KENTUCKY DENTAL ASSOCIATION
EXECUTIVE BOARD MEETING

KDA Headquarters Building
Louisville, Kentucky
June 8, 2019
10:00 A.M.

1. **CALL TO ORDER. Dr. Jonathan Rich** called the meeting to order at 10:00 a.m. The following members of the KDA Board were present:

Dr. Gerard Bradley (UL Dean)
Dr. Scott Bridges
Dr. Reny de Leeum(representing UK)
Dr. Ansley Depp
Dr. Andy Elliott
Dr. Darren Greenwell
Dr. Laura Hancock Jones
Dr. H. Fred Howard
Dr. Beverly Largent
Dr. Bill Lee
Dr. Cliff Lowdenback
Dr. Joe McCarty
Dr. Julie McKee
Dr. Mark Moats
Dr. Jonathan Rich
Dr. Stephen Robertson

Guests included Drs. Garth Bobrowski, Brett Allen, Marshall Ney, Jerry Caudill and student member Inah Lagason. From Kare Mobile Dr. Kwane Watson was present. Mark Mosher from Commonwealth Technologies was present. Staff members present were Mr. Todd Edwards, Mrs. Melissa Nathanson, and Mr. Richard Whitehouse.

2. **INVOCATION. Dr. Garth Bobrowski** gave the invocation.

3. **APPROVAL OF MINUTES.** The minutes of the February 9, 2019, meeting of the Executive Board was approved.

   NOTE: All reports are presented in the minutes as they were submitted by their authors. No editing in the form of spelling or grammar has been attempted.

4. **COMMONWEALTH TECHNOLOGIES. Mr. Mark Mosher** give a brief presentation on behalf of Commonwealth Technologies. His presentation was about the changes with the support of Windows and the changes in HIPPA compliance.

5. **KARE MOBILE APP. Dr. Kwane Watson** gave a presentation of an app that he has developed. It is free to patients and dentists. It is used to give patients and dentists an opportunity to schedule dental needs. It can be used for appointments, tracking, insurance, and procedures needed.

6. **MEDICAID COVERAGE FOR SLEEP APENA APPLIANCES. Dr. James Ney** gave a presentation about the cost savings if Medicaid would pay for appliances for sleep apnea.

7. **REPORT OF THE TREASURER. Dr. Jonathan Rich** gave the following report for information.

KENTUCKY DENTAL ASSOCIATION
GENERAL FUND REVENUE & EXPENSE
BUDGET PERFORMANCE REPORT
For the Three Months Ending March 31, 2019

	Year to Date Actual	Annual Budget
REVENUES		
Budgeted Revenues		
KDA dues	398,182.95	457,000.00
KDA Assessment	69,699.70	85,000.00
Annual Session net revenue	26,564.53	80,000.00
Interest Income	459.42	2,500.00
Rental Income-	15,176.00	62,400.00
Rental Income-LDS	0.00	5,100.00
ADABEI (ADA)	4,895.90	21,000.00
Association gloves	521.92	2,500.00
Officite	969.44	3,000.00
commonwealth tech	1,659.59	0.00
KDA Insurance Services	4,574.65	20,000.00
Other Revenue	119.41	500.00
Total Budgeted Revenue	522,823.51	739,000.00
Non-Budgeted Revenues		
Gain/Loss on Investments	(4,507.00)	0.00
Reserve Fund Expenses	0.00	(5,000.00)
ADA Grants	9,003.86	0.00
Total Non-Budgeted Revenue	4,496.86	(5,000.00)
	$	**$**
TOTAL REVENUE	**527,320.37**	**734,000.00**

	Year to Date Actual	Annual Budget
EXPENSES		
Budgeted Expenses		
A. Fixed disbursements over which the HOD has no control but must have approval		
Utilities & Maintenance:		
	$	$
Telephone	1,365.95	8,000.00
Gas, Electric & Water	7,472.01	24,000.00
RENT	23,226.45	84,630.00
Maintenance Expense	5,362.04	21,000.00
Janitorial Expenses	1,534.35	6,000.00
Total Utilities & Maintenance	38,960.80	143,630.00
Audit & Accounting Services	0.00	14,500.00
Attorney Fees	0.00	1,000.00
Insurance	0.00	13,000.00
Printing and Postage	1,176.64	2,000.00
Miscellaneous	1,740.40	1,500.00
	$	**$**
A. TOTAL	**41,877.84**	**175,630.00**
B. Items Controlled by the House Of Delegates		
General Administrative Expenses:		
	$	$
Equipment Maint & Rent	1,411.84	13,500.00
Technological Support	1,751.60	8,000.00
Membership Dues & Subs	0.00	900.00
Support Staff Expense	1,146.37	2,500.00
Office Supplies	382.22	2,000.00
KOHC Membership	0.00	300.00
Presidents Expense	0.00	5,000.00
1st Vice President's Expenses	0.00	3,000.00
Executive Board Expense	446.76	3,500.00
ADA Delegates Expense	0.00	37,920.00
Ex. Dir. Discretionary Expense	0.00	750.00
Auto Expense	242.60	3,000.00
Total Administrative Exp.	**5,381.39**	**80,370.00**

	Year to Date Actual	Annual Budget
Council/Work Group Expenses:		
Council on Annual Session	0.00	500.00
Council on Ethics, Bylaws		
Council on Governmental Affairs		
Budget & Finance Committee		
Long Range Planning Committee		
New Dentists Committee	0.00	2,000.00
General Council Expense	0.00	250.00
UK-UL-KSDS Support	2,260.59	3,000.00
Total Council/Committee/Work Group Steer	**2,260.59**	**5,750.00**
	$	**$**
B. TOTAL	**7,641.98**	**86,120.00**

	Year to Date Actual	Annual Budget
C. Disbursements Annually Approved and Controlled by the House of Delegates		
	$	$
Executive Directors Expense	2,717.16	15,000.00
Secretary - Treasurer Expenses	2,668.86	4,000.00
Salaries-Executive Staff	92,138.86	370,000.00
Executive Staff Benefits	9,482.66	37,000.00
Retirement Plan Contributions	1,226.11	15,750.00
Personal Payroll Taxes	7,592.57	29,000.00
	$	**$**
C. TOTAL	**115,826.22**	**470,750.00**
	$	**$**
Total Budgeted Expenses	**165,346.04**	**732,500.00**
D. Fund Contributions		
	$	$
Capital Expenditures	0.00	3,000.00
	$	**$**
D. TOTAL	**0.00**	**3,000.00**
E. Non-budgeted Expenses		
	$	$
ADA Grant Expenses	9,698.90	0.00
Investment Fees	146.00	1,000.00
	$	**$**
E. TOTAL	**9,844.90**	**1,000.00**
	$	**$**
TOTAL EXPENSES	**175,190.94**	**736,500.00**

KENTUCKY DENTAL ASSOCIATION
INVESTMENT ACCOUNT BALANCES
March 31, 2019

GENERAL FUND		
	$	
General Cash Operations	145,836.60	
Stifel Nicolaus Money Market	12,213.86	
Stifel Managed Funds	75,771.16	
Total General Fund		233,821.62
CAPITAL PROJECTS FUND		
Stifel Managed Funds	76,707.21	
Total Capital Projects Fund		76,707.21
JOURNAL FUND		
Stifel Managed Funds	102,375.24	
Total Journal Fund		102,375.24
LEGISLATIVE FUND		
Stifel Managed Funds	(56,549.11)	
Total Legislative Fund		(56,549.11)
RELIEF FUND		
Stifel Managed Funds	42,391.74	
Total Relief Fund		42,391.74
RESERVE FUND		
Stifel Managed Funds	279,800.28	
Total Reserve Fund		279,800.28
WILLIAM MARCUS RANDALL MEMORIAL FUND		
Stifel Managed Funds	52,522.67	
Total William Marcus Randall Memorial Fund		52,522.67
		$
Total Investments		731,069.65

Dr. Jonathan Rich, member of the KDA Budget and Finance Committee presented the proposed 2020 KDA Budget.

	Adopted Budget 2019	Year to Date 12/31/2018	Proposed Budget 2020
REVENUES			
KDA Dues	447,000.00	451,440.00	460,000.00
KDA Assessment	85,000.00	82,049.00	90,000.00
Annual Session	80,000.00	56,752.00	80,000.00
Interest Income	2,500.00	2,845.00	2,500.00
Rental Income-Lou Dental Soc	5,100.00	5,100.00	5,253.00
ADABEI (ADA)	21,000.00	25,881.00	26,000.00
Insurance for Members	20,000.00	14,920.00	17,500.00
ADA Dues Rebates	500.00	0.00	500.00
Non-Budgeted Revenue	3,000.00	851.00	1,500.00
Officite	2,500.00	4,719.00	2,500.00
Association Gloves	2,500.00	3,006.00	0.00
Smile KY		145.00	
Rental Income	62,400.00	62,400.00	62,400.00
TOTAL REVENUES	731,500.00	710,108.00	748,153.00
Reserve Fund Expense		28274	
Gain on Investment		13132	
ADA Grant		2096	
Journal Fund Contribution	7,080.00	19706	17,577.00
	738,580.00	773,316.00	765,730.00

	Adopted Budget	Year to Date	Proposed Budget
	2019	12/31/2018	2020
EXPENSES			
A. Fixed disbursements over which the House has no control but must have approval			
Utilities & Maintenance:			
Telephone	8,000.00	10,911.00	8,000.00
Gas, Electric & Water	24,000.00	26,805.00	25,000.00
Rent	84,630.00	81,715.00	84,630.00
Maintenance Expenses	21,000.00	28,419.00	21,000.00
Janitorial Expenses	6,000.00	5,964.00	6,000.00
Total Utilities & Maintenance	143,630.00	153,814.00	144,630.00
Accounting & Audit Services	14,500.00	14,685.00	14,700.00
Attorney Fees	1,000.00	172.00	500.00
Insurance	13,000.00	10,791.00	13,000.00
Printing and Postage	2,000.00	2,830.00	2,300.00
Personal Property tax		230.00	
Miscellaneous	1,500.00	2,073.00	1,500.00
A. TOTAL	175,630.00	184,595.00	176,630.00
B. Items Controlled by the House Of Delegates			
General Administrative Expenses:			
Equipment Maint & Rent	13,500.00	17,685.00	18,000.00
Technological Support	8,000.00	10,850.00	8,000.00
Membership Dues & Subs	900.00	700.00	900.00
Support Staff Expenses	2,500.00	2,542.00	2,500.00
Office Supplies	2,000.00	3,750.00	2,800.00
Executive Board Expenses	3,500.00	2,392.00	2,500.00
President's Expenses	5,000.00	2,641.00	5,000.00
1st Vice President Expenses	3,000.00	0.00	3,000.00
ADA Delegates Expenses	35,000.00	34,700.00	30,000.00
Leadership Conference	0.00	0.00	0.00
KOHC Membership	300.00	0.00	300.00
Ex. Dir. Discretionary Expenses	750.00	0.00	750.00
Smile KY		6,161.00	
Auto Expenses	3,000.00	4,185.00	3,000.00
Total General Administrative Exp.	77,450.00	85,606.00	76,750.00

	Adopted Budget 2019	Year to Date 12/31/2018	Proposed Budget 2020
Council/Committee/Work Group Expenses:			
Council on Annual Session	500.00	0	500.00
Council on Govt Affairs	0.00	0.00	0.00
Long Range Planning Committee	0.00		0.00
New Dentist/Membership Steering Committee	2,000.00	0.00	2,000.00
General Council Expenses	250.00		250.00
UK-UL KSDS Student Support	3,000.00	2,400.00	3,000.00
Member Concierge Expenses			
Total Council/Committee/Work Group Expenses:	5,750.00	2,400.00	5,750.00
B. TOTAL	83,200.00	88,006.00	82,500.00

	Adopted Budget 2019	Year to Date 12/31/2018	Proposed Budget 2020
C. Staff Compensation			
Executive Directors Expenses	15,000.00	21,487.00	20,000.00
Secretary - Treasurer Travel Expenses	4,000.00	0.00	4,000.00
Salaries-Staff	370,000.00	384,155.00	395,000.00
Staff Benefits	37,000.00	36,363.00	37,000.00
Retirement Plan Contributions	15,750.00	14,500.00	15,850.00
Payroll Taxes	29,000.00	32,379.00	34,000.00
	.		.
C. TOTAL	470,750.00	488,884.00	505,850.00
D. Fund Contributions			
Reserve Fund Expenses	5,000.00	0	0.00
Capital Expenditures	3,000.00		0.00
D. TOTAL	8,000.00		0.00
E. Non-Budgeted Expenses			
ADA Grant Expense		545	
Investment Fees	1,000.00	536.00	750.00
loss on disposal of assets		10,750.00	
E. TOTAL		11,831.00	
TOTAL EXPENSES	738,580.00	773,316.00	765,730.00

MOTION: Dr. Darren Greenwell moved to accept the proposed 2020 KDA budget as presented. **Dr. Fred Howard** seconded the motion.

ACTION: ADOPTED.

8. KDA BUDGET AND FINANCE COMMITTEE MINUTES.

KENTUCKY DENTAL ASSOCIATION
BUDGET AND FINANCE MEETING
Conference Call
Louisville, Kentucky
May 7, 2019
7:30 P.M.

1. **CALL TO ORDER. Dr. BJ Millay** called the meeting to order at 7:30 P.M. The following members of the committee were present: Dr. Darren Greenwell, Dr. Joe McCarty, Dr. Robert Millay, Dr. Jonathan Rich and Dr. Sharon Turner.

   Staff members present were: Mr. Rick Whitehouse, KDA Executive Director and Mr. Todd Edwards, KDA Assistant Executive Director.

2. **THE PROPOSED 2020 KDA BUDGET**. There were lengthy discussions about the revenues and expenses for the proposed 2020 KDA Budget.

   It was the consensus of the committee to send the 2020 Proposed KDA Budget to the KDA Executive Board with a recommendation to approve.

   It was the consensus of the committee to recommend the KDA Executive Board ***rescind*** the following motion made at the KDA Executive Board meeting held February 2, 2019. The motion is as follows:

   MOTION: Dr. Andy Elliott moved to waive full time faculty dues for the two dental schools in Kentucky if they are willing to waive any fees for the KDA when KDA attends events. **Dr. BJ Millay** seconded the motion.
   ACTION: ADOPTED.

3. **ADJOURNMENT.** The meeting was adjourned at 8:50 P.M.

   Respectfully submitted

   Dr. BJ Millay
   Chairman

MOTION: Dr. Bill Lee moved to accept the recommendation of the KDA Budget and Finance Committee by rescinding the previously made motion pertaining to faculty dues as stated in the Budget and Finance minutes**. Dr. Stephen Robertson** seconded the motion**.**

ACTION: ADOPTED.

9. **REPORT OF THE PRESIDENT. Dr. Bill Lee** submitted the following report:

President's Report
Kentucky Dental Association Executive Board
June 8, 2019

I've been to a lot of places since we last met. So as not to be redundant, I will just touch on items that I know will be discussed in greater detail in other reports. I will present the significant activities as they relate to our Strategic Plan.

ADVOCACY
-advocate for dentistry in the commonwealth-

- Legislative Day – We had a very successful event with our updated legislative agenda. Nearly half of the legislators made some sort of appearance and many took appointments with our members. It was impressive since there were two other significant groups there also.

- KDA Challenge Coins - Were handed out to those who attended Legislative Day, seemed appreciated and were especially talked about. At other meetings those who have one display them and carry them proudly. There are two other ways to earn a Challenge Coin, get a new member or get a new exhibitor. Coin recipients will be honored at the Marcus Randall Reception in August.

- Dentist and Student Lobby Day, Washington DC. KDA has a great showing and 19 students from the two dental schools were in attendance. It was the first opportunity for me to attend this meeting and it is an important event that the ADPAC hosts.

- The KBOD has a subcommittee almost ready to report changing some of the sedation regulations that could potentially affect those practices who offer sedation. I formed a workgroup to monitor the process and be available to assist the KBOD in studying the regulations. At the May KBOD Board meeting the Board indicated they plan to work with us and interested parties before they release the proposed regulations for public comment. This is welcomed news.

MEMBER SUPPORT
-serve and support the needs and success of members-

- Several speaking engagements:
    - Kentucky Center for Oral and Maxillofacial Surgery February meeting – I gave a legislative and membership update to their referring offices. 60+ in attendance.
    - ULSD Signing Day – Thanks to Dr. Rachel Gold, Jenna Scott and Jeanine Pekkarinin.
    - UKCD Signing Day – Thanks to Dr. Ryan Estes, Jenna Scott and Jeanine Pekkarinin.
    - LDS Gala – Thanks to Dr. Paul Boyd and the LDS for a lovely evening at the Speed Museum and for giving me an opportunity to speak.
    - BGDS Senior Night – Every year the BGDS hosts a very nice (free) dinner for the seniors and I made a few remarks about getting to know the local societies.

- UKCD Awards Dinner – Previously, the KDA Executive Board had voted to award a monetary gift and registration and lodging at our Annual Meeting to a graduating senior at each of the dental schools.. It became a logistical nightmare to establish criteria, selection committees, etc. that time ran out for this year, and there are still hurdles to clear. However, the intent is to have a KDA presence at their awards. Rick Whitehouse and Jenna Scott approached me about an idea of a KDA Graduate Challenge Coin instead and I made the executive decision that this was a better way to get the attention of the graduates. I used this as my platform when I spoke at the Awards Ceremony and it seemed very well received. I think this is a tradition that will better serve that the KDA is remembered long after graduation.

PUBLIC AWARENESS

-promote oral health through community service and public relations-

- I had the honor of representing the KDA at the UKCD Commencement Ceremony to thank the Faculty and staff at UKCD, and the parents, family and friends of the Class of 2019 for giving our profession such wonderful colleagues. Dr. Mark Moats represented the KDA at the ULSD Commencement Ceremony held the same day.

ASSOCIATION EXCELLENCE

-lead the profession through the ADA tri-partite structure-

- Rick Whitehouse and I had a meeting with the executives of Mortenson's Family Dental Cars about some mutual insurance provider issues. I believe that if we can continue to work together on these issues we may be able to work together on some other (membership) issues.

- Rick Whitehouse and I will be attending part of the Tennessee Dental Association meeting held the same weekend as our Executive Board meeting. They have successfully run their meeting with a bit of a different format and we had talked at one time of a jointly sponsored meeting, so I want to see for myself what they do.

- Sixth District Trustee Dr. Roy Thompson will announce his candidacy for the ADA President-elect when we're in San Francisco. The campaign is estimated to cost between $75-100,000. Dr. Thompson understands the business of associations and is committed to funding his campaign personally any shortfall in contributions. However, he respectfully asks the KDA supports him as our Sixth District Trustee in this race with a contribution of $10-15,000.

  Action Item: The KDA make a contribution of $10,000 to Dr. Roy Thompson's campaign for ADA President Elect.

  MOTION: Dr. Andy Elliott moved to contribute $10,000.00 to the campaign of **Dr. Roy Thompson** for ADA President Elect. The monies to be taken out of the Reserve Fund**. Dr. Fred Howard** seconded the motion.

