



Dental Services Advisory Committee

Minutes

Monday, November 16, 2015
Mosquito Control, St. Paul

Members present: Carl Ebert, Tom Green, Sheila Riggs, Dan Rose Sheila Fuchs, Erin Gunselman, Jeanne Larson, Carla McMorris, Michelle Storlie, Paul Walker

Members absent: Craig Amundson, Jeanne Anderson, Ken Bence, Mike Helgeson, Jeff Schiff, Merry Jo Thoele

DHS staff present: Judy Gundersen, Ellie Garrett

Others present: Dick Diercks (Park Dental), Deb Jacobi (AppleTree Dental), James McClean (HealthPartners), Claire Larkin (MDH), David Maki (Dental Associates), Kate Tonjum (Southern Heights Dental), Jeff Forsland (Southern Heights Dental)

Welcome and Introductions

The chair welcomed everyone, and introductions were made around the room. The proposed schedule for 2016 was presented. The discussed the venue. All were in favor continuing to meet at Mosquito Control as it is centrally locating with convenient parking.

Minutes of September 21, 2015

Minutes from the last meeting were reviewed and corrected. A motion to approve the amended minutes was adopted.

Teledentistry Policy Update

DHS is continuing to investigate a means to track utilization of tele dentistry services. We have asked the AUC for guidance.

Quality Measures

Gundersen presented an update on the national use of dental quality measures. The number of quality measures relevant to the Medicaid population has grown substantially in the last 4 years. The Dental Quality Alliance has been a primary developer. Most are pediatric measures that focus on process. Benchmarks have been established by Health People 2020 and CMS. A small number of states are using metrics to drive quality improvement by linking performance on quality measures with dental delivery system contracts. CMS has published policy recommendations to encourage the use of dental quality measures. The CMS strategies outlined in *Keep Kids Smiling: Improving Oral Health through the Medicaid Benefit for Children & Adolescents* (CMS, 2013) and *Improving Oral Health Care Delivery in Medicaid and CHIP: A Toolkit for States* in 2014 (CMS, 2014) were review

There was discussion on the topic of quality measures and methods to improve the oral health of Minnesotans. The focus has been on increasing provider participation by increasing the rates paid to dentists. The 2016 legislative session authorized a modest increase for rural dentists.

The HEDIS measure of annual dental visit is being used as a withhold for the Managed Care Contracts.

A member advised that the inconstant policies and payments also reduce provider participation. Reduction of administration complexity should be a priority.

A member said that many current dental quality measures focused on volume of services vs health outcomes.

Silver Diamine Fluoride

Gundersen presented background and current research on silver diamine fluoride (SDF). Studies on preventing and arresting caries in children and in adults were reviewed. It is recommended for use in patients with extreme caries risk, behavior or medical challenges that prevent restorative care, and in difficult to treat lesions. It is noted that SDF is not a substitute for restorative care. Gundersen proposed that DHS add the CDT code 1354 to the benefit set. This procedure should be allowed no more than two times per year.

A motion was made to add CDT code 1354 to the dental benefit set for all ages, and allow coverage twice a year. The motion was seconded and passed unanimously.

A member asked which dental provider types would be allowed to apply SDF. Gundersen replied that this scope of practice decision would come from the Board of Dentistry.

There was a brief discussion of measurement tools to show the benefit of adding this code to the benefit set. Without the reporting of diagnostic codes, it is challenging to document the reduction in new carious lesions. There were suggestions that the use of SDF might reduce new caries, OR use, and need for endodontic care.

Committee Member Concerns/Announcements:

Dr. Rose announced an open house at Lakewood Hospital.

Dr. Gungelman announces that HCMC broke ground for a new ambulatory care center. It will open in 2018.

Dr. Riggs reported that the Board of Dentistry will consider requiring dentists to create an account with the Minnesota Prescription Monitoring Program prior to re licensure or renewal.

