COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

FOR MEDICAID SERVICES

IN RE: DENTAL TAC MEETING

HELD VIA ZOOM

DATE:

MAY 12, 2023

2:00 P.M.

A T T E N D E E S:

Garth Bobrowski, DMD, Chairman

Phil Schuler, DMD

Carol Braun, DMD

Joe Petrey, DMD

John Gray, DMD

(and many more were on ZOOM)

1 MS. BICKERS: We have been giving all the
2 TACs a friendly reminder: All voting
3 members must have their camera on while
4 voting. And also, too, the court reporter
5 is having a hard time sometimes hearing
6 people if they are not muted when they are
7 not speaking with background noise and
8 people talking over top of each other. So
9 we are just trying to encourage everybody
10 to use the hands-up button if you have
11 questions. And if you're not speaking, to
12 try to stay muted to alleviate background
13 noise. Thank you.
14 DR. BOBROWSKI: Thank you. I just got a
15 notice that Phil is trying to get into the
16 waiting room, but it, for some reason,
17 won't let him in.
18 MS. BICKERS: Okay. I just hit admit all,
19 so hopefully it should let him in. We had
20 a couple people hanging out there, so...
21 DR. BOBROWSKI: Okay. Welcome everyone.
22 We do have a quorum for our TAC meeting
23 today. But to start off with, I wanted to
24 just acknowledge Mr. Rick Whitehouse, who
25 is the KDA Executive Director, for his

1 years of service. And on, you know, many
2 of these TAC meetings, he's been quietly on
3 the sidelines, listening or checking in on
4 us and -- but I wanted to thank him for his
5 years of service to dentistry.
6 And we have an Interim Executive
7 Director, Dr. Stephen Robertson of Bowling
8 Green, will be the Interim Director, so he
9 was going to try to get on here today also.
10 So we want to welcome Dr. Robertson.
11 And all of the -- in terms of the roll
12 call, all of the TAC members have called in
13 and signed in and so we do have a quorum.
14 And at this time I'd like to have a motion
15 to approve the minutes of the last two
16 meetings of January 13, 2023 and
17 February 10, 2023. So I'd like to entertain
18 a Motion.
19 DR. GRAY: John Gray, so moved.
20 DR. BOBROWSKI: Second?
21 DR. SCHULER: I'll second it.
22 DR. BOBROWSKI: All right. Thank you. All
23 in favor say aye.
24 (Members vote affirmatively.)
25 DR. BOBROWSKI: Any opposed?

1 (No response).
2 DR. BOBROWSKI: All right. Those have been
3 approved.
4 MS. BICKERS: Carol, I apologize, but your
5 camera was not on. Oh, there you are. Do
6 you mind to second that again and vote? I
7 apologize.
8 DR. BOBROWSKI: Who -- who's --
9 DR. SCHULER: I seconded it. Can you not
10 see me?
11 MS. BICKERS: Carol's video was not showing
12 when everyone said "aye." So I apologize,
13 could you just do that one more time so we
14 can make sure we are in open record, we're
15 good with the laws?
16 DR. BOBROWSKI: Okay. All in favor of
17 approving them say aye.
18 (Members vote affirmatively.)
19 MS. BICKERS: Thank you, guys.
20 DR. BOBROWSKI: Thank you. From our last
21 meeting we made the announcements. The
22 election is in Old Business. And the TAC
23 Chair and the Vice-Chair -- currently I'm
24 the chair of the TAC, and Vice-Chair is
25 Dr. Phil Schuler. And we would like to

1 enter -- today we will do our vote on those
2 positions. And I'll entertain a motion for
3 those -- election of those positions.
4 DR. SCHULER: Garth, I will make a motion
5 to nominate you for Chairman of the Dental
6 TAC for the next year.
7 DR. BOBROWSKI: Okay.
8 DR. GRAY: Second.
9 DR. BOBROWSKI: Thank you. All in favor
10 say aye.
11 (Members vote affirmatively.)
12 DR. BOBROWSKI: Any opposed?
13 (No response.)
14 DR. BOBROWSKI: And we need to vote for --
15 I guess I can make the motion for
16 nominating Dr. Phil Schuler for Co-Chair or
17 Vice-Chair of the TAC.
18 DR. GRAY: Which is it, Garth?
19 DR. BOBROWSKI: I think it's Vice-Chair. I
20 made the motion. We need a second.
21 MS. BRAUN: I'll second that.
22 DR. PETREY: Second to Vice-Chair Phil
23 Schuler.
24 DR. BOBROWSKI: Okay. Any discussion?
25 (No response.)

1 DR. BOBROWSKI: All in favor say aye.
2 (Members vote affirmatively.)
3 DR. BOBROWSKI: Any opposed?
4 (No response.)
5 DR. BOBROWSKI: The next item, we've talked
6 about some reports that the TAC would like
7 to have. And going back through our
8 minutes with some of our TAC members, too,
9 it's just like -- and one of those I know
10 maybe my fault, because I believe I was
11 supposed to send an updated wording to
12 Ms. Kellie and I dropped the ball on that
13 one, so I apologize. I think I was
14 supposed to do that, but I kind of -- then
15 I got to thinking, you know, about 2:00 one
16 morning, I said, well, now Kellie's got
17 those in the minutes, but -- I'm not
18 blaming you Ms. Kellie, but I think I was
19 supposed to get back with a better-worded
20 deal for you there.
21 But we have some -- some reports that
22 we would like to discuss and look at, and
23 then try to make a final decision on it,
24 either today or by the next meeting so we
25 can get the proper wording. And I know we

1 may need some of your help on -- in terms of
2 the State or the MCOs. Sometimes we may
3 be -- we might ask for a format, but you may
4 have an idea on a better format that's
5 easier to compile and easier to read. So we
6 are open to suggestions on the formats of
7 these reports.
8 One of them was to either use a Geo
9 maps coordinating with claims that -- claims
10 paid that were broken down by the number of
11 providers, either by a region or by county,
12 you know, doing one dollar to 1,000 a
13 quarter, 1,001 to 3,000 per quarter, 3,001
14 to 5,000 per quarter, 5,001 to 10,000 per
15 quarter, and 10,001 on up in terms of
16 reimbursement through claims paid per
17 quarter. That was one of the ones that we
18 had talked about.
19 Now, in addition to that, we talked
20 about breaking that down a little further
21 into general practitioners and then by
22 specialty providers of who's actually doing
23 the work out here to serve the citizens of
24 Kentucky. And that would include oral
25 surgeons, pediatric dentists, orthodontists,

1 orofacial pain, perio and prosthetics, endo,
2 dental public health, but those are the --
3 some of the ones that we had talked about
4 having to do with just who's doing the work
5 out there, looking for shortage areas,
6 trying to get providers back into the
7 network. Is there any discussion so far
8 from any of the TAC members?
9 Okay. Is there any --
10 DR. SCHULER: Let me --
11 DR. BOBROWSKI: Go ahead.
12 DR. SCHULER: Let me just say, I mean, you
13 know, the reason that we are asking for
14 this data is to, you know, assess the
15 strength, or lack thereof, of the provider
16 network in the State. And like you say,
17 Garth, look for areas where -- you know,
18 where we have lack of coverage, you know,
19 insufficient coverage. And, I mean, I
20 think it's important for us to know.
21 DR. BOBROWSKI: I agree.
22 DR. GRAY: Now, Phil, why would it be
23 important for us to know that?
24 DR. SCHULER: Well, I think when -- you
25 know, as a Technical Advisory Committee,