  ACTION: ADOPTED.

WORK GROUP APPOINTED BY THE KDA PRESIDENT.

Kentucky Dental Association Policy for Selecting Delegates and Alternate Delegates to the American Dental Association

Beverly Largent
Sharon Turner
Mark Moats
Randy Ransdell

Please note that there is a reference in this document to Nomination Forms. The form will be prepared once this document is approved by the Executive Board

This policy is to define the election of Delegates and Alternate Delegates to the American Dental Association (ADA) meeting. Kentucky is in the 6th District of the ADA. There are 5 (five) elected delegates, 2 (two) elected Alternate Delegates, and 3 (three) alternate delegates who serve because of the office they hold in the Kentucky Dental Association (KDA.) Those serving by virtue of the office held are the Speaker of the House, the President and the First Vice President. Terms for the elected Delegates are for 3 (three) years. The Alternate Delegate term is for 2 years. The delegate and alternate positions will be signified by the date of expiration of the term. For example, a delegate position expiring in the year 2020 will be considered the D2020 position. The D2020 delegate will attend the fall meeting of the ADA as the delegate during the year his/her term expires.

Election Commission

This policy also establishes the Election Commission of the KDA. This commission is composed of three members of the KDA, appointed by the President in conjunction with the Executive Committee and will serve a three-year term. The three initial members of the commission will serve a three-year term. By a one- time drawing of lots after the initial Commissioners are selected, one member will rotate off the commission each of the following three years, so that a new member of the commission will be appointed each year.

Responsibilities

1. The Election Commission shall be responsible for accepting applications for nominations to the offices of Delegate and Alternate Delegate to the ADA.
2. The Election Commission will not offer its suggestions as to the best candidates, but will assure that the applications are complete and verify that each proposed candidate is a member in good standing of the KDA.
3. The Election Commission will collect the applications, vet the applications for completeness and compliance with the submission deadline of April 1 of each election year.
4. The commission will be responsible for contacting all nominees to indicate that the application is complete. In the event of an incomplete application, the nominee will be given 48 hours to complete the application. The Election Commission will be responsible for sending via electronic means the complete application(s) of any nominee to any member of the KDA who requests one or more applications.
5. Members of the Election Commission will adjudicate any complaints about unprofessional conduct by any nominee. The Commission in association with the Executive Committee have the right to declare any election void due to misconduct by the nominees or false applications.

Delegate and Alternate Selection

Qualifications for Nomination to position of Delegate and Alternate Delegate:

1. The nominee must be a member in good standing of the Kentucky Dental Association for a minimum of five years.
2. The nominee must have participated in leadership position in his/her component society, or the Executive Board of the KDA, or a committee of the Executive Board.
3. A delegate and Alternate delegate may serve two consecutive terms. Another term may be considered after an absence equal to one term from the delegation.
4. A delegate seeking a repeat term must identify his/her previous position in the delegation.
5. The position of Alternate Delegate will not be considered as part of the term limits for a Delegate
6. In the event that a Delegate or Alternate cannot complete the term for which he/she was elected, a substitute will be appointed by the President of the KDA

Application for Nomination:

An application form for nomination will be completed by persons being nominated to the Delegate/Alternate position. The application will include name, home address, work address, name of component society, offices held in the component or KDA, as well as other highlights from the applicant's Curriculum Vita. There must be attestation from each candidate that all information is correct, and that he/she can and will perform the duties of the office he/she is seeking. The candidate must sign a conflict of interest statement, and a statement supporting professional interactions during the nomination period. The application will include 2 (two) letters of recommendation from members of the Kentucky Dental Association, a 2x2 color photograph of the applicant, and an essay stating the nominee's reason for seeking the nomination and positions on current issues impacting the ADA that will be published in the KDA Today. The essay will include:

1. A statement explaining why the nominee desires to hold the office.
2. Personal priorities for the KDA and the ADA
3. Past experience in the KDA or ADA
4. Length of time he/she has been a member of the KDA/ADA

Call for Nominations

The KDA Secretary-Treasurer shall issue a call for nominations published in the KDA Today for all vacant positions of the organization. In the call for nominations the open seats for the Delegates and/or Alternate Delegates will be enumerated along with other vacant positions of the KDA. The call for nominations will be published in the KDA Today in the first issue after the first of the calendar year, usually the January/February issue. The deadline for submitting completed nomination applications will be April 1. No candidates will be accepted after the April 1 deadline. No write-in ballots will be accepted. The vetted nominees will be contacted, and their essay and photograph will be published in the May/June issue of the KDA Today. Once nominations have been announced, any member if the KDA may request a copy of any nominee's application package including letters of recommendation.

Voting:

1. If there is more than one candidate for an office a vote will be held. Voting will occur at the annual meeting of the Kentucky Dental Association.
2. All nominees will be asked to address the General Assembly convened after the first session of the House of Delegates. Nominee speaking time will not exceed 7 (seven) minutes.
3. All KDA members present are eligible for in person voting.
4. No proxy or absentee voting is permitted.
5. Voting members must sign in a roster book of eligible voting members to receive a paper ballot.

Polls will be open immediately following the first session of the House of Delegates, and close at 5:00 PM Three tellers appointed by the KDA President, under the direction of the Secretary-Treasurer shall oversee the polls, count the ballots and deliver the vote count as well as all ballots cast to the President of the KDA. Should a runoff election be required, polls will open at 8:00 AM prior to the second meeting of the House of Delegates, and will close at the opening of the House. KDA members will be contacted via blast text when a second vote will be needed. Cell phone numbers will be collected at registration. In the event of failure of the blast text message, tellers, and other members appointed by the Secretary Treasurer will assist in sending individual text messages to KDA members. As in the example provided above, a new Delegate or Alternate will attend the ADA meeting as delegate the following year. A D2020 position is a three-year position. The election will be held the final year of the expiring term of a Delegate or Alternate,and will commence in 2021 for the newly elected Delegates or Alternate Delegates for that election cycle.

10. REPORT OF THE VICE PRESIDENT. Dr. Mark Moats submitted the following report:

KDA Report of the First Vice President.
KDA Executive Board Meeting June 8, 2019

Since our last KDA Executive Board Meeting I have had the opportunity to:

1. Continue our Bi-weekly KDA Legislative Calls with McCarthy Strategic Solutions

2. Continue our Monthy KDA Executive Committee Calls

3. Continue our Green River Dental Society Meetings on March 21, May 23, 2109

4. Represent the KDA and Dr. Bill Lee at the 2019 Convocation of ULSD. This was an honor to represent the KDA and share a KDA Greetings and also offer a KDA Challenge Coin and ADA Tooth Party Lapel Pin. My message to the graduates is included below:

Dean Bradley, Faculty, Staff, Distinguished Guests, Family, Friends, and Most importantly 2019 ULSD Graduates:

It is my privilege to be with you today and share
Congratulations and Greetings from The Kentucky Dental Association and our leadership and membership throughout the Commonwealth.

We are here today to celebrate each of you and the
tremendous accomplishment that is being bestowed upon
you
Type to enter text today-
A Graduate of the University of Louisville
Type to enter text School of Dentistry. It is a very special honor for me to be with you since this year marks the 25th Anniversary of my graduation from ULSD in 1994. As I participated in my Commencement, I can tell you that I, just like each of you today, was filled with a sense of excitement and wonder for the journey ahead. NO matter how your journey in dentistry continues, I welcome you to our wonderful profession!

I would like to share a bit about the KDA and a few people and lessons that stand out for me on my journey.

After my graduation, I served as a Dental Officer for the
United States Navy with the goal of being able to expand my knowledge and speed in dentistry, develop leadership skills and hopefully begin a path of clinical excellence.

I quickly found that to be the case. I was surrounded by many TALENTED and COMMITTED dental mentors within the Navy that to this day stand out as “Heroes” to me on my journey. One of those individuals that left a mark on me and my career in DENTISTRY is with us today. I consider it a
privilege to recognize ULSD Graduate and
Navy Captain (Retired) Dr. Gerald Grant.

You see, Dr. Grant, served as a Mentor of mine in the Navy.

While in the Dental Corps, I made a decision to volunteer to go overseas with a group of Marines and Sailors. After a six month deployment to the Mediterranean Sea and West Africa, I was offered a spot for a clinical rotation in
prosthodontics at Camp Lejeune under Dr. Grant's excellent
supervision.

I tell you this to demonstrate what I have found to be a
valuable life lesson.

You never really know how even small efforts may make a significant impact on another person.

Each of you will have opportunities to invest in others with your time and talents. It may be a family member or friend, a dental team member or patient or maybe even a stranger that you have a chance to give more than is EXPECTED or EVEN ASKED. It is my belief that often it is the LITTLE things we do in our relationships with others that make ALL the
difference.

I know that Dr. Grant's efforts, maybe small to him, had a very positive impact on my success as I entered solo private practice.

My Mom is also one of my heroes in life and in dentistry.
As I was growing up, she worked as a dental assistant with
Dr. William L. Smith and his hygienist Mara Beth Womack.
My Mom considered it a privilege and responsibility to care for patients as an integral part of an outstanding dental team. These inspiring dental professionals are HEROES of mine and why I chose to become a dentist.

I am proud to say that Dr. Smith was recognized at our 2018 KDA Annual Meeting for over 50 years of membership in the Association. He continues to be an outstanding clinician, leader, mentor and friend. Mara Beth Womack has been proudly leading and serving our profession in many roles for over 47 years. My Mom had the pleasure of helping patients for over 41 years. They have all demonstrated a True lifelong PASSION for dentistry. I hope you do as well.

Another hero in my life was my Dad. He wrote a letter to me as I started dental school. In the letter he shared "Don't let PEOPLE or THE WORLD change you."

I treasure his simple but profound advice. Please
understand, the influences and pressures of the world can be strong. Each of you will face challenges in your PROFESSINOAL life and your in your PERSONAL life.

WE ALL DO!

My hope is that you remember your foundation, understand your gifts, stay true to yourself and maintain your integrity.

I was fortunate to see this example in real life as my Dad ran our FAMILY plumbing business in my hometown. You see, It does not matter whether you are a dentist, dental hygienist, dental assistant or even a plumber in a small town. No matter what you do, DO it Well and DO it with INTEGRITY.

I am also very grateful that it was during my time in the Navy that I continued to be exposed to the ADA. After being
introduced to American Student Dental Association during my time in dental school, it was an easy choice to stay
connected to the ADA and organized dentistry. I gained a new and practical appreciation for the ADA and the challenge of lifelong LEARNING and SERVICE. I continued my connection with the ADA into private practice as a
member of the KDA.

Today, as a member of the Green River Dental Society, I have the opportunity of serving as KDA First Vice President.
Obviously, I do not SERVE alone. I do this alongside a
talented and diverse group of leaders and an outstanding
Administrative team. I am so fortunate to work with members that demonstrate a level of leadership and dedication that continues to inspire me to give what I can.

I AM JUST PROUD TO BE A PART OF THE PROCESS.

However, we cannot do it alone and we need your help. I
invite you to not only JOIN but play an ACTIVE ROLE in the KDA or wherever dentistry takes you. You can start just like I did by attending a local component CE or maybe a dinner meeting to learn what the KDA is doing in Frankfort and in Washington, DC.

Dentistry is TRULY a fantastic profession that will challenge you to EXPAND your KNOWLEDGE and SKILLS and GROW your understanding of yourself and how to be of service to others. You have a unique responsibility that will allow you to CHANGE the lives of those you touch,
ONE SMILE AT A TIME!

(PAUSE)

I will leave you today with two tokens of recognition for your commencement:

The first is a “Tooth Party” lapel pin. It has been developed by the ADA to allow our members to demonstrate their
support of the ADA and American Student Dental Association LOBBY Day in Washington, DC. We also use it during our KDA Legislative Days in Frankfort. It is a tooth symbol
emblazoned with the Colors of the American Flag. It is a
reminder that the ADA and ASDA advocates for our members and the issues of dentistry that are not specific to any party affiliation. The ADA and ASDA represents us ALL as the “Tooth Party”. We want you to join the party too!

The second token I wish to share with you upon your

graduation is a KDA Challenge Coin. It carries the mission statement of the KDA "HELPING MEMBERS SUCCEED AND SERVE".

It recognizes the names of our President Dr. Bill Lee and our Executive Director Richard Whitehouse. It ALSO recognizes YOU as a 2019 Graduate. In the military, a challenge coin is shared to honor the recipient for their efforts and accomplishments. Challenge coins have a rich history. We hope to lay the foundation for a rich history for the KDA by honoring our members that go above and beyond in their efforts for the KDA.

We also share them with you today as we hope to HONOR each of you for your efforts and accomplishments.

As you continue your JOURNEY AHEAD in DENTISTRY,

I CHALLENGE you to look for opportunities to:

SERVE,
USE YOUR GIFTS,
DO WHATEVER YOU DO TO THE BEST OF YOUR ABILITY
& DO IT WITH INTEGRITY
FIND MENTORS,
BE MENTORS,
HONOR YOUR HEROES & DO IT WITH PASSION

CONGRATULATIONS & GO CARDS!

Upcoming events planned are the following:

1. Annual Planning Conference with KDA Executive Director and team on July 12, 2019

2. KDA President Elects Leadership Conference, ADA Headquarters, Chicago, Illinois, July 21-23, 2019

3. Mid-States Leadership Conference hosted by the Wisconsin Dental Association, Milwaukee, Wisconsin, August 8-10,2019

4. ADA Annual Meeting and House of Delegates, San Francisco, California, September 4-9, 2019

Respectfully Submitted,
Mark A. Moats, D.M.D.,M.A.G.D.
KDA First Vice President

11. REPORT OF THE EXECUTIVE DIRECTOR. Mr. Richard Whitehouse submitted the following report:

MEMORANDUM

To: KDA Executive Board
From: Richard A. Whitehouse, Executive Director
Re: Executive Director's Report for June 2019 meeting
Date: May 20, 2019

Presentations for June 8th meeting
Dr. Kwane Watson re: KARE Mobile
Dr. James Ney re: Medicaid coverage for sleep apnea devices

The following is a summary of significant information and activity since my last report. It is broken down according to our strategic goals.

ADVOCACY
- advocate for dentistry in the commonwealth -

Smile Direct Club (SDC)

The ADA recently filed a citizen petition with the United States Food and Drug Administration (FDA) alleging SDC's corporate practice of evading the FDA "by prescription only" restriction and essentially providing consumer orthodontic aligners over the counter places the public at risk. The message from ADA President Jeff Cole is attached as **ATTACHMENT A**. It includes talking points on this issue. This information is provided for informational purposes only. No additional action is recommended.

The Atlantic article

Recently, The Atlantic Magazine published an article entitled, *The Truth About Dentistry*. The article cast the profession in an unfavorable light. The article and subsequent responses from the ADA are attached as **ATTACHMENT B**. No additional action is recommended.

Sedation Rules

In response to concerns that KBOD was preparing to promulgate new rules on sedation that would adversely impact dentists, Dr. Lee formed a workgroup to address potential changes. KBOD is aware of our interest on this issue. At their most recent meeting, they indicated that potential changes will be modeled after ADA guidelines. On this and future issues, they have expressed a willingness to work with us and other stakeholders in advance of the public comment period.

MEMBER SUPPORT

- serve and support the needs and success of members -

The Dentists Supply Company (tdsc.com)

This program went live on May 1st. In the first six days, 21 accounts were created. Of these, 5 made purchases. Total revenue generated was $2,394.92 – which we are told is about 2.5 times what is normally expected. Please spread the word regarding this important new member benefit.

Quarterly Membership Report

For the first quarter of 2019, our market share was 43.8% (+0.7% over 2018-Q1) despite having 21 more licensed dentists (2,314) than last year in Kentucky. We are actually 25 over our number of member dentists from this time last year.

For the first quarter, we have 1,013 members of which 30.6% (-1.8% over 2018-Q1) paid full dues. Another 13.2% (+2.5% over 2018-Q1) received a discount in dues. Please note that the decreasing number of members paying full dues in the last few years is a trend to watch. This trend speaks to both the need to attract new members and to seek new sources of non-dues revenue. The 2019-Q1 report is included as **ATTACHMENT C**.

As of the date of this report, I am pleased to report we have exceeded the goal set for us by the ADA**. Our goal was 1082 members by June. With 11 days left in May, our membership number is 1,102 which represents a market share of 46.9%.**

However, it is important to understand from where some of these numbers are derived as they are included in our market share. The ADA has included, for purpose of determining market share, the following two categories for which we have not received revenue nor can we be certain those listed will remain on the roll in upcoming reports.

ADA Pilot Programs - The ADA report includes 63 members in a new pilot program called the Post-doctoral and Resident Pilot Program. The purpose of the program is to ensure that dentists doing post-doctoral program in a participating state like Kentucky are recruited as tripartite members as soon as possible. As part of the pilot, the ADA no longer charges these members and we have no way of knowing whether or how long these members will remain in Kentucky after their post-doctoral work or residency is complete. Regardless, KDA receives no revenue from this category.

ADA Provisional Members - The ADA report also includes 54 provisional member dentists. These dentists have not made application to any state for membership. If we did not place them in the state and the correct component, the ADA was going to bill them as direct members to the ADA. We are sending them dues statements and applications to join the tripartite membership. We have no way of knowing whether or how long these members will choose to become members of the tri-partite or, if they do, whether they will choose to join KDA. Regardless, KDA receives no revenue from this category.

KDA Membership for Dental Hygienists

We have talked about the need to partner with others in order to better direct policy regarding oral health. As dentists are the leaders of the dental team, so must they lead in the realm of public policy.

We currently offer CE intended to appeal to all members of the dental team. A more focused effort in this regard would provide value to dental hygienists and increase both meeting and dues revenue.

ACTION NEEDED: Resolve to submit to the 2019 KDA House of Delegates a resolution to KDA bylaws creating a membership category for dental hygienists.

KDA Association Success Challenge Coin

Please share with everyone in your local societies that we are recognizing challenge coin recipients during the Wm Marcus Randal Reception this year. The two ways to earn a coin for 2019 are:

1. *GET A MEMBER* - Attend our 2019 KDA Annual Meeting AND recruit a non-member to join KDA before July 31, 2019.
2. *FIND A VENDOR* – Attend our 2019 KDA Annual Meeting AND refer a new vendor willing to become a patron or purchase a booth in our exhibit hall at the meeting no later than July 31, 2019.

KDA Annual Meeting

The preliminary program is complete and available online.

PUBLIC AWARENESS

- promote oral health through community service and public relations –

Kentucky Board of Dentistry

The new KBOD executive director is Jeff Allen. I've had the opportunity to meet with Jeff. He is well qualified for this new role. He has also expressed a willingness to work with us on issues impacting dentistry as they arise. Although he couldn't attend our meeting this month, I am hopeful he will attend in the future.

UKCD and ULSD Graduations

Drs. Lee and Moats offered KDA greetings to graduates of our state dental school graduations. Every student received an ADA Tooth Party pin as well as a unique 2019 KDA Challenge Coin we specifically designed for our Kentucky graduates.