Public Comments

none

Meeting was adjourned at 2:35

Next meeting: Monday January 25 at Mosquito Control



Dental Services Advisory Committee

Minutes

Monday, September 21, 2015
Mosquito Control, St. Paul

Members present: Craig Amundson (chair), Jeanne Anderson, Ken Bence, Sheila Fuchs, Erin Gunselman, Mike Helgeson, Jeanne Larson, Carla McMorris, Jeff Schiff (non-voting), Michelle Storlie, Paul Walker
Members absent: Carl Ebert, Tom Green, Sheila Riggs, Dan Rose, Merry Jo Thoele (ex officio)

DHS staff present: Judy Gundersen, Ellie Garrett, Redwan Hamza

Others present: Dick Diercks (Park Dental), Jeff Ogden (U of MN), Deb Jacobi (AppleTree Dental), Andrea Leyland (HCMC), Tara Erickson (HCMC, ATD), Sue Schindelholz (Delta Dental), Robert Freeman (HealthPartners) Sarah Wovcha (Children's Dental Services), Claire Larkin (MDH)

Welcome and Introductions

The chair welcomed everyone, and introductions were made around the room. Four new members were introduced: Carla McMorris, DH, replaces Sue Tessier, DH; Mike Helegson, DDS, replaces Adelle Della Torre, DDS; Dan Rose, DDS, replaces Mike Murphy, DDS; Michelle Storlie fills a new position for a dental therapist.

Minutes of May 18, 2015

Minutes from the last meeting were reviewed. A spelling error was corrected. A motion to approve the minutes was adopted.

DHS Update

Schiff reported on the process of selecting new DSAC members. He stated that he was impressed with the quality of the applicants for the open positions.

Schiff read an email summary from Dr. Della Torre. She emphasized the importance of improving our system of care by simplifying reimbursement, adding periodontal services and adequate fluoride frequency, quality measures on ER use, and incentivizing use of preventive care.

Schiff reviewed DHS activity on reducing opioid use. A workgroup with 15 seats is being formed. There will be one position for a dentist.

Helgeson asked about the health plan transactions and the impact on dental access. Schiff said that access was part of the bidding process. It was urged that we use quality measures to evaluate the impact of this change on dental care.

Teledentistry Draft Policy

Gundersen reviewed the draft DHS policy for teledentistry. This draft was created with the input from stakeholders: U of MN, Board of Dentistry, Minnesota Dental Association and Safety net providers. It is designed to clarify legislation and provide guidance on the use of teledentistry. The policy outlines the originating site, provider required at originating site, examples of technology needed, documentation requirement, reimbursement, benefit set, and coverage limitations. Discussion ensued and edits were recommended. A motion to approve the draft as amended was made and passed.

This policy will be reviewed by DHS legal department. The policy will be in effect by Jan 1, 2016.

Silver Diamine Fluoride

Gundersen presented information on silver diamine fluoride. The presentation is available upon request. She asked DSAC to consider recommendations regarding coverage and to provide guidance on its use. The application of SDF is still an area of growth and is relatively new to the FDA, as it was approved for marketing as a medical device in 2014. Research on SDF to date has generally been conducted in other countries. Therefore, the findings of these trials may not be generalizable to the population in the U.S.

All trials show success in arresting caries. Most trials show success in preventing occlusal caries. Black stain of carious lesions is a known side effect. There are limited studies on safety. The topic was discussed among members and guests. Some members have experience with this product. Dr. Walker used it successfully in Switzerland to arrest and prevent carious. Ready Set Smiles plans to begin use this year. Members commented on ongoing studies: Indian Health Services started a 2 year pilot. The California dental Journal will devote a future issue to silver diamine fluoride.

A member asked if this was a covered service with DHS. Gundersen responded that, when billed as a fluoride application, it is covered and subject to the current frequency limitations. It is not yet known if the new CDT code will be covered.

Olmstead Dental Measures

Gundersen presented information on the State Olmstead Plan. The Olmstead Plan aims to improve the lives of people with disabilities. The Plan outlines goals in the areas of housing, education, employment, education and health. Health outcomes includes oral health. The court has requested concrete goals: number of individual lives improved. For an oral health goal, the focus is on dental access. DHS is developing a work plan with strategies to achieve the goals and dates for incremental improvement. Members discussed measures that may be appropriate.

These were suggested: In pediatric dentistry: under age 1 dental visits and use of dental sealants; Measures of wellbeing and functional status; Olmstead can be survey sample or administrative data set: a survey questions re: daily mouth care plan. BRFSS – we can add questions every couple of years.