1 you know, I mean, I think it's -- I think
2 it's imperative to know the strength of the
3 network of providers, or lack thereof, that
4 we have in the State to take care of -- you
5 know, like Garth said, take care of the
6 citizens. If we have areas where there's
7 gaps, shortages, you know, we know there's
8 areas where patients are waiting an extreme
9 length of time for any appointment, you
10 know. Oral surgery is in particular a real
11 pain point for patients, but really just
12 any -- any appointment for any provider. I
13 know that, you know, the organization I'm
14 part of, you know, we have a lot of
15 offices.
16 And even in some of our GP offices, I
17 mean, they are putting patients out until --
18 you know, until December, January, let alone
19 oral surgery. I mean, we are basically in
20 Louisville Metro, which has got, you know, a
21 pretty high -- 40 percent of the state lives
22 here. I can't imagine what that coverage
23 is, you know, out in the more rural parts of
24 the state. We talk about it all the time,
25 but we don't have any data to support a

1 concern. Maybe there's no concern. You
2 know, maybe we look at this and we go, well,
3 maybe we were wrong. There is, you know,
4 adequate supply of providers and maybe we
5 need more. But, you know, we hear it all
6 the time patients are waiting an extreme
7 length of time that lands them into the
8 emergency departments. It affects their
9 general health. Just -- there's a lot of
10 negative consequences if indeed we have a
11 less than adequate provider network, which
12 we all feel we do have an inadequate
13 network. But we don't have any real data to
14 base that on, other than kind of anecdotal,
15 you know, what we have heard, what a friend
16 told us, what patients tell us about
17 appointment times. So to have that data
18 would be most helpful.
19 And if, in fact, there are areas of
20 shortage or extreme shortage, you know, we
21 could possibly look at some ways to either
22 attract providers into those areas or talk
23 to existing providers. But first we need to
24 kind of see what the existing network looks
25 like and go from there. We're really just

1 making decisions in the dark. Does that
2 answer your question, John?
3 DR. GRAY: Yes, yes. Thank you very much.
4 That clarifies it a lot.
5 DR. BOBROWSKI: John, there's one other
6 point that I have in this data. Another
7 area in terms of recruitment would be that
8 this is data that not only that we could
9 look at, but the schools may be able to
10 look at that data and look at these
11 shortage areas in terms of recruiting
12 students, you know, from these areas to
13 hopefully go back.
14 Last night I was talking with a young
15 lady that just got accepted into the
16 pediatric program there at UK and had a
17 lengthy talk with her. And happy to report
18 that there was several people in her class
19 that -- several were even from Eastern
20 Kentucky and they were, of course,
21 graduating -- last Friday was graduation, or
22 Saturday there, and several were headed back
23 to Eastern Kentucky. She's a local girl
24 from my town here and she's going to be
25 going into pediatrics. So it was

1 interesting to hear that several were going
2 back into Eastern Kentucky, which we hope
3 that they will become -- well, KDA members
4 and Medicaid members. So I think just that
5 data there might help in recruitment process
6 from the schools as needed. I think it's
7 just data we can use.
8 MR. GRAY: Thank you, Garth.
9 DR. BOBROWSKI: Yes.
10 Is there any -- on the MCOs, or from
11 the State, Erin, or would there any be --
12 shew, I can't talk my mouth's so dry.
13 Do you-all have any ideas on maybe the
14 best mechanism to show that data? I know we
15 had talked about Geo maps, but we also
16 talked about a graph or just a chart for
17 different categories of those payment --
18 paid claims categories concern.
19 MS. BICKERS: If you want to send me that
20 data request -- I was trying to make notes,
21 but I want to make sure I get it worded
22 properly -- I can get with staff and we can
23 work on that. And I'll let them know you'd
24 like the easiest readable format, if that
25 works.

1 DR. BOBROWSKI: Okay. I'll do that again
2 and I'll put some help on the TAC members
3 to make sure I get reminded to do that.
4 I'll try to get it to you by Monday
5 morning. If I put some urgency to it, I'll
6 get this done.
7 All right. Another piece of data that
8 we've been doing looking at was to do an
9 overlay of the total number of Medicaid
10 members either per county or per region.
11 Does like how many -- how many Medicaid
12 patients are there, you know, either by
13 county -- I know -- seems like we had that
14 information a few years ago, but I think
15 Covid and everything else has thrown us for
16 a loop on some of our data.
17 DR. PETREY: I think what we're looking to
18 do there, Garth, is to get a total number
19 patients in either regions or counties so
20 we have better understanding of how many
21 patients are -- are in need or are part of
22 the program. And then in addition to that,
23 the reverse that you talked about as far as
24 members. And so we can not only -- I'm
25 sorry, providers, so that we can marry

1 those two together to get a better
2 understanding of the needs.
3 DR. BOBROWSKI: Erin, I'll send you that
4 one also.
5 MS. BICKERS: Okay. And on that one I
6 actually get weekly reports. And I believe
7 I get one that the members are broken down
8 by the county.
9 DR. BOBROWSKI: Okay.
10 MS. BICKERS: So I can send that over to
11 you to look at to see if that's the data
12 you're looking for and you'd like to see.
13 DR. BOBROWSKI: All right.
14 A few years ago you-all did send one
15 out with the -- it didn't have any names on
16 it, but just had the number of Medicaid
17 providers per county or per region. I think
18 at the time it was almost per county. Do
19 you have that information, too, Erin?
20 MS. BICKERS: Did you say providers?
21 DR. BOBROWSKI: Yes.
22 MS. BICKERS: No, sir, I don't get weekly
23 reports on that, but I'm sure that's
24 something we can pull.
25 DR. BOBROWSKI: Okay. Well -- and this

1 is -- another thing we are trying to figure
2 out is, well, is this data that you can
3 pull or do we need to go, you know, request
4 this data through the MAC. But if you-all
5 can do these types of things, then we won't
6 even have to bring it up at the MAC
7 meeting.
8 MS. BICKERS: Yes, sir. Those can just be
9 asked of the TAC, and then the Department
10 can -- like I said, if you don't mind, just
11 send them to me in writing, so I make sure
12 to get the ask completely right. I am
13 taking notes, but I want to make sure I get
14 everything as you guys want to see it. But
15 you can make that just an ask of the TAC,
16 and we are happy to fulfill that to the
17 best of our ability. And if there's
18 something that you want to see and we don't
19 house that data or don't have it, that's
20 something we can just let you know. Or if
21 it's data we need to request from the MCOs,
22 we can do that as well.
23 DR. BOBROWSKI: Okay. That sounds great.
24 DR. PETREY: That's wonderful, because we
25 were -- sorry, Garth. We were also hoping