ASSOCIATION EXCELLENCE

- lead the profession through the ADA tri-partite structure -

Southeast/Mid-Atlantic Regional Retreat Planning

An inaugural meeting of executive directors from Alabama, Georgia, Mississippi, North Carolina, South Carolina, Tennessee, and Virginia will take place this week in Charlotte. I will be in attendance. Topics to be discussed include non-dues revenue opportunities, communication strategies, engaging large group practices, and staff outsourcing.

Component Meetings

We will soon be requesting dates for KDA leadership to visit local components. Please begin thinking about when this can occur and those issues you would particularly like us to address when we visit.

Upcoming 2019 Meetings

May 15	Medicaid TAC
May 18	Board of Dentistry Meeting
May 20-21	Southeastern/Mid-Atlantic Executive Director Meeting
June 7	Tennessee Dental Association Annual Meeting
June 8	KDA Executive Board Meeting
June 17-19	Kentucky Society of Association Executives Annual Mtg
July 13	Board of Dentistry Meeting
July 22-23	ADA Presidents-Elect Conference
July 23-24	ADA Management Conference
July 25-26	ADA Conference on Membership

August 8-10	Mid-States Dental Meeting
August 14	Medicaid TAC
August 15-18	KDA Annual Meeting
September 3	6th District Pre-Caucus
September 4-9	ADA Annual Meeting
November 2	Board of Dentistry Meeting
December 5-7	ADA Lobbyist Conference

Current KDA Patrons

- Bowman Insurance – Platinum Patron/Partner
- Commonwealth Technology – Platinum Patron/Partner
- PCIHIPAA – Silver Patron (exp. 6.1)
- Lifetime Financial Growth of KY (Guardian) – Silver Patron (exp. 6.1)
- Anthem – Bronze Patron
- Avesis – Bronze Patron
- PNC Healthcare Business Banking – Bronze Patron (exp. 6.1)

Respectfully submitted,

Richard A. Whitehouse
Executive Director

12. REPORT OF UNIVERSITY OF KENTUCKY COLLEGE DENTISTRY.

University of Kentucky College of Dentistry
Kentucky Dental Association Executive Report
May 2019

Admissions

- The Class of 2023 has been finalized, 40 KY residents and 25 Non-Residents.
- The Admissions Cycle opens on May 14th for the Class of 2024.

Student Updates

- The College of Dentistry held a Scholarship Recognition Luncheon on March 25th to formally recognize the 2018-2019 scholarship recipients.
- The Class of 2019 Senior Awards Banquet was held April 26th.
- Delta Sigma Delta hosted the Annual Regional Meeting on Saturday, April 27th.
- The Omicron Kappa Upsilon, National Dental Honor Society, dinner was held on April 30th and seven students were inducted.
- The College of Dentistry Hooding Ceremony will be held Saturday, May 11th at the Singletary Center.

Alumni Affairs

- On February 8, 2019, Dr. Christian Piers was the speaker at the annual Vincent A. Barr Visiting Professor Lecture. The lecture was on networking and career-building strategies for the dental professional. The annual lecture, generously funded by Dr. Elizabeth Barr ('74, '76 Pediatric Dentistry), is in memory of her father, Vincent A. Barr, DDS. This presentation is held in conjunction with ASDA Day.
- On February 8, the UKCD Alumni Association held the 10th Annual Barrels and Kegs and Silent Auction. This event raises funds for the UKCD Alumni Association Scholarship and student and alumni activities.
- In March 22, 2019, the UKCD Alumni Association hosted a reception for alumni and friends attending the Hinman meeting in Atlanta, Ga.
- On April 10th, the UKCD Alumni Association and the UK Alumni Association held a dinner to honor the 4th year dental students. Four recent UKCD graduates spoke to the group about their career experiences following dental school.
- The alumni board continues to hold quarterly board meetings, and everyone is invited to attend. At the next meeting in July, the group will choose the 2019 Distinguished Alumnus of the Year. Nominations are due June 21, 2019.
- Upcoming UKCD Alumni Association activities are:
- August 10, 2019 – UKCD Alumni Association Golf Scramble
- August 16, 2019 – Alumni Reception at the KDA
- October 11-12, 2019 – 43rd Annual Fall Symposium and Alumni Weekend

Continuing Education

- January 19: John Mink Legacy Conference
- Lexington| Franciso Ramos-Gomez, DDS, MS, MPH
- February 2: Coronal Polishing for Dental Assistants
  Lexington| Sharlee Burch RDH, MPH, EdD & Kelly Dingrando, DMD

- March 1: 6th Annual Dental Implant Symposium
- Lexington | Dennis P. Tarnow, DMD -Keynote; Marcus Abboud, DDS; Ahmad Kutkut, MS, FICOI, DICI & Jeffrey P. Okeson, DMD
- March 15: Treating and Preventing Periodontitis
- Lexington | Lawrence Page, DDS, PhD & Thomas Rams, DDS, MHS, PhD
- March 30: Coronal Polishing for Dental Assistants
- Lexington | Sharlee Burch, RDH, MPH, EdD & Kelly Dingrando, DMD
- April 5: Malignant and Pre-Malignant Lesions of the Oral Cavity
- Lexington & Distance Sites | Molly Smith, DMD
- April 13, 14, 27 &28: Restorative Expanded Functions for Dental Auxiliaries
- Lexington | Kenneth Nusbacher, DMD
- April 26: 31st Orofacial Pain Symposium
- Lexington | Peter Bertrand, DDS; Charles Carlson, PhD, ABPP; Paul Durham, PhD;
- Dale Ehrlich, MS, DDS, MAGD & Jeffrey P. Okeson, DMD
- May 3: The Role of the Dentist in Reducing the Drug Abuse Epidemic
- Lexington & Distance Sites | Patrick Sammon, PhD
- May 16-18, 31 & June :Local Anesthesia and Nitrous Oxide Analgesia for the Dental Hygienist Lexington | C. Lawrence Chiswell, DDS
- One Grand Round per month (January – May)
- Faculty Case Discussion each month (January – April)
- Alumni Spring Meetings (January, February, May)
- ITT Study Club Meetings (Feb & April)

Dental Grand Rounds

- January 9. OMFS, Dr. Ali Mohannad. *Cosmetic Surgery and Aesthetic Medicine; A Dental Subspeciality*
- February 13, Pediatric Dentistry, Drs. Paige Childers, Kelly Dingrando, Megan Haggerty and Mackenzie Lucas, *Non-Invasive Treatment for Discoloration in the Esthetic Zone*
- March 13, Orofacial Pain, Drs. Fernanda Yanez-Regonesi and Amritpal Kullar, *Why Did My Bite Change*
- April 10, Dr. Kutkut/Prosthodontics, *3D Printing Technology in Implant Dentistry*
- May 8, Dr. Stephanos Kyrkanides, *Periodontal Disease and Alzheimer's Disease*

Oral Health Practice:

Full Time Faculty Hires

- Kevin Elvidge, Prosthodontics
- Marcia Rojas, Oral Diagnosis/Medicine/Radiology

Part Time Faculty Hires

- DeJon Graves, Restorative Dentistry
- Stephanie Roney, Restorative Dentistry

Retirements

- None

Resignations

- Vaughn Hoefler, Prosthodontics

Administrative

- None

Oral Health Science:

Full Time Faculty Hires

- None

Part Time Faculty Hires

- None

Retirements

- None

Resignations

- None

Administrative

- None

Awards and Publications

- Perez CV, Okeson J. Oromandibular Dystonia Causing Recurrent Mandibular Open Lock in Two Adolescents Managed with Botulinum Toxin. J Dent Child (Chic) 2019;86(1):47-52.
- Nasal Alar Pressure Ulcer After Orthognathic Surgery: Clinical Presentation and Preventive Recommendations. Brasileiro BF, Van Sickels JE. J Craniofac Surg. 2019 Mar 27. doi: 10.1097/SCS.0000000000005481. [Epub ahead of print]
- A Simple Technique to Repair a Residual Oronasal Fistula in Bilateral Cleft Lip and Palate Patients. Nicol BR, Naung NY, Van Sickels JE. J Oral Maxillofac Surg. 2019 Feb 8. pii: S0278-2391(19)30128-4. doi: 10.1016/j.joms.2019.01.053. [Epub ahead of print}

Philanthropy:

- Representatives of Kentucky Dental Association and Blue Grass Dental Society met with representatives of the College of Dentistry to discuss ways to work closer together. Several attendees also took a tour of the school and saw new initiatives being implemented at UKCD.
- The College's new Eradicate Oral Cancer in Eastern Kentucky project launched its first screenings at Pikeville's Hillbilly Days. Over 300 individuals were screened for oral cancer by one of the oral surgery faculty, three residents and an extern, along with local partner, Pike County Health Department. United Health Foundation funds this project.
- Over 100 donors, students, faculty and staff attended the 2019 Donor Appreciation Dinner at the Hyatt Regency Downtown in Lexington. Donors of 22 scholarships had an opportunity to meet the recipients of their scholarships and awards, present them with a certificate and have a photograph taken with them.
- The first One Day for UK online giving campaign was held on April 17th. The College of Dentistry sought support for its College of Dentistry Scholarship. In addition, the Class of 78 challenged other classes to match their total donations.
- The Director of Philanthropy arranged visits and phone calls to introduce the temporary interim Dean and current Vice Provost of the University of Kentucky, Dr. Larry Holloway, and reinforce UK's commitment to the school and the advances that have been achieved.
- The UK College of Dentistry Campaign Leadership Committee met to discuss the new direction of the College and next steps for a building expansion.
- Representatives of Bien Air and Dentsply visited the College of Dentistry to discuss the future plans of the school.
- Two local alumni visited UK College of Dentistry for a tour of the renovations and a presentation about new initiatives. Four alumni visited the school to discuss their scholarship or awards.
- The Director of Philanthropy made visits to alumni in the Tennessee (Chattanooga), Georgia (Atlanta area, Albany and Thomasville), Florida (Jacksonville and Saint Augustine), and Lexington.

13. REPORT OF University of Louisville School of Dentistry.

Kentucky Dental Association Executive Board Report
May 2019

1. Statistics on Incoming Classes

Statistics for incoming DMD Class of 2023:

Enrolled	**120**
NR	86
KY	34

ULEAD	**9**

URM	**24**
Hispanic	15
AMI	1
BL/AA	8

Colleges/Universities	**67**

Highest Degree at Matriculation	
Bachelors	108
Masters	12

Fluent in Language Other Than English	**25**

BBCP average*	**3.5**
Overall GPA average*	**3.6**

DAT Academic Average	**20**

Male	**58**
Female	**62**

Citizenship Status	
Perm U.S. Resident	4
Temporary U.S. Resident	2
U.S. Citizen	114

Average Age	**23**

Age Range	**19 - 48**

First Generation	**33**

Military Affiliation	**11**
Veterans	2
Active Duty	1
Reserve/Nat'l Guard	1
Military dependent	2
Other	5

Statistics for incoming Dental Hygiene Class of 2021:

Enrolled	**28**
Offers Pending	**2**

ACT	**22**
GPA	**3.46**
Science GPA	**3.61**
Program GPA	**3.61**

Male	**2**
Female	**26**

URM	**6**
Hispanic	2
BL/AA	4

2. <u>Graduation Honors and Awards</u>

The graduation honors and awards ceremony was held Friday, May 10, 2019. Along with acknowledging students, some of our faculty and staff were also honored at this event. Congratulations to the following award winners who were either selected by committee or voted on by the Class of 2019:

- **D. T. Cummins Award** (Part-time faculty)
  Presented to the part-time faculty member who has demonstrated outstanding instruction. The graduating class selects the recipient and this year the award went to...***Dr. Peter Fotos***

- **William R. Wolfe Award** (Full-time faculty)
  Presented to the full-time faculty member who has demonstrated outstanding instruction. The graduating class selects the recipient and this year the award went to...***Dr. Paul Boyd***

- **Wood E. Currens Award**
  Dr. Robert McGuinn, a ULSD alum, dedicated this award to his mentor and long- time ULSD faculty member, Dr. Wood E. Currens, in honor of his teaching excellence and service to the students. This

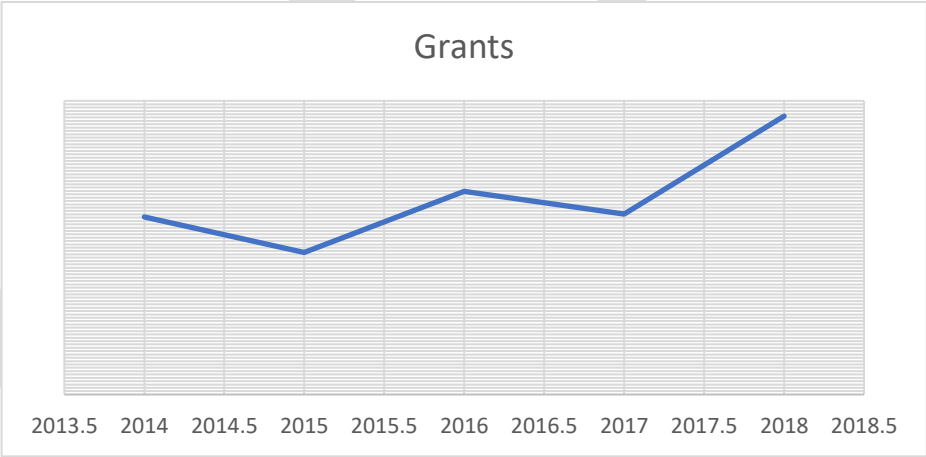
award recipient is selected by our students from the state of Georgia. The faculty member chosen for this honor was...***Dr. Cynthia Metz***

- **Wilson Teaching Award**
  Dr. Jim Wilson graduated from the ULSD in 1984 and his wife, Dr. Ginny Wilson, received her degree in dental hygiene the same year. Recognizing the importance of exceptional faculty in the life of the school, Drs. Jim and Ginny Wilson created an endowment to acknowledge one ULSD faculty member each year who has demonstrated an outstanding commitment to students. The Class of 2019 selected...***Dr. Loana Tovar***

- **Staff Appreciation Award**
  Presented to the staff member who has shown dedication and service to the student body. This year the graduating class honored...***Ms. Audra French***

3. <u>Research/Scholarship</u>

Year	Grants
2014	$5,324,164.28
2015	$4,256,815.49
2016	$6,085,979.00
2017	$5,410,240.00
2018	$8,342,590.00



FY2014	FY2015	FY2016	FY2017	FY2018
<u>MSOB/PhD Degrees Awarded</u>				
5	5	11	8	6
<u>Publications (CY)</u>				
101	115	86	95	109
<u>Proposals submitted</u>				
31	27	16	26	21

Number of students/graduate students who presented original research:

- Orthodontics: 6
- General Practice Residency: None
- Endodontics: 3
- Prosthodontics: 2
- Periodontics: 3
- Pediatrics: 4 (Also, Drs. Chhabra and Greenwell published “Effect of Repeated Use on the Tensile Strength of Rubber Dam Clamps” in <u>Pediatric Dentistry.)</u>
- Oral Surgery: 1

Other notable achievements:

ULSD was instrumental in attaining a COBRE grant ($11.5M) to train junior faculty and collaborated with the Department of Microbiology/Immunology in the School of Medicine to attain a T32 grant to train PhD students.

4. <u>Graduate Students who Presented at Specialty Meetings/Awards</u>

- Prosthodontics:
  - Dr. Mikal Lindman was selected as a finalist for the Sherry Competition.
  - Dr. Beth Felton presented a poster at the American College of Prosthodontists meeting.

- Endodontics:
  - Drs. Andrea Tory-Godlew and Matt Walker presented their research in the poster competition at the American Association of Endodontists Annual Session and gave oral presentations at the Ohio Association of Endodontists meeting.
  - Dr. Amjad Ansari presented a table clinic at the American Association of Endodontists Annual Session. Dr. Ansari placed in the top three nationally and was awarded $1,000 by Dentsply Sirona.

- Periodontics:
  - Dr. Abdullah Al-Kanan presented at the Academy of Osseointegration meeting.

Dr. Elliott DeWeese submitted research and was awarded third place in the clinical research competition

14. ANNUAL SESSIONS REPORT. Council on Annual Sessions Report.

Submitted April 15, 2019

The Council on Annual Sessions met from March 4 – March 13, and voted to approve the Galt House as the venue for our 2020 and 2021 meetings. A copy of that email is provided below. As you are already aware, the Executive Board made the decision to hold the meeting for 2020 in French Lick, and charged this Council with the duty of researching the 2021 & 2022 venues after reviewing the results of our 2019 meeting in Louisville. The Council held another electronic meeting via email from April 3 - April 8. By a unanimous vote, the Council voted to approve the attached budget for 2020 for the annual meeting in French Lick.

Respectfully Submitted,
B.J. Moorhead
Council Chair

Friday, March 8, 2019

Dear Executive Board member:

This week, the Council on Annual Sessions was charged with researching venue options for our Annual Meeting for 2020 & 2021. Janet Glover kindly completed the research and forwarded it to the Council on Monday, March 4. The KDA staff provided us with a Word document summarizing the available venues and dates that the Council requested. The KDA staff's evaluation is summarized below:

***Please note that locations are first determined on available space that will accommodate our exhibit hall (Approx. 100 – 10' x 10' booth spaces).*

Venues were rated 1-10 on the following criteria:

- **Amenities & Attractions*
- **Space (i.e. Exhibit space, CE rooms, event rooms)*
- **Expense (Including A/V, ability to meet contractual obligations)*
- **Availability*
- **Overall meeting support*

French Lick:	*10-10-10-10-10*	*50*
Lexington:	*N/A (unavailable in 2020)*	
Galt House:	*6-9-6-8-7*	*36*
KICC/Marriott:	*6-7-6-0-8*	*27*
Owensboro:	*5-6-7-7-8*	*33*
Northern KY:	*6-6-7-7-8*	*34*

The Council debated the merits on each venue, then an electronic vote was taken that was completed today. The Council has 10 voting members since SE Dental does not have a representative. The results of the vote: Galt House 8, French Lick 1, Members not reached 1

Thus by an 8 to 1 vote, the Council on Annual Sessions recommends the Executive Board approve The Galt House as the venue for 2020 and 2021. The dates of availability for the Galt House are August 6 – 8, 2020 and August 5 – 7, 2021.

I encourage the Executive Board to make a decision as quickly as possible. We must still develop a budget for the 2020 meeting based on the venue selected, and Laura Hancock-Jones is waiting to begin approaching speakers for the 2020 meeting once a venue is selected.

We understand the selection of a venue is critical to the KDA budget and also to supply a valuable member service.

