

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
December 4, 2017

Dental Policy Review Committee Members Present

Mona VanKanegan, Illinois Department of Public Health
Mary Pat Burgess, Chicago Department of Public Health
Mary Hayes, Pediatric Dental Health Associates, Ltd
Greg Johnson, Illinois State Dental Society
Mary Margaret Looker, Central Counties Health Centers
Jim Thommes, Dental Director DentaQuest of Illinois
Henry Lotsof, Avesis
Kathy Olson, Crusader Community Health

Dental Policy Review Committee Members Not Present

Kathy J. Shafer, Southern Illinois University
Jason Grinter, Onsite Dental
Jorelle R. Alexander, Cook County Health & Hospitals System

HFS Staff Present

Christina McCutchan, Shelly Defrates, Robin Holler, Michelle Maher, Laura Ray, Margaret Dunne

DentaQuest Staff Present

Krista Smothers, Dionne Haney, LaDessa Campbell, Michelle O'Neil, Carol Leonard

Interested Parties

Amanda Minor, Douglas Co. Health Dept	April Kauffman, Douglas Co. Health Dept
Chris Manion, IL State Dental Society	Pam Cuffle, Illinois State Dental Society
Mona Martin, ADSO	Andrea Kovach, Shriver Center
Karen Moredock, DCFS	Dana Flood, Avesis
Alicia Eckhoff, Champaign-Urbana PH District	Deb Fruitt, Champaign-Urbana PH District
Judy Bowlby, Liberty Dental	Brian McMillan, Liberty Dental
Daniel Flott, Liberty Dental	Michelle Castle, United Dental Partner
Maria Bell, Avesis	Sharon Perlman, Ounce of Prevention Fund
Amy Lulich, UI Health	Paul Frank, Harmony Health Plan
Dru O'Rourke, ICAAP	Cynthia Garraway, Federal CMS
Kim Burke, Lake County Health Dept.	Anthony Hough, Molina
Cyrus Winnett, IAMHP	

Meeting Minutes

- I. **Call to Order:** The meeting was called to order December 4, 2017 at 10:00 a.m. by Christina McCutchan. A quorum was established.
- II. **Introductions:** Dental Policy Review members, HFS staff and interested parties were introduced in Chicago and Springfield.
- III. **Old Business**
 - a. **March 29, 2017 Meeting Minutes:** Dr. Thommes made a motion to accept and post the minutes, which was duly second by Kathy Olson. Motion was approved.
- IV. **New Business**

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
December 4, 2017

- a. **Managed Care and ACE/CCE Update:** Michelle Maher, Bureau Chief of the Bureau of Managed Care gave an update on the new managed care program called HealthChoice Illinois.

Michelle Maher stated that on January 1st, current mandatory areas/populations will be moving into HealthChoice Illinois. These include TANF, ACA, AABD adult and MLTSS populations.

On April 1st, all other 70 counties without managed care will move into HealthChoice Illinois. The mailings will start in January to choose a plan.

Then, on July 1st, the special needs and DCFS population will move.

Members will have 90 days to switch plans.

The statewide plans include Blue Cross Blue Shield, Harmony, IlliniCare, Meridian and Molina. The Cook County only plans are County Care and Next Level. The DCFS specialty plan will be IlliniCare.

Greg Johnson (ISDS) asked who the Dental Administrators were going to be starting January 1st. At the last meeting, Robert Mendonsa stated that there would be a notice going out to notify everyone. The Bureau of Managed Care is in the process of verifying all the dental administrators and when verified, the list will be put on the website under care coordination tab and a provider notice may go out.

Clarification of MCO Contract section 5.8.4 regarding specialists being required to be available 24 hours was also asked by Greg Johnson (ISDS). Does this requirement include dental specialists? Michelle Maher stated that she would look into as this is a new requirement. She is not sure that dental specialists, such as pediatric dentist, orthodontists and oral surgeons are to be included but will find out.

Greg Johnson also asked for clarification on the minimum requirements in the MCO contract. As of the 2nd draft of the HFS master contract, there were no requirements that MCOs must accept any willing provider dentist into their network and there is no minimum requirement on reimbursement except for the four Memisovski preventive services. According to Michelle Maher, each MCO is able to pick their network providers, so they do not need to include any willing provider. Also, each plan chooses their reimbursement rates, however each plan must give a minimum reimbursement of any consent decrees, rules or laws that are currently in place.