1 to have that broken down when looking at
2 the members also by MCO, but I know
3 that's -- I don't know if that's something
4 to get through you-all or through the MCOs
5 themselves.
6 MS. BICKERS: You can always send that to
7 the Department, and then the Department can
8 always make that -- that ask of the MCOs,
9 if that's data we need from them.
10 DR. BOBROWSKI: Okay. And then we will
11 include with that the State's traditional
12 fee for service program also. So that data
13 comes from the fee for service part and
14 then, also, the -- from the MCOs territory.
15 So that's good there. Got that.
16 We had an idea, too, on claims --
17 claims -- get a breakdown of claim denials
18 on procedures that require proper
19 authorizations and, you know, looking at
20 that. Would it be any help to us on
21 figuring out why claims are getting denied?
22 Is it one reason? I'm sure it would be
23 that -- well, I had got one in the mail this
24 morning. I got one denied this morning. My
25 office manager forgot to also send a

1 narrative. And that -- that's on me, you
2 know, and so -- but is there other reasons
3 that could be red flags as to why these
4 claims are getting denied? Any other TAC
5 members got any ideas on that?
6 DR. PETREY: I'm sorry to keep being the
7 one to keep jumping in here, but I -- I
8 know we discussed the -- looking at reasons
9 for denial as well. And I know in our --
10 two meetings ago when we talked about
11 reports, Dr. Caudill spoke up about
12 something near and dear to my heart,
13 orthodontics.
14 We are required to get a denial before
15 we even offer a fee to patients that -- for
16 them to be able to pay for their own --
17 their own care. So we submit cases
18 intending denial, knowing they will not be
19 approved, so that obviously is something
20 that would be in there. And if we search
21 for reasons for denial, we could -- one of
22 those can certainly be no criteria met. But
23 my only concern with looking for reasons for
24 denial now is not knowing the GP denial
25 side. Is there a limited number of reasons

1 for denial that would make that, the
2 logistics of that feasible? Or are they so
3 arduous and so many that it would -- that
4 just simply it would be too much to kind of
5 whittle down into something that is -- that
6 could be interpreted. I initially felt that
7 we just look at percentages of denials of
8 procedures requiring prior authorization.
9 Clearly, it would be better if we understood
10 why. But I think I would -- I'd like to
11 hear maybe from someone from the MCOs that
12 can tell us whether that is -- would be
13 feasible to have an understanding of the
14 reason for denial.
15 DR. BOBROWSKI: Would somebody --
16 MS. ALLEN: This is --
17 DR. BOBROWSKI: Go ahead, Nicole.
18 MS. ALLEN: This is Nicole with Avesis. I
19 think you have a great idea for a
20 newsletter article. We can definitely
21 share the top ten denial reasons for prior
22 authorization requests, the top ten reasons
23 for claim denials, and then include a --
24 some information in regards to how to
25 prevent those denials in the future. So if

1 there are denials for orthodontics because
2 there wasn't documentation that was
3 submitted, or if there's a denial for
4 eligibility, maybe the eligibility was not
5 verified on the claims side before the
6 claim -- I'm sorry, before the claim was
7 submitted into Avesis. So let us take that
8 back in and we can prepare some news
9 articles for our next newsletters, and
10 then, of course, share that information
11 with the Committee.
12 DR. BOBROWSKI: Okay. Thank you,
13 Ms. Nicole. We will see if -- and if the
14 other MCOs would like to gather that data
15 for us, that would be a good idea, just the
16 top ten authorization denials or even claim
17 denials. Let's go that route even maybe
18 for the last -- I don't know, maybe for the
19 last year, just see what you come up with
20 there on those.
21 Are there any other reports that we
22 would like to add in to our list there? Any
23 TAC members got any other reports you want
24 to look at?
25 Hearing none, we will move on with

1 that.

2 Is there any other old business that

3 we need to bring up?

4 DR. PETREY: Sorry, Garth. I was slow on

5 unmuting. We discussed -- let me run

6 through -- there were five that we had

7 discussed: Update on the total number of

8 members per MCO within the State's

9 traditional -- and within the State's

10 traditional program. We discussed that Geo

11 mapping showing an overlay of the total

12 Medicaid members per county and the total

13 numbers of Medicaid providers per county.

14 We discussed that. A report from the MCOs

15 and the State on what the total dental

16 expenditure is by MCO and the State

17 excluding member incentives. That was one

18 from two meetings ago that was discussed.

19 The breakdown of reimbursement, as you

20 discussed, and then a breakdown of claims

21 on procedures requiring prior

22 authorization.

23 We have this in a digital format that

24 we can certainly share and send to the

25 appropriate folks on that. So that would

1 be -- those would be the five that I have.
2 DR. BOBROWSKI: Sorry, I missed out -- I
3 missed the total dental expenditure. I had
4 too many notes around all of it. Thank
5 you, Dr. Joe. All right. Is there any
6 other --
7 MS. BICKERS: In the chat, DentaQuest said
8 they can also work on those denials
9 reasons.
10 DR. BOBROWSKI: Okay. Thank you.
11 DR. PETREY: I believe we have a raised
12 hand, too, Garth, that you might want to
13 address.
14 DR. BOBROWSKI: Yeah. I just saw that one
15 from DentaQuest there.
16 MS. LOCKE: Yeah, that was me raising my
17 hand earlier, but I just put it in the chat
18 that we can provide that report as well.
19 DR. BOBROWSKI: Sometimes I apologize if
20 I -- I saw the chat. It shows up on my
21 device here a little bit better. But if I
22 miss something, just somebody help me out,
23 notify me there, please.
24 All right. Let's go into New
25 Business. One of my questions was, is that

1 "Why was Kentucky Law 304.17A-235 not
2 followed with the expansion population, new
3 codes and several updated fee schedules?"
4 I've gotten probably more calls about that.
5 Like, with all the changes that have been
6 going on the last few months or so, and just
7 dentists feel like there's just a lack of
8 communication between the State and the MCOs
9 of what's going on.
10 I've got a few more calls earlier this
11 week on, well, are we good to go with the
12 expanse -- use of the expansion codes or
13 what? But Ms. Erin or somebody from the
14 State has got any answers on that, or -- let
15 me know. Or they say, well, why -- we
16 didn't get any orange envelopes on any of
17 this -- these things. And maybe the orange
18 envelope is -- was not the appropriate
19 mechanism, but a lot of dentists are just
20 wanting to know, well, what's going on? Can
21 we do our work or not or -- and I know
22 there's been some legislative battles going
23 on and...
24 MS. ADAMS: I am flipping through to see
25 who is on.

1 MR. DEARINGER: Hi, this is Justin
2 Dearinger. I was looking to see who was on
3 as well. So I will take a stab at this if
4 no one else is on. I am the acting
5 Director for the Division of Healthcare
6 Policy for the Department for Medicaid
7 Services.
8 I think your first question is, as
9 you-all know, this has been a process, a
10 process that we've tried to involve many,
11 many groups of stakeholders in, and at the
12 same time try to meet that fee schedule
13 filing time that we use to try to get fee
14 schedules out, you know, somewhere around --
15 in between the January to March months. And
16 so we were trying to meet that timeline, at
17 the same time trying to file administrative
18 regulations for these expansion services, in
19 addition to being able to include as many as
20 stakeholders as possible. And so we've
21 got -- feel like we got a lot of good
22 feedback. We put that into use and then
23 were able to file some administrative
24 regulations.
25 Those administrative regulations

1 were -- had some issues, as you-all know, as
2 far as legislatively. I think a lot of that
3 is politics and things like that. And for a
4 time I thought we were going to have to put
5 a date in and revert back to the 2022 fee
6 schedule for several years, and it would
7 just be that and stay that way. Thank
8 goodness, we were able to make a few changes
9 and refile those administrative regulations
10 so that no time had elapsed in between there
11 and we can keep the fee schedule with some
12 tweaks on it that was instituted from the
13 beginning.
14 So I think we shared communication
15 with the MCOs. Of course, a lot of that has
16 been up and down because of the amount of
17 changes that have went on in the fee
18 schedule itself and with the regulations.
19 So there's been a lot of changes. There's
20 been a lot of, in my opinion, improvements
21 that have been made. And so we have done
22 those things and tried to communicate as
23 quickly as possible with all the MCOs. And
24 then had them communicate with their
25 providers the changes that were occurring.

