

Oral Health Workforce Workgroup Medicaid Administrative Burdens Subcommittee
April 24, 2009 Conference Call

April 24, 2009 - The Florida Oral Health Workforce Workgroup held their 1st Medicaid Administrative Burdens Subcommittee teleconference on Friday, April 24, 2009. The teleconference began at 12:00 PM with Dr. Douglas Manning welcoming everyone and informing all participants of the Sunshine Law being in effect; and that the call was being recorded.

Roll call and introductions

Workforce Workgroup Participants

Michael Bolin, Agency for Health Care Administration
Terri Dolan, D.D.S., M.P.H., University of Florida College of Dentistry
Charles Hoffman, Ph.D., D.M.D., Florida Dental Association
Douglas Manning, D.M.D., J.D., M.P.H., Department of Health
Dean Robert Uchin, D.D.S., Nova Southeastern University College of Dental Medicine

Invited Participants on the call:

Steve Abel, D.D.S., M.S.D., Nova Southeastern University College of Dental Medicine
Phil Bilger, D.D.S., M.P.H., dental director, Palm Beach County CHD
Conan Davis, D.M.D., M.P.H., chief dental officer of the Centers for Medicare and Medicaid Services (CMS)
Tom Floyd, D.M.D., private practice
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

Housekeeping

Dr. Manning explained that the Oral Health Workforce Workgroup identified Medicaid Administrative Burdens as an issue affecting dental workforce. Additionally, Mike Bolin of AHCA, suggested that AHCA is open to discussion regarding administrative burdens. Consequently, the Workgroup agreed to form a subcommittee to investigate and address Medicaid administrative barriers and burdens (related to providers and clients) and seeing what changes could be made to improve the system here in Florida. The make up of the subcommittee included self-identified members of the Workgroup and invited guests that had experience as Medicaid providers or with the Medicaid program.

Dr. Manning introduced Mike Bolin from AHCA to allow him to set the stage for the discussions – explain specifically the type of information that AHCA would like to know about. He mentioned that AHCA had again requested that the Legislature increase reimbursement rates. That AHCA has submitted LBRs every year since 1992 and in that time the Legislature has only granted one increase. He mentioned that the word he was hearing this year was that the Legislature would again turn down the rate increase request.

Mike mentioned that AHCA and Florida Medicaid focused on children through age 20, providing diagnostic, preventive and restorative services. Prior authorizations are required for certain more involved services. Florida Medicaid has limited adult coverage – mainly emergency, extractions and dentures.

Mike also mentioned that AHCA was using a new fiscal agent and some of the problems in the change are now subsiding. Mike indicated they were looking for issues to reduce duplicative efforts.

Discussion

Dr. Manning opened the discussion to the participants so that they could raise specific administrative issues that they had or are encountering:

- Expenditures on processing claims – an outside fiscal agent such as Doral and/or electronic claims processing could ease burdens. Some questions related to this topic that would be good to know were:
 - What percent of practices bill electronically?
 - What percentage of practices could bill electronically?
 - Are CHDs set up to provide electronic records (Dr. Howard mentioned that DOH was pursuing a system for electronic records for dental)
- Dean Uchin mentioned that there needed to be a system for large Medicaid providers such as the dental schools to eliminate hoops
- Dean Dolan related UFCDs problems with Medicaid HMOs in that the HMOs would not reimburse providers who did not have a Florida license, but held teaching permits as per the Florida statutes – this problem is with the HMOs and the contracts they “impose” on providers, as AHCA and Medicaid will reimburse any Florida provider who holds a valid license (including teaching permits, limited licenses, etc.). Dean Dolan asked that AHCA require HMOs adhere to the same standard or that DOH or AHCA come out with guidance through a statement that HMOs should not restrict such providers.
- Dr. Bilger discussed problems with creating required reports in proper format related to encounter data – needs to be some sort of standardization.
- Dr. Selwitz suggested that faster payments and fees are an issue.
- Dr. Selwitz also raised the issue of “no shows” and how this issue presented a problem – providers under Medicaid cannot charge a fee for a no show. Additionally, if the provider implements a policy where a Medicaid patient will not be seen except for “emergencies” after so many no shows, the patients are learning to work the system by calling for appointments and saying they are in pain or have an emergency. Need some sort of patient education and case management.
- The group also discussed the need for risk assessment models and treatment planning – need to associate the two concepts with patients who do not take care of their mouths.

Dr. Conan Davis joined the conference call and gave a brief overview of what reforms were occurring in other states and nationally. He touched on the recent CMS town hall forum and the efforts of Virginia, Maryland and Arizona as best practice examples of administrative reform. The key was to expand coverage, but in a cost effective manner.

Dr. Manning summarized the comments by suggesting 3 categories of problems:

1. Patient issues
 - a. No shows/case management
 - b. Eligibility determinations –
 - i. take time if have to perform every time – was there a system where once a patient was eligible they could remain eligible for a set time frame (even if their situation changed and they no longer were eligible) – would ease burden on providers
 - ii. In reform counties various providers (e.g. specialties) also have to check eligibility – again redundant and time consuming

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2. Provider application process
 - a. Fingerprinting – many providers do not want to go through the fingerprinting and background check process
 - i. If a requirement of licensure was fingerprinting (as per Medical licensure) could eliminate this problem
 - ii. Could AHCA have an “opt out” vs. “opt in” system? – since one of the purposes of the Board of Dentistry is to grant licensure to providers only if they adhere to appropriate laws and conduct, why can’t this be enough of a background check – allow all licensed providers in Florida to participate in the Medicaid program – use their license number as a provider number – if they are sanctioned by the Board they can lose their Medicaid privileges. This way more providers may be willing to see the occasional Medicaid patient – which could significantly affect utilization. Mike Bolin agreed with the concept, but indicated that he thought I would need statutory change – the current system of provider credentialing was implemented by the Legislature to reduce rampant Medicaid fraud that was occurring many years ago.
3. Reimbursement
 - a. Speed
 - b. Electronic records
 - c. Eliminate need for some preauthorizations
 - d. Standardize and simplify forms

Dr. Manning introduced Dr. Mike Monopoli from DentaQuest which is the parent organization for Doral Dental (which purchased ADI in Miami-Dade). He mentioned DentaQuest had worked as the fiscal agent for Medicaid in Maryland and other states. He discussed that they had an Institute that was looking at various dental issues such as ECC and other preventive programs. He stated that DentaQuest also had a Foundation that had grant funding available and they were looking to distribute some of these funds in Florida. The main areas they would like to fund are: collaboration, perceptions and messaging, and replicating effective programs.

Dr. Manning opened the call for comments. Hearing none he asked about a future meeting – the group decided to present the information to the full workgroup at the May 1 meeting and then have a follow up conference call in mid-May.