Sincerely,
B.J. Moorhead
Council Chair

	Adopted Budget 2019	Adopted Budget 2018	Year to Date 12-2018	Proposed Budget 2020
REVENUES				
Exhibit Space Rental	110,000.00	110,000.00	78,660.00	90,000.00
Tickets Registered Clinics	100,000.00	115,000.00	70,485.00	85,000.00
Donations	3,500.00	3,500.00	23,194.00	20,000.00
Special Events	3,000.00	3,000.00	1,554.00	2,000.00
Non-Member Registration Fees	1,000.00	1,000.00	0.00	0.00
TOTAL INCOME	217,500.00	232,500.00	173,893.00	197,000.00
I. EXHIBITS EXPENSE				
Galt House Room Rental	7,500.00	0.00	0.00	0.00
French Lick Room Rental	0.00	2,365.00	4,450.00	2,500.00
Room Rentals/Exhibit Committee	2,000.00	2,000.00	1,474.00	2,000.00
Printing & Postage	500.00	500.00	168.00	500.00
Security Service	3,500.00	3,000.00	0.00	0.00
New Dentist Reception	5,000.00	5,000.00	3,611.00	5,000.00
Exhibtors/Members Hospitality	5,500.00	10,000.00	6,958.00	7,000.00
Set-Up	12,000.00	15,000.00	6,500.00	7,500.00
Miscellaneous	100.00	100.00	0.00	100.00
I. TOTAL	36,100.00	37,965.00	23,161.00	24,600.00
II. ADMINISTRATIVE EXPENSE				
Operations	14,000.00	12,000.00	16,094.00	16,000.00
Alliance to KDA	350.00	350.00	350.00	350.00
Printing & Postage	15,000.00	17,500.00	16,500.00	15,000.00
Badges	500.00	500.00	238.00	500.00
Awards	2,200.00	2,200.00	2,559.00	2,200.00
Meeting Scouting Trip	0.00	3,000.00	2,512.00	2,000.00
Support Staff Expense	200.00	400.00	200.00	200.00

Miscellaneous	250.00	250.00	0.00	250.00
II. TOTAL	32,500.00	36,200.00	38,453.00	36,500.00

	Adopted Budget 2019	Adopted Budget 2018	Year to Date 12-2018	Proposed Budget 2020
III. SCIENTIFIC SESSIONS EXPENSE				
Galt House Room Rental	7,500.00	0.00	0.00	0.00
French Lick Room Rental	0.00	2,365.00	4,450.00	2,500.00
Speaker Honoraria	20,000.00	20,000.00	11,700.00	20,000.00
Keynote Speaker	10,000.00	10,000.00	0.00	10,000.00
Speaker Expenses	10,000.00	10,000.00	10,217.00	10,000.00
Signs	750.00	750.00	600.00	750.00
Meeting Room Mgmt/Audio Visual	30,000.00	15,000.00	15,483.00	20,000.00
Printing	2,500.00	2,500.00	1,490.00	2,500.00
AGD Approval	685.00	685.00	250.00	685.00
III. TOTAL	81,435.00	61,300.00	44,190.00	66,435.00
IV. TABLE CLINICS AND HOBBY SHOW EXPENSE				
Printing & Set Up	100.00	100.00	130.00	100.00
Clinical Awards	350.00	350.00	350.00	350.00
Hobby Awards	350.00	350.00	200.00	350.00
Research Awards	350.00	350.00	300.00	350.00
Hygienists Award	500.00			500.00
IV. TOTAL	1,650.00	1,150.00	980.00	1,650.00

	Adopted Budget 2019	Adopted Budget 2018	Year to Date 12-2018	Proposed Budget 2020
V. SPECIAL EVENTS				
Fees & License	240.00	240.00	882.00	240.00
	240.00	240.00	882.00	240.00
Opening Session	5,000.00	5,000.00		5,000.00
Randall Lunch				
Dinner	5,000.00	5,000.00	3,722.00	5,000.00
Printing	100.00	100.00	50.00	100.00
	5,100.00	5,100.00	3,772.00	5,100.00
President's Reception	6,000.00	6,000.00	4,986.00	6,000.00
Past Presidents' Lunch				
Meals & Entertainment	500.00	500.00	717.00	500.00
V. TOTAL	11,340.00	11,340.00	10,357.00	11,340.00
TOTAL EXPENSES	163,025.00	147,955.00	117,141.00	140,525.00

15. GOVERNMENTAL AFFAIRS. Dr. Garth Bobrowski presented the following report.

HEALTH POLITICS
January 24, 2019

State lawmakers this week grilled representatives of Kentucky's five Medicaid managed care organizations (MCOs) over profits the companies make from Medicaid. And one lawmaker said she plans to introduce legislation to better protect providers.

Wednesday's committee hearing followed a scathing report from health providers late last year that said that Kentucky MCOs see profits that are too large and that they deny medical claims arbitrarily.

MCOs are paid by the state and the federal government to administer Medicaid benefits. Five companies administer the program in Kentucky: Anthem, Aetna, Wellcare, Passport and Humana.

Representatives from the five MCOs testified before legislators about the companies' role in reducing Medicaid costs and managing health services. Stephanie Stumbo, acting executive director of the Kentucky Association of Health Plans, said the companies have saved the state a lot of money.

"MCOs not only play a key role in the reduction of Medicaid program costs, but they better manage the utilization of health services," said Stumbo. "They yield improvement and health plan performances and health care quality."

But lawmakers — Democrats and Republicans — asked tough questions. And some accused the companies of painting an unrealistic picture that doesn't align with what they are hearing from providers.

"You guys come in and you give us an hour and a half infomercial on how everything is awesome … and then we continue to hear from all our providers and constituents that they're not getting their payments and they're not getting their services," said Sen. Morgan McGarvey, a Democrat from Louisville.

Rep. Kimberly Moser, a Republican from northern Kentucky and new chair of the House Health and Welfare Committee, said she will introduce legislation to hold the insurance

companies accountable for some of the barriers that keep providers from being paid and patients from getting care.

“If it can’t be worked out behind the scenes, then I think our job is to protect our constituents and make sure that the care is being provided,” Moser said, adding that the Medicaid program needs providers who accept the insurance.

RELATED STORY

Passport Health CEO: Reimbursement Rates Could Bankrupt Company

Kentucky Association of Health Plans Chairman Lawrence Ford defended the insurance companies, saying that they are required by the state to put 90 percent of every dollar from the government on patient care and quality improvements. He said another 9 percent goes to administrative costs, and 1 percent is kept by the company as profit. This is known as a “medical loss ratio.”

The MCO’s profit margin in Kentucky was at 11.3 percent in 2015, the highest in the nation. The national average that year was 2.6 percent. In 2017, the state put in place some reforms and profits went down to 3 percent that year, but that was still ahead of the national average of .9 percent.

During Wednesday’s hearing, Sen. Danny Carroll, a Republican from Paducah, questioned how the MCOs were using the Medicaid dollars.

“I’m talking from a provider’s standpoint,” Carroll said. “Of the 90 percent that goes to medical reimbursement and quality improvement, what percentage goes toward paying claims?”

He then asked if the insurance companies systematically deny claims or delay paying them to keep medical costs under 90 percent. Insurance companies leaders all said no.

Sen. Stephen Meredith, a Republican from Leitchfield, said the companies make it hard for providers to get paid and that not enough of that 90 percent goes toward fairly compensating health providers. KAHP Chair Ford said that they don’t set the payment rates – those are set by the federal government and the state.

“If it is the will of the General Assembly to put more money in what is already an $11 billion budget…” Ford said, before being interrupted by Meredith.

“I think the Medicaid budget is as big as it needs to be if we’re spending our money appropriately. But we’re not doing that,” said Meredith.

16. THE REPORT OF THE TECHNICAL ADVISORY TO KMAP.

Fwd: TAC Meeting dates for 2019

KENTUCKY DENTAL TAC MEETING MINUTES
Cabinet for Health & Family Services
Public Health Building – Conference Room C
Frankfort, Kentucky
February 13, 2019
9:00 a.m. EST.

The meeting of the Dental Technical Advisory Committee (TAC) was called to order by Dr. Garth Bobrowski, Chair.

The TAC members in attendance: Dr. Garth Bobrowski, Dr. John Gray, Dr. Matt Johnson and Dr. Phillip Schuler.

Medicaid staff in attendance: Stephanie Bates, Sharley Hughes, Angie Parker and David Gray.

The Managed Care Organization (MCO) representatives in attendance were: Dr. Jerry Caudill, Nicole Allen, Shelly Grainger and Adrienne Bennett with Avesis; Dr. Theresa Mayfield with DentaQuest; Jean O'Brien with Anthem Kentucky; Amy Sinthavong with Passport; Stuart Owen with WellCare; Jennifer Largen with Aetna Better Health; Patti Smith-Glover with Humana-CareSource.

Also in attendance: Dr. Julie McKee, State Dental Director.

APPROVAL OF MINUTES: Dr. Bobrowski called the meeting to order and introductions were made. Dr. Bobrowski introduced Sharley Hughes as the new DMS liaison for the TAC meetings.

The following changes were made to the November 14, 2018 minutes: Page 2, Item B (2) under Old Business should read: There are two MCOs that pays providers 10% or less than traditional Medicaid. Page 2, Item C should read: Dr. Brandon Taylor will have his wife look into the time it takes to do a refund. A motion was made, seconded and approved to accept the meeting minutes as amended.

MCO COMMENTS/QUESTIONS:

A. Avesis: Dr. Schuler asked if providers currently have access to the portals as they will appear on April 1st, and Ms. Allen stated that they do and that Avesis is updating its system to identify members that are below the poverty level and this information will be shared on the portals with providers.

Ms. Allen stated that DMS released a notice that there will be penalties held against MCOs if they submit encounters for incarcerated members because services rendered to these members should not be billed to Medicaid. Ms. Bates corrected that statement and said that the way eligibility works is if someone is incarcerated their eligibility is suspended from Medicaid and the Department of Corrections pays for any care while they are incarcerated. However, if the member comes out for twenty-four hours (i.e. hospitalized), those claims come to fee-for-service and not the MCO.

Dr. Gray asked how providers when rendering treatment would know that the patient is incarcerated, and Ms. Allen stated that the members will have an "I" indicator on the portal to indicate they are incarcerated, and Ms. Bates stated that the indicator for incarcerated individuals will be listed in KYHEALTH.Net. Ms. Allen stated that Avesis will update its portal to state that providers are to bill to

fee-for-service for incarcerated individuals. Dr. Gray stated that the twenty-four hours needs to be added in as well.

Dr. Caudill stated that DMS added expanded coverage for intravenous sedation, moderate sedation to include adults so that oral surgeons were not forced to use a deep sedation general anesthesia code when they were only doing moderate sedation. However, an unforeseen side effect of that was that general dentists that have a moderate sedation license started submitting claims for anesthesia to perform procedures that did not need that type of sedation, and Dr. Caudill stated that general guidelines have been established as to when it would be appropriate to use moderate sedation in a private office. These guidelines have been sent to one of the MCOs and it is pending approval to go out to the other MCOs.

B. **DentaQuest:** There were no comments or questions.

General Discussion: Dr. Bobrowski spoke about four letters to the same parent of a child notifying the parent of the child's upcoming appointments. Ms. Bates stated that DMS pays the MCOs on a per member/per month capitated basis and that DMS will not pay for those types of mistakes by the MCOs.

MEDICAID FEE-FOR-SERVICE COMMENTS/QUESTIONS: Ms. Bates stated that a Dental Director has not been appointed to date but DMS is working on this, and there were no other comments or questions.

OLD BUSINESS:

A. **Eligibility check-in is getting better:** Dr. Bobrowski thanked everyone for working together on this issue.

B. **Follow-up on previous questions to the State on age/claims paid information:** Dr. Bobrowski stated the TAC did get a response back to their data request but it had nothing in it about the age group of providers that are providing "x" number of paid claims across the state. Ms. Allen had provided the TAC with the specifications for how Avesis had generated this report previously, and Ms. Bates asked her to forward those to her. Ms. Bates will speak with the Commissioner about data requests and how this process will be handled in the future.

C. **Copay problems – 13-year-old:** Dr. Bobrowski spoke of a 13-year-old having a copay on the portal information, and Ms Bates asked to see this example but she reiterated that all children who are on Medicaid are exempt from copays. Ms. Bates stated that the TAC could forward her any other questions about copays and she would get them answered.

D. **Other:** Dr. Bobrowski spoke about the amount of information given at webinar trainings for the MPPA project and he asked why DMS could not use the national clearinghouse CAQH that most Kentucky dentists use because all of the information can be found there. Ms. Bates stated that House Bill 79 requires that DMS use one credentialing verification organization and DMS is in a procurement status to select one entity, but until this process is completed, the trainings are for providers that need to use it.

Ms. Bates stated that currently providers cannot see the medically frail status of members because the waiver is not in effect, but in anticipation of going live on April 1, 2019, that will become available to providers during the first week of March.

Dr. Bobrowski stated that Jessica Jackson was going to look into developing YouTube instructionals and look into prescription filling policies and he will follow up with Ms. Hughes concerning these items.

NEW BUSINESS:

A. **How are patients notified that they are not active?** Ms. Bates will be able to answer this offline, but Dr. Bobrowski noted that he is concerned that members will come to dental offices only to learn that they do not have funds available for these services.

B. **How are patients notified that they are being moved into My Rewards Program?** Ms. Bates will be

able to answer this offline but did note that information concerning the My Rewards Program has been disseminated to providers and members.

C. **How are patients from another state receiving Kentucky Medicaid?** Ms. Bates explained that there are written compacts between states when Medicaid members need services in another state that may not be offered in Kentucky.

D. **Pharmacy patients swipe a card to pay for meds and to determine eligibility only with the State site (not a MCO site) Shows eligible at pharmacy, shows eligible on State dental site but not on Avesis site:** Ms. Bates stated that the State site is the source of truth. Ms. Allen stated that the process is improving and Avesis is adjusting their system. She asked providers to notify Avesis if they are receiving claims that are denying because members are not eligible in the Avesis system but are eligible in the MCO and DMS systems. She also noted that this does not have to go through the appeals process. Also, if a member's eligibility is listed incorrectly in the Avesis system and Avesis corrects it, they will do a look-back on the claims and automatically adjust those to pay.

PUBLIC HEALTH – DENTAL: Dr. McKee stated that health departments bill their preventive dental services through the medical side but that two of the MCOs believe these services should be paid by Avesis and, therefore, health departments have not been paid for many of these services since August, 2018. Dr. McKee said providers will be receiving information concerning this issue.

PUBLIC HEALTH – LEGISLATION: Dr. Bobrowski stated this was listed on the agenda to make TAC members aware of what is occurring with public health legislation.

KALBOH: Dr. Bobrowski stated he was involved in a video conference with the Kentucky Association of Local Boards of Health and many public health issues were discussed.

COMMUNITY FLUORIDATION: Dr. Bobrowski spoke about proposed legislation in this Legislative Session for communities to have a "local option" to choose or cease fluoridation of their community water system. He noted that studies have shown that it could cost an estimated $54 million more a year because there would be 40% more cavities and that according to the Centers for Disease Control and Prevention, community water fluoridation is one of the top ten most important public health initiatives of the 20th Century. Ms. Bates noted that DMS has opposed this legislation.

Dr. McKee stated that the Public Health Department has a free program where physicians, dentists or health departments can collect water samples to be tested for fluoridation by the State Lab and if deficiencies are found, Public Health has a standing order to provide supplements free of charge to that dentist and/or to the family, and she noted that her office could do a public information campaign to providers and to the public concerning this program.

AD HOC COMMITTEE (MAC members and TAC Chairs): Ms. Bates stated that all TACs and the MAC are being revamped to take on more of an advisory role and to focus on developing and discussing policy and program development rather than claims processing issues and one-off issues and that all future TAC agendas should reflect this. It was suggested by DMS that following the TAC meetings, MCO representatives and TAC members could meet to discuss claims issues and other issues and that DMS could facilitate with room availability but DMS personnel and the court reporter would not be present. Ms. Hughes will be distributing an MCO contact list for TAC members so that they can contact the appropriate MCO representatives if they have claims issues and questions.

Dr. Gray stated that in the past, he feels the TAC has not had a voice in most of the policy and implementation processes and he feels that the TAC and the providers are a resource as boots on the ground because they are the ones performing the services. He asked in what capacity the Commissioner would like the TAC's advice and

Ms. Bates said that any advice that will help the member and provider communities is welcomed. Ms. Hughes stated that the Commissioner wants DMS to do a better job of bringing potential policy changes to the TAC before decisions are made, and Ms. Bates stated that a good example of this would be the telehealth regulation.

PUBLIC, DENTAL OR HYGIENIST COMMENTS: Dr. Gray requested that immediately following the May 15th, 2019 official TAC meeting that TAC members and MCO representatives meet to address specific issues outside of the presence of DMS and the court reporter. Ms. Hughes will check on the availability of the meeting room.

The meeting was adjourned. The next TAC meeting will be held on May 15, 2019.

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(Minutes were transcribed by Terri Pelosi, Court Reporter, this the 19th day of February, 2019.)

` COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
IN RE: DENTAL TAC MEETING

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February 13, 2019
9:00 A.M.
Public Health Building
Conference Room C
275 East Main Street
Frankfort, Kentucky

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APPEARANCES

Dr. Garth Bobrowski
CHAIR OF TAC
Dr. John Gray
Dr. Matt Johnson
Dr. Phillip Schuler
TAC MEMBERS
Ms. Stephanie Bates
Ms. Sharley Hughes
Ms. Angie Parker
Mr. David Gray
MEDICAID SERVICES

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APPEARANCES
(Continued)
Dr. Julie McKee
STATE DENTAL DIRECTOR
Dr. Jerry Caudill
Ms. Nicole Allen
Ms. Shelly Grainger
Ms. Adrienne Bennett
AVESIS
Dr. Theresa Mayfield
DENTAQUEST
Ms. Jean O'Brien
ANTHEM KENTUCKY
Mr. Stuart Owen
WELLCARE

Ms. Amy Sinthavong
PASSPORT HEALTH PLAN
Ms. Jennifer Largen
AETNA BETTER HEALTH
Ms. Patti Smith-Glover
HUMANA-CARESOURCE
-3-
AGENDA

-4-
AGENDA
(Continued)

-5-
1 DR. BOBROWSKI: Let's call our
2 meeting to order. Will folks just call in on this
3 phone? Do we have to take that off the receiver?
4 MS. HUGHES: It doesn't look
5 like it's working. I'm not getting a dial tone to
6 call out on. So, I don't think we're going to be
7 able to do that.
8 DR. BOBROWSKI: Okay. Thank
9 you. Welcome, everyone, to beautiful Frankfort,
10 Kentucky on a sunny day.
11 This is Ms. Sharley Hughes and
12 she will be our coordinator, I guess, for the TAC.
13 I've had numerous email conversations. And the good
14 thing about that, she can't slap my hands or stuff
15 like that but you keep me in line to make sure I'm
16 doing the right thing on some of this stuff here.
17 We will go around the room and
18 introduce ourselves.
19 (INTRODUCTIONS)
20 DR. BOBROWSKI: I know he's not
21 here yet but David Gray is the new Public Relations'
22 person with Medicaid here in Frankfort and I've
23 gotten to meet with him a few times.
24 We had a situation come up with
25 some dentists in Eastern Kentucky and I wanted to
-6-
1 thank him for coordinating a resolution to that
2 problem. And I don't know exactly. Dr. Caudill,
3 you all may have been involved - I don't know - but
4 it was a situation in Eastern Kentucky with some
5 dentists. It was nothing illegal but just getting a
6 new dentist in and getting him going and stuff like
7 that.
8 So, if you all or, Dr.
9 Mayfield, if you all had any involvement. I don't
10 know who all was helping with it but I got a hold of
11 him and he was able to get some resolution to our
12 problems.
13 DR. CAUDILL: He got a hold of
14 me, yes.