1 A lot of times those were occurring
2 extremely fast-paced and quickly. But we've
3 told everyone from the entire time -- I'm
4 pretty sure we've told the TAC a couple
5 times -- I would have to look back and see,
6 you know, some of the minutes. But we've
7 kept for sure all the MCOs informed the
8 entire time, that January 1st was a start
9 date for that fee schedule. Everything is
10 paid off of that fee schedule starting on
11 January 1st. So and that -- and that still
12 hasn't changed.
13 And, you know, I know if you -- right
14 now if you bill for fee for service, those
15 things are not -- are kind of having to
16 still be retro paid. I think most MCOs are
17 currently paying. But everything will be
18 paid based on that new fee schedule all the
19 way back to January 1st. So I'm not sure --
20 maybe you could clarify that part of your
21 question just a little bit more. I was
22 uncertain on it.
23 The other thing was, I see on there
24 that we had -- that there was a question
25 about the statute. Why wasn't -- that

1 statute that was KRS 304.17A-235. So a
2 90-day notice. That 90-day notice is only
3 in case of a decrease in payment or
4 compensation to providers. So if you look
5 at that statute, you can see that there was
6 no decrease in payment or compensation to
7 any provider. All of the changes to the
8 administrative procedures were just how to
9 bill for the services. There wasn't any
10 providers included in any of the modified
11 insurance products, so that statute doesn't
12 meet anything. We did -- matter of fact, we
13 made several increases in payments on
14 several of the dental codes, as well as to
15 different other providers as well.
16 So I'm not sure why that statute would
17 have -- again, that statute doesn't apply.
18 So that's kind of I think what I have on
19 that topic that I -- is there any other
20 questions or expansion of that issue that...
21 DR. BOBROWSKI: I got a question, Justin.
22 I know the legislature classified those
23 regulations as deficient, you know. The
24 governor vetoed it. Then the legislature
25 out-voted his veto, but then he came back

1 and vetoed that. So the way I understand
2 it -- and I'm not much of a politician, but
3 the way I understand it, since the
4 legislators are out right now, these fees
5 should be good for up until January 1st of
6 2024. It looks like things should
7 stable -- or get more stable. Am I correct
8 on that?
9 MR. DEARINGER: Well, so they are paid
10 through the administrative regulations that
11 we filed. And so those administrative
12 regulations, you're right, went through
13 that entire process. However, we refiled
14 new administrative regulations which are
15 currently in effect. They don't really
16 make any significant change for dental
17 providers, make no real change on the fee
18 schedules. So as of right now, those
19 regulations are still in effect and
20 effective.
21 There could always be legislative
22 action that could, you know, make changes at
23 some point throughout the year, but as of
24 right now the fee schedule has been in place
25 since January 1st. It's still good. And

1 what's on the website is still in place
2 until something happens legislatively that
3 nullifies that. And that's a possibility.
4 DR. BOBROWSKI: Yes.
5 MR. DEARINGER: There's always things that
6 can happen, so...
7 If that is the case, if at some point
8 we have to do that because of legislative
9 action, then we will notify all providers,
10 MCOs to cease on a certain date, cease
11 providing those services on a certain date.
12 Everything will still be paid from
13 January 1st of that date. But then on that
14 date we will revert back to the 2022 fee
15 schedule, and that fee schedule will remain
16 in place until I think the -- well, until
17 they specify. I think the last time the
18 legislature had specified four years, for
19 four years that 2022 fee schedule would be
20 in place. There would be no additions, no
21 increase in fees. We would go back to --
22 all the increase in fees that we've included
23 in the 2023 fee schedule would revert back
24 to the 2022 fee schedule and would remain
25 that way until whatever specified time.

1 So that's -- but, you know, I haven't
2 heard anything as far as anything new that
3 the legislature has planned or is doing. So
4 as of right now, we're still good with our
5 current fee schedule and current
6 administrative regulations.
7 DR. BOBROWSKI: And, Justin, I want to
8 thank you for your hard work on, you know,
9 getting the new codes and some fee
10 increases. And I know that's helped the
11 oral surgeons, or any dentist that does
12 oral surgery, you know, that's been a big
13 plus to, you know, being able to help
14 maintain our providers and our network in
15 there.
16 But I did have a copy of that
17 304.17A-235, and just -- and I don't
18 understand all the legal terminology, but it
19 just looked like there was some wiggle room
20 in some of that stuff. And we have a lot of
21 dentists calling to say, well, where is the
22 orange envelope? Where's the -- you know,
23 just wanting information on what to do and
24 how to do it. So, again, we thank you and
25 appreciate your work on that.

1 MR. DEARINGER: Absolutely. We appreciate
2 your-all's work. You know, a lot of the
3 changes that we discussed with you-all,
4 with other organizations, with other
5 dentists throughout the State of Kentucky
6 have led to a lot of the different changes
7 that we have made on this expansion of
8 services. And, you know, I think it's
9 important to remember that this
10 administrative regulation, and in
11 particular this 2023 fee schedule, not only
12 expands some services -- not a lot, but a
13 little bit -- but it also gives rate
14 increases -- significant rate increases for
15 a lot of different codes.
16 You know, if you look back through
17 there and do a compare and contrast, we
18 increased a lot of codes in that fee
19 schedule. And so that's always a positive
20 whenever we can increase rates.
21 You know, I talked to a provider the
22 other day that was talking about a lot of
23 the different issues that they were going
24 through right now. And, you know, one of
25 our things that we want to do is make sure

1 that you-all as providers are successful so
2 we can increase access. You know, our
3 members are -- like, you know, we talked
4 about earlier in this meeting, the wait
5 times. That's something that we are
6 constantly working on. And if you-all ever
7 see a code, and we want to encourage -- this
8 is not part of a regulation, this is not
9 part of a fee schedule upgrade or change,
10 but we encourage any provider that sees a
11 code on our fee schedule and feels like they
12 cannot provide that service because that
13 code does not pay enough to provide that
14 service.
15 We do -- we get 10 to 20 requests per
16 day from all different provider types asking
17 to research different codes, and so we
18 research those codes. We look at pricing
19 from other states, from Medicare, and we
20 make sure that we are in line with all those
21 different pricing markers, and with
22 inflation in our own state as well. So any
23 time that you-all find a code like that,
24 please feel free to let us know as well.
25 DR. BOBROWSKI: Well, thank you again. And