Guidance was also needed on how dentists were included in the MCO performance matrix. According to Michelle Maher, the MCOs should receive the information from the Dental Administrators since the dental providers are contracting directly with the dental administrators. However, she will remind the MCOs to report the information that they receive from all of their subcontractors.

- b. **IMPACT/ Provider Enrollment Update:** Mashelle Rose, Bureau Chief of Provider Enrollment Services, was unable to attend meeting, so Robin Holler gave a brief update of what is new in IMPACT. According to Robin, the W9 issue is still not resolved. Because the Illinois Comptroller has decided to no longer certify dental W9's, CNSI/Michigan is working on a "work around". However, this is extremely difficult to do because W9 certification is part of the interface system, Robin stated that HFS is hopeful that we will have a permanent solution in the next few months.

Dr. Lots of expressed concerns that when he enrolled in IMPACT, he only selected Avesis but IMPACT shows him as accepting fee-for-service. He stated that he did not want to affiliate with competitors. As of right now, any provider that enrolls in IMPACT, must be fee-for-service. No exceptions.

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
December 4, 2017

Also, effective January 1, 2018, uniform credentialing through IMPACT will take place. This will be standardized so providers do not need to credential with each MCO. HFS is currently working with the MCO Association to come up with a list of items that IMPACT does not require but is needed for client care.

Several stated that a provider notice needs to go out as there is such confusion about who is required to do what. HFS has provided the information that IMPACT requires to the MCOs. It is the MCO's responsibility to send to subcontractors. HFS cannot do because HFS does not have a subcontract with the subcontractors, only the MCOs do. The Bureau of Managed Care is working with the MCO association to see what else is needed. They have had the list for at least two weeks.

Judy Bowlby (Liberty) stated that MCOs receive the information from HFS, but are confused as to what they need to share with plan administrators. Cyris Winnett (IAMHP) stated that any administrator needing help with MCOs to call him at 217-341-4452.

Greg Johnson (ISDS) asked about NCQA. According to Greg, MCO plans must be accredited but does HFS need to be? No. Per Robin, IMPACT is not NCQA compliant.

Others asked how long the lag time would be between a provider being credentialed/approved in IMPACT and getting to the MCO. Response was that HFS sends the MCO weekly provider files.

Carol Leonard (DQ) also added that providers still need a contract with each individual MCO even though the provider has been credentialed by IMPACT. Both credentialing and contract need to be in place before going into the plan directory.

Mary Hayes requested a clean list of IMPACT dental enrollees. Robin stated that the information was not available to report but have the information at the next meeting. Greg Johnson (ISDS) stated that there are still issues with the provider directory stating that some dentists are counted more than once due to being in a corporation with several locations. An example includes Blue Cross ICP search of DQ shows options at Familia Dental at 802 N.9th. Really its 49 different dentists listed by name twice (Springfield- SPRINGFIELD) and then "Familia Dental" corporate name listed 49 times however only 6 dentists were reimbursed there in 2016. Robin stated that she would look into where file comes from and what we can do to fix.

Robin gave her telephone number of 217-524-7404 to anyone who has any additional issues or questions.

- c. **IES Update:** Margaret Dunne of HFS gave an update on the Integrated Eligibility System (IES). Per Margaret, IES has been around since 2013. On October 24, 2017 IES Phase 2 was launched by HFS and DHS. The purpose of IES is to allow members to apply for benefits, update their information and have all eligibility information updated in one place. Access to this new system is more limited due to stricter federal guidelines but is easier to navigate and staff or external users will only have access to data that they need to access. IES also replaces the **Hearing Information System (H.I.S.)** used by the Bureau of Administrative Hearings to schedule appeals, track appeals, and generate documents, so MCOs and other external users will be able to use the appeal portal for information, viewing documents and uploading documents. Appeals information will be available in IES after 24 hours of change. The old legacy system will be retired after full implementation of IES.
- d. **DentaQuest FFS Update:** Dionne Haney stated that there had been a couple staffing changes at DentaQuest. Jennifer Straub has left DentaQuest and Krista Smothers has switched positions. Now, DentaQuest has provider representatives: Michelle O'Nail, LaDessa Campbell

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
December 4, 2017

and Krista Smothers. Dionne stated that she has taken over all of Krista's school and outreach duties.

Dionne also confirmed that provider surveys should be out this week.

