

**ORAL HEALTH COALITION OF ALABAMA (OHCA)
MEETING
April 16, 2009
10:00A.M.-12:00P.M.**

Members Present:

Carolyn Bern, Marsha Thomas, Leigh Ann Hixon, Max Mayer, Charles R. Hall, Nakia Kyler, Lynn Beshear, Linda Hampton, Sherry Goode, Linda Champion, Jessica Hardy, Tina Dooley, John Thornton, Christopher Sellers, Debbie Robbins, Cathy Caldwell, Nancy Greger, Mary McIntyre (Chair)

Medicaid Staff Present:

Colinder Chappelle, Robin Rawls, Letrice Ware, Ron Macksoud, Robert Moon

Visitor:

Marcia Thompson

Welcome/Introduction:

Dr. McIntyre officially called the meeting to order at 10:00am. She then asked the members to introduce themselves giving their organizational affiliation.

Minutes Review/Acceptance:

Dr. McIntyre gave a brief overview of the minutes and asked for a motion to accept the minutes as written if there were no corrections. No corrections were noted and a motion was made and seconded. Motion carried with the minutes being accepted as written.

1st Look Update:

Linda Champion indicated that they actually trained 31 pediatricians and other individuals at their spring meeting. They have seventeen physicians from that training who are now eligible to be 1st Look providers (are Medicaid Patient 1st providers). They have asked the dentists that Dr. Simpson trained in January to contact the pediatricians in their area and they are also asking the pediatricians to contact the dentists if they know of one in their area. The fluoride varnish information has been updated on the website. They have had a few problems with billing and some challenges but they were easily taken care of by Medicaid. It appears to be going slowly for the pediatricians to use this procedure in their practice.

Leigh Ann indicated that they have a total of 75 1st Look providers and the last providers were added this week. She further indicated that they did have a small amount of billing and the figure appears to be around \$1,000. They did have some trouble with their query and as far as she can tell it has been resolved. This is new billing that providers are starting to bill and a few problems were identified more specifically with Dr. Grant Allen's office. The person responsible for their billing is Glenda who said that there were problems getting their claims paid. She wanted verification that the code being used was the correct one, and once given the correct diagnosis code their problem was taken care of. The correct diagnosis code that should

have been used was V72.2. Linda Champion informed the members that they have asked their practice management area to be sure to get information out on the correct code to the providers.

Medicaid Dental Program Update:

Leigh Ann gave a brief overview of the Dental Statistics sheet and informed the members that the data for 2009 was only a partial report. She asked them to follow the titles across the top. She pointed out the column headers such as diagnostic, preventive, treatment, extractions, etc. When you get to the percentages it shows that we had an increase in utilization for diagnostics and preventive services. We have a slight decrease with the utilization of treatment services with our FY 08 statistics. She further gave an overview of the remaining statistics on the information passed out. She indicated that in February of this year that provider enrollment performed a cleanup of their provider files including dental providers and 341 dentists did not have an NPI associated with enrollment. These were end dated back to February 2008 because that is when the NPI was required. Also about 25 dentists were end dated because they did not have an active license. They receive the information from the dental board around January or February of each year. Of course those providers who are end dated based upon the absence of an active license who have provided documentation of current license have been added back. Therefore, the map of dentists provided in February of 833 is now down to 678.

Leigh Ann informed the members that so far for FY 09 Dr. Mayer has approved 1,727 prior authorizations and has denied 312. They did their first review of mobile dental clinics and it happened to be Sarrell because at the time they were the only ones doing the billing. They had training with them and so far everything is okay. As of April of last year they removed the PA indicator on D4355 because there had not been any significant billing. During the FY of 2005 through FY2007 they had a total billing of \$1,500 billed to Medicaid. As of FY 09 from October 2008 through March 2009 we have already had \$5,150 billed. They are adding the PA indicator back as of May 1st. In addition with the assistance of Betty Payne it was determined that the extraction code, D7140 was not restricted by tooth number and that this has since been corrected. Also a supernumerary tooth is being restricted to one so if someone has multiple supernumerary teeth they will have to request an Administrative Review. Dr. McIntyre asked "Wasn't the extraction code previously limited and identified by tooth number?" Leigh Ann indicated that "Yes, it did at one time but when they put in the new codes somehow it got lost." Dr. McIntyre gave the history for putting the tooth number specific restrictions indicating that prior to doing this there had been documentation of billing for procedures on teeth that had been extracted and sometimes the extracted tooth had a filling or a root canal billed AFTER the extraction. Another issue concerns dental quadrants and the fact that the Agency is currently paying for any quadrant if the 00 or blank quadrant has already been paid for. Restriction of quadrants will prevent reimbursement for any other quadrant when '00' or 'blank' has already been paid. In addition, the Benefit Limit Screen currently is not working correctly, it apparently quit last week. She indicated that EDS says the problem has been corrected.