DR. BOBROWSKI: Some things weren't done right but no illegal intent but it was resolved and I just wanted to thank everybody for helping in that situation.
We need to approve the minutes from the last meeting and I've got a couple of things. Under B, Paragraph 2, and I don't know if I said this - it doesn't have my name beside it but I think the wording may have gotten twisted.
It says: Traditional Medicaid pays providers 10% less than the MCOs. I believe

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that was to mean that there were two MCOs that pays providers 10% less than traditional Medicaid.
And, then, down under Paragraph C, it says: Dr. Brandon Taylor will have his wife look - we need to add the word into - the time it take to do a refund.
Are there any other changes, additions to the minutes? If not, can I hear a motion to approve the minutes?
DR. JOHNSON: So moved.
DR. SCHULER: Second.
DR. BOBROWSKI: All in favor, say aye. Thank you. The minutes are approved.
Now we will typically go through and ask the TAC members if they've got any questions or comments for our MCOs, Avesis, and, then, we'll do DentaQuest.
DR. SCHULER: The only question I have, so, April 1st is coming along and I know we're not dead positive that anything is going to happen on or about April 1st but we're eternally hopeful. With the portals that the MCOs are setting up, do we have access to those portals currently the way they're going to look on April 1st? What we see now is the way it's going to be April 1st?

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MS. ALLEN: With the exception of a few new items that DMS is now giving us access to, or I should say DMS and the MCOs are giving us access to, for example, identifying if the member is below the poverty level. That's a new indicator that we currently don't reflect in our system. So, we are updating our systems so that we can receive that information and then share that information with you on the portal.
But other than that, pretty much that's it. The copays are there and that information is there.

Dr. Bobrowski, may we say something, if that's okay?
DR. BOBROWSKI: Yes.
MS. ALLEN: We had two things that we wanted to talk about. The first is in regards to incarcerated members. Recently, DMS released a notice that there will be penalties held against the MCOs if we submit encounters for incarcerated members.
Services rendered to an incarcerated member should not be billed to Medicaid. Those services go through the federal government. So, if we can please state here

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for the minutes that as a friendly reminder, please do not submit claims for incarcerated members to Medicaid.
MS. BATES: So, correction. Stephanie Bates. Sorry I'm late. Just to correct you, the way that incarcerated coverage or eligibility works is if someone is incarcerated, generally their eligibility is suspended for Medicaid and the Corrections' folks pick up any kind of care while they're incarcerated.
However, if they come out for twenty-four hours, like if they go to the hospital, those claims, once they're out for twenty-four hours, come to fee-for-service, not the MCO. Does that make sense?
MS. ALLEN: Yes. Thank you for that clarification.
MS. BATES: So, just know that that's a clarification. Now, I would be shocked if you would see an incarcerated member because they would be inpatients most likely. It would be something that happened, they had their appendix rupture or they got into a fight or something like that. They kept them in the hospital.
DR. GRAY: That's actually when

-10-

we see them. So, how do we know? How do we know this? How do we know how to bill it?
MS. BATES: So, when would you see an incarcerated member?
DR. GRAY: They break their jaw and we see them in the hospital.
MS. BATES: So, that would be included in their hospital stay.
DR. GRAY: It would be while they're in the hospital.

MS. BATES: Right. So, the hospital should know because they're not going to be there alone.
DR. JOHNSON: But the surgeon bills the dental services directly.
DR. GRAY: We bill our entire services. So, how do we know as the surgeon?
MS. BATES: If you are seeing a patient that's incarcerated, my guess is that----
DR. GRAY: Well, they're not incarcerated. They're in the hospital.
MS. BATES: Okay. If you don't mind, let me finish. If someone is incarcerated and they go to the hospital, they won't be alone. They will be escorted in some way. So, that facility will

-11-

know if they are incarcerated. So, they should be communicating that with you. Corrections isn't going to let an incarcerated member just go to the hospital by themselves.
MS. ALLEN: And if I may help. The member will have an "I" indicator on the portal. So, the portal that you go into for fee-for-service, towards the bottom middle, there's a section that has special indicators and they will have an "I" indicator to identify that they are incarcerated. So, if your staff is looking at the patients that you are rendering service to and validating that they have coverage either before you render the service or before they bill, please educate them or ask them to look for that "I" indicator. And if they do have the "I" indicator, as Stephanie stated, then, the claim would go to fee-for-service. Does that help?
DR. GRAY: Not much because if it's not written down on how to do it, if there's not a flow chart on how to do it, we see the people. We may or may not see that they're with someone. We have no way to do that. All we will get is whatever their identifying data is. So, somebody has to know that

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it is fee-for-service as opposed to MCO, but where do they get that information? If it's not on the portal, what I'm saying is there's no way for us to figure that out.
MS. BATES: It is in KYHEALTH.Net. The indicator for incarcerated individuals is listed in KYHEALTH.Net.
DR. GRAY: And how to bill it,

bill it as you said, bill it to fee-for-service?
MS. BATES: No, it probably won't say that.
MS. ALLEN: But we do have a reminder on the Avesis portal that if it's an incarcerated member, please bill to--actually we'll update it to state to bill to fee-for-service. Right now we just state that incarcerated member services are not billed to Medicaid but we'll add in the additional information to send that to fee-for-service.
And, then, we also did send out a letter. DMS sent out a letter - I know this is too far back - but it was August of 2016 that they sent out a letter and we're in the process of drafting another letter that we'll have to submit for approval.
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DR. GRAY: Somewhere the twenty-four hours needs to be in there because that's a caveat that if it's not twenty-four hours, it's not covered. Is that right?
MS. BATES: But it's covered by Corrections.
DR. GRAY: Whether that's county Corrections?
MS. BATES: Right and I can't speak to Corrections obviously, but if they leave Corrections and go in to a hospital for whatever reason. So, that doesn't necessarily mean your ER visit, but if they're inpatient----
DR. GRAY: Our experience with Corrections is that they don't cover it. So, it's essentially not covered.
MS. BATES: So, the federal government does not allow Medicaid to cover services while they're incarcerated.
DR. BOBROWSKI: Okay. That was number one. Now, you had a number two.
MS. ALLEN: Number two is the anesthesia notice.
DR. CAUDILL: A while back, DMS added expanded coverage for intravenous sedation,
-14-
moderate sedation. It used to be only for children and they expanded that to include adults so that oral surgeons especially weren't forced to use a deep sedation general anesthesia code when maybe they were only doing moderate sedation.
However, an unforeseen side

effect of that was all the general dentists out here that had a moderate sedation license suddenly started submitting claims for anesthesia to do two fillings and quite honestly crazy stuff, inappropriate stuff. So, we did come up with some guidelines, basically the ones that were used in Pennsylvania. We met with anesthesiologists and some oral surgeons and, then, we met with both dental schools here in Kentucky and came up with some general guidelines as to when it would be appropriate to use moderate sedation in the private office. And that was sent out by one of the MCOs already and I think we're just pending the final approval on the others for them to go out but it's all the same document. So, we just wanted to make you all aware that that did go out, Humana-CareSource, it already went out to the network for them. So, we're just trying to put some guardrails on so that it's

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used appropriately.
DR. SCHULER: Did letters go out to all the providers?
DR. CAUDILL: In Humana-CareSource, yes, and we're just waiting on some final approvals for the other plans to go out.
MS. ALLEN: And that's our two.
DR. BOBROWSKI: I had a gentleman about two weeks ago. Bless his heart, a lot of people don't like going to the dentist. He was a rather portly young man but they're so nervous. He is sweating just sitting in the chair. Years ago, my office was one of ten in the state that was chosen to do a dental fear program through the University of Kentucky and a rather intense deal on how to handle fearful patients. It was kind of like a pilot program, but it does. It kind of makes you more aware of folks that have really got a true fear and how to help them. So, I applaud efforts to see those people being seen through the Medicaid arena. Our only choice in our area, there's a dentist about sixty-five miles away that will do sedation but it's fee-for-service. It's no Medicaid. Travel time is

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hard. So, I applaud those efforts to make it realistic but still be able to see patients like that gentleman.
DR. CAUDILL: I was kind of the

instigator of that because some oral surgeons came to me saying we feel like we're in a box here. We don't need to really take them all the way down to a deep sedation or a GA but that's the only code we can use for these adults. And, so, we're almost being forced to put the wrong code down in order to get any payment for what we're doing.

And I proposed that through the plans and to DMS and they agreed and expanded it but, then, that opened the floodgates for all the other general dentists who had that certificate in the state to start doing it for everything which was not appropriate. And, so, that's why this document was created and put out there.

DR. BOBROWSKI: I'll let you have a three if you want it. Any other? I won't bring this up again but we mentioned it last time, but another patient brought these in to me from an MCO. I've got four letters to the same child in a family all on the same day stating that it's time for checkups, not dental

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but like their medical stuff. And the person that brought it in, they know I'm on the TAC. A lot of times, people see stuff like this and they say, well, here's a good example of government waste and that's what they tell me. So, I just wanted to make you aware.

And I know some of these things are not in your purview but, then, some of them are but I think it's good for all of us. In our offices, sometimes we're running on a tight budget on some things and we have to look at every penny that we expend. I know the public that we serve watches government spending also.

MS. BATES: So, just to speak to that. So, as you all know, we, Medicaid, DMS pay the MCOs on a capitated basis, so, a per member/per month and we only pay them for one. So, that's their expense that they eat.

So, just know that when those types of things happen on the MCO side that the State dollars are going toward one notice and not the mistake that they may have made by mailing four. I don't know if that helps but we pay on a capitated and all those actuarial calculations of rates are based on things that we require and that but it's

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based on one, not four.

And, so, if those

3 administrative costs to the MCO or a subcontractor
4 include mistakes like that, we don't pay for those.
5 DR. BOBROWSKI: And I'm sure
6 it's probably just a glitch in the software or
7 something that is pumping these things out in
8 multiples instead of one but I just wanted to make
9 the TAC aware and you all aware.
10 DR. JOHNSON: I understand that
11 and that's accurate, but from a member's standpoint,
12 they lump everybody together.
13 MS. BATES: Oh, no, I totally
14 agree.
15 DR. JOHNSON: So, I'm saying I
16 know that's not DMS'--I mean, I know that--I
17 understand and your point is well-received, but at
18 the same time, from their perspective, you're the
19 same person. And, so, it's kind of one of those
20 things, if they're doing it, it's not DMS' thing but
21 they fall under the same place.
22 MS. BATES: Sure, and I agree,
23 but for purposes of the TAC meetings, I'm more
24 concerned that that person gets the care that they
25 need than whether the MCO sent out three extra things
-19-
1 because I know that we're not paying for the three
2 extras things. So, for purposes of this discussion
3 where we know where those dollars go, I just want to
4 put that out there.
5 Of course, for the whole state,
6 I can't explain everything to all 1.4 million people.
7 If I could, I would, but, again, just know that those
8 dollars are directed to one rather than the four.
9 DR. BOBROWSKI: That'S just
10 good to know.
11 Medicaid fee-for-service, any
12 comments, questions?
13 MS. BATES: I thought I would
14 just go ahead and tackle the elephant in the room of
15 the new TAC rules.
16 The Commissioner couldn't be
17 here, so, you get me. I'll just tell you, I'll just
18 relay a message. How does that sound? But you all
19 got the new TAC rules, so, just ask me any questions
20 that you have about it and I will tell you what I
21 know she will say and we can go from there.
22 DR. BOBROWSKI: And I got it
23 down at the bottom.
24 MS. BATES: I'm afraid I'm
25 going to be pulled, so, I just wanted to tackle this
-20-

now.
DR. BOBROWSKI: That's fine.
I've got that on there, that Commissioner Steckel had formed an ad hoc committee for MAC members and TAC Chairs to look at the TAC and MAC operations. Is that a good term to use?
MS. BATES: Yes.
DR. BOBROWSKI: And I did bring a copy of the MAC bylaws. And correct me on this because this is new to us, too. It's like some of the things that the Commissioner was suggesting goes - I'm going to say this as politely as I can - that goes against the MAC bylaws.
MS. BATES: Okay. She's basically looking at the statutes and what's ordered through the law. And if you read them, it's basically that the TACs and the MAC will advise on policies and program development. There were three things. I can't remember what the other is.
And, so, just in a nutshell, just know that she is wanting to get away from the one-off individual discussions; and by individual, I mean down to a person out there and to bring those back to you calling me or you calling the MCO or whatever.

It got a lot of attention, but at the end of the day, she wants you all to look at the program and say we really have these situations where individuals are terrified to get care. So, how can you all add a service that will help that that will result in more care for individuals like an IV sedation or something.
So, it's more of she wants this and all TACs and the MAC to take an advisory role. That's kind of the meat of what she is getting at. It's just kind of gotten, depending on the day and the TAC and all the TACs are different.
DR. BOBROWSKI: And we agree. I understand that. To some of the folks, whether it be a patient calling me or another dentist calling me, it's like yesterday morning, before I even got to work, I had like four texts and two phone calls and some of it is related to stuff that I think the TAC needs to be discussing or that maybe I can help them. I could call Jerry Caudill or I could call Stuart or something on some of these things.
Sometimes the dentist or the patient - and I've got it in my notes here somewhere - but they feel like they have tried all their

25 appeals or they've tried their mechanisms that they
-22-
1 know about, but you all know, when you get into MCO
2 and governmental language, it's like you might call
3 one person----
4 MS. BATES: It's intimidating
5 and you get the runaround.
6 DR. BOBROWSKI: You get the
7 runaround. Sometimes they will call me or another
8 dentist or the Kentucky Dental Association will help.
9 So, I understand that we need to bring some of these
10 things to individual MCOs but sometimes it's like
11 they feel like, sometimes I felt like that I can't
12 find out an answer, so, I just have to bring it up to
13 the TAC and then we can discuss it or at least start
14 a conversation on how to handle this situation.
15 Just like the sedation, it
16 hadn't ever come up before but now we're working
17 through that. We had the deal two or three years ago
18 about the use of nitrous oxide. We brought it up
19 here but we worked through it, and I believe it got
20 more care, just what you were wanting, for the
21 children.
22 So, I understand it. Just for
23 an individual claim, we don't need to waste our time
24 here on stuff like that.
25 MS. BATES: I know that Avesis
-23-
1 and DentaQuest, the folks here will help if there's
2 a phone call but there are Call Centers and things
3 like that. Just like at Medicaid, there are Call
4 Centers and there's miscommunication.
5 So, you know that you can
6 always send me something and I will research it and
7 that's no problem; but for purposes of the time spent
8 here, she really just wants things to be at a higher-
9 level policy.
10 Now, if you get twenty people
11 that have the same issue, then, you come here and say
12 there's this issue, I don't know what's going on but
13 this happened, then, that's appropriate.
14 And, then, the dentists or the
15 folks here or KDA or whoever, I don't know if you
16 already have - she has mentioned this at other TACs -
17 if you already have one-on-one meetings with the
18 MCOs, but that is also something that the others do.
19 Like, KHA is a perfect example. They have their own
20 meetings with the MCOs separately and that's when
21 they go over the actual individual issues.
22 So, it might be a good idea for

the MCOs to set those up. You can't really meet as a TAC without it being open, but as an Association, you can. And, so, that might be another venue for you to
-24-
have regular meetings. A lot of the associations do that. The CMHC's do it. KHA does it. The optometric folks do it. And I don't think you all have those separately but----
DR. BOBROWSKI: We don't.
MS. BATES: And I'm sure they would be happy to do that.
DR. BOBROWSKI: So far - you all chime in here - I feel like we've been able to most of the time get questions resolved by calling Nicole or Dr. Jerry or calling that MCO, Dr. Theresa. People have called, and for the most part, I believe things have gotten handled without those separate meetings. That's what we need is one more meeting.
DR. GRAY: When you say higher level, could you be more specific what it is?
MS. BATES: It could be any kind of policy. Take back when we started with Kentucky HEALTH. You all brought your concerns about Kentucky HEALTH here and the policies that were being developed as we were getting ready to go live with My Rewards and all of that and the suggestions on the codes that should be in and out. Those are high-level policy decisions.
Now, I will tell you that the
-25-
Commissioner is very adamant about once we've made a policy decision, bringing it up at the next meeting isn't going to work because we've made the decision, whether it goes in the favor of whoever has asked for it or not, but it is a higher level.
Remember back when we had address mismatch. It would be let's talk about it and you all, as a TAC, here are the reasons why this is terrible. People need care.
So, it would be just those higher-level things, not - and I don't mean this in any disrespect - but not bringing letters in to talk about the one person that got the letters. It might be here's something I hear all the time. There's all these letters that come in and we don't understand why the State is spending all this money, and our response would be what I said and, then, that's where it stays. And, so, that's the kind of stuff that she would bring up if she were here.
Now, you all know, I've been at

these meetings and I'll answer anything but that's her stance right now and that's where she's going with it.
Sharley, you all jump in if you want because Sharley is the leader and the organizer.

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MS. HUGHES: One thing we are putting together for TACs and I've got it to the Commissioner and so forth for approval is we've asked every MCO to provide us contact names, phone numbers and emails.
I put together a list that we will distribute to each of the TACs so that you all will have that and it will be that person's name and email and direct phone number for you to be able to reach them rather than going through a Call Center if you're having some issues.
One of the members of a TAC last month had a call come in the day before that she was not able to get resolved, so, she brought it up, and my point to her was, what if you had gotten that call tomorrow. You would have waited two months to bring that to the TAC when you could have called us directly or called the MCO and gotten a resolution.
So, we are going to have that contact list out to you very soon. That should help.
DR. GRAY: With this idea of higher-priority decision-making and higher-priority program implementation, this is done at the higher level without input from the TAC. That's what I'm hearing. Is that correct?

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My problem is, where I'm going with this is you can we want this program. It's a great program but we're not going to fund it at all, zero funding, so, you really have no program.
At some point in time, there has to be boots on the ground to implement programs. And if you say this is a good idea but you don't have anyone with boots on the ground that's going to help assimilate this program, it's never going to fly or it's not going to fly well.
And I feel like as a member of this TAC that we have not had a voice and boots on the ground in most of these implementation processes, and this is not with this Commissioner. It's ever since I've been on the TAC, no matter who has been here and no matter what administration.
We are a resource as boots on the ground, and it may not be important about the

paper and how this patient is doing it or that patient is doing it but it goes to the boots on the ground, the people that are actually performing the services. Can we get it done? Is it realistic? You mentioned earlier you can't imagine about the twenty-four hour deal. That's because you're not an oral surgeon. That's not what

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you deal with. That's what I deal with, so, that's what I have to bring up.