According to Dionne, there are currently 58 entities enrolled in the All Kids School Based Dental Program, as well as 250 individuals. Dionne stated that school based providers must register with HFS to become an All Kids School Based Dental provider, must have a google calendar and provider passwords and attend a conference call with HFS and DPH staff prior to seeing children in a school setting.

Christina added that she would like to remind the All Kids School Providers that if they are changing any dates/times at the schools or changing their google passwords to please let Dionne know as soon as they possibly can.

Greg Johnson asked how MCOs plan to monitor and report on the school based program after July 1st when all children will be in HealthChoice Illinois. Christina stated that as of right now the fee-for-service dental program is still administering the All Kids School Based Program but will be coordinating with the Bureau of Managed Care regarding the future of the program.

DentaQuest MCO Update: Carol Leonard gave an update for DentaQuest MCOs. DentaQuest MCO payments are being processed on a regular basis and will continue to administer Blue Cross Blue Shield, Meridian and County Care in 2018. Dental Quest MCO plan updates include: Aetna: Transfer of 125,000 member to CountyCare 1/1/2018. Claims run out through 6/30/2018;

BCBS: HSAG Claims system test 10/6/2018 and working with plan on new contract deliverables;

Cigna-HealthSpring: ICP term 8/1/2017; claims run out 1/31/2018. MMAI term 1/1/2018; claims run out through 6/30/2018;

CountyCare: HSAG claims test 10/4/201 and working with plan on new contract deliverables. HSAG Contract readiness review audit was 11/20 and 11/21. The transfer of 170,000 FHN members in Cook County 11/1/2017 went well and no issues identified as of yet. Transfer of 125,000 lives from Aetna will take place 1/1/2018;

FHN: See CountyCare update above. Claims run out for membership transfers is 180 days; and

Humana: ICP plan will term 1/1/2018. Claims run out through 6/30/2018; and Meridian: HSAG claims system test 10/13/2017 and working with plan on new contract deliverables.

- e. **Liberty MCO Update:** Dr. Jason Grinter was unable to attend meeting, so Judy Bowlby gave a Liberty update. According to Judy, Liberty is working with Harmony and Next Level on readiness review and growing their network. Judy also introduced a new Liberty Staff member, Brian McMillan.
- f. **Avesis MCO Update:** Dr. Henry Lotsof stated that Avesis awarded the "Above and Beyond" awards to providers that have went above and beyond duty. Avesis' outreach program has also been reaching out to those members that have received twos and threes on Caries Risk Assessment codes in school based programs. Dr. Lotsof stated that the coordinating care program is also working with Molina to do auditing to make sure that members are actually getting what they need. According to Dr. Lotsof, Avesis is taking a proactive management practice instead of post active.

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
December 4, 2017

- g. Envolve Update:** Dr. Preddis Sullivan was unable to attend, so he asked Christina McCutchan to give an update. Envolve's network expansion is in process for 2018 readiness. The expansion includes targeting oral surgeons and pediatric specialists. Envolve has corrected the fluoride frequency issue. All claims that were denied due to this incorrect system edit have been paid.
- h. Illinois State Dental Society Update:** Greg Johnson of Illinois State Dental Society (ISDS) stated that their expanded function dental assistant (EFDA) bill passed and will be doing 2018 legislation on FQHC encounter for dental hygienist visit providing care under general supervision if HFS did not decide to change current rule. According to Christina, HFS is continuing to look at rules and state plan amendments to determine if feasible.
- i. Illinois Department of Public Health Update:** Mona VanKanegan gave a brief update on All Kids School Program. Mona stated that this year, the consent rate for treatment has lowered significantly. She believes the reason for the reduction is due to confusion of parents and we need to give additional clarification. Mona stated that DPH currently has 2 oral health consultants out visiting the schools. Those consultants have done 23 surprise visits and only have 1 open position at this time. Mona stressed that we need information to go out to members about benefits for pregnant women. The data that she just received from HFS shows that only 6% of pregnant women received a periodontal visit.
- j. Procedure / Dental Office Reference Manual (DORM) Update:** Christina McCutchan stated that the DORM is in the process of being revised. She will send out to committee for review when completed, including updating the 2018 CDT codes.

Christina stated that there is no change in regards to the policy of Gold Card Status for the dental schools. The only thing that has changed is that the Supervising Dentists must be enrolled in IMPACT.