Quality measure development

Amundson reviewed Dental quality alliance measurement development. New measures for ED use and follow up care have been endorsed by NQF. There are 5 additional measures in testing in commercial and Medicaid populations. Most measures are applicable at a program level, not at a practice level. He asked what broader measures, beyond DQA measures can be developed. A member commented that use of community health workers improved care for some populations, but this was difficult to measure.

.Committee Member Concerns/Announcements:

A member asked how soon the teledentistry policy will be in effect. Per statute, this benefit is available January 1, 2016.

Public Comments

none

Meeting was adjourned at 2:50

Next meeting: Monday November 16 at Mosquito Control

2015 schedule: Jan 12, Feb 9, March 16, May 18, July 20, Sept 21, Nov. 1



Dental Services Advisory Committee
Minutes
Monday, May 18, 2015
Elmer L. Anderson Building, St. Paul

Members present: Craig Amundson (chair), Jeanne Anderson, Adele Della Torre, Carl Ebert, Erin Gunselman, Sheila Riggs, Jeff Schiff (non-voting), Merry Jo Thoele (ex officio)

Members absent: Ken Bence, Sheila Fuchs, Jeanne Larson, Mike Murphy, Paul Walker

DHS staff present: Judy Gundersen, Fritz Ohnsong, Redwan Hamza

Others present: Dick Diercks (Park Dental), Jeff Bartleson (CDS), Eva Weingartl (U of MN), Jeff Ogden (U of MN), Deb Jacobi (AppleTree Dental), Seamus Dolan (HealthPartners)

Welcome and Introductions

The chair welcomed everyone, and introductions were made around the room.

Minutes of April 20, 2015

Minutes from the last meeting were reviewed. A motion to approve the minutes was adopted.

DHS Update

Legislative update: An increase in the dental base rate was approved. This will be distributed only to rural providers, and result in an approximately a 10% base rate increase in those areas. A telemedicine bill was passed. It is not yet known how this will effect dental providers.

Social complexity will be investigated as a factor in DHS payment. A state wide opiate initiative is being led by DHS.

Environmental scan of delivery models

Mr. Jeff Ogden, Chief Administrative Officer, and Ms. Eva Weingartl, public health student, presented information on dental delivery models. The University Of Minnesota School Of Dentistry has proposed a pilot study for outcome based funding for dental care. This proposal was not funded, but they continue to gather information on public programs nationwide. They presented information comparing Minnesota to a number of states. Areas of investigation included the percent of dentists participating in public programs, total spending on dental services by public programs, dental benefit sets, and Healthcare shortage areas. The public dental programs of Iowa, Oregon and Tennessee were explored in greater detail.

Survey of Quality Measures among states

Gundersen reviewed quality measurement development. The majority of states are using the dental quality metrics from the CMS Core Set of Children's Quality Measures for Medicaid and CHIP. The 2015 measures include

- Percentage of eligible who received preventive dental services; and
- Dental sealants for 6 to 9 year olds at elevated caries risk.

States are also using the EPSDT reporting requirements on form 416 and the HEDIS measure of "annual dental visits" as metrics.

There are a few states that have additional dental quality metrics in place or are in the process of developing a set of metrics to use.

California Dental Managed Care Performance Measures (2014)

- Annual dental visits
- Use of preventive services
- Use of sealants
- Sealant to restoration ratio (surfaces)
- Treatment/prevention of caries
- Exams/oral health evaluations
- Use of dental treatment services
- Preventive services to filings
- Overall utilization of dental services
- Continuity of care
- Usual source of care

Washington & Colorado – Community Health Centers (in progress)

- New caries rate
- Treatment plan completion
- Risk assessment
- Topical fluoride
- Sealants (6-9 and 10-14 year olds)
- Self-management goal setting and review

Texas Pay-for-Quality Program

Medicaid

- Preventive dental services
- Dental checkups
- Checkups after enrollment
- Sealant measure

CHIP

- Annual dental visit
- Preventive dental services
- Sealant measure

A member asked how quality measures are used. Are they looking for outliers? Schiff responded that measures can be used both for accountability and for quality improvement.

Quality measure development

Amundson reviewed Dental quality alliance measurement development. Most measures are applicable at a program level, not at a practice level. He asked what broader measures, beyond DQA measures can be developed. A member commented that use of community health workers improved care for some populations, but this was difficult to measure.