And somewhere, when all these things are made, policies are formulated, there needs to be input from people who are actually going to be doing it. I don't feel like we've had that input.

MS. BATES: I know it feels that way, but I assure you that all of the recommendations that came from everywhere but especially the dental community and the vision community we took into account and still--I mean, right now as I speak, there is a meeting about how the Kentucky HEALTH panel that you all look at looks to make it easier for you all based on the recommendations from the provider community.

So, just because a recommendation that's made by the TAC or anywhere isn't implemented, there's a reason. It probably wouldn't surprise you how many recommendations for changes we get and all the bases.

So, it's hard to answer and give a reason for everything, but every single one of them down to why can't we see the My Rewards' dollars in KYHEALTH.Net. So, we understand the reason for asking for those things but some things we just can't

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do because of reasons, because of HIPAA or whatever they are, I don't know, and that's not a good example, but we do take those into account.

But I hear you as far as things like the incarcerated. And I'll tell you, that particular issue is not new but it's newly arising in Medicaid and being looked at all the way down to connecting an incarcerated individual to care as soon as they get out and are released which is important which that hasn't been happening because of eligibility things in the systems.

DR. GRAY: The problem is we have to deal with the patient that drives two and a half hours that doesn't even have the money to get there. And when they get to our office and they're already upset because they're hurting and they get

there and they don't have the money to have what they thought they were going to have done and, then, they're yelling and I mean literally yelling and screaming at us. A doctor was shot in Eastern Kentucky because he wouldn't give pain medicine. It's real. It's real.
MS. BATES: I was yelled at for thirteen years. I know. I've been on that side.
DR. GRAY: It's yelling at a
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higher pitch than ever before. It's frightening to people when we can't get that information. It's just really important that we get it. That's just one point that you brought up. We can't tell them before they make that drive, we're not going to be able to accomplish all this. It would be very helpful to do that.
MS. BATES: But back to this TAC, so, any policy type things, anything that's higher level like that is kind of what she is looking at and not the individual scenarios, not that we don't care about them but there's a place for those and this is more supposed to be policy advice from the provider network.
DR. BOBROWSKI: See, the providers, a lot of them, they just feel like administration doesn't care. I don't mean to be blunt but that's what we get on our side of it. Sometimes we get it back from them.
I think the relationship between a lot of the MCOs and the providers is getting better because of dialogue that we're having and we're working issues out.
I'm really concerned about the My Rewards Program, and I know what you all want, but
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there's logistical things that are going on that are going to really make it hard for a general dentist office to absorb the additional cost of checking these people in.
Right now, the patient, when they come in, we are able--in Medicaid, if you're doing fifty, sixty percent or more Medicaid, sometimes it's not that you're trying to do illegal treatment. The treatment that they need to have done, it's right there.
The patient has got five cavities here. Well, instead of being able to come in and do one, right now, we can do, hey, look, we had a cancellation at ten o'clock. Do you want to

stay and get these other ones done? Yes, let's get them done. So, it helps us to be able to make $100 that hour instead of $39.
MS. BATES: Right.
DR. BOBROWSKI: We could talk about this another day.
DR. McKEE: Well, on a higher level, that's better patient management, too, not just the extra $71 or $61. That's better patient management.
MS. BATES: Well, because you

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might not get them back, right? They might not come back and there's that.
DR. McKEE: True. It might not be covered next month.
DR. GRAY: And the cost to the patient driving in.
DR. SCHULER: So, let me ask you this. When new policies are being formulated because you've kind of stated once a policy is in place, it's going to be a challenge to get anything undone, as those new policies are being formulated, is it routine practice for those to be brought before the TAC for comment and consideration before they are implemented?
MS. BATES: I think it really just depends on the policy. If it's a policy that we're implementing because of a change in a federal regulation or something that we have to do, we kind of just have to do it.
DR. SCHULER: Sure.
MS. BATES: Now, how we implement it or put it out there or how fast we have to do it depends on whichever one. Yeah, I mean, those are totally open for comment. Regulations are always open for

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comment. A lot of our policies come out of things that are changed in regulations and sessions like this. So, if you all are interested in that kind of thing, you really need to follow those types of open--open whatever they are, regs or whatever. SPAs are a good one. Changes that are made through the State Plan Amendments, they're put out there for comment. So, there's so many changes that happen that may not just relate to the dental community. We don't necessarily reach out and say this is going to change. We try to use our

MCOs as our arm to communicate things but a lot of times it's when it's already been decided. So, as things happen, we can bring them to you all, but it's usually going to be more of an implementation, but that doesn't mean--I keep coming back to address mismatch. That doesn't mean just because that policy was implemented whenever it was a few years back, we were able to do away with it. And, so, if you come to us once that policy is implemented and lobby for it to not be and give us reasons why, which that particular policy, I was on board with all the providers on

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that, but, seriously, that's the kind of stuff. So, it isn't that once a policy is implemented it can't be changed, but the point is for purposes of the Commissioner and I'm just warning you on this is that if we said here is the answer to the question today and, then, the next Dental TAC, the same question is brought up like we don't like copays or something, then, she's going to say we've already answered this. And, so, that's the kind of thing that I'm talking about. It's kind of from one month to the next, the answer is not going to change but it may when you get a new Commissioner or a new administration or a new director over something or whatever it is.

DR. GRAY: My question would be if it's the Dental Technical Advisory Committee, in what capacity - and this is a serious question - but in what capacity would they like our advice, would the Commissioner like our advice? At what point in all the processes would the Commissioner like our advice?

MS. BATES: I mean, and I'm speaking for myself and Sharley can kick me, but any advice that you have that is going to help the member community, the providers because we wouldn't be here

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without the members and the providers and I recognize that very much so. So, anything that would help. And, then, overall from a fiscal standpoint, if you see something that's going to save the State money, that's obviously always of interest to us but we don't want it to be at the detriment of a provider or a member. So, any advice that you all have that you see out there because you are boots on the ground would be welcomed.

DR. GRAY: Would there be any advice appreciated in the development of higher-level programs or is that done and, then, advice on how to implement or would it be in the formative stages of policy?
MS. HUGHES: One thing the Commissioner did tell us was that we would need to do a better job of bringing changes that we could bring to you all to you before a decision is made. Like Stephanie said, sometimes those decisions are made a whole lot higher than my level and even higher than her level. And once they are made, then, at that point, it's like, okay, how do we implement it, but the Commissioner did challenge us of bringing, if we can possibly do it,
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bringing to you all this is what we want to do. Tell us, is it going to be a really bad idea or is it going to be a great idea but it's going to be hard to implement and that type of stuff.
DR. SCHULER: And that's really what I was talking about.
MS. BATES: A perfect example right now today would be the telehealth reg that's out there and it's wide open. It's wide open.
DR. BOBROWSKI: And there's some problems with some of that.
MS. BATES: And I sit here to tell you that we've gotten many recommendations from the provider community, from associations that every single question we either say, yes, we can do that and we've changed it but you just haven't seen it yet.
So, things that are wide open, then, in my opinion, and the dental community should have a very high interest in the telehealth regulation, then, I would get your advice over and your questions because even if it's not advice, if it's a question that you have, it sparks in our mind, oh, wait, that doesn't make sense, so, we do need to change that. And we received questions very specific
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to dental from non-dental providers and not necessarily we haven't heard much from the dental community. So, that's a perfect example of where, even in this meeting but even outside of it, where we welcome comments because this is the time. 7/1 is game on and we are making those changes.
DR. McKEE: What is the date of closure for the comments for the telehealth?

MS. BATES: I knew you were going to ask.
MR. OWEN: It's the end of this month.
DR. CAUDILL: But I can give you an example of what she talking about because I've been sitting on committees with the Telehealth Board to make recommendations to DMS, and one of their thought patterns was, well, we'll designate a telehealth encounter or treatment with a modifier. And I had to say, well, excuse me. Dental claim forms don't have modifiers. Well, the other people on the committee had no clue. So, if you're not at the table, you're on the menu. If you're not there to make these things happen, then, you've got to try to unwind it after it's already taken place and that's a

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whole lot harder to do.
MS. BATES: So, when we revise this regulation, dental providers in our minds are absolutely in there. It's any Medicaid provider that's acting within their scope of service and that covers obviously a dentist. But to Jerry's point, if at the end of all of this, all the questions haven't been asked and the operationalizing of it doesn't work, then, come 7/1, you can't get paid for a telehealth, right, and then we've got to figure all that system stuff out. So, that's a good example.
DR. BOBROWSKI: I've got a question for you, then. On the telehealth bill, why is there language in there that it pays a certain rate the first year, but after the first year, your payment is cut in half?
MS. BATES: It wasn't cut in half. I think it was eighty something.
MR. OWEN: Five.
MS. BATES: Eighty-five.
MR. OWEN: I think it says to allow providers time to acclimate and build the technology and related infrastructure to do it more efficiently. I think that's actually what the reg

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actually says but that's the reason why.
DR. GRAY: I think that's helpful and I think it would be helpful for us without you all to meet with the MCOs to say, hey, where do we need to go.
MS. HUGHES: And what the

Commissioner has offered, if you all want to do this immediately following your TAC, we can extend the time that we have this room reserved for, if it's available at the same time you all have your meetings, and, then, you all can sit around and if you've got a bunch of claims issues and that type of stuff, that you can meet one-on-one with Avesis and DentaQuest and hash that out.
That is something that we've offered every one of the TACs is that if you all want to get down to the claim level and have claims discussions, we can extend your time here. I don't know if you all have your offices closed or whatever, but if you wanted to do that, you can.
DR. CAUDILL: So, after the official meeting is adjourned.
MS. HUGHES: Yes. After we've closed the TAC meeting.
MS. BATES: And that way, you

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don't have to have a separate meeting and you can kind of go over these one-offs.
DR. BOBROWSKI: I think a good policy thing that was started here a year or a year and a half ago was the silver diamine fluoride. We brought that and I think you all had some good information and background data to bring that in and it helps children with that need and sometimes it can even help folks in the nursing homes, the two ends of the spectrum there of age groups.
DR. CAUDILL: And Red Bird Mission is doing that right now. They're going to nursing homes and senior citizen centers and they're using silver diamine fluoride because that's a non-ambulatory population that can't get to the dentist. So, they're going to them.
DR. BOBROWSKI: And that's a policy change through DMS that's been helpful to the citizens out there.
MS. BATES: But, anyway, so, as far as fee-for-service goes, outside of that, we do not have a Dental Director yet but we're working on that. So, Dr. Liu for a minute was Dental Director, Medical Director and Pharmacy Director but we have a Pharmacy Director now. So, now the next is a Dental

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Director.
DR. BOBROWSKI: Okay. Good deal.
Under Old Business, the

eligibility check-ins has gotten better. I just wanted to thank everybody for working together on that and getting that mostly resolved. Under Old Business, we had sent in a question to the State on age and claims paid information. And we did get a response back but it had nothing about ages in there.
MS. HUGHES: See, I didn't know what kind of data you were actually requesting.
MS. BATES: What is that question?
DR. BOBROWSKI: We had through the portal which we're supposed to go through----
MS. BATES: So, it was a data request? You're talking about the data request?
DR. BOBROWSKI: Yes.
MS. BATES: And you all got the data.
DR. BOBROWSKI: And it wasn't right.
MS. BATES: Wasn't right in
-42-
what way?
DR. BOBROWSKI: Well, we had asked for an age breakdown of claims paid. We used to get the geo maps where it showed where a dentist was providing services, but we asked to get a little bit more information on that of what age group of dentist is providing "x" number of paid claims across the state so that we could see who is providing services.
DR. JOHNSON: Nicole, wasn't she going to help do that stuff?
MS. ALLEN: Yes. I sent you that information, the specs for how we generated the report previously. I did send that, I think, like within two days after our meeting.
DR. JOHNSON: You did?
MS. ALLEN: Yes.
DR. CAUDILL: It was how to fashion the request.
DR. JOHNSON: I don't know how to process it to send it to you so you can get the data that you want. Basically what we're looking for is paid claims on how much is, you know, a breakdown of zero to $1,000, $1,000 to $500, whatever per provider and, then, we want to know age breakdowns of
-43-
how many providers are providing claims mainly so that we can tell if 80% of the claims are done by

people who are 55 or 60 or older, what is going to happen in ten years.
MS. HUGHES: So, you want the age of the dentist.
DR. JOHNSON: Of the provider.
DR. BOBROWSKI: We had that information sent in through the portal and it just wasn't the correct information that was requested. And, Nicole, I----
DR. JOHNSON: I can still find that information----
DR. BOBROWSKI: I'll have to look. I'm sorry. I didn't see it.
DR. JOHNSON: ----that we were looking for.
MS. SINTHAVONG: I think it's just ensuring that the TAC Committee asks for the appropriate specs and that's when Nicole was going to send that because we used to provide it as MCOs and, then, we were told we were not supposed to, and I think that we were previously told just make sure you have exactly the data that you're requesting. So, maybe if that's not
-44-
correct, they can speak to somebody that can tell them, okay, this is what you need to request.
MS. BATES: Let me talk to the Commissioner about this because she hasn't really even talked about data requests with our new procedure for TACs and stuff. So, let me ask her how she wants to handle those. She may ask that you all send them through open records and that way you can explain exactly what you want since you're not going to know the specs that are in the system, but let me go back and talk to her about the data requests and see if she wants to do something. That system and stuff, that was before her. That was when Veronica was here. So, I will look and I'll talk to her. Will you send me what you sent him just so I have the specs in case she says, yeah, go ahead and do it and we'll see if we can do it?
MS. ALLEN: Yes, I will send it to you.
MS. BATES: Thank you.
DR. BOBROWSKI: You asked us really not to bring up copays.
MS. BATES: No, I didn't. I said don't ask us to not implement copays because we
-45-

already said that we were.
DR. BOBROWSKI: Okay. I understand the difference. I got this. We've been told children do not have copays.
MS. BATES: Correct. That is the way it's supposed to be as of 1/1.
DR. BOBROWSKI: Even at my office, we had another 13-year-old that did have a copay on their portal information. And I copied off, are services exempt from copays? Exceptions may apply but are not limited to emergency services, preventive services. Providers should reach out to the MCO for specific codes.
MS. BATES: So, the blanket answer to your 13-year-old question is no 13-year-old should have a copay that's on Medicaid regardless of what you read on that document because those copay rules about like emergencies and all that stuff, like, a child should not have a copay anyway. So, I would like to have an example of where, if you have that actual child because I need to see who the MCO was.
DR. BOBROWSKI: Okay. And, then, the same thing like here. Just kind of the way things are worded, it just leaves it open for

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ambiguity. And like I said, this one here, I got this and they called the MCO and I've got a reference number for it and the MCO said, yes, there is a copay on the children.
MS. BATES: No. I'd have to see the example.
DR. BOBROWSKI: That's where we're getting mixed messages.
MS. HUGHES: Did I send you an email asking for the example so we could look at that one?
DR. BOBROWSKI: Yes, and I didn't have access to that specific one. That's why I didn't get back with you on that one.
MS. BATES: And do you have the provider copayment logic that was sent out?
MS. HUGHES: That was sent to all the TACs.
DR. BOBROWSKI: Here it is. I'm up with you. I'm trying to stay on top of this stuff.
MS. BATES: I'm not interpreting that for you today. I'm being off the cuff but we'd be here all day long.

25 DR. BOBROWSKI: It's just like
-47-
1 on here, copay is not deductible when maximum cost
2 share levels are met and, then, it's got 5% out there
3 at the end of that sentence. Are you all trying to
4 throw me off? What is that 5% on there for?
5 MS. BATES: That's how we
6 calculate the--so, a Medicaid recipient, once they
7 hit 5% of their income or whatever for what they pay
8 out in copays or whatever they're paying out, then,
9 they no longer have to pay the copay or the premium
10 if we get to Kentucky HEALTH.
11 And, so, in your Kentucky
12 HEALTH portal, so, just imagine your portal and it's
13 not a child, so, we're going back to an adult and it
14 says copay indicator, yes, so, they have a copay,
15 but, then, you go down to cost share and it will say
16 no if they've already hit their 5%.
17 But all of that, what I just
18 said, is why they're having a meeting right now to
19 look at those screens because there's also the caveat
20 if they're under 100% of the FPL, you can't deny them
21 services. So, we're trying to make all of that more
22 user friendly instead of just saying--I think it says
23 poverty indicator right now for the FPL and we're
24 just going to say under 100% or over 100%.
25 DR. GRAY: When you say can't
-48-
1 deny services, what does that mean?
2 MS. BATES: That means if they
3 are standing in front of you and they can't pay a
4 copay, you still have to see them.
5 DR. BOBROWSKI: See, some of
6 the wording in some of this, it talks about the
7 pregnant ladies and children, that they don't have
8 copays anyway, so, why is there language in there
9 that we can't deny them services? We weren't going
10 to deny them anyway because they don't even have a
11 copay.
12 MS. BATES: Well, it's doubly
13 you can't deny them, so, you really can't deny them.
14 DR. CAUDILL: So, it's all
15 children including KCHIP's don't have a copay, right?
16 MS. BATES: Yes. KCHIP III did
17 have copays before like in the fee-for-service waiver
18 world but we actually took those out, so, that way we
19 could say all children have no copays.
20 DR. GRAY: What if they don't
21 have any money left on their----
22 MS. BATES: Now, My Rewards is

a totally different story. We're getting into some weeds but I'm talking about in today's world of copays outside of the waiver, you can't deny them
-49-
services if they can't pay. My Rewards and Kentucky HEALTH are totally different.
DR. CAUDILL: Is that only if they're under 100%, though?
MS. HUGHES: Yes.
DR. GRAY: Will there be a can't deny services to My Rewards if they don't have any----
MS. BATES: Our Rewards' services are not necessarily covered services. That's a different story. We can't get into all this here, and I understand you have the questions and we are happy to have a meeting with you all separately. I mean, we've been doing this now for over two years and all of those policies on things really haven't changed much.
And, again, I thought that David Gray, but we've met with KDA. We've been at the table. So, if there are unanswered questions that we haven't already answered, I'm happy to answer them or answer them again but please send them to me and we'll do that.
DR. BOBROWSKI: I know that David Gray came to the KDA and I was there and it was a good introductory meeting.
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MS. BATES: Well, he's not going to know all the policies and that's fine. His role is to say, all right, so, I met with them and they don't know anything, so, you all need to meet with them. I mean, that's basically what it comes down to and we're happy to do that to get in the weeds, but, again, I don't know that we need to do that here.
DR. BOBROWSKI: We need to bring some of these things up so that we can dig deeper into them because, like you said, even yesterday, I had numerous texts and phone calls. It's not like that every day but I get a lot of emails, texts, messages, phone calls and sometimes I can't answer all of this.
MS. BATES: Right. Right.
DR. BOBROWSKI: And I've got ladies out at my front desk that have been with me for twenty, twenty-five years doing Medicaid and this stuff is confusing to them.