Updated information on orthodontia will also be included in the new DORM. The Department switched to the Handicapping Labio-Lingual Deviation scoring method with only 4 auto-qualifiers for orthodontia approval. This change went through the rules process (JCAR) and was effective January 2018. Mary Hayes asked what the new scoring was. According to Christina, orthodontia prior authorization is only approved with a score of 28 or when eligible through one of the four auto qualifiers. Christina did state that she is trying to get another additional auto qualifier approved but even if approved by HFS Administration, it will still need to go through the rule/JCAR process, which is very lengthy. Mary Hayes stressed that a score of 28 is much higher than other states. Per Christina, the score of 28 is the same score as Missouri.

- k. CDT Codes for 2018:** The following codes are replacement of old codes and are effective January 1, 2018:

D5511	repair broken complete denture base, mandibular (replaces D5510)	\$61.15
D5512	repair broken complete denture base, maxillary (replaces D5510)	\$61.15
D5611	repair resin partial denture, mandibular (replaces D5610)	\$51.75
D5612	repair resin partial denture, maxillary (replaces D5610)	\$51.75
D5621	repair cast partial framework, mandibular (replaces D5620)	\$79.05
D5622	repair cast partial framework, maxillary (replaces D5620)	\$79.05

Anesthesia codes have changed a bit as well and are effective January 1, 2018:

D9223	REVISED DESCRIPTOR - deep sedation/general anesthesia - each subsequent 15 minute increment	\$38.35
	New code with same reimbursement rate: D9222 first 15 mins before D9223	\$38.35

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
December 4, 2017

D9243 REVISED DESCRIPTOR - intravenous moderate/conscious
sedation/analgesia - each subsequent 15 minute increment \$38.35

New code with same reimbursement rate: D9239 first 15 mins before D9223 \$38.35

The one new code that will not be added effective January 1, 2018 is Interim Caries Arresting Medicament – Code D1354 (commonly known as Silver Diamine). Christina stated that she was asked to find out the reimbursement rates from other states but was very difficult to do since the code has previously been very vague, therefore range varying range across the states. The 2018 code has been revised to be reimbursed specifically per tooth.

Christina asked the committee is if they had any recommendations for reimbursement rate for D1354 so that she could take to Administration for a requested implementation date of July 1, 2018. Several different rates were acknowledged ranging from \$8.00/per tooth with a maximum of 4 teeth per visit and a lifetime maximum of three applications per tooth (proposed by Mona VanKanegan) to \$54.00 (proposed by Sharon Pearlman) with difference allowances. Many others stated that we should keep simple to get approved. Christina stated that she would take under advisement and get a decision memo to Administration soon in hopes of approval with a July 1, 2018 effective date.

- I. Bylaws and Membership** - Christina stated that Mary Hayes' term expired on 09/30/17. She will continue in capacity until a replacement is made.

Christina stated that she is in the process of working with HFS' Legal Department to get the Dental Policy Review Committee's bylaws revised. There are 2 reasons for this:

- 1) There are currently 11 members on the committee. According to the bylaws, we are allowed to have 15 on our committee. However, some specific positions required are no longer available.
- 2) Since we are not sure what this committee will look like in the future with the majority of FFS members moving to MCOs.

When reviewing the bylaws with Legal, we realized that there is no mention of the ability to change them. So, asked for support from committee to revise the bylaws. Greg made a motion and Mary Margaret Looker seconded, therefore motion was passed to revise Dental Policy Review Committee bylaws. Christina stated that she will work with HFS legal and before the next meeting, committee members will receive draft recommendations to be discussed at the next meeting.

- m. 2018 Meeting Dates** – Christina asked committee if the first Wednesday of February, May, August and November would be acceptable for 2018 Dental Policy Review Committee meetings in 2018. Christina stated that the 1st floor conference room in Chicago has already been reserved if dates will work. Greg Johnson made a motion to accept dates and Mary Margaret Looker seconded, therefor motion passed that the following are dates for Dental Policy Review Committee in 2018:

02/07/18
05/02/18
08/01/18
11/07/18

Illinois Department of Healthcare and Family Services
Dental Policy Review Committee
December 4, 2017

- V. **Open Discussion:** There was no time for open discussion.
- VI. **Adjournment:** Dr. Looker made a motion to adjourn the meeting, which was duly seconded by Greg Johnson and passed without objection by the committee. The meeting adjourned at 12:00 p.m.

Next meeting is scheduled for February 7, 2018.