Membership

By June 30, 2015, DSAC will have 5 vacancies: 1. health researcher (previously filled by Dr. Murphy) 2. Dental hygienist (Previously filled by Sue Tessier) 3. General dentist (previously filled by Dr. Della Torre) 4. General dentist (currently filled by Dr. Ebert) and 5 health researcher (currently filled by Dr. Riggs)

The positions have or will be posted on the Secretary of State Open Appointment site. Each member may serve up to 2 full (3 year) terms. When a term expires, each member must apply with the Secretary of State. Selection will be competitive, not automatic.

Committee Member Concerns/Announcements:

Ready Set Smile will host an open house on May 20. Contact Dr. Della Torre for details.

Public Comments

none

Meeting was adjourned at 2:40

Next meeting: Monday July 20 at Mosquito Control

2015 schedule: Jan 12, Feb 9, March 16, May 18, July 20, Sept 21, Nov. 16



Dental Services Advisory Committee
Minutes
Monday, April 20, 2015
Elmer L. Anderson Building, St. Paul

Members present: Craig Amundson (chair), Jeanne Anderson, Ken Bence, Adele Della Torre, Carl Ebert, Tom Green, Erin Gunselman, Sheila Riggs, Jeff Schiff (non-voting), Merry Jo Thoele (ex officio), Paul O. Walker,
Members absent: Sheila Fuchs, Mike Murphy, Jeanne Larson

DHS staff present: Judy Gundersen, Ellie Garrett

Others present: Dick Diercks (Park Dental), Susan Schindelholz (Delta Dental of MN), Mary Seieroe (HCMC), Jeff Bartleson (CDS)

Welcome and Introductions

The chair welcomed everyone, and introductions were made around the room.

Minutes of February 9, 2015

Minutes from the last meeting were reviewed and modified. A motion to approve the minutes was adopted.

DHS Update

Schiff reviewed recent activities at DHS: A DHS research report on social determinates of health was released this month. A link to the study was sent to DSAC members. <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7079-ENG> Discussion: Members discussed the importance of social risk factors and oral health. A member suggested that DSAC discuss a delivery/payment model that includes social risk factors. A member questioned if a single dental administrator could integrate social risk factors, care coordination and oral health.

DHS continues to develop a state opioid strategy. Discussion: A member asked if DHS could analyze the prescription monitoring program data to look prescribing patterns by individual or by prescriber type. Schiff responded that the PMP protects the names of providers. Possibly this information could be obtained in the MDH All Payer Claims Database.

Fluoride Varnish frequency: A member discussed preventive strategies for high caries risk children. The standard of care is to examine a high caries risk child every 3 months and apply fluoride varnish. Fluoride varnish application is a covered benefit 4 times a year when applied in a medical setting, but not in a dental setting. These benefits are in statute. Legislative action is needed to alter the benefit set. A guest asked if a dentist could use the CPT code for fluoride varnish and then be reimbursed 4 times a year. The benefit set is not defined in statute by code. The dental benefit allows fluoride varnish every six months for children.

A motion was offered: **DSAC recommends that DHS encourages the legislature to remove restrictions on frequency of application varnish.** The motion was passed unanimously.

Quality Measures Development

Amundson presented a work plan for quality measure development:

1. Develop criteria for evaluation and recommendation of measures
2. Canvas for existing measures which are likely to have utility
3. Conduct an initial review of measures and identify those most likely to meet criteria
4. Develop initial recommendations
5. Gain stakeholder feedback

6. Develop final recommendations
7. Develop recommendations for use of measures

Discussion: Claims based measurements are useful, but other measures should be considered. In the future, we may look at patient reported outcomes and diagnostic criteria in EHR. Members expressed concern over the lack of quality measures for adults. There are many pediatric measures, but few geriatric measures for oral health. Members discussed the need for diagnostic codes in dentistry.

Prior authorization for Prophylaxis

HCMC reports that there are significant costs associated with obtaining prior authorization. Gundersen reported that in Kepro has approved 85-95 % of requests from HCMC and SOS clinics. A member stated that there is no evidence that prophylaxis improve oral health. A motion was made and passed at the 7-21-14 DSAC meeting to recommend that prophylaxis are allowed twice a year for special needs patients. Amundson recommended deferring this discussion.