ALL Kids Update:

Chris Sellers indicated that Medicaid and ALL Kids received a Robert Wood Johnson Foundation grant. The purpose of this grant is to increase enrollment and streamline the application process. He further indicated that they have named the program PEAK, Perfecting Enrollment for Alabama's Kids. He indicated that their site visit will be this summer and that their enrollment

has increased. Chris gave an overview of the ALL Kids Dental Statistics sheet. He indicated that they have enrolled over 91,496 children and over half of them received dental care. He further indicated that nearly all of their children have received diagnostic and treatment services. They have over 1,000 different providers providing services for their kids. He also indicated that they use the BC/BS network and nearly all of BC/BS providers see ALL Kids patients/recipients. They have 281 providers with 50 patients or more and almost half of them provided services for more than 100 patients. They do have some large volume providers and almost 400 actually had claims that exceeded \$10,000. As far as enrollment, the BC/BS network has over 1,300 dental providers enrolled. He further indicated that nearly all of BC/BS providers, 1043 of 1,300, serve ALL Kids recipients. Dr. McIntyre asked wasn't the program designed so that BC/BS providers did have an option on whether or not they could serve ALL Kids recipients? Chris indicated that that was the case. She then asked Chris if he had anything further to share and if not that we would proceed with the agenda.

Dental Update Continued:

Dr. McIntyre indicated that one of the issues for discussion was an apparent decrease in "unduplicated performing providers" noted to have occurred for the first time since the implementation of Smile Alabama for FY 08. For every year since Smile Alabama was implemented in 2001 the Medicaid Agency has experienced an increase in utilization of dental services and an increase in the number of unduplicated performing providers. What you see in 08 is the first drop off we have had in years! "What concerns me most is that our high volume providers, those seeing 100 recipients or more, have decreased to 406. She then discussed the dental statistics information and indicated that the statistics shown are early warning signs that we are in trouble. We are probably now just at the "break even" point for many of our dental providers based on what we learned in the late 90.s. They probably are not making money but neither are they losing any at this point. If the dental rates fall below the market and reimbursement fails to cover provider overhead we will be back to where we started. Our only hope is to reduce the burden of disease, primary prevention. The 1st Look program is part of the plan to do this. We need to simplify the Oral Health Strategic Plan by putting it in a one or two page format since the current format is not adequate to use for awareness purposes. We will look at increasing access to information through our website and additional links to information. Dr. Thornton discussed reducing fees for certain codes and increasing the fees on others. Dr. McIntyre indicated that this is an issue that can be brought to the Dental Task Force and that this is what was done when the Agency first started working to increase dental access before they could get the rates up. The Agency and the providers that were part of the initial Dental TF group decided to re-distribute the current funds in the dental budget that would help them hopefully at least retain their providers in the dental program. No additional funds were identified for the dental program. Leigh Ann indicated that the report has been done already and that the Commissioner would not improve the increase. Dr. McIntyre then discussed ways to do this without adding additional money to the program. She suggested looking at the codes without increasing the budget by redistributing the money from codes that do not need to be covered. Leigh Ann indicated that they had done this scenario also. Dr. McIntyre suggested that Leigh Ann might bring this to the attention of the Dental Task force because we are starting to lose providers specifically telling them what was happening as asking them how they would make adjustments knowing there was no additional money available.

Dr. Thornton suggested that Medicaid start going back to the dental school and giving a discussion Medicaid and offer assistance with dental enrollment. He indicated that Dr. McIntyre used to come to give a presentation to the dental students on the problems with access in Alabama.

Head Start Project:

Dr. Hall indicated that he was glad about the discussion regarding reimbursement issues because they will have major problems with them also with the Head Start initiative because it is hard enough to get general dentists to see most of the kids. He further indicated that it will be hard to get the pediatric dentists to see Medicaid kids at the current reimbursement rates. He informed the members that they are well positioned for their May 8th, Head Start Initiative meeting. The American Academy of Pediatric Dentistry headquarters' staff has been very cooperative in organizing this event. Dr. Hall indicated that some surveys were sent out to all the Head Start grantees and almost one-half of them have been returned. They are in real good shape with their state leadership and mentor teams which are being organized almost daily. They had an excellent representation to the Alabama dentists and dental leaders with both the general dentists and pediatric dentists. The Head Start grantees, staff, Medicaid and Public health, everybody is really joining in and with a little bit of time once the initiative is launched we should see great improvement for children as far as getting them a dental home. Dr. Hall asked Dr. Thornton or Linda if they had anything to add to what he had already stated. Linda indicated that they will be tying this initiative in with one of their goals under Education and Awareness. She further indicated that we have talked about the difficulties of parents keeping appointments and other issues such as following through. They are looking at an opportunity in 2010 of bringing parents, staff, and providers together to discuss the issues surrounding Head Start and addressing oral health issues.

