we get it, we'll pass it on. If anyone is having trouble logging in, please let HFS know. Dr. Simon would like trainings to be honored from other places. Ms. McCutchan asked for completed certificates of trainings and we'll see if they can be accepted.

Dental Program Updates

Dr. Grinter brought up at the last meeting the committee wanted to look at code D4346 compared to codes D1120 and D1110, but we have not gotten any feedback or recommendations from committee members on what exactly we want to pull from HFS in terms of utilization. Dr. Grinter verified with HFS that we want to get a sense of utilization before we make recommendations of opening the code or bouncing it off frequency another procedure code. Ms. Kelly Pulliam agreed. Dr. Lotsof asked what kind of data we're asking for, because no one is filing that code. Ms. McCutchan answered that a recommendation cannot be made to the Director without a fiscal note on how much it's going to cost. HFS needs some information if we do add this code, how much will it cost the Medicaid program. Dr. Grinter asked if any committee members want to take this on? Dr. Van Kanegan answered she would.

Dr. Simon brought up it's important to consider if the code is introduced and it's an approved code it adds another layer to a potential spot where denials could come through. Adding the patient then would have to be given the treatment for free by the dentist or potentially not receive the treatment at all. Dr. Grinter responded, with Medicaid everything is covered 100 percent so there's a concern for over utilization. In the commercial world they would be paying their periodontal copay, it-self regulates. Dr. Lotsof suggested to take the code, add it to the same fee as D1110 and same frequency and it would be revenue neutral then the code could be on the list. Dr. Grinter responded that's the most practical and easy way to approach it. However, there was sentiment at the last meeting that wouldn't be enough and there had to be a fee differential. Dr. Simon added its very simple to say let's add it revenue neutral. From a provider's standpoint it's very difficult to add it revenue neutral. It takes more time, more

labor and more expensive to provide. Dr. Thommes brought up that we do not have a code for an easy prophylaxis. This is a difficult prophylaxis, but we do not get a lesser fee for an easy prophylaxis. Dr. Thommes is a big fan of adding the code, add it as the same fee, and edit it against the other prophylaxis codes. The provider can bill the code they feel comfortable with, and the program gets revenue neutral results. Dr. Simon countered with whether it's an easy or difficult prophylaxis the cost associated with providing that care are not specifically related to the level of difficulty of the care. The majority of the cost that goes into providing these services comes from the overhead of running the practice. Dr. Lotsof asked if the time isn't any more than the other procedure why pay more for it. Dentists are paid on a time cost basis.

Dr. Grinter answered through Dr. VanKanegan we will meet to come up with specific data for HFS and put together a presentation and then decide if we want to make a formal recommendation.

Parallel Billing

Ms. Ann Tuscher asked the status of parallel billing. Ms. McCutchan answered the Department is continuing it and have filed a rule with JCAR. Ms. McCutchan stated that there is only one change and that is the benefit limitation on sealants stating that when rule is adopted, sealant benefit limitations will be allowed every five years. Once the rule is adopted it will be updated in the DORM. Mr. Jose Jimenez added that from a policy perspective our intention and our efforts are concentrated on keeping this forever, permanently in rule. Adding that we cannot speak for the JCAR committee because all those processes are out of our control.

Silver Diamine Fluoride/School Program

Dr. Thommes asked if there is any reason, we cannot expand covering silver diamine fluoride (SDF) in the school program. Dr. Thommes included that it's a lifetime limitation so where it's done shouldn't be that important. Stopping the decay prior to the students getting to a brick and mortar adds value to the program. It's revenue neutral to the program.

Dr. Lamberghini commented that she uses SDF every day and it's a great tool but sees some red flags and people need to know exactly what they are consenting to. Ms. Tuscher would be open to it but would need definite parameters. Adding the idea if there was an electronic consent forms where the parent gives permission there would be pictures to see what it looks like. Dr. Simon thinks SDF in the schools is a fantastic approach, but we would need to understand the guidelines for restoring a tooth post SDF. We would also need good communication with the online histories so we can see where those procedures were done.