MS. BATES: It's confusing to us honestly sometimes. I'm just being real honest.
DR. BOBROWSKI: Thank you.
MS. BATES: We're all human beings, right?
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DR. BOBROWSKI: You take an office that's got a new receptionist and----
MS. BATES: Well, if you take a Call Center at the MCOs or DMS that you have a new person. So, if you get an answer like you did, those things happen but we want to try to keep them from happening.
DR. CAUDILL: And when you call Provider Relations or call me, I call Phoenix and they re-coach that person who gave the wrong information. As Stephanie said, we have a constant turnover of employees just like you have a front desk person change or a system change. Well, so do we and we train them but sometimes new trainees make errors and, then, they have to be re-coached.
DR. BOBROWSKI: Well, my staff says call Dr. Caudill. Don't call Phoenix.
DR. CAUDILL: And that's why I give my cell phone to everybody.
DR. BOBROWSKI: Before you have to leave, I need to bring up one other thing. I know right now, one of my staff is going through the webinar trainings for the MPPA project and it's an hour and a half a day for four days. She printed this stuff off just in case she had to make notes.
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Now, this is two days of webinar information. My question is, why could the State not have--a lot of dentists are already signed up with a national clearinghouse, ProView Administrators, CAQH. Why could the State not have used that because all of our information is already on there and the dentists can click buttons? Do you want to allow all insurance companies that are requesting data from you to get this data or you can select which insurance company or entity like that to use your data.
Why could the State not have used a system that is already set up nationally? I know he has already had his staff under training. That's just two days of information right there.
MS. ALLEN: Dr. Bobrowski, is the MPPA, is that the new credentialing portal for credentialing?

MS. BATES: No, no, no. It's the provider portal.
MS. Oh, okay, just the provider portal. All right. Thank you. Sorry.
MS. BATES: So, the provider portal is enrollment and credentialing is separate. So, those are two separate things, and House Bill 69
-53-
has told us that we have to do one credentialing verification organization, that we have to have one of those. And, so, right now, we're in a procurement status where we are procuring for that one entity which will be combined with the provider portal to try to--it's basically an automated process for enrollment and credentialing but where you as a provider will only have to do it one time.
So, back to the provider portal, everything that Medicaid does is tied back to some sort of permission and funding from the feds. And, so, if we start something and say we're going to do "x", whatever it is, a provider portal, then, we have to follow through that in order to still receive the federal funding for that. And, so, that's part of the reason.
Now, to your point, when this CVO, one CVO becomes a thing, we're hoping that then you won't have to do all that. That's the whole point; but right now, this training is meant for providers that need to use it and work through that now.
As far as the amount of information, if we didn't give that amount of information, then, we didn't give enough. If we gave
-54-
more, we gave too much. So, we're kind of in a win/lose situation with those types of things, but there is a current development right on the edge of a procurement for this uniform, centralized credentialing verification organization which will kind of integrate with the enrollment process to make it easier for you as a provider so you don't have to enroll with us, go to Avesis, go to DentaQuest, blah, blah, blah.
DR. GRAY: As an advisory committee, I would support your all's looking at that and specifically looking at what most of the dentists in the state are doing. Just as a matter of information, when we bring on a new person in the practice, it costs us $5,000 to get them credentialed with hospitals, with insurance companies, with

Medicaid. When we use an outside credentialing source, it's a $5,000 process. And if they're credentialed next door, it doesn't make any difference. It has to be redone and it's $5,000 per click and that's just a tremendous amount when you can go to a central.
So, if you guys can make that happen, we would support that a lot. If there's one that's for pharmacy and one that's for medicine and
-55-
one for dental, I don't know that any one meets all the needs and it would be nice to look at that.
MS. BATES: I think it will be more of a here's all of it. And, then, depending on your provider type, this is what we need kind of thing and you check off the boxes, but we definitely just by law have to go to the centralized CVO and that is happening. It's moving forward.
DR. BOBROWSKI: Well, that's just what we were wondering was if you have to do it, did the State look at systems that are already set up to do all of that?
MS. BATES: And if I remember, wasn't there some issue with - and I'm not with Provider Enrollment - but wasn't there a system issue between the dental database or whatever and getting that automated information over to us? I thought there was at one time.
I'll ask Kate and Carl about it just in case because I thought there was at one time, but I suspect this will be remedied through this centralized CVO but I'll make sure that I bring it up to them.
DR. BOBROWSKI: See, even on the back of this cover page here, another thing, it
-56-
just says Tips for Success. Stay in Touch with your Kentucky Department of Medicaid Services, your Technical Advisory Committee, the TACs, licensing boards or professional associations for updates and information.
So, when I see that word TAC on here, we've got to be up to par on all this stuff, too.
DR. SCHULER: I'm not up to par on it.
DR. BOBROWSKI: You're not up to par?
DR. SCHULER: No, I'm not.
DR. BOBROWSKI: Well, I've got

to read this tonight and there will be another stack when I get home because she's listening to another webinar today.
MS. BATES: We're full of information.
DR. BOBROWSKI: Any other questions?
DR. SCHULER: So, back to the copays and the portal changes that you all are talking about, do you have any idea when that will be done or will we be notified when that is done? Will
-57-
the providers be notified if there's like a change in how that looks?
MS. BATES: So, yes, and I'll tell you one change that's definitely getting ready to come up in March is currently providers can't see the medically frail status anymore because medically frail is not an active status right now because we're not on with the waiver; but in anticipation of our 4/1 go live, we're going to start making that visible like the first week of March, but everything aligns with big, huge system uploads. They take days, days at a time for these changes to take place.
So, like the system changes they're talking about in that meeting right now, it will probably take two, three months for them to go in because, one, we're loading all this stuff for Kentucky HEALTH to go live 4/1.
So, it kind of takes a little bit of a back burner, but on KYHEALTH.Net or when you sign into that portal, it should say system changes or you can now see medically frail or whatever, whatever the change is.
DR. SCHULER: When you log in, the changes will be there.
MS. BATES: It should be.
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That's what we've asked.
DR. SCHULER: As opposed to just logging in one day and it's a different screen.
MS. BATES: And saying what is this, yes, because I know from a provider's standpoint, if you're looking at an EHR, if you get one little system change where it even changes the font, it freaks everybody out.
So, I understand if you're changing words and it's the same concept, yes, I totally understand.
DR. SCHULER: Thank you.

DR. GRAY: When will we be able to find out what medically frail means? Is there a definition? I'm sure there is somewhere for medically frail.
MS. BATES: Yes. Medically frail has been talked about for two-plus years now. So, that's all out there on the KYHEALTH site.
DR. GRAY: I've seen it but I can't determine. Is an insulin-dependent diabetic? We just have to look on the portal and see.
MS. BATES: So, medically frail is determined in a few different ways. One is there was a medically frail tool that was developed by
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actuaries that uses already the MCO claims data that's out there. So, it looks at services and diagnosis codes. And, so, that spits out a bunch of people that are medically frail. That's a simple way of saying it. So, it spits out that list. Then there's the medically frail attestation. So, you as a Medicaid provider, if you know that someone by way of whatever record that you have is insulin dependent or has this or has that, you can complete that medically frail attestation and sign off as a Medicaid provider attesting to medical frailty.
Now, in that instance, that form is sent back to the MCO and is, we call it scored. It's scored. So, it still has to meet by their scoring whatever, their rubric or whatever you want to call it, their own tool, their paper tool, it still has to meet medical frailty because you could say I'm medically frail but I still have to have something, right?
And, then, the only other ways are through the automatic type systems which would be SSDI, like a disability, if you're on disability or the Ryan White Program, those type of things.
DR. GRAY: I've never seen a
-60-
list that says if you're on Suboxone, you're medically frail.
MS. BATES: There's not going to be.
DR. GRAY: So, there's not going to be a list.
MS. BATES: No.
DR. CAUDILL: Is that only sent from the physicians, like an oral surgeon?
MS. BATES: Any Medicaid

provider that wants to put their name on they're attesting to it can do that.
DR. CAUDILL: Based on history and medications being taken.
MS. BATES: So, you know as a provider that when you see someone, it's very relevant to you as an oral surgeon to know and get the medical records on someone who has diabetes and how severe the diabetes is.
So, if you have that in front of you and you can attest to what you see, that doesn't mean that their diabetes doctor has to sign off on it. You can sign off on that because you have the proof right there, right? And you don't have to send that in. That's not required to send in to the
-61-
MCO but you are signing off with your name. So, if it ever came back to you, you could say, well, here it is. We had it in the medical record. Does that make sense?
DR. CAUDILL: Yes. Thank you.
MS. PARKER: It has to go through an algorithm to determine medically frail.
MS. BATES: No. We're talking about the attestation. The algorithm is the automatic.
MS. PARKER: Okay.
DR. BOBROWSKI: Since you brought up copays again, in this literature, there is a sentence in there----
MS. BATES: Which literature, the one I did? My work has never been referred to as literature.
DR. BOBROWSKI: One of the statements in here somewhere says that April 1st, the copays will end when My Rewards starts.
MS. BATES: I'd like to see that literature. So, we're going live 4/1, right? So, everyone who is in Kentucky HEALTH that is assessed a premium will be assessed a premium. There's still a handful of
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folks that are in Medicaid, like a fee-for-service, like your 1915(c) and long-term care and those type of things, if a copay applies to them, if they're not exempt from a copay, they will still have a copay; but if you're assessed a premium, then, you're assessed a premium.
So, those who aren't assessed a premium and who aren't exempt from copay, cost-

sharing basically will have a copay. So, there are a handful of people out there that that could apply to. Now, fast forward. When people start like not paying their premium and those that are under 100% of the poverty level, so, you go a few months and you don't pay your premium, well, we can't discontinue your Medicaid because you're under 100% of the poverty level, those folks are the ones that will also be assessed a copay.
None of that policy has ever changed the two years we've been doing it.
DR. CAUDILL: Was there an announcement that they were going to have a moratorium on the premium for a month or two?
MS. BATES: That's separate.
Why are you trying to confuse them?
DR. CAUDILL: Because I think
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it goes to saying that if there's no copay, it's going to be assumed they've made a premium payment even if they didn't, right, and I think maybe that's where he's getting that information.
MS. BATES: But if you're assessed a premium, then, you don't have to pay a copay.
So, 4/1, if Garth gets a letter in the mail that says he's going to have to pay a $1 premium on 4/1 or whatever and that's not a letter-- like, the Notice of Eligibility says this, that you have to pay a premium - but we as a state have decided to waive the premium for the first month because we don't know if we're going to get a judgment basically - then, you still don't have to pay a copay because you still have to pay a premium. We're just telling you you don't have to pay it for April 1st. Does that make sense?
DR. BOBROWSKI: Right. I read that, yes. There's the part about the pregnant women.
I'll just have to get with you on some of these other questions.
MS. BATES: That's fine. You can come in and we'll knock them all out.
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DR. BOBROWSKI: Okay. Still back on Old Business, I know that Jessica was going to look into a couple of things. One was they were going to look into DMS developing U-Tube instructionals, and the other thing was like on prescription filling policies.

MS. HUGHES: What prescription filling policy? She didn't----
DR. BOBROWSKI: She didn't pass on anything?
MS. HUGHES: No.
DR. BOBROWSKI: In the sake of time, I'll get with you on that.
MS. HUGHES: But I know Stephanie has told you all a number of times to email her. If you want to email me also because she is extremely more busy than I am and I can follow up and help her get your answers back.
DR. BOBROWSKI: Okay. Is there any other Old Business? Hearing none, New Business. I put some of these questions on here. How are persons notified that they are not active? How are patients notified that they are being moved into the My Rewards Program? How are patients from another state

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receiving Kentucky Medicaid? I know sometimes there are certain situations on the borders.
MS. BATES: I can answer some of these offline for you. There are compacts that states have with each other when someone needs a service in another state but they still live here. There are rules which allow for those types of things.
Sometimes the other agency might be responsible for paying for things, but there are very few but there are instances where we do have compacts and they're written agreements between states. And that's a lot of times because we don't have whatever the service is where they had to go. But, then, for Kentucky residents obviously on the borders, they can receive services across the borders because those are Medicaid providers.
DR. BOBROWSKI: I'm pretty far up in the state but we've got people from Nashville, Tennessee that show up as Medicaid eligible.
MS. HUGHES: For Kentucky Medicaid?
DR. BOBROWSKI: Yes.
MS. BATES: Well, so, but you

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have to--and, again, we don't want to get into specifics here. So, if you send me some of these, but a lot of times, so, Vanderbilt is a big Medicaid provider. And, so, sometimes the address might

because of the care that they're getting there because we don't have it here, that might be why the address change.
There's different reasons for everybody and it's very HIPAA-specific. So, I don't want to get into a lot of this here, but, yes, there are instances where some people - not very many - but some people do have out-of-state addresses.
DR. BOBROWSKI: The reason I was asking about the not active, boy, we've just had a - and, again, not just me - I mean, I'm getting phone calls on this - that people are showing up for their dental appointments or their oral surgery like at eight or nine o'clock in the morning and we have to check eligibility that morning.
Well, they're not eligible.
They're driving two or three hours to get to this oral surgery appointment or this dental appointment or they're driving an hour.
I've gotten calls from dentists in Louisville that are Medicaid providers that are

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seeing patients from Western Kentucky because there's not very many Medicaid providers in Western Kentucky.
So, people are driving to Louisville.
They get there, can't be seen, are not active in the rolls. So, how does the patient not know that ahead of time?
And, then, I've done a little non-scientific test in my office. A lot of the adults - I've asked them - have you gotten any literature on April 1st being moved to My Rewards Program? And I said, I know there's different qualifications.
DR. McKEE: They haven't gotten it.
DR. BOBROWSKI: They haven't.
Now, I saw a thing that said something like the State was advertising - not advertising but announcing that there had already been $70 million accrued in My Rewards, but people in my area don't even know what My Rewards is and this is supposed to go live on April 1st.
So, what I'm asking, how are they going to earn points to be available April 1st for dental treatment?
DR. McKEE: Isn't this what the

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Foundation is supposed to be doing?
MS. BATES: What?

DR. McKEE: Informing potential
My Rewards' recipients on how to work the system.
MS. BATES: That's part of it,
but My Rewards is not a secret. All of this same
stuff went out last year and we have as a State made
a policy decision to allow all the way back to the
beginning of last year folks that will eventually
have a My Rewards' account to accrue money, even all
the way down to at the end of the year last year, we
allowed them to accrue money those that never went to
the ER the whole year to accrue money and it pushed
the amount of money up a lot.
We did that because we didn't
want anybody to go without services April 1. So, if
a Medicaid recipient has been going for their
preventive visits and doing all the things that
allows them to accrue points, their HRA and all that
stuff, then, they should have money in their
accounts.
So, their Notice of Eligibility
will tell them where they are, like what plan they're
in, if they have to access My Rewards or if they
don't and that won't go out until May because we
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won't know the eligibility file. It's all very
technical but the eligibility file that we use to run
to know exactly who is going to have that on 4/1
doesn't even happen until March. And, so, we don't
want to notify you. That's mistakenly notifying you.
But as far as the amount, you
know, what do you? So, you make a choice. Do you go
ahead and just throw everything at them right now and
confuse the heck out of them because they don't
understand, and, then, we get a judgment and, then,
everything happens like it did in July? Which one is
less confusing is kind of where we are as a state.
We have to make a decision - go all in or whatever.
So, all the information is out
there that has been out there about My Rewards and
what it means, all of the information that went out
from the MCOs before it went out and it was not
mailed back from the recipients. So, they have it.
And I understand that Medicaid
recipients, they don't understand. A lot of them do
actually understand and there's a lot of questions
out there, but I think that as of right now, the
folks that make those decisions have decided to be
very sensitive to making a mass notification once,
twice, now we're on number three. And, so, we've
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just got to be really careful about how we implement this going forward.
DR. BOBROWSKI: Well, I've been asking adults, probably three to five a day over the last month and a half. I've had one lady, at first she said no. Then she said, well, you know, I think I am getting some points because I've been taking my children to doctors' appointments, but I've had one adult.
So, what I'm worried about is come April 1st or April 5th, whatever, we're going to have patients that are going to want dental services and are expecting to receive them like they always have and, well, now it comes up that they don't have any money accrued. Will they pay cash? Will they go to the emergency room and the hospital bites the bill?
So, that was my concern. Like I said, it was an unscientific personal study in our area that I was asking patients have you heard of My Rewards. No, they haven't.
So, either they're not reading their mail which that could be happening, but I just wondered what the State was doing on notifying patients of this change in eligibility.

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MS. BATES: As far as the State, the State notice will be the Notice of Eligibility.
MS. HUGHES: And just to clarify, Stephanie. A while ago, you said that will go out in May. Did you mean to say March?
MS. BATES: Yes.
MS. HUGHES: There's a lot of dates going around and I heard you say May and I was like, wait a minute.
DR. BOBROWSKI: You all can read the next one.
MS. BATES: Which one?
DR. BOBROWSKI: Pharmacy patients, they will swipe a card to get their medicines and to determine eligibility but that's only on the State site, but, then, the patient--well, the pharmacy calls us back and it shows that they are eligible on the State site but they're not eligible on the Avesis site.
So, the pharmacy is confused now. The office is confused and the patient is confused.
MS. BATES: The State site is

the source of truth.
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DR. BOBROWSKI: I've read that before but can I tell you something on that?
MS. BATES: Yes.
DR. BOBROWSKI: And I've had some Louisville dentists contact me about that, that if they still go ahead and see the patient because the State site says they're eligible, then, they do the work. Their MCO denies the treatment because they weren't eligible on their site.
So, then, a dentist has to go back and appeal and go through the appeals process and that takes more time that they just don't see the patient.
MS. BATES: So, then, Avesis and DentaQuest need to answer to that because if they are showing as eligible on our end and the MCO gets a file every night, then, Avesis should also have that information. And, so, if you all want to speak to that, you can.
DR. BOBROWSKI: It's a lot better than what it was six weeks ago but glitches are still happening.
MS. ALLEN: And is improving.
With the changes for the new categories that members fit into and things of that sort, we are adjusting
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our system.
I think I shared at the last Dental TAC meeting, we've basically moved the Medicaid patients into more of a commercial setup. So, we had to adjust our systems for that. Our systems are set up for Medicaid and a patient was a Medicaid recipient adult and they stayed in that one group and they stayed in that one group until they were no longer eligible for Medicaid.
But now with Kentucky HEALTH or the soon-to-be Kentucky HEALTH, members can switch between groups a lot which is very similar to commercial. So, we have updated our systems to accommodate that. We've worked with our MCO partners to ensure that we have the same information they have in their system. There are still a few glitches but we are working through them.
If the providers are receiving claims that are denying because the member is not eligible in our system but they're eligible in DMS' system, they're eligible in the MCO system, please let us know. We have to work with that provider to

get those claims adjusted. It does not require an appeal. So, you don't have to go through that appeal process.
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DR. BOBROWSKI: See, that's what they were told.
MS. ALLEN: It doesn't have to.
DR. BOBROWSKI: They had to go through the appeal process.
MS. ALLEN: And in those cases, if you could please encourage that provider to give us a call. As Dr. Caudill mentioned earlier, we can go back and educate that Customer Service representative that gave that information, but, no, that doesn't have to go to appeal. And also as a sidebar, if a member's eligibility is listed incorrectly in our system and then we correct it, we do a look-back on the claims. So, if the claim processed incorrectly and denied as member not eligible on date of service and, then, we updated and it shows that they are eligible, we go back and we look at those claims and, then, we automatically adjust those to pay. And as I say, it doesn't require an appeal. As soon as we get that eligibility history fixed - the provider doesn't have to do anything - we'll go back and adjust those automatically.
DR. SCHULER: Do you all
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require any documentation to show that the State site was looked at?
DR. CAUDILL: We just go to the State site and look and, yeah, it's there and we fix it and auto pay it.
DR. BOBROWSKI: Any other New Business?
DR. GRAY: I would just like to air it for the record that CAQH is what most of the dentists are using for the central credentialing thing. So, if we can get input on that.
DR. CAUDILL: And that's nationwide. It's not just Kentucky.
DR. GRAY: That's what we're using. So, that would be helpful.
DR. BOBROWSKI: At this time, I would like to open the floor up to the Dental Health Director, Dr. Julie McKee.
DR. McKEE: I just wanted to bring up a couple of things, that it seems to be a

snag not with Medicaid at this point but that the Health Departments bill their preventive dental services through the medical part. And the medical part, two of the MCOs are going, no, we think you ought to do

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Avesis. And Avesis is like, we pay dentists. We don't pay Health Departments which that was the agreement. So, the bottom line is they have not been paid for a lot of their services since August and that's a very big burden on Health Departments that are struggling anyway. So, you may be getting some information through me or maybe through Stephanie from me on that because the MCOs have a contract with the Department for Public Health that says these codes are paid on medical. Even though they look "D", they're paid on medical and they should not go to Avesis. And one of the MCOs said, oh, yeah, that. Okay. We'll go ahead and re-run them, but in the future, we want Avesis to pay for it. And I'm like, no, that doesn't work. So, it's difficult for these Health Departments to front a program like the Public Health Hygiene Program for seven months to do this, and I would hate for us to lose that valuable service that gets these kids into care at dentist offices because we can't seem to remember what's in the contract.