1 I know you have to sometimes, you know,
2 look at what other states are doing. But
3 when you look at them -- just a
4 tongue-and-cheek comment would be to just
5 look -- would you look at other states,
6 look and see when was the last time they
7 had a fee update, just to make sure that
8 you are not looking at fees that were, you
9 know, ten years old.
10 I'll give you just an example. Just
11 here about a week and a half ago, I saw an
12 ad for a hygienist. They were going to be
13 paid anywhere between 45 and $60 an hour.
14 Now, most folks that do Medicaid can't
15 handle that, you know, for an adult
16 cleaning. And, you know, we were getting
17 $38 less 10 percent. You know, right now
18 we're getting 46.25 for an adult. But just
19 our costs, our supply of staff are just --
20 are just eating us up, and that's where it
21 makes it hard to continue doing some of
22 these services. And the dental offices are
23 doing procedures at a loss, you know, for
24 the Medicaid population and it just -- I
25 know it helps so much that you-all increased

1 the oral surgery fees, but there's a couple
2 of things I got -- I had a note down and I
3 talked to the Commissioner the other day.
4 And I sent up a list of just some typos and
5 some questions that I saw. And the other
6 night I noticed that the -- on the website,
7 the fee structure was updated on April the
8 13th of this year. And then it was just
9 updated again on May the 5th, but I was
10 still seeing quite a few typos in there that
11 I guess -- I don't want to take the time to
12 go over each one of those right now. And I
13 think when I was talking to the
14 Commissioner, she said to just, you know,
15 send those to you and to her and for
16 evaluation. Some of those, you know I just
17 had a question about it. May have not been
18 a typo, but may have just been a question.
19 I know the MCOs -- here's one thing, the
20 MCOs have a -- like on that DO180 code
21 that's a periodontal exam, on our sheets
22 through fee for service there's no
23 descriptor on how and when that code can be
24 used. It is on some of the MCOs' site.
25 But, you know, I'll just use myself

1 for example. I deal with two groups of
2 traumatic brain injury patients and it's all
3 through the fee-for-service part of the
4 program. And a lot of these folks have, you
5 know, severe dental trauma or missing a lot
6 of teeth, or some of the teeth that they do
7 have because of their status have not been
8 able to take well care of their teeth, oral
9 health and together.
10 So, you know, and I'll tie this in
11 with a thing on -- just like breaking
12 fillings. I noticed -- and I've got that in
13 here as a question coming up. It's like
14 the -- on the MCO part of it and on the
15 fee-for-service website, it's got a -- this
16 is a new change, even I think for 2022, and
17 then again for this year, is that it was
18 added in about if a patient breaks a tooth
19 or filling, you know, if that tooth or
20 filling was placed within six months, well,
21 you know, the dentist, I guess, was to
22 refill it at no charge. Well, that has gone
23 up to 12 months now. And a lot of us, even
24 with our regular patients who are MCO
25 patients, a lot of these adults have had

1 fillings on top of fillings on their front
2 teeth and all over. Some of them are severe
3 bruxers, clenchers, grinders, and biting
4 their fingernails, biting, you know,
5 peppermint candies and whatever, and they
6 break that same filling that you just put in
7 seven months ago. And the 12-month rule
8 that was changed from six months, does that
9 become then a noncovered service and the
10 Medicaid patient would have to pay the full
11 fee to fix it? Or would they just have to
12 wait until, you know, the program says it
13 will pay again? Justin, I'll direct that to
14 you, I guess, and...
15 MR. DEARINGER: So if you'll put together a
16 list of all the different questions that
17 you have and -- about each code and just --
18 and you can include all those typos as
19 well.
20 DR. BOBROWSKI: Okay.
21 MR. DEARINGER: Send them to me, let me
22 look at them. I'm not -- off the top of my
23 head, I'd have to kind of go look and
24 see --
25 DR. BOBROWSKI: Right.

1 MR. DEARINGER: -- when that change was
2 made, why it was made, and so -- to give
3 you a correct answer on that one.
4 DR. BOBROWSKI: Okay.
5 MR. DEARINGER: But I can do that with each
6 of those questions that you might have. We
7 can look into that, give you an exact
8 answer of why it was changed, then, you
9 know, what's going on, and we can have an
10 open discussion on --
11 DR. BOBROWSKI: Okay.
12 MR. DEARINGER: -- whether we need to
13 change it back.
14 DR. BOBROWSKI: Okay.
15 MR. DEARINGER: You know, if it's not
16 something -- if it's not something that's
17 set in -- you know, a lot of times we will
18 get things changed on the fee schedule
19 because CMS will send us -- issue
20 requirements saying this has to change. If
21 we get something like that, we are set.
22 You know, you can't we can't -- we can't
23 fix it. Sometimes we change things because
24 a new statute will come out and specify
25 something and we have to make a change

1 because of that or have limitation change
2 because of that. And then other times we
3 will make a change based on some type of
4 research or something like that and we make
5 a policy change. But those type things,
6 those changes due to research or other
7 directives are always open for you-all to
8 always shoot us an e-mail and say, hey, you
9 know, you-all made this change and we are
10 having trouble with it. Can we talk about
11 it? And we can always -- always look at
12 those. So, yeah, absolutely, send me those
13 and I'll get you a response to each one of
14 those.
15 DR. BOBROWSKI: Okay.
16 DR. GRAY: Justin, John Gray. I'd like to
17 thank you also for your good work. And I
18 have a couple of suggestions that may be
19 helpful. As you mentioned, you get 15 or
20 20 responses a day from people. And
21 perhaps if you would direct the dental
22 questions to the Dental Advisory Committee,
23 and perhaps we could get a way to sort
24 those out and put things together in a
25 reasonable method. I even had a hard time

1 following all what Garth had to go through
2 today, because I'm not in general
3 dentistry. And perhaps we could formulate
4 a concise thing so that when you make
5 decisions, you don't have to go but one
6 place, and that's the Advisory Committee,
7 which is what we are tasked with doing, and
8 we could give you up-to-date information.
9 I'm not sure -- what was our
10 involvement in all these changes, Justin?
11 I'm not -- I'm not sure exactly how all that
12 came about, because I didn't see anything
13 from us.
14 MR. DEARINGER: Right. So I think we
15 had -- and our communication was pretty
16 late in the process. You know, you-all --
17 you have to remember, any time we make a
18 change such as this, a massive change, it
19 goes through a thousand different layers
20 and levels. So we had information from
21 multiple sources, multiple stakeholders
22 that had input on draft regulation and fee
23 schedule. And then I think we sent that to
24 you-all right before it became effective, I
25 believe, right before we put it out there,

1 not before it become -- it became -- we
2 retro-affected it, but right before it kind
3 of went public. And so then we made a lot
4 of changes, though, based on a lot of the
5 recommendations from that collaboration. I
6 don't know the exact date.
7 DR. GRAY: As a TAC member, I would like to
8 be a resource that you can go to -- not me
9 personally, but the Committee -- that you
10 can go to and say, hey, get this together,
11 you got five days, to the TAC Committee,
12 and let us -- let us help and be helpful in
13 doing what we were tasked to do. And I
14 think you get a lot of information from all
15 the 20 people that are calling you a day,
16 and you get a lot -- but we get that, too.
17 And we're probably in the best position to
18 put that together.
19 And if we get these other studies on
20 who's providing care, what location, who
21 needs the care, hopefully, we could interact
22 on, I think, more -- more efficient level.
23 And that would be my comment. And I
24 appreciate everything you-all have done. We
25 just want to decrease your workload and

