

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
May 9, 2018

**Dental Policy Review Committee Members Present**

Mary Pat Burgess, Chicago Department of Public Health  
Greg Johnson, Illinois State Dental Society  
James Thommes, Dental Director DentaQuest of Illinois  
Henry Lotsof, Avesis  
Kathy J. Shafer, Southern Illinois University  
Mona VanKanegan, Illinois Department of Public Health  
Mary Margaret Looker, Central Counties Health Centers  
Mary Hayes, Pediatric Dental Health Associates, Ltd

**Dental Policy Review Committee Members Not Present**

Jorelle R. Alexander, Cook County Health & Hospitals System  
Jason Grinter, Onsite Dental

**HFS Staff Present**

Christina McCutchan (BPAS), Shelly Defrates (BPAS), Robin Holler (BHPS), Laura Phelan (BMC), Mary Richey (OIG), Carol Denson (OIG)

**DentaQuest Staff Present**

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

**Interested Parties**

Kate Maley, Shriver Center	Evan Bell, Next Level Health
Kelly Pulliam, Liberty Dental	Maria Bell, Avesis
Dana Flood, Avesis	Judy Bowlby, Liberty Dental
Bryan McMillan, Liberty Dental	Daniel Flott, Liberty Dental
Dru O'Rourke, ICAAP	Julie Janssen, IFLOSS
Carri Hoffman, Edgar Cty Dental Clinic	Monica Dunn, Edgar Cty Dental Clinic
Deb Fruitt, C-U Public Health	Janet Mason, Edgar Cty Dental Clinic
Alexis Eckhoff, C-U Public Health	Sharon Perlman, Ounce of Prevention
Mellisa Cerna, All Kids Dental Center	Jason Korkus, Sonrisa Family Dental

**Meeting Minutes**

- I. **Call to Order:** A quorum was established and the meeting was called to order May 9, 2018 at 10:00 a.m. by a motion by Dr. Henry Lotsof and a second by Dr. James Thommes.
- II. **Introductions:** Dental Policy Review members, HFS staff and interested parties were introduced in Chicago and Springfield.
- III. **Old Business**
  - a. **Ethics Training** – Ms. Christina McCutchan stated that she has been notified by the Department's Ethics Officer that all committee members have turned in their Ethics training for 2017. The 2018 request will be forthcoming.
  - b. **February 7, 2018 Meeting Minutes:** Mr. Greg Johnson made a motion to accept and post the minutes, which was duly second by Dr. Mary Margaret Looker. Motion was approved.
- IV. **New Business**

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
May 9, 2018

- a. **Bylaws and Membership** – Mr. Greg Johnson made a motion to approve and post revision of bylaws to include Article V Amendment Section I – Amending Bylaws, which was duly second by Dr. James Thommes.

Ms. Christina McCutchan requested that members email her suggestions to Amend Article II Section I – Membership to restructure committee membership in the future. These will be discussed at the next meeting.

- b. **Procedure / Dental Office Reference Manual (DORM) Update:**

CDT Code 1354 – Mrs. Christina McCutchan stated that CDT Code 1354 Interim Carries Medicament, mostly commonly known as Silver Diamine has been approved with an effective date of July 1, 2018 for both kids and adults. The reimbursement rate will be \$14.85 per application per tooth with a maximum of four teeth treated per day with applications up to two times a year per tooth. Dr. Mona VanKanegan made a motion to recommend a lifetime maximum of six applications per tooth for administering CDT code 1354, which was duly second by Mr. Greg Johnson. A provider notice will be going out soon.

Orthodontia – Ms. Christina McCutchan announced that the additional orthodontia automatic qualifier, “Impacted Maxillary Central Incisor” on the Handicapping Labio-Lingual Deviation Index (HLD), does not have an effective date yet. This rule change will be in the Illinois Register on Friday, May 18, 2018 and comment period will start. We will have an effective date and a provider notice will go out if approved after Rule 140.421 goes through the JCAR process.

Dental Office Reference Manual (DORM) – Ms. Christina McCutchan stated that the Draft DORM has been updated and emailed to all committee members for review. She noted that several sections have changed, including but not limited to:

- Co-pay section has been removed
- Fee schedule has been removed and replaced with link added
- Silver Diamine has not been added yet since it doesn't go into effect until July 1<sup>st</sup>
- Orthodontia additional auto qualifier has not been added because it has not been approved in JCAR yet.

She requested that committee members email her any comments they may have.

Ms. Dionne Haney requested review of Codes D0150, D1206, D1208, D0272, D0120 and D0210 in the DORM.

Dr. James Thommes stated that D0210 and D0330 are not allowed to be used at the same time, so needs to be clarified.