Dr. Perlman had serious reservations about this proposal. Counseling needs to be provided with the parents or guardians because of the permanent staining of the teeth. In the school-based program, the children do not get the dental home and follow up care as frequently as we'd like to see and until that's addressed, we shouldn't pursue SDF. Dr. Lotsof asked Dr. Perlman if he heard correctly since some of these kids don't

get more care than the school program that we shouldn't even do the SDF. Dr. Perlman answered sometimes something isn't better than nothing. Also adding that there are serious consequences, it could be a PR nightmare when parents get upset. There's a reason they receive caries and counseling and follow-up need to occur. At this point, it should be limited to a dental home. Dr. Lotsof understood the possible PR nightmares but feels the school program has a dentist there and it's a dental office on wheels. Taking something, we know works very well and not using it because of other considerations other than treatment, are we shooting ourselves in the foot. Dr. Perlman responded that it's not ok to shoot ourselves in the foot if there's an adverse reaction.

Dr. VanKanegan thinks SDF is worthwhile to explore and pilot in Illinois with specific providers who we know do a good job with follow up care coordination and good communication with parents. Dr. Ryan Tuscher agreed that there's good value but needs discussion with the parent. If we can find a way to include the parent where they understand the side effects, it can be a very positive. Dr. Van Kanegan suggested that we can say it's only eligible for posterior teeth in the school setting. Dr. Lamberghini brought up it would be great to keep it in the posterior teeth but has seen where you apply SDF in the back and saliva moves it to the front, so you end with a dark tooth in the front. Also, parents being present and showing the effects of SDF is fantastic. Dr. Grinter asked the committee if someone wants to take this on and bring it forward for a presentation or a recommendation. Dr. Lamberghini agreed to do it.

CDT Vaccine Counseling Code

Dr. Perlman moved to add the immunization counseling code to the 2024 formulary and provide instruction to providers on counseling and referrals with an emphasis on the cancer vaccine for oropharyngeal cancer.

Dr. Grinter asked for clarification that the counseling code is different than the vaccine administration code. Dr. Perlman answered correct. And most providers are not interested in administering the code but referring and developing relationships with our colleagues in medicine will be a win-win for everybody involved. Dr. Grinter asked if there's a differentiation in our licensure that we can only administer certain vaccines. Dr. Perlman answered in Illinois we can only do influenza and COVID. Dr. Lamberghini brought up there's age restrictions as well.

Dr. Grinter wanted to present HFS with what other states are doing and a dollar amount. Dr. Perlman answered it hasn't been published yet and Illinois should be a leader. This can be significantly over abused, so she doesn't recommend a significant dollar amount. Dr. Grinter asked if we have a counseling code right now. Dr. Perlman said in Illinois we do not have a code listed on the formulary, yet.

Dr. Grinter explained for the dental program with HFS we can only make recommendations if we have a CDT code. Dr. Perlman responded that we have a CDT code but it's yet to be assigned. Dr. Perlman wants to be proactive so when the code is published that it's implemented for the 2024 formulary. Dr. Grinter recommended making a resolution to review this at the quarter four meeting when the code has been

published. Ms. McCutchan added a recommendation cannot be made until we have the code.

Dr. Grinter ended it by making sure the meeting minutes reflect that we will review code for 2024 when it's published.

Illinois Department of Public Health Update

Dr. VanKanegan shared a Power Point on Illinois Oral Health Surveillance 2018-2021, which included oral health outcomes, access to care, intervention strategies, and workforce and infrastructure.

Illinois State Dental Society

Dr. Simon recognized Dr. Tuscher who sits on Access to Care Committee at ISDS. And in September ISDS will have an incoming trustee on the board Dr. Perlman.

Dr. Simon started with HFS introducing to assess providers a tax to raise funds to help fund the Medicaid program. Dr. Simon explained the idea if we can raise revenue in that fashion, we can also get a federal match that would double whatever was collected by the dentist. Dr. Simon asked Mr. Jimenez to add further comments.

Mr. Jimenez explained that we do this for hospitals and nursing homes and anytime there's an issue with rates and increasing Medicaid rates one of the avenues we have that's allowed in federal regulation is to be able to collect an assessment. That assessment is not used for other Medicaid services. It would be used directly for the dental program. If we were able to collect an assessment from all licensed dentist in Illinois that money would go into an account for us to use to raise the rates and would help bring additional federal funding to Illinois which would help to raise your rates. Mr. Jimenez added there are a lot of complaints about the lack of specialty doctors, surgeons, and anesthesia. Most of the discussions goes back to the rates so we're brainstorming and trying to figure out ways to increase our revenue to provide those enhancements. Mr. Jimenez added that what we are trying to do is what we are required to do and that's manage the Medicaid program and do the best we can to provide our providers the best funding source to provide the services.