1 increase the efficiency. At least that's my
2 perspective.
3 MR. DEARINGER: Sure. We can -- we can get
4 together and work out a way or we can
5 figure some things out, you know, work
6 together on some issues.
7 DR. BOBROWSKI: We appreciate that
8 collaboration, Justin. And just, you know,
9 we want to work with you-all and the MCOs
10 to figure this out.
11 And I know the Commissioner mentioned
12 it a few times at other meetings that
13 Kentucky's ranked 49th in the nation on oral
14 healthcare. And, you know, we've got to put
15 our heads together and move us up that
16 ladder. And I mentioned this to the
17 Commissioner a few weeks ago, it's like what
18 I'm afraid of is once we lose our
19 providers -- and I think it was -- John, I
20 think, said it there a while ago, boy, once
21 you have lost them, man, it's hard to get
22 them back. So we've -- we've got to really
23 work on that aspect of maintaining our
24 provider network. And it's like Dr. Schuler
25 said here a while ago, we got to see where

1 we need to -- you know, even as dentists,
2 see what we can do to help, you know,
3 maintain doctors in the network and not
4 having them dropping out.
5 But going back, one more thing on
6 codes, I know the Commissioner had mentioned
7 to us before, you know, looking at, you
8 know, certain codes and asking for increases
9 on those -- I know the Panorex code, it was
10 upped, you know, for oral surgeons, but then
11 I think it was also changed that it was for
12 all providers, but -- and I got a notice
13 even this morning that I'm getting
14 reimbursed all over the place for
15 Panorexes -- it's a DO330 code -- anywhere
16 from $35.10 up to -- and on your updated
17 site it says $56.69, but -- and then on
18 another place on the site, it says $73.70.
19 So, I mean, it's the same procedure, but I'm
20 getting three or four reimbursements on it.
21 I think we just need to look at stuff like
22 that, but -- so I'd like for us to look at
23 fee increases for -- or look at that
24 situation with the Panorexes, the adult
25 prophies, and the other ones are the codes

1 for the composites. These are -- these are
2 things that dentists do day in and day out
3 to prevent having to do root canals, helping
4 to hopefully prevent crowns. If we catch it
5 early enough, we can fill it and not have to
6 do those more expensive procedures on a
7 tooth, like, a, you know, four, five,
8 600-dollar root canal, you know, plus a core
9 buildup, plus a crown. So sometimes it
10 seems to be cheaper in the long run if we
11 can get people in and do some diet
12 counseling and get them off these soft
13 drinks. But those are the codes I'd like to
14 look at is the Panorex, the adult prophy,
15 and the composite codes for the anterior and
16 posterior regions. I think that's about ten
17 codes there, but...
18 You know, for example, we'll have a
19 young person come in and we've been getting
20 paid the child rate on a prophy. They turn
21 21 and the fee automatically goes down to
22 $46.25. As an adult, a lot of people tend
23 to get more tartar. They have got all their
24 adult teeth in. And I know the adults,
25 they're categorized at age 14 now and -- but

1 there's a pay difference when they turn 21.
2 And I think we really need to get that code
3 up to -- we are having a hard enough time
4 keeping and maintaining and being able to
5 afford the hygienists that are in our
6 territories. But a lot of offices are
7 having staffing problems and it can be from
8 anywhere, from front office staff to the
9 hygienist. And I know the Primary Care TAC
10 at our MAC meetings the last I believe three
11 meetings, they have mentioned even finding
12 dentists, you know, that will see the
13 Medicaid population. So we've just got to
14 be wary of, you know, helping dentists
15 maintain their staff.
16 Is there any other discussion from TAC
17 members on any of the codes or any of -- any
18 of that line?
19 DR. SCHULER: Well, Garth, I'd like to, I
20 mean, you know, kind of follow up on what
21 you are -- what you were saying. You know,
22 the compensation for all of our team
23 members, especially hygienists, it just
24 went through the roof the past couple of
25 years. And when you are looking at

1 getting, you know, 40, $50 for, you know,
2 an hour procedure for a hygienist, and the
3 hygienist is paid more than that fee, it
4 doesn't take a, you know, mental heavy
5 weight to figure out you are losing money
6 on every one that you do. So when you
7 talked about fees that we are not able to
8 provide the service due to the economics, I
9 mean, the prophy fees are certainly one.
10 And it doesn't make any sense to pay less
11 for an adult, you know, than you do for a
12 child. You can do a child prophy in, you
13 know, 15, 20 minutes. An adult, some of
14 them take, you know, a full hour. And the
15 hygiene reimbursement rates and
16 compensation is just killing us.
17 You know, I can -- I can tell you, a
18 lot of our offices with Medicaid -- and a
19 lot of -- a lot of it is due to fees like
20 the prophy fee. You know, we used to have
21 extremely good profitability out of the
22 offices where we saw a very high percentage
23 of Medicaid. And that profitability at this
24 point is just about gone due to mostly the
25 increases in compensation, so -- and that's

1 not going away. You know, we are not going
2 to go back to, you know, 2019 or 2015
3 hygiene compensation probably ever. So to
4 have these fees stuck at a rate that is
5 below what we actually pay the person to do
6 it and -- you know, that doesn't even
7 include all the other overhead of the
8 office. That's just the compensation of the
9 hygienist.
10 So, I mean, I think Garth is right.
11 That's one that -- you know, it needs to not
12 only be increased to the level of the
13 pediatric prophy, but it needs to be
14 increased even more than that. If you look
15 at what a fee-for-service fee is for that
16 hygiene, that prophylaxis, it's quite a bit
17 higher. So something to look at.
18 MR. DEARINGER: Absolutely. Make sure to
19 include those codes on your e-mail,
20 Dr. Bobrowski.
21 DR. BOBROWSKI: Okay.
22 DR. DEARINGER: And like I said, we will
23 look into each one of them. And, you know,
24 I want you-all to know that we at the
25 Department understand and hear everything

1 you-all are saying, everything that a lot
2 of our providers are saying, and we
3 understand that, and we are doing our best
4 to try to make sure that we assist you-all
5 in any way we can possible to make -- you
6 know, to help alleviate some of those
7 issues.
8 You know, we have to work within our
9 budgetary limits. We have to work within
10 the statute. We have to make sure that we
11 can justify any and every increase we get,
12 because we are questioned on every single
13 increase that we give. Every time we
14 increase a code, we increase a rate, we are
15 questioned on it. We have to show why we
16 did that, how we did it, where we compare
17 with everybody else and why we decided to
18 increase that one and not something else,
19 so... But we are working on that. And it
20 will be good for you-all to send -- send
21 that, Dr. Bobrowski. We can get started
22 with that and let you-all know what we come
23 back with.
24 DR. BOBROWSKI: Sounds great. Thank you
25 for all that. Thank you so much.