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DR. CAUDILL: And I remember about five years ago, we looked at moving everything over to the MCOs, and I think Connie and you all----

DR. McKEE: Actually it was Dr. Mayfield.

DR. CAUDILL: Yeah, Dr. Mayfield looked at the contracts and said, no, it's in the contract. Not this Dr. Mayfield.

DR. McKEE: Stephanie Mayfield.

DR. CAUDILL: Looked at the contract and said, no, this can't be paid through the Administrator. It's paid from the medical side and it's in the contract because we were willing to take on that administration for our MCOs but it was determined five years ago, I think it was, that we couldn't.

DR. McKEE: That it wasn't. We can revisit it. We need to play by the rules that

we're given right now. And if we need to redo them, we can work on redoing them; but each MCO has a contract with the Department for Public Health and that contract not only has sealants but it also has immunizations and family planning and all that stuff. Now, the Department for Public Health also has a Memorandum of Understanding with
-78-
the Department for Medicaid Services that lists exactly what those codes are going to be. We can never code a filling. Even though it's a Medicaid-covered service, we cannot do it because it's not on that agreement.
The agreement between Medicaid and Public Health has not changed in those five years. We want to try to change it soon hopefully with SDF.
DR. CAUDILL: One of the problems, though, is administrators normally do not credential hygienists. We credential doctors.
DR. McKEE: Right.
DR. CAUDILL: And, so, that's another glitch in doing this.
DR. McKEE: You call it a glitch. I call it a re-interpretation. And maybe it's just because I can justify anything, that the credentialed entity in the medical part of the contract with the MCO and the Department for Public Health, the credentialed entity is the Health Department. It's not the nurse and it's not the nutritionist and it's not the hygienist. It's the Health Department itself.
MS. O'BRIEN: Yes, you're
-79-
correct. Provider Type 20.
MS. ALLEN: The credentialing is done at the provider level.
DR. McKEE: Exactly. And, so, that's why it's difficult for Avesis to say, oh, come on. No, can't do it. So, that's why.
And like I said, of course I care what the rules are but I want to play by the rules as they're set forth now. And, then, if they need to change, we'll work on changing them and then implement.
So, just a heads up. You may be getting information directly from me or information from me through Stephanie's office to see if we can do this better. They're paying the varnishes because they pay nursing varnishes but

they're not paying the other stuff. Done.
DR. BOBROWSKI: Thank you. I put down public health on our agenda more or less to make folks aware of what's going on like on Ms. Stephanie's arena more.
We sat through a two-and-a-half hour video conference the other night on KALBOH which is the big organization of health departments, and one of their issues, again, like a lot of
-80-
governmental issues is the pensions - I'm not going to talk about that - but they had other public health issues.
And I put on here community fluoridation. There is a bill being presented this Session, not that they're against fluoridation, per se, but they want local options. So, if a community doesn't want fluoridated water in their city or county system, that local place can vote it out.
Now, when you look at it from a public health standpoint, the studies have shown that without fluoridated water, it could cost an estimated $54 million extra per year because there's going to be 40% more cavities.
The other thing I put on there was just even from the CDC and prevention, community water fluoridation is one of the top ten most important public health initiatives of the 20th Century.
So, it has been proven even through the CDC that this is a good deal. As a practicing dentist in a rural area, when I first started, you could tell the kids that lived out in the county. Their cavities were bigger. Their cavities were probably half as many again; but the
-81-
kids that lived on the city water system, I mean, they had some cavities but historically they were smaller and less in number. So, it's anecdotal but I see what I see.
So, there is legislation out there in this Session to go for a local option on it and I just wanted to bring that to your attention if you need to contact a legislator.
MS. BATES: We opposed it already with money attached to it for the reasons that you stated. It ultimately will cost us more.
DR. BOBROWSKI: Thank you. It will. It will.
DR. CAUDILL: But based on

your observations, is there any way that the KDA could cooperate more with the pediatric people or the pediatric dentist community to go back to more supplementation for these people on well water or that drink bottled water all the time and they're losing out on the benefits of fluoridation?
DR. McKEE: Well, that program is free, absolutely free. When a dentist, a physician or a Health Department samples water and we find deficiencies, we have a standing order to provide supplements free of charge to the dentist,
-82-
therefore, to the family for supplements.
DR. CAUDILL: It seems to have fallen off over time.
DR. McKEE: It has. We have a few pediatric practices and pediatric dental practices that are bestest customers and they are really routine.
That's something that my office could do through a public information campaign to providers and maybe to the public to do that to let them know.
DR. CAUDILL: It just seems over the years, dentists have gotten away from looking for that and acting on it.
DR. McKEE: And, actually, there's a pretty good reason that they've gotten away from it is because municipal lines have really, no pun intended, have really saturated Kentucky. It started in the Patton Administration but it still continues today with a lot of federal grants coming in to supply that.
So, we've got a huge number. It's like maybe, believe it or not, between 92 and 95% of all Kentuckians live on municipal water, but it's the ones that choose not to drink the water - in
-83-
Martin County, I'm not sure I would - and those that choose not to drink the water for other reasons that don't get fluoridated water. That's what we see, but we still see those communities and we've got them mapped out - we know where they are - where they have a much higher rate of well water just because they're never going to have municipal water because the terrain is just ridiculous to make it worth their while.
We can do more of that, but there's a reason and the reason is the saturation of municipal lines through Kentucky even over the past

twenty years.
MS. BATES: So, you're saying that if there's a question as to the amount of fluoride in the water, that someone could send that to Public Health and it's tested?
DR. McKEE: Yes. All Health Departments have them because I make them have them, but interested dentists and interested physicians have - excuse me but they're call coffins for a reason - but they are a Styrofoam mailing package that has a little tube inside it and the directions on how to collect the water. We as Public Health do not go
-84-
out and collect the water. The parent does and they write down the names of the children and what their ages are because it's a different supplementation for age.
So, they send it to the State Lab. The State Lab does it in our budget to do it and, then, they send the requesting provider, the family and us results from that. That way we can say, oh, you're this much too low.
Now, we do have occasions where we're this much too high and we work with them and counsel them on how to get past that, too.
DR. CAUDILL: But one of the results of our modern society is a lot of bottled water doesn't have fluoride in it and so many people, that's what they live on is bottled water.
DR. McKEE: Or lower than optimal is usually what it is.
DR. BOBROWSKI: The average well water has got like .3 parts per million of fluoride naturally in the water, but the optimal level is up around .7 parts per million and that's where you actually see a decrease in the rate of cavities is when you get up to that more optimal level.
-85-
But you're right. I have sent in some water samples from our county and a lot of them come back as .3.
DR. McKEE: We can do another outreach for that just to let people know. I think the point was well made is even if you had municipal water, if you choose not to do it, you may need supplementation. Now, we don't need to spend the State money sampling Nestle's purified water because we can go on a website and find that out what that

is, but we can supplement it according to that.
DR. BOBROWSKI: So, I brought those things up because those are some public health issues, kind of like what you were talking about, issues that we can bring up that maybe we can all work on and make improvements in these children's lives because the more cavities they've got, the more dental fear we're bringing into their little lives.
DR. McKEE: And the more need for SDF in public health settings.
DR. BOBROWSKI: Are there any other public, dental, any hygiene comments or questions?
The next meeting will be May 15th. We've got a lot of work to do.

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And, Dr. McKee, even through the KDA or however you want to work it, we would be able to put out any information you want to because I know they're doing tidbits for a newsletter and, then, they're also doing a newsletter from the President monthly.
So, those are things that could be included in those to help get the word out on public health issues or other Medicaid issues or stuff like that. So, if you want to work with us on that, we'll help get the word out on that.
DR. McKEE: Be glad to. Let me know what I can do.
DR. BOBROWSKI: Okay. Thank you. Any other questions?
DR. GRAY: I would move for the next meeting that after the official meeting, that we do have time to meet with the MCOs and address any specific issues that don't involve the State with the MCOs and the TAC members.
MS. ALLEN: Can I piggyback on that? If you could please give us the information that you would like to discuss prior to the meeting so we can come prepared to have a discussion.
DR. CAUDILL: And have answers

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for you if we can or even resolution before the meeting.
MS. ALLEN: That's what I'm trying to say.
MS. HUGHES: And I will check to make sure that the meeting room is available for a longer period of time so you can have this same room.
DR. BOBROWSKI: All right.

Thanks, everybody. It was a productive meeting. We stand adjourned.

MEETING ADJOURNED

17. COMPONENT REPORTS.

Subject: Report of the Green River Dental Society

April 22, 2019 The Green River Dental Society met on Thursday March 21, 2019, at the Kentucky Briarpatch in Owensboro. Our topic was "Surgically Clean Air, It's a Matter of Life and Breath." The speakers were Elle Hutsell and Lori Hernandez. Their lecture was well received. Our next scheduled meeting is Thursday May 23, 2019. Our speaker is Dr. RonSonlyn Clark. Her topic is "Recognizing Depression/Anxiety in Everyday Life." We also anticipate election of officers for 2019-20 year. Respectfully submitted, Joe McCarty, D.M.D.

Report from Southeastern Kentucky Dental Society
H. Fred Howard, DMD

The SEKDS met on Thursday March 7, 2018 at the Depot Restaurant in Corbin, KY at 6:30 pm. A presentation on the Medicaid "My Rewards Program" was presented by Kristi Putnam, Deputy Secretary of Health and Family Services, David Gray, Director of Provider Relations and Jerry Caudill, Kentucky Director of Avesis. Many questions and concerns of our members were addressed. In the ensuing days, the implementation was again halted by a Federal Judge.

The SEKDS will not meet again until after the summer months.

Respectfully submitted,
H. Fred Howard, DMD

Bluegrass Dental Society Report

We had a dinner meeting on March 14th and our scheduled speaker called in sick two hours before the dinner, so our President-elect, Dr. Kate von Lackum filled in admirably. She presented information on the new perio scoring standards and guidelines for the scoring categories.

Our annual senior dinner meeting was on April 23rd. Dr. Tom Larkin's presentation was "The business of dental hygiene and the oral systemic connection - connecting the dots." He spoke to our members in attendance and any UKCD senior dental student who wanted to attend. Our members sponsor the dinners for the students and the students are recognized and there future plans are announced at the dinner.

We finalized our election slate for the upcoming year at our last BGDS board meeting and set the dates for our 2019-20 meetings. Our next meeting will be our annual Fish fry in September.

Respectfully submitted by:
Clifford Lowdenback

West Central met May 17th during a medical emergencies course by Dr. Bob Henry. Information was shared regarding the opportunity of the dental supply group purchasing program through TDSC. The upcoming KDA meeting was highlighted and membership was informed to make the most of the Louisville meeting as new and exciting plans will be forthcoming about future meeting sites. The members are looking forward to future courses over the next few months including a June 14th meeting on Occlusion in Complex Restorative Cases by Dr. Wes Coffman and the August 2nd OSHA/HIPAA course by Olivia Wann.

Respectfully Speaking,
Laura Hancock Jones, DMD

There were verbal reports given by **Dr. Andy Elliott** representing Kentucky Mountain Dental Society, **Dr. Laura Hancock Jones** representing West Central Dental Society, **Dr. Stephen Robertson** representing Pennyrile Dental Society, **Dr. Cliff Lowdenback** representing Blue Grass Dental Society, **Dr. Scott Bridges** representing Purchase Dental Society, **Dr. Joe McCarty** representing Green River Dental Society, **Dr. Darren Greenwell** representing Louisville Dental Society and **Dr. Jonathan Rich** representing Northern KY Dental Society.

18. KDPAC. KENTUCKY DENTAL POLITICAL ACTION COMMITTEE
Report to the Kentucky Dental Association Executive Board

Since my last report, the KDPAC has participated in two events. The first was KDA's Lobby Day in Frankfort, and the second was the ADA's Washington Lobby Day.

Your PAC played a supporting role in Frankfort. During the luncheon for legislators, members of the PAC board met with legislators supported by the PAC and developed new liaison with other legislators. It was a very productive meeting. The PAC wishes to thank the KDA staff for providing a great venue at Lobby Day which was a great success.

The Washington Lobby Day was held from April 14-16. Lobby Day was a joint effort of the ADPAC and the ASDA. Those attending from the KDA were: Dr. Keally Carson, Dr. Fred Howard, Dr. Mike Johnson, Dr. Bill Lee, Dr. Bruce Wilson and Mr. Richard Whitehouse. Those attending from the University of Louisville were Janani Gurukkal, Cassity Cornett, Madeline Phillips, Ivah Lazagson, Barry Garrett, Blaine Ammon, Ricardo Ullrich, and Michael Guzelian. Those attending from the University of Kentucky were Brent Harney, William Axtell, Varun Nigam, Erica Vetter, Sidney Herrell, Kassity Wolfe, and Shin Pruthi.

There was a full agenda for the three days and your delegates were in attendance for all events. Information about the three major issues were sent to the participants before the meeting and discussed at length during the first two days.

On Tuesday, visits were made to Capitol Hill. Since the Congress was in recess, we met with the Chief of Staff for each congressional member. For the first time in three years, we were able to meet with all eight congressional members. The group divided into groups with participation in each group of dentists and student members, with each group having representatives from each school.

Your delegates worked hard and represented you well at this meeting. The visits started at 9:30 and the last visit was at 4:30. The students were a welcome group and represented themselves and their respective schools well.

I have included with this report the documents which address the three main issues discussed with the congressional offices.

In the future, be advised that there is a possibility of a fundraising event at the KDA Annual Meeting. You will be advised and invited if the PAC Board approves the event.

Respectfully submitted,
Mike Johnson

19. VACANCIES ON COUNCILS AND COMMITTEES.

1. **COMMITTEE APPOINTMENTS.**

Budget and Finance Committee	**Dr. Joe McCarty (2022)**
Technical Advisory Committee To KMAP	**Dr. John Gray** **Dr. Heather Wise**

2. **COUNCIL NOMINATIONS.**

Council on Governmental Affairs and Federal Dental Services
Dr. Darren Greenwell
Dr. Matt Johnson

Council on Ethics, Bylaws and Judicial Affairs
Dr. Bobby Mann
Dr. Matt Milliner

Council on Annual Sessions
Dr. Gina Davis
Dr. John Lowe
Dr. Charles Montague

The nominations will be sent to the House of Delegates for consideration.

3. **COUNCIL AND COMMITTEE PROVISIONAL CHAIRPERSONS.**

Technical Advisory Committee To KMAP	**Dr. Garth Bobrowski**
Journal Committee	**Dr. Glenn Blincoe**
Council on Governmental Affairs and Federal Dental Services	**Dr. Garth Bobrowski**
Council on Ethics, Bylaws and Judicial Affairs	**Dr. Joe McCarty**
Council on Annual Sessions	**Dr. B. J. Moorhead**
KDA Executive Board Chairman	**Dr. Jonathan Rich**

20. NEW BUSINESS.

MOTION: Dr. Andy Elliott moved to participate in the KARE app only. **Dr. Bill Lee** seconded the motion.

ACTION: ADOPTED.

MOTION: Dr. Andy Elliott moved the Governmental Affairs Committee investigate the possibility of Medicaid paying for sleep apnea appliances. **Dr. Fred Howard** seconded the motion.

ACTION: ADOPTED.

MOTION: Dr. Fred Howard moved the Membership Committee review ways to encourage faculty membership/involvement in the KDA. **Dr. Andy Elliott** seconded the motion.

ACTION: ADOPTED.

MOTION: Dr. Fred Howard moved to form a KDA Executive Board Work Group to further discuss any and all changes pertaining to the KDA House of Delegates. The members will include **Drs. Beverly Largent, Fred Howard, Bill Lee** and **Sharon Turner**. **Dr. Andy Elliott** second the motion.

ACTION: ADOPTED.

MOTION: Dr. Andy Elliott moved the Membership Committee review the possibility of creating a Hygienist membership category. **Dr. Fred Howard** seconded the motion.

ACTION: ADOPTED

MOTION: Dr. Andy Elliott moved the appropriate committee discuss the opt out advocacy charge to be placed on the dues statement. **Dr. Fred Howard** seconded the motion.

ACTION: ADOPTED

MOTION: Dr. Andy Elliott moved the Governmental Affairs create a white paper on the history of Medicaid reimbursement history prior to the upcoming 2019 KDA Annual Meeting. **Dr. Fred Howard** seconded the motion.

ACTION: ADOPTED

21. FUTURE BOARD MEETING DATE. The next KDA Executive Board meeting will be, November 16th, 2019, at the KDA Headquarters Building.

22. ADJOURNMENT. The meeting was adjourned at 3:00 PM.

Respectfully submitted

Dr. Sharon Turner
Secretary/Treasurer