Dr. Simon responded that that no other state taxes or assesses their dentists. And in their opinion, this is not a good approach towards generating revenue for the Medicaid program.

Dr. Simon encouraged the committee to look at Michigan's elevated reimbursement rates which on average was about 300%. Dr. Oates asked Dr. Simon where the funding came from. Dr. Simon didn't know. Dr. VanKanegan believed it was through a State Plan Amendment. Mr. Jimenez pointed out the process in Illinois is similar, but Michigan also has 750,000 Medicaid recipients compared to 3 million in Illinois. When we look at what other states are doing, we also need to look at cost based on the type of enrollment program we have.

Other legislation ISDS is working on is the orthodontic qualifier. Dr. Simon asked Mr. Jimenez to discuss it. Mr. Jimenez explained the bill called for HFS to revamp and use a different tool, but we were given an opportunity to negotiate the best path to implement these changes. We talked to ISDS, subject matter experts, checked with our vendors and with other states and we agreed to improve the current five auto qualifiers. Three of them we are going to better define them to avoid any rejections and misinterpretations of those auto qualifiers and we're going to add two new ones. Essentially, update three out of five, and add two new ones. Mr. Jimenez added if the Chair continues to move the legislation, we will remove our opposition and would commit to implement those changes. If the legislation is dropped, we made the commitment that we would update those regardless.

Ms. Sylvia Dominguez from the Craniofacial Center asked if this legislation included the automatic qualifier discussed in previous meetings. Ms. McCutchan answered yes.

Dr. Simon ended with continued sedation general anesthesia issues. Dr. Simon announced that he's still getting feedback from providers that the limitations are still impacting them significantly. Dr. Simon shared a report from Dr. Benz at Illinois Masonic Hospital GPR Residency Program that in seven months of anesthesia submissions, they had to write off 44% of the charges as result of denials or limitations. Ms. McCutchan added that the examples HFS received could have been rectified with a narrative that was not included. Dr. Lamberghini brought up she's happy with the new regulations towards anesthesia, but they need to be fine-tuned because we usually need more time. Ms. McCutchan asked Dr. Lamberghini if the narrative is being added to the claim. Dr. Lamberghini answered they do a preauthorization. Dr. Grinter asked if this was hospital-based care or in the dental office. Dr. Lamberghini answered both, adding the code of G0330. Ms. McCutchan stated that G0330 was a medical code and not a dental CDT code. Dr. Lotsof would support moving up benefit limitation to 12 units for anesthesia.

Dr. Simon finished with that it is important for all of us to get this part of our program in a good spot in a very well explained place and for fee-for-service and the MCO's are on the same page.

Time Change

Dr. Lamberghini asked for change in the day or the time for future DPRC meetings. Dr. Grinter recommended tabling this and doing a poll offline.

Dr. Hanna asked if meeting online will be able to continue after the state emergency declaration expires. Mr. Jimenez answered there's some legislation and rules in the Open Meetings Act that are being defined now. Adding that we want to be consistent with all the other advisory boards the department has. The one the Director chairs is the Medicaid Advisory Committee, that sets the tone for all agency board meetings. If they don't move to in person meetings, then we probably won't. We still must be compliant with the Open Meetings Act.

Dental School Updates

Dr. Hanna announced they are continuing their construction on their Inclusive Care Clinic and hoping to have an opening in late summer or early fall.

Dr. VanKanegan asked what graduating students hear about how to be a Medicaid provider in the state of Illinois. Dr. Hanna answered the significant amount of the patients they treat have Medicaid coverage. Whether they enroll in Medicaid or not depends on their employment situation. If they go to work for an office that is actively engaged in seeing Medicaid patients that will be part of your enrollment contract. If you go somewhere that doesn't its unlikely that it will occur.

Dr. VanKanegan asked if the students understand the process? Dr Lamberghini answered that students go through a strong outreach program. They rotate through different clinics and centers, and they get the feeling of what it's like to see a Medicaid patient outside the college of dentistry.

Adjournment

Dr. Grinter asked the committee for a motion to adjourn. Dr. Perlman made a motion to adjourn. Dr. Grinter adjourned the meeting at 2:55 P.M.