1 Other questions -- we are getting
2 quite a few on, just -- and I saw that
3 Dr. Steve Robertson got on, the new Interim
4 Executive Director. And I know we had a
5 call earlier this morning and we were
6 talking about the KDA offices just getting a
7 lot of phone calls on -- well, like on what
8 we just talked about, but then also on the
9 status of Anthem patients, Passport
10 patients, you know, DentaQuest. And, you
11 know, if someone from the State can -- or if
12 someone from those MCO organizations could
13 comment to help us clarify what's going on.
14 Dr. Robertson, do you want to just
15 comment, just briefly on the phone calls
16 that the KDA office is getting? I'll let
17 you have the floor a few minutes here.
18 DR. ROBERTSON: Well, there have been a lot
19 of concerns -- first, Hello, Everyone.
20 There's been a lot of concerns expressed
21 about some of the issues with Anthem and
22 DentaQuest. And then now, you know, seeing
23 that Passport's going to come under the
24 same umbrella, I think a lot of people are
25 really concerned.

1 I don't know -- I'm sorry that I was
2 late. I just had another meeting wrap up
3 and I don't know what you guys have
4 discussed. But one of the things we talked
5 about earlier was the expansion population
6 timing out and the way that all that was
7 going to be handled. And as of yesterday --
8 I am a practicing dentist. And yesterday in
9 my office we had two DentaQuest patients
10 come in that had an active card. And when
11 we went online it said they were covered.
12 And because we were kind of anticipating an
13 issue when we called to verify, we were told
14 that they were not covered because they were
15 part of the expansion population.
16 And there was a great synopsis this
17 morning in the Lexington Herald-Leader. The
18 way that the process is supposed to work
19 with the notifications from the State, 60 to
20 90 days beforehand, and that they will be
21 covered through the end of the month in
22 which their renewal comes up. So if they
23 were due in May, they will be covered to the
24 31st of this month. But according to
25 DentaQuest yesterday, both of these people

1 had termed, because they were part of the
2 expansion population. So I do think that
3 there's still some pains there, some growing
4 pains that we are going to have to figure
5 things out and, you know, there do seem to
6 be a lot of questions about the way some
7 things are being handled, specifically
8 through DentaQuest, unfortunately. We tend
9 to refer most of that to Garth for the TAC,
10 and that's why he brought that up in his
11 reports, but if anyone else has any specific
12 questions?
13 MS. MEDINA: This is Christy Medina with
14 DentaQuest, and I appreciate you kind of,
15 you know, speaking up and bringing this to
16 our attention. I mean, I think it goes
17 without saying that historically over the
18 course of these TACs we really have not had
19 many issues. In fact, you know, kind of
20 looking back at past agendas and new
21 business conversations, I mean, usually,
22 you know, there's really not much concern.
23 Our messaging to providers has consistently
24 been that we will definitely honor those,
25 you know, 90-day notifications in the event

1 that there are any benefit changes. So,
2 you know, as far as it relates to the
3 expansion, you know, those members should
4 not be termed. They're all -- they're all
5 active in the system with the appropriate
6 coverage. And so I -- I don't know about
7 anyone else, because it's kind of the first
8 time that anyone has really mentioned it
9 to -- to our leadership. And so we will
10 most definitely -- if you have, you know,
11 some concrete examples, if you could
12 please, you know, send that over to us, we
13 would be more than happy to, you know, look
14 into it and try to understand if maybe
15 there was a customer service rep or
16 something that gave some misinformation,
17 you know, we can do some targeted
18 education.
19 But, you know, for the most part, we
20 have been very much engaged in communication
21 with the provider offices and have, you
22 know, explained to them that, you know, most
23 definitely, if they are active -- first of
24 all, we always honor coverage on the
25 Kentucky MMIS. So if they are showing up on

1 the Kentucky MMIS, whether it's part of
2 expansion or any other population, that's --
3 you know, that's the source of truth and
4 that is, you know, our Bible, what we go off
5 for any type of claims, payment, or prior
6 auth, and things of that nature.
7 And then secondly, as it relates to
8 kind of some of the confusion, I think it
9 was across the board, you know, with, you
10 know, the expansion and the vetoes and all
11 of that, that, you know, we will most
12 definitely ensure that not just providers
13 but even members are notified of any benefit
14 changes. We can't just change, you know,
15 benefits like that on a member, so any
16 course of treatment that is currently in
17 process, you know, we are definitely paying
18 those. And we are more than happy to
19 provide any type of reports, you know, to
20 anyone as it relates to, you know, payment
21 on those expanded services, you know,
22 between that -- you know, since the go by
23 dates up until now I do believe those are
24 also going to the State on a regular cadence
25 as -- you know, as everything was rolled

1 out, yeah. Please, like I said, you know,
2 if there's anything you can share with us,
3 we'd be more than happy to look into it
4 further.
5 DR. ROBERTSON: So is your recommendation
6 that the dentists should print the coverage
7 screen? Because how do you -- I mean, like
8 you said, if they are showing that they
9 are -- because I know that they're supposed
10 to verify on a daily basis that people are
11 still in the system. But are you-all
12 recommending that they need that to be
13 printed so that they can provide that with
14 claims?
15 MS. MEDINA: No, no, no, no. I'm just
16 saying that we always go off of the
17 Kentucky MMIS system as far as, you know,
18 what the source of truth is. And if they
19 were showing eligible on that date, then
20 absolutely, that's the coverage that's
21 being honored. So, you know, if there is a
22 situation where there isn't a member
23 present in the office and it's -- there is
24 a discrepancy, in the event of a
25 discrepancy, yes, I would -- I would take

1 that screenshot. I mean, that's not very
2 common, but does it happen, you know,
3 sometimes with timing with all of that,
4 there could be a possibility. Just, you
5 know, as that data flows through all the
6 different platforms and system, you know,
7 between the State health plan partners,
8 DentaQuest, the portals and all of that.
9 So if in the event of discrepancy, I do
10 feel like, yes, that would be best
11 practice, would be to take a -- you know, a
12 screenshot of that MMIS, and we will always
13 honor it, most definitely. But that
14 doesn't have to be like on the regular
15 cadence, you know, day-to-day in --
16 DR. ROBERTSON: Right.
17 MS. MEDINA: Yeah.
18 DR. ROBERTSON: Are there discussions among
19 the MCOs, or is everyone just in line with
20 the published management of the expansion
21 population? Not the codes, the expansion
22 population who technically termed yesterday
23 on May the 11th. So is everyone in line
24 with the 60, 90-days re-enrollment, move to
25 Kynect, whatever? I mean, all the MCOs,

1 they are on board with this; correct?
2 MS. O'BRIEN: Yes.
3 DR. ROBERTSON: The only reason I ask that
4 is that, I'm not saying that the
5 information is not out there, but we feel
6 like there's probably a lot of dentists
7 that really aren't even aware that this is
8 going on. So we are thinking that we are
9 going to send out a ConstantContact on
10 Monday kind of informing everyone, you
11 know, of what's -- how it's going to be
12 handled so that they are aware. And I just
13 wanted to make sure if there weren't any
14 wild cards we didn't know about.
15 MS. O'BRIEN: And, Dr. Robertson, this is
16 Jean from Anthem Medicaid. There is like a
17 whole presentation and quite a few meetings
18 that the states have been having around
19 redetermination and how it was going to be,
20 I guess, unfolded over the next year. I
21 don't know if you have been connected into
22 any of those -- those meetings or have seen
23 kind of the overview. If you -- if that
24 has not gotten your way, we'd be glad to
25 try to send some of that information. But

