

Florida Oral Health Workforce Workgroup Medicaid Administrative Burdens Subcommittee
May 22, 2009 Conference Call

May 22, 2009 - The Florida Oral Health Workforce Workgroup Medicaid Administrative Burdens Subcommittee met via conference call on Friday, May 22, 2009. Dr. Doug Manning called the meeting to order at 12 noon (Eastern Time), reviewed the Sunshine Law and called the roll. The following participants, guests, and staff were present:

The purpose of the second teleconference of Subcommittee was to continue the discussion on Medicaid Administrative Burdens and to come up with recommendations for the Workgroup. The Subcommittee discussed a potential UFCD grant that would explore non-reimbursement issues that prevent dentists from participating in Medicaid; coding issues; credentialing issues; lack of notice to parents of eligible children in the Miami-Dade area; and compatibility issues with the state's HMS reporting system.

Roll call and introductions

Workforce Workgroup Participants

Michael Bolin, Agency for Health Care Administration
Frank Catalanotto, D.M.D., University of Florida College of Dentistry (for Dean Dolan)
Charles Hoffman, Ph.D., D.M.D., Florida Dental Association
Douglas Manning, D.M.D., J.D., M.P.H., Department of Health

Invited Participants on the call:

Phil Bilger, D.D.S., M.P.H., dental director, Palm Beach County CHD
Millard Howard, D.D.S., Department of Health
Mike Monopoli, D.M.D., M.P.H., M.S., Dentaquest Foundation
Robert Selwitz, D.D.S., M.P.H., dental director, Duval CHD

Department Staff:

Rory Reese, DOH

Guests

Bob Macdonald, M.S., Florida Dental Association

Previous Business

Dr. Manning asked for approval of the minutes (which had been distributed) from the previous meeting (4-24-09); Dr. Hoffman moved; seconded by Mike Monopoli. Dr. Selwitz noted some small changes and the Subcommittee approved unanimously.

New Business

Project Proposal:

Dr. Manning asked Dr. Frank Catalanotto to explain a grant opportunity that the University of Florida is considering to explore non-reimbursement issues that prevent dentists from participating in Medicaid. The idea would be to approach and get support and input from FDA, the Florida Academy of Pediatric Dentists (FAPD), general dentists, and AHCA as to how we approach this project.

Dr. Manning suggested that he may want to approach the Florida Academy of General Dentistry (FAGD).

Florida Oral Health Workforce Workgroup Medicaid Administrative Burdens Subcommittee
May 22, 2009 Conference Call

Dr. Catalanotto stated that the project would look at the existing literature, develop a survey instrument and then use focus groups to determine Florida dentist attitudes and opinions as to why they do or do not accept Medicaid as related to non-reimbursement issues.

Dr. Manning asked Mike Bolin (AHCA) if he thought AHCA would want to be involved. Dr. Catalanotto would welcome AHCA's involvement.

Mike Bolin indicated it would be good to have a project that would look at non-reimbursable issues that would motivate dentists to participate or to discern what is keeping them from participating.

He mentioned the ABCD program in Washington (state) found ways other than reimbursement to have dentists see very young children as dental patients.

Mike Bolin stated that AHCA understands that there is an access issue, a lack of dental providers to serve Medicaid patients.

Dr. Catalanotto stated that he would really like to get involved in this study if his group felt "we can wrap our hands around the issue". On Tuesday/Wednesday of next week (May 26th/27th) they will look at whether they can do this in a meaningful way.

Mike Bolin stated that the Access to Care Summit demonstrated there are other issues other than money.

Dr. Catalanotto stated that he is personally committed to doing this with no salary from the grant to himself in this project. All they want is support of all involved (FDA, Dentists and AHCA) and interaction to get the initial survey document right.

Mike Bolin (AHCA) stated he is supportive.

Dr. Manning asked if the Subcommittee supported Dr. Catalanotto's proposal.

Dr. Rob Selwitz (Duval County) felt the first element is a review of the literature---find out what is out there---where others have seen success---where there are barriers to the program. There may be some innovative approaches.

Dr. Bilger (PBCHD) mentioned SCHIP and Medicaid as resources

Dr. Hoffman (FDA) mentioned that FDA did decline Frank's proposal---FDA does not want to do anything to detract from the impending lawsuit. Most good programs do involve an increase in reimbursement.

Mike Bolin stated that anyone who wants to prepare (for the next legislative session) an increase---it may be a good idea

The Subcommittee gave general support to Dr. Catalanotto and his project.

Palm Beach CHD issues:

Dr. Manning referred Subcommittee members to Dr. Bilger's comments that were sent to them via email.

Florida Oral Health Workforce Workgroup Medicaid Administrative Burdens Subcommittee
May 22, 2009 Conference Call

Coding issues

In Dr. Bilger's email he was referring to coding for service to be billed through Medicaid. It seems that Medicaid providers were given the code DO145 to use for oral evaluations of children less than 3 years of age; however, AHCA has not entered it into their system.

Dr. Selwitz said that it was his understanding that they are to bill DO150 or DO120 code—but do put down the specific code if it applies.

Dr. Howard (DOH) stated that AHCA/Medicaid never said it would be a billing code---provide service DO150 and DO120 and they are the only codes they accept; DO145 is recorded on 1008 report.

Dr. Bilger recommended this be discussed on the next CHD conference call.