Medicaid Rates

Gundersen reviewed the ADA Health Policy Institute Research Brief "A Ten-Year, State-by-State, Analysis of Medicaid Fee-for-Service Reimbursement Rates for Dental Care Services." In this study, Minnesota ranked among the lowest states when comparing FFS Medicaid rates to commercial insurance rates. This study did not compare rate for Managed Care Organizations, nor did it consider add-ons such as critical access payments and community clinic payments. Most recipients in Minnesota are in Managed Care Organizations. It is not possible to use this study to accurately rank overall reimbursement rates.

Committee Member Concerns

Thoele reported that the Pew Trust will release their 50 state report on Dental Sealant programs. They grade all states on the following measures: 1) The extent to which sealant programs are serving high-need schools 2) Whether hygienists are allowed to place sealants without a prior dentist exam 3) Whether states collect data and 4) The proportion of students receiving sealants. Minnesota will receive a B- grade (2013 grade was B). While Minnesota did meet the HP2010 sealant goal and does submit data to NOHSS, it serves only 25-49% of high need schools and has some restrictions on hygienists practice.

Review of Oral Health Initiative

Julie Marquardt and Diogo Reis from DHS discussed DHS recommendations to the governor. The original proposal focused on increasing dental access through a base rate increase and administrative simplification.

DHS has participated in meetings with Senator Rosen and dental stakeholders. Marquardt discussed in broad terms the costs of continuing add on Critical Access Dental (CAD) payments to a significantly increased base rate. She reviewed Rosen's idea to create an incentive pool based on quality measures to replace the current CAD payments. She presented Senator Rosen's proposal to measure access. If there is not a significant improvement in access to dental care, there would be the potential to move toward a single administrator.

A member expressed concern over loss of income to safety net providers.

A guest suggested the use of modifiers to indicate complexity and tie payments to the complexity of the patient's needs. Another guest urged caution and preserve the safety net.

A member stressed that Minnesota ranks poorly in reimbursement and in access. He asked what can be done to improve.

Marquardt responded that the governor, the Senate and the House all agree that an increase in rates is needed.

The member expressed concern that the legislature was considering returning tax payers money and failing to invest in the health of its citizens.

Public Comments

none

Meeting was adjourned at 3:08

Next meeting: Monday May 18, 2015, 1-3 pm at the Elmer L. Anderson Building, Room 2370

2015 schedule: Jan 12, Feb 9, March 16, May 18, July 20, Sept 21, Nov 16



Dental Services Advisory Committee
Minutes
Monday, February 9, 2015
Elmer L. Anderson Building, St. Paul

Members present: Craig Amundson (chair), Ken Bence, Adele Della Torre, Carl Ebert, Jeanne Edevold Larson, Sheila Fuchs, Tom Green, Erin Gunselman, Sheila Riggs, Jeff Schiff (non-voting), Merry Jo Thoele (ex officio), Paul O. Walker,

Members absent: Jeanne Anderson, Mike Murphy

DHS staff present: Judy Gundersen, Ellie Garrett, Redwan Hamza

Others present: Dick Diercks (Park Dental), Susan Schindelholz (Delta Dental of MN), Mike Helgeson (AppleTree Dental), Cathy Jacobson (AppleTree Dental), Seamus Dolan (HealthPartners)

Welcome and Introductions

The chair welcomed everyone, and introductions were made around the room.

Minutes of January 12, 2015

Minutes from the last meeting were reviewed and modified. A motion to approve the modified minutes was adopted.

DHS Update

Schiff reviewed the progress of the universal pharmacy prescribing workgroup (UPPW). Efforts have included review of opioid dosing above certain thresholds.

Schiff reviewed the Oral Health Initiative in the governor's budget and fielded questions. A member asked if the proposal would result in a net reduction for critical access providers. He asked if the payments to PMAP are sufficient to allow a 15% increase to the providers. A member asked how contracts will be written between DHS and PMAPs assure that providers will see a rate increase. A member asked about the fiscal note for this aspect of the governor's budget. It was requested that this be made available to DSAC members. Schiff noted that fiscal notes are public documents on the MMB website. A member asked why it is proposed that critical access payments are eliminated from MnCare. 20% of patients at Northern Dental Access Clinic are MnCare recipients. The loss of CAD payments will result in a \$100,000 loss of revenue for that safety net site.