Rural Health Update:

Carolyn Bern indicated that they have a new HPSA's coordinator and her name is Deborah Robbins. She will be updating a lot of the HPSAs starting next year. She asked members to look at the handout provided. "What you have is the latest printout of the professional shortage areas across the state. They are completed in dental catchment areas and everything is a HPSA except for Madison County". Dr. McIntyre asked Carolyn, "What does DCA mean?" Carolyn informed the members that DCA stands for Dental Catchment Areas. Carolyn also indicated that when they do mental health or dental they are done in catchment areas. That means you are looking at a rational service area and they are designated every fifth year because in the fourth year they rollover. The DCA should be recaptured in 2010/2011. She further explained that the higher the score the higher the need. Their "Scholars" get in the really high areas, scores of 17 or higher. Carolyn then discussed the ways that they obtain their data by looking at the census information. She also indicated that dental loan repayment does not have to be as high with a score of 6 or above. Carolyn then informed the members that the National Health Corp has received additional stimulus money. She showed a graph depicting licensed dentists in the state of Alabama.

A map was shown of the dental clinics for underserved communities in the state. There are gaps in North Alabama and the middle of the state where the underserved population can go to obtain dental services. Dr. McIntyre discussed Medicaid's method of updating counties that

have at least one Medicaid enrolled dentist to provide dental care for recipients. Dr. McIntyre acknowledged that we have a real problem with our senior population accessing dental care and that the mission statement for OHCA focuses on children but that the elder are a bigger issue than our children. Dr. Thornton indicated that this issue is major but we have no way of dealing with it. Dr. McIntyre explained that since Medicaid has no adult dental coverage and many employers do not provide dental coverage that we (this group) decided to focus on children and improving access for that population. This is something the group can change if they decide to do that. She then asked the chair or co-chair to give a report on the activities of the subcommittees.

Subcommittee Reports:

Dr. McIntyre asked members to refer to their minutes from the last meeting and the areas where we had issues with the goals themselves and the need to put some additional language in them to try and firm those issues up. She then asked Dr. Thornton to give the subcommittee report for Availability and Access.

Availability and Access:

Dr. Thornton indicated that a lot has happened regarding availability and access. He further indicated that he has several good things to report:

1. They have been able to maintain their SEARCH Program through some funding from the Community Health Centers; Franklin, Maude Whatley, Parker White etc. have continued to work with them.
2. As a result of having this in place, several students for the first time in years have left UAB and gone to work in the community health centers.
3. This year they have two students who have been placed through the National Health Services Corps (NHSC) who are on the Loan Repayment Program are going to be at the Franklin Clinic.

They are making progress and the health centers are doing quite well but most of this has to do with the SEARCH which was what it was originally. They hope to eventually get funding again for this program which has paid off for them in a big way because they have been able to place several students in the community health centers. They have held one rural health conference at UAB with the freshmen students and they may have one tomorrow for the juniors. He also indicated that as a result of the conference they have had numerous students asking about rural health. They have two senior students who are on the Loan Repayment Program and are going to the rural area to work. He further stated that he thinks that through education and awareness they are able to reach the students regarding the rural areas in the state. From the senior class they have two students starting up practice in a rural community, one is in Priceville and the other one is going to Maude Whatley. Dr. Thornton indicated that they would be working on their goals to see if they can be finalized.

Education and Awareness:

Linda Hampton indicated that they have not had a chance to finalize their goals but they would go back and revisit them to accomplish this task. She further indicated that the Office of Head Start has partnered with the Office of the American Academy of Pediatric Dentistry on an oral health initiative. She indicated that this initiative was put in place last year and six states were chosen to help all the Head Start children to acquire a dental home. The states chosen

nationwide for last year's initiative were; Maryland, Connecticut, Tennessee, Michigan, Texas and Washington. This year there were twelve additional states and Alabama was one of those chosen to initiate this program. They are going to have their roll out of this on May 8th in Montgomery with the state leadership team which will be composed of Head Start representatives, dentists and other advocates for young children. Dr. Charles Hall will be coordinating this for our state and this will be a one day meeting. Dr. Jim Crall will be there to assist in getting this off the ground and they are hoping to reach more children. There appears to be a gap in awareness and education among parents concerning getting the children to the dentist and keeping appointments. She further indicated that they could tie this into one of their goals because they had discussed having a summit or sorts in 2010 or down the line somewhere. They would need to talk to Dr. Hall to see if there is a possibility of bringing the groups together for some kind of collaboration to aid or highlight our 1st Look initiative or other issues that we have discussed in their committee work. Dr. McIntyre asked Linda if she had an update of the Head Start dental statistics. Linda indicated that they do not have real time data but that their data is normally one to two years late but she can provide some information at the next meeting. Linda indicated that they would be pulling together a multi-stakeholders meeting to discuss education and awareness. She indicated that they would devise/work to firm up their goals related to the 1st Look Program.