Credentialing issues:

Dr. Bilger stated that it seems to be taking an inordinate amount of time to get a dentist credentialed to participate in Medicaid and wondered if all applications are taking a long time.

Dr. Selwitz concurs with Dr. Bilger stating that other entities will not credential dentists until the Medicaid process is completed.

Michael Bolin (AHCA) asked for specific instances - we need specific information; right now there is a backlog in processing.

Dr. Selwitz understands that backlog—not just an isolated case---more of a systemic issue.

Michael Bolin (AHCA) stated that they have begun charting and elevating issues by asking “when will this be resolved?”

Dr. Selwitz recommended contacting an intermediary and asking them how long is it taking to provide the Medicaid status?

Michael Bolin (AHCA) would like individual cases so that they can bring them up---they need specifics so they can ask “what about this case?”

Dr. Manning asked what the proper process would be to report a problem. Mike Bolin said to contact Mary Cerasoli or himself at the central office or contact the area Medicaid office

Notice issues:

Bob MacDonald brought up that there have been reports that in Miami/Dade County parents of children under the age of 5 are not getting letters indicating that the children are eligible for Medicaid---they are supposed to get a letter indicating the Medicaid providers in their area.

Dr. Howard (DOH) and Mike Monopoli (DentaQuest) said this is the first they have heard of this.

Dr. Manning asked if these letters are required to go out to all Medicaid eligibles.

Michael Bolin said YES—they are required to send informing letters telling them they are eligible---whether they receive a letter of providers---probably not. If they are discriminating based on age they aren't supposed to do that.

Florida Oral Health Workforce Workgroup Medicaid Administrative Burdens Subcommittee
May 22, 2009 Conference Call

Someone asked w ho they should contact?

Michael Bolin suggested that they talk with the area Medicaid office.

HMS compatibility:

Dr. Bilger stated that he had another conference call yesterday (May 21st) with IT (Information Technology) and as of 7/1/2009 they will be required to report information to adjust capitation rates. We've been working with Tallahassee for 9-10 months---the deadline is 7/1/09 to modify reporting system---they have 4 weeks to program, test and then meet AHCA's requirement.

Dr. Selwitz (Duval) it is an issue for Duval CHD as well and Duval is a Medicaid reform county. HMOs worked out an agreement with them to give them a flat file report; New Release 2.6 HMS

Dr. Bilger reiterated that they have not even begun the programming.

Dr. Manning stated that perhaps it is a DOH/AHCA problem or an internal DOH problem; Dennis Hollingsworth and Hanley Burnette are 2 points of contact

Next Steps

Dr. Manning asked what the Subcommittee and Workforce Workgroup should do to effect change---where do we go from here. What do we do with the strategy report?

The Subcommittee will produce a summary report with recommendations that will go to the Oral Health Care Workforce Workgroup. Additionally, DOH has a Medicaid reform workgroup which meets once a month; the Workgroup will submit the report and any recommendations to that group.

Dr. Manning asked if the Subcommittee wanted to put forth any specific recommendations - does the Subcommittee have a consensus to report to the Workforce Workgroup. Any topics that you don't want reported?

Consensus

Opt out vs. opt in

Dr. Hoffman recommended that the concept of opt in/opt out should be filled in a little more and recommended.

Michael Bolin (AHCA) suggested bringing it up to increase dental providers; don't look at whether the agency will approve of the issues---may not get immediate results.

Dental carve-out

Dr. Howard suggested recommending the concept of a Medicaid dental carve-out. Other states have created a carve-out for dental with their own dedicated fiscal agent (e.g. Doral or Delta Dental). When you have a unique fiscal agent it seems to work better in those states.

Dr. Monopoli reported that there are at least 5 states that currently have a carve-out (Virginia, Tennessee, Idaho, Massachusetts, and Maryland), with South Carolina in the process of creating a carve-out too.

Dr. Selwitz stated that with an outside agency there is stop loss insurance to cover fees—it might be an option if we can't get fees increased.

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May 22, 2009 Conference Call

Dr. Manning asked what the 1st step is. Do we meet with Doral?

Dr. Selwitz said perhaps this could be part of Dr. Catalanotto's project.

It was also mentioned that the Centers for Medicare and Medicaid (CMS) had a town hall meeting and it provided a good report on the states with carve outs. Contact Conan Davis at the CMS for this.

Streamline credentialing process

Dr. Hoffman suggested examining and streamlining the provider application process—finger printing is one issue....are there any other problems---other than time factor?

Dr. Howard stated that the application form used to be very confusing to complete (3-4 years ago). It was mentioned maybe we could get it down to 3-4 pages instead of 20 pages.

Dr. Hoffman believes that it has been streamlined too some extent, but could it be streamlined further.

Dr. Bilger stated that they send paper work, but it has been so long since it has been submitted that they have to start all over again.

Dr. Howard states that it used to be if one worked with the local office it would make it quicker.

Dr. Manning suggested that committee members check with practitioners and CHDs so we can list this on the report.

The Subcommittee concluded that fingerprinting, time factors, deadlines, streamline paperwork are issues in credentialing that need examination and change.

Adjourn

Dr. Manning thanked everyone; this will be the last call of the Subcommittee. Dr. Manning will give everyone a chance to comment before the report is submitted to the full Workforce Workgroup.

The meeting ended at 12:52 PM