A member expressed concern that the budget reduces rates for the clinics providing most of the services. Schiff replied that the proposal should be neutral to critical access providers and overall the state is putting more funds into the dental program in order to increase access to recipients via providers not currently in the CAD program.

A member commented that Minnesota ranks very low in dental reimbursement rates when compared to other states. We also rank low in access measurements. There are a small number of providers that serve MA recipients. Schiff replied that the intent is to provide more providers with an increase so that more providers will serve this population. Walker proposed a motion: **DSAC resolves that being below the national average in dental reimbursement for public programs is not acceptable and that the message should be passed to policy makers.**

The motion was seconded and carried 9 to 2.

A member questioned whether 15% base rate increase for non-critical access providers is an adequate incentive and inquired if research supports this recommendation. A member stated that in other states (Indiana and Arkansas) increased rates increased the number of providers, but only temporarily.

Medical Quality Measures:

Schiff presented background information about the history, goals and processes to use medical quality measures (PP available on request). The goals of quality measures are: decrease variation, refine risk adjustment, improve cost curve and, most importantly, to improve health. Nationally, Medicaid has developed a core measure set. Minnesota has been a leader in use of quality measures. A good measure has validity, feasibility and reliability and importance. We must consider the measure burden, and the influence the healthcare/dental system has on the measure.

Discussion: A member stated that patient and family surveys are helpful. A member stated that the Baldrige criteria for excellence looks at patient satisfaction and cycle times.

Quality Measures in Dentistry

Amundson discussed the challenges of uses quality measures in dentistry. We are limited to claims and administrative data. With the current dental systems, it is not easy to gather clinical data. The National Quality Forum has endorsed 5 Dental Quality Alliance measures. We can review the DQA tutorial and environmental scan. Discussion: A member asked about the University of Minnesota proposal to develop a payment system based on quality measures. Another member said that Gallop has dental quality measures in a wellbeing index. A member stated that Mayo could give input on quality surveys. Amundson asked if our work on quality measures should be limited to DSAC meetings or involve efforts outside of meeting times. Riggs, Thoele, Ebert, Fuchs Amundson, Bence volunteered to further discussion between meetings.

March 16 agenda

Members have asked for further discussion and background on the Oral Health Initiative in the governor's budget. Schiff said he will try to get a DHS representative to the next DSAC meeting to better answer member's questions. Riggs asked about the discrepancy of fluoride varnish application between dentists and primary care providers. Schiff recommended reviewing the ADA Medicaid reimbursement report. Amundson states that quality measures will stay on the agenda.

Committee Member Concerns

none.

Public Comments

none

Meeting was adjourned at 2:58

Next meeting: Monday March 16, 2015, 1-3 pm at the Elmer L. Anderson Building, Room 2390

2015 schedule: Jan 12, Feb 9, March 16, May 18, July 20, Sept 21, Nov 16



Dental Services Advisory Committee
Minutes
Monday, January 12, 2015
Mosquito Control District Office, St. Paul

Members present: Craig Amundson (chair), Jeanne Anderson, Ken Bence, Carl Ebert, Jeanne Edevold Larson, Sheila Fuchs, Tom Green, Erin Gunselman, Mike Murphy, Sheila Riggs, Paul O. Walker, Jeff Schiff, Merry Jo Thoele

Members absent: Adele Della Torre

DHS staff present: Judy Gundersen, Redwan Hamza

Others present: Dick Diercks (Park Dental), Bridgette Anderson (MDA), Susan Schindelholz (Delta Dental of MN), Cathy Jacobson (AppleTree Dental), Jeff Bartleson (Children's Dental Services) Robert Freeman (HealthPartners)

Welcome and Introductions

The chair welcomed everyone, and introductions were made around the room.

Minutes of November 17, 2015

Minutes from the last meeting were reviewed and a motion to approve the minutes was adopted.