Mr. Greg Johnson stated that fee schedule was deleted. Has it changed? According to Ms. Christina McCutchan, the fee schedule has not changed but the fee schedule was deleted and link was added.

Mr. Greg Johnson also stated that on Page 55 (5) school exam k26 may need to add 9 per legislation, as well as on Page 55 (7) you added referral statements options 1-2-3 there.

Ms. Dionne Haney also reminded everyone that the DORM is still in draft form and should not be distributed.

- c. **Managed Care and HealthChoice Illinois Update** – Ms. Laura Phelan from the Bureau of Managed Care announced that as of March 1<sup>st</sup>, 1.7 million beneficiaries were enrolled in HealthChoice Illinois, and HealthChoice Illinois was implemented statewide effective April 1,

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
May 9, 2018

2018. According to the March 29<sup>th</sup> provider notice, HealthChoice Illinois is not yet being offered to individuals in HCBS waivers or MLTSS in counties that previously did not have mandatory managed care for those beneficiaries. As of April 1<sup>st</sup>, individuals under this managed care enrollment postponement will continue to receive services in the HFS Fee-For-Service program and will continue to access their long term care and waiver services with their HFS medical card. When the HealthChoice Illinois program begins for individuals receiving long term care or waiver services in the expansion counties, Client Enrollment Services (CES) will mail each individual a new HealthChoice Illinois enrollment packet. These packets will provide each individual with information about their health plan choices and 30 days to pick a health plan at that time. The Department will issue a new provider notice when managed care enrollment for these individuals receiving long term care or waiver services begins in the expansion counties. As noted on the Medicaid Managed Care Expansion Mail Schedule updated April 1<sup>st</sup> on the HFS website under FAQs, Special Needs and DCFS children will be included in HealthChoice Illinois October 1<sup>st</sup>.

The Bureau is continuing to work with MCOs to strengthen their networks set up. Some providers are still in negotiations. There is a 90 day continuity of care requirement in the HealthChoice Illinois contract, allowing beneficiaries to continue seeing out-of-network providers for 90 days, allowing additional time for providers to contract with health plans. Additionally, beneficiaries may change their PCP at least on a monthly basis. Enrollees also have 90 days to switch health plans after their coverage effective date.

Blue Cross Blue Shield (BCBS) is currently on an enrollment hold for noncompliance with the appeals and grievances requirements in the HealthChoice Illinois contract. There is no end date for the enrollment hold; it will remain in place until BCBS comes into compliance with the contract. The one exception is for beneficiaries in nursing facilities who only contract with BCBS.

According to the April 13<sup>th</sup> provider notice, providers are reminded that MCOs must offer an initial 90-day transition period for enrollees new to a health plan, during which enrollees may maintain a current course of treatment with a provider who is not part of the health plan's provider network. This applies to all providers, including those providing behavioral health services and long term services and supports. Providers not in an MCO's network that provide services, including those that provide behavioral health services and long term services and supports, will be paid the same rate the Department would pay for those services under current fee-for-service rates. Providers must adhere to the MCO's policies and procedures regarding referrals and obtaining preauthorization for treatment. This 90-day continuity of care period also allows additional time for providers to finalize contracting with the HealthChoice Illinois plans. Following the 90-day continuity of care period, MCOs have the option of transitioning the individual to a provider in their network or continuing to pay out of network fees.

Mr. Greg Johnson stated that at our last meeting Ms. Michelle Maher said that MCOs would be notified that all dental specialists were considered "other specialist provider access" and subject to access travel time and distance standards in Section 5.8.1.1.6 of the Master Contract. Ms. Michelle Maher also stated that all specialists, including dental specialties, would be subject to the "After Hours" requirement of 5.8.4 that states that they must have an after-hours service telephone number and that a voicemail alone is not acceptable. Mr. Greg Johnson wanted to know when this was that done. According to Ms. Christina McCutchan, it was decided that this is in the contract so dental specialists should already know. No additional communication will be sent.

- d. **IMPACT/ Provider Enrollment Update:** Ms. Christina McCutchan introduced Ms. Robin Holler as the new official Bureau Chief over Bureau Chief of Hospital and Provider Services. She is no longer acting.

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
May 9, 2018

Ms. Robin Holler stated that there are currently 2,862 dental providers that are currently active.

Ms. Robin Holler also stated that a provider notice went out on April 26, 2018 that included information on IMPACT Provider Daily Office Hours, Modifications and License Renewal Information. Ms. Christina McCutchan added that this provider notice would include terminations. If any provider is terminating, it is their responsibility to do a modification in IMPACT to terminate.