Surveillance & Monitoring:

Sherry indicated that they had a conference call on March 20, 2009. Their purpose was to finalize goals established by committee members during the November 2008 meeting. The members that were on the call were Chris Sellers with ALL Kids/ADPH, Carolyn Bern with OPC&RH/ADPH, and Sherry Goode with the Oral Health Branch/ADPH. The members reviewed each of the previously set goals and added timelines for tracking purposes and to measure progress on each goal. For Goal One, Chris Sellers reported that he had received a template from Medicaid that would enable him to report the data in the same format as the Medicaid model. He plans to have a seven-year review completed by the summer of 2009. ALL Kids wants to establish some assurances regarding how the information will be used, published and distributed. Carolyn volunteered to post these reports on the OPC & RH websites when completed. Sherry reported that Oral Health Branch travel funding should improve and enable dental teams from ADPH and the School of Dentistry to travel to selected High Schools and Daycare programs during the next fiscal year to perform oral health screenings. Screening data collected will be used to generate similar reports to the Alabama Medicaid Statistical Report. The screenings are planned for FY 2010, using representative samples from High Schools and Daycare programs. There was a discussion regarding how to capture dental home and insurance data on daycare children. Carolyn suggested that a sample survey form be developed to send home to parents of children who will be screened. This can be added to consent form sent home for signature. The survey will be approved by committee members and OHCA, if necessary. Their recommendation to plan an Oral Health Summit for 2010 was deleted from their committee goals since it was more consistent with Availability and Access. She further indicated that future conference calls will be planned according to current needs and activity.

Final Goals for Surveillance and Monitoring

Goal One: By the summer of 2009, ADPH ALL Kids staff will generate a 7-year snapshot report from 2002-2008 data, titled "ALL Kids Dental Statistics Report," using

the Alabama Medicaid Dental Statistics Report as a model. ALL Kids staff will also provide a one-year review for the April 2009 OHCA Meeting.

Goal Two: During FY 2010, ADPH staff will screen a representative sample of Alabama High School students and generate an “Alabama High School Dental Statistics Report” using the Alabama Medicaid model.

Goal Three: During FY 2010, ADPH staff will screen 25% of 500 day care programs targeting 1 & 2 year-olds, generate an “Alabama Daycare Dental Statistics Report” using the Alabama Medicaid model, and collect information regarding a dental home and insurance status using a survey sample developed by the Surveillance and Monitoring Subcommittee and approved by OHCA.

Sherry indicated that Sharis Lemay and Teumbay Barnes were on their committee list.

Dr. McIntyre asked if there were any questions from the members participating via the webinar. Linda indicated that with the initiative and stimulus money there will be an opportunity for them to put in place a Daycare Governance Board. Dr. McIntyre asked for clarification as to whether Linda was getting together a Governance Committee based upon the stimulus funding. Linda indicated that there were opportunities for Alabama to apply and she thinks the amount will be around \$500,000 and that the money is really in the Head Start act. She further indicated that they have had several meetings with the Governor’s Office and Marquita Davis to set this up and that she is using the goals from Sharis’ program as the framework for this. Now with the oral health piece it will feed into that whole structure. Jessica Hardy asked for a subcommittee list to be sure that everyone had the names of the members on their subcommittee.

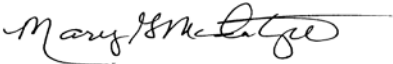

Members News:

Dr. McIntyre indicated that she would ask that the Medicaid Map be updated regarding enrolled and unduplicated performing dental providers. She reiterated the methods that Medicaid used for updating counties that have at least one dental provider for the Medicaid population. A suggestion was made that John Wible (Legal Counsel PH) be invited since he will be working with legal issues taking place for primary health care volunteers for the clinics and is a resource for volunteer clinic providers. Dr. Hall offered Representative Howard Sanderford from the legislature as a resource and indicated that he was involved with dental health care and would be a valuable addition to this group. Dr. McIntyre indicated that she would send an invitation to both.

Adjourn:

Dr. McIntyre asked if there was nothing further to discuss that a motion be made to adjourn. The motion was made and seconded and the meeting was adjourned.

Respectfully Submitted by:

	July 14, 2009	
Mary G. McIntyre, MD, MPH Chair	Date	Colinder Chappelle Recording Secretary