DHS Update

Schiff reported that Child and Teen Checkups are in the process of modifying the periodicity schedule to reflect the USPSTF recommendation for fluoride varnish to be applied at periodic health visits for children age 5 and under. DHS allows payment for fluoride varnish by medical providers and staff up to 4 times a year. DHS allows payment for fluoride varnish by dental professionals up to 2 times a year. A member asked for the justification for the frequency discrepancy. Schiff responded that we will investigate this.

The governor's budget will be released on January 27.

Accountable Communities for Health: 12 grantees have been chosen and are listed on the website.

Primary care providers have received an increased rate for the last 2 years. The sun setting of this rate increase will be debated.

The State substance abuse strategy contains state opiate use strategy and will have implications for all opiate prescribers.

Minnesota State Oral Health Plan

Merry Jo Thoele, the state oral health director, presented an overview of the Minnesota Oral Health Plan. This plan, released in September 2013, outlines oral health goals, objectives and strategies. Priority areas are: public health infrastructure; prevention and education; health care integration and access to oral health care; and surveillance.

Oral health data will be available on the MN Public Health Data Access Portal beginning February 2. The Medicaid Oral Health Learning Collaborative has accepted this plan as equivalent to a DHS Oral Health Action Plan. A member asked if, given the acceptance of CMS of this plan, this is adequate to improve our CMS 416 data. Thoele replied that we can improve on goal setting and strategies concerning the CMS Oral Health goals.

The power point of this presentation is available on request.

Topic Selection

Amundson lead the discussion on the DSAC topic list tally. Based on member response, the topics have been grouped into 6 priorities:

1. Provide advice to MnDHS as needed to inform policy and responses to legislative activity related or oral health and oral health care and financing.
2. Understand and improve how well we are serving our recipients, especially people with disabilities.

3. Care financing and purchasing
4. Care delivery models
5. Care improvement/ quality and outcome measures
6. Additional topics of interest and importance to members that arise.

Amundson emphasized that with only 9 DSAC meetings, we need to consider what can be reasonably addressed. Schiff commented that one of the biggest potential impacts is in developing quality measurements.

Criteria for authorization

Gundersen discussed prior authorization for removable partial dentures. Rule 9505.0270 lists criteria for payment for cast removable partial prosthesis. DHS lacks guidelines for approval of acrylic removable partial dentures. Research shows that impaired dentition is associated with poor nutritional intake. However, there are no evidenced based guidelines to define an adequate number of teeth. A review of Medicaid policies from other states shows some consistency. Removable partial dentures are appropriate when masticatory function is impaired. This is commonly defined as fewer than 8 posterior teeth in occlusion. Exceptions are made for missing anterior teeth and provision of balancing occlusion opposing full dentures. Other criteria for placement include stable existing dentition.

Gundersen proposed criteria that allow payment for acrylic removable partial dentures when:

- The patient is missing an anterior tooth and radiographs demonstrate adequate space for replacement of the missing anterior tooth. and/or
- The patient has less than 8 posterior teeth in occlusion. There is a minimum of 4 stable teeth remaining in the arch that have a 5 year prognosis.
- There is a minimum of 4 stable teeth remaining in the arch that have a 5 year prognosis.
- An RPD opposing a complete denture will be allowed to provide balancing occlusion. Balancing occlusion is lacking when 5 posterior teeth are missing or all 4 molars are missing or both molars and 2nd bicuspid are missing on one side.
- Abutments must have a minimum of 50% bone support
- Prior treatment has eliminated untreated caries and active periodontal disease.

Discussion followed. Members responded that removable partial dentures are appropriate even if the prognosis for the appliance is limited to a few years. A member commented that the number of missing teeth should not be the sole factor in determining need. A removable partial denture functions to stabilize occlusion by preventing tipping and extrusion of teeth. The presence of existing caries and/or periodontal disease is not an absolute contraindication for placement. Members commented that the prior authorization process for removable partial dentures does not allow for clinical judgment. No motion was offered.

Dental Quality Alliance (DQA)

Amundson reviewed the activities of the DQA. NQF endorsement has been important to add credibility to the measures. Five measures have NQF endorsement.

Committee Member Comments

Park Dental, in conjunction with the School of Dentistry, is hosting a forum on February 12 focusing on “2015 Value and Quality Measures”.

Public Comments

none

Meeting was adjourned at 2:52

Next meeting: Monday Feb 9, 2015, 1-3 pm at the Elmer L. Anderson Building