Mr. Greg Johnson asked about dental specialists, stating that from the initial information he received as a result of his January 24<sup>th</sup> FOIA request, dental specialists enrolled in IMPACT show many general dentists listed as specialists. It appears that this is because the enrolling dentist checked boxes, while enrolling in IMPACT, indicating that they were a specialist, such as an oral surgeon, when they simply wanted to indicate that they did extractions or checked "pediatric dentist" when they were actually a general dentist that is willing to treat children. Ms. Robin Holler responded by stating that in 2015, when IMPACT started, HFS was not credentialing. Now we are, so as new applications come in and as dental schools graduate and as dental providers licenses are renewed, HFS be verifying more closely. These provider licenses are already screened under the "provider credentialing screen". Ms. Robin Holler further stated that under the Terms and Conditions section of IMPACT application, all providers are confirming that the information they submit is accurate, so if they submitted incorrectly, they need to go in and do a modification to enter correct information. Unfortunately, staff cannot change enrollment information and the system keeps track of who makes changes, etc. Ms. Christina McCutchan added that staff have been working on all dental specialist applications and reaching out to providers that have submitted incorrect information to do modifications to correct. Also, the MCOs will be submitting updated information on their network specialists soon, so we will cross check when we receive.

Mr. Greg Johnson asked at what point an IMPACT application would stop a non-dentist from enrolling fraudulently. Per Ms. Robin Holler, during review of the enrollment, IMPACT will flag the license as Not Valid and staff will manually validate the license with the appropriate entity. IMPACT has a "Provider Credentialing Screening" within that is provided by Lexis Nexis. The screenings occur in real time and in batch on a monthly basis. If a provider does not have a valid license, the enrollment will be put back in process and an e-mail will be sent to the provider.

Mr. Greg Johnson further stated that 2018 is a dental license renewal period (2015-2018) for dentists with Illinois Department of Professional Regulation. That means they will be renewing their general dental license, and if applicable, their dental specialty license, sedation license and controlled substance license. The renewal process will begin in mid-June and end September 30<sup>th</sup>. [Section 16 of the Dental Practice Act](#) also includes a grace period that allow a dentist to renew their license between Oct. 1<sup>st</sup> and December 31<sup>st</sup>, but they have to show IDFPR that they have all of the required 48 hours of continuing education. If renewed during the grace period, their license will be retro-actively restored to effective September 30<sup>th</sup>. According to Ms. Robin Holler, IMPACT will not inactivate until 60 days after expiration, so dental providers would need to be renewed by the end of November. Ms. Robin Holler is checking to see if we can extend to 90 days.

Mr. Greg Johnson also commented that state law requires all healthcare providers with an Illinois Controlled Substance License must enroll in Prescription Monitoring Program (PMP) and asked how IMPACT will verify that the dentist can legally prescribe a controlled substance to Medicaid enrollees. According to Ms. Robin Holler, we do not verify this as this is a program currently at DHS. We may later, but not at this time.

**e. DentaQuest FFS Update:** Ms. Dionne Haney did not have an update.

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
May 9, 2018

**DentaQuest MCO Update** – Ms. Carol Leonard reported that DentaQuest is currently working on existing and new contracts with the MCOs.

- f. **Liberty MCO Update** - Dr. Jason Grinter was unable to attend and did not have an update.
- g. **Avesis MCO Update** - Dr. Henry Lotsf stated that Avesis is also working on getting dental specialists enrolled in their network.
- h. **Involve Update** - Dr. Preddis Sullivan was unable to attend and did not have an update.
- i. **Illinois State Dental Society Update** – Mr. Greg Johnson of Illinois State Dental Society (ISDS) gave a legislative update:
  - SB-2429 – Adult prevention at Memisovski rates, HFS metrics and use in online toolkit and reports. HFS to track dental care coordination. Passed Senate Assigned House Appropriation/Human Services.
  - SB-2587 – Telehealth adding “dentist”. Passed Senate now in House License Activities Committee. HFS is holding its first Telemedicine Taskforce meeting today.
  - SB-2631 – EFDA restoration (place pack and finish) moving hours from rule of 40 hours for amalgam only to 30 hours in statute for amalgam and composite. Passed Senate. Assigned House Health Care Licenses Committee.
  - SB-2491 – Medicaid FQHC Encounter for services provided by RDH general supervision, Passed Senate 55-0 in House Appropriation/ Human Services Committee.
  - SB2952 HB4907 – Adds HIPAA trained personnel as authorized designee and adds DDS to peer review. HB clean passed House and in Senate Public Health Comm. SB (Bush) other topics added passed Senate. Assigned House Human Services Committee.
  - HB4908 – Delta Foundation Bill: Adds 9<sup>th</sup> grade to K-2-6 school exam mandate. Passed House 106-04 in Senate Education Committee.
  - SB-2777 – CE for Illinois Controlled Substance Licensees: Originally 10 hours. ISDS OPPOSE too much. Passed Senate 3 hours per renewal cycle and can be part of existing 48 hours. Passed 56-0. Assigned House Health Care Licenses Comm.
  - HB4953 – Sexual harassment prevention training 1 hour CE for all IDPFR licensees. Effective renewal beginning 2020. For dentists then by 2021 renewal. Passed House 103-0. Assigned Senate Licensed Activities Committee.

Mr. Greg Johnson also asked about when the HFS “[Find a Dentist](#)” link on the HFS website would be updated. It is still showing the old DentaQuest only search from 2017 or before. According to Ms. Christina McCutchan, the Department is working on but do not know date of when it will be completed.

Mr. Greg Johnson stated that the HFS “subcontractors” page is still on the HFS website as a [PDF](#) without any hyperlinks to the plans. According to Ms. Christina McCutchan, the Department is working on updating and should be fixed soon.

Mr. Greg Johnson further commented that he submitted a FOIA to HFS for the amount paid to each dentist by each MCO. The information was not released because MCOs “claimed exemption” from releasing, so ISDS has appealed to the Attorney General’s office since they have received the information in the past.

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
May 9, 2018

- j. Illinois Department of Public Health Update:** Dr. Mona VanKanegan stated that in March, IDPH submitted an application for HRSA Workforce Program funding and submitted two applications to Centers for Disease Control and Prevention in May. The first CDC application covered three areas: 1) fluoridation, 2) expand dental sealants and assure that programs follow CDC safe care practices in school/mobile settings and 3) re-start the Illinois Oral Health Surveillance System. The second application covered the area of medical- oral health integration and bi-directional referral for people at risk for or living with diabetes.

IDPH is planning the 3<sup>rd</sup> grade Basic Screening Survey that is called Healthy Smiles Healthy Growth in the 2018/2019 school year. 100 schools have been selected for this survey. We are planning the surveyor calibration meetings in September.

As for the All Kids Program School reviews to 4/30/2018, Dr. Mona VanKanegan stated that there were 85 site reviews including:

- 0 findings – 21 = 25%
- 1-3 findings 32 = 38%
- 3-7 findings 24= 28%
- And more than 7 findings – 8 providers = 9%

IDPH is providing information and assistance to implement programmatic corrections and following up more quickly with re-visits to see that corrections have indeed been implemented.

Dr. Mona VanKanegan also stated that among the Medicaid enrolled providers, there still seems to be confusion around the parameters of the Medicaid billing that is impacting school based oral health program and children's health. We had a reports of dentist tell a mom that if child went to the school program...she would lose her Medicaid. This spread through the school and took hours at a report card pick up day trying to get the correct message out. School based providers are reporting that a local Medicaid provider is telling patients when they call for follow up care (after their school based oral health visit) that they cannot see them until they are due for their preventive care again. This is forcing parents to wait up to 6 months before restorative care is given. Children who have been identified as needing follow up corrective treatment may be waiting for up to 6 months and may be in pain. This should be addressed with all insurance companies so they can clear this up with their subscribed providers and enrolled parents/children.

- k. Open Discussion:** Ms. Julie Janssen from IFLOSS announced a conference October 1<sup>st</sup> – 2<sup>nd</sup> in Bloomington, IL that will have an MCO and Medicaid panel, as well as a Silver Diamine discussion that may be of interest to many. Christina told Julie to get her the information and she will get to everyone at the meeting.

Mr. Greg Johnson announced that the Mission of Mercy will be July 20<sup>th</sup> and 21<sup>st</sup> in Springfield this year. Anyone wishing to volunteer can sign up at ISDS.org.

Ms. Sharon Perlman thanked the committee for getting D1354 code approved. She stated that 10% discounts are being given right now on silver diamine if anyone is interested. She will get the information to Christina to circulate to those at the meeting.

Several entities stated concern regarding Medicaid enhanced payment, that they currently receive from federal match, not continuing due to the population moving to Managed Care. Ms. Christina McCutchan stated that she will look into and get back to everyone.

- V. Adjournment:** Dr. Lotsof made a motion to adjourn the meeting, which was duly seconded by Mr. Greg Johnson and passed without objection by the committee. The meeting adjourned at 11:04 AM.

Illinois Department of Healthcare and Family Services  
Dental Policy Review Committee  
May 9, 2018

Next meeting is scheduled for August 1, 2018 at 1pm.