1 all the MCOs have been tied to DMS around
2 redeterminations and how this is going to
3 be unfolding for --
4 DR. ROBERTSON: Believe me, this is in no
5 way an accusation. And I do know exactly
6 what you're talking about and I --
7 MS. O'BRIEN: Okay. Okay.
8 DR. ROBERTSON: We just question -- we just
9 question how much the providers -- not to
10 step on any toes, but how much they know,
11 how much they've read, how much they viewed
12 or attended those meetings. And I guess we
13 are just going to make one attempt to lay
14 it out as plain as we can.
15 MS. O'BRIEN: Yeah, I think that would be a
16 great idea. I know -- I know DMS has
17 really tried very hard to do a lot of
18 communication and so has the MCOs. That
19 not necessarily be something that some of
20 the dentists have been, you know, tied to
21 or haven't really seen that. So coming
22 from the KDA would be wonderful --
23 DR. ROBERTSON: Yeah, I think there's
24 something actually on the KMS website that
25 we are going to try to link to --

1 MS. O'BRIEN: Yes, yes.
2 DR. ROBERTSON: -- so, yes, we don't have
3 any complaints with how they have done it.
4 We just want to make sure that people
5 understand.
6 MS. O'BRIEN: I agree with you. Yeah, it's
7 a -- that's a big -- it's a huge
8 undertaking for the State and for everyone
9 involved, so -- but any time that you have
10 any issues or concerns with DentaQuest --
11 of course, I kind of want to echo what
12 Christy was saying. We just have not
13 received any complaints. They usually come
14 my way. So I've not seen any complaints
15 from providers or anything through --
16 especially, we never get State complaints.
17 So if there's any issues or concerns,
18 please let us know, so that we can address
19 those on an individual basis. We'd be glad
20 to take care of that.
21 DR. ROBERTSON: Well, and I think the
22 reason that I had talked to Garth about --
23 we wanted to be sure and bring this up
24 today is that technically this whole issue
25 started yesterday. So I think that, you

1 know, it hasn't been an issue, because --
2 MS. O'BRIEN: Yeah.
3 DR. ROBERTSON: -- you know, yesterday
4 was --
5 MS. O'BRIEN: There's been a change. Yeah,
6 there's been a change.
7 DR. ROBERTSON: And we wanted to talk about
8 it was just to make sure that everybody
9 understood and kind of knew what was going
10 on, so that if there were calls or if there
11 were questions, you knew what they were
12 calling about.
13 DR. BOBROWSKI: Ms. Jean, if you and
14 Christy wouldn't mind to send us your
15 contact information or put it in the chat,
16 or something, or get it to me and I'll get
17 it to the other TAC members and the KDA
18 office, and that way when folks call us or
19 the KDA office, we'll have a reference --
20 MS. O'BRIEN: Absolutely.
21 DR. BOBROWSKI: -- point to get back with
22 you-all.
23 MS. MS. O'BRIEN: Absolutely.
24 DR. BOBROWSKI: Appreciate it.
25 DR. PETREY: Doctor, if I could -- go

1 ahead, Stuart.
2 MR. OWEN: Well, I was going to say, I just
3 put in the chat the website dedicated to
4 public health to the emergency unwinding
5 for everybody, which is a great resource.
6 It's Kynect's website.
7 MS. O'BRIEN: Yeah. Thank you, Stuart.
8 That is a good website.
9 DR. PETREY: Garth, if I may.
10 DR. BOBROWSKI: Go ahead.
11 DR. PETREY: I think now would be a good
12 point. I appreciate hearing from --
13 MS. MEDINA: I can e-mail that website out
14 to you guys as well.
15 DR. BOBROWSKI: Okay. Go ahead, Dr. Joe.
16 DR. PETREY: Thank you. I appreciate
17 hearing from both Anthem and DentaQuest and
18 their limited amount of complaints. And
19 I -- I think that might be -- that might
20 fall on our shoulders both as a TAC and as
21 practitioners for not bringing to the front
22 the concerns that we do have and we
23 certainly have. I know we have them in my
24 practice. And I get calls constantly
25 about -- predominantly about these plans

1 and about issues with them. I think the
2 thing to look at more than anything is how
3 quickly providers are no longer seeing
4 these plans, specifically Anthem. And now
5 as the change for DentaQuest and their
6 taking over for Passport Molina, the lack
7 of providers in those, on a daily basis I
8 have a very difficult time finding dentists
9 for patients who are coming into my office.
10 Now, granted I get to see 100 to 120
11 patients a day, three-quarters of which are
12 in the Medicaid population. So I get to see
13 these patients daily. And when they are
14 finding out their dentist is no longer
15 taking Anthem, no longer taking Passport
16 because of issues they are having with
17 Anthem or Passport or with DentaQuest
18 themselves, we get -- we get handed the ball
19 and say, well, find me somebody who will see
20 me. So we are creating a significant access
21 to care in those points.
22 When we have those patients, I
23 struggle to find people. This started with
24 oral surgery. Finding an oral surgeon that
25 would accept Anthem for us, whether they are

1 on the rolls or not, whether they would
2 accept Anthem for us -- now my practices go
3 from Somerset to Hazard with Corbin in
4 between, and we could not find anybody
5 outside of the university setting that would
6 accept an Anthem patient for oral surgery.
7 That's a problem. And I apologize for not
8 making it clear that there are problems.
9 And clearly, the oral surgeons have problems
10 and have had problems because they are not
11 accepting those plans.
12 We already have an access to care
13 issue. We already don't have enough oral
14 surgeons. If the surgeons that we have will
15 not accept a plan, that exacerbates the
16 issue.
17 Same thing in our practice, and maybe
18 it's our fault for continuing to see these
19 patients. As a -- as a general practice
20 goal and principle, we accept all -- all
21 insurances and treat all of the patients
22 that come into our door. But that's not
23 without issue. And I apologize that I have
24 not made complaints. I have -- was given to
25 me today from my office staff e-mails that

1 stretch seven unresponded e-mails to one --
2 to one claim question to a -- to a
3 representative. I have claims that have
4 gone nine months without resolution. That's
5 just -- that's not acceptable, nor do I
6 think is it legal by the -- by the standards
7 of which the MCOs are -- are held to and by
8 what Kentucky Medicaid wants to provide for
9 their patients and providers.
10 I have unresolved claims on patients
11 that -- that clearly meet the orthodontic
12 criteria, mind you, the orthodontic criteria
13 that we helped to write. So we have a
14 pretty good idea of what is and what isn't
15 the criteria and what would or would not be
16 approved under other MCOs being denied,
17 denied on appeal or never -- the appeal
18 never responded to. It's just unacceptable.
19 And I apologize that I have allowed that to
20 continue to go and not brought those to you
21 all individually. And I think many members
22 on this TAC also have not brought the issues
23 to you all from our own individual practice,
24 because we're inundated with all the other
25 practices that do have issue and are frankly

1 dropping the plans. First Anthem, and now
2 we are beginning to see Passport dropped or
3 no longer used because of the issues
4 primarily with -- with the management of the
5 plans and how the response from the -- from
6 the plan itself, when calling and talking to
7 a people for -- even to answer a simple
8 question, getting no response.
9 I -- I would love to hear any other
10 TAC members to give their experience and
11 whether they have also seen in their regions
12 the dropping of coverage or the -- the
13 dropping of folks with both Anthem -- Anthem
14 and Passport plans.
15 DR. BOBROWSKI: This is Garth. I know
16 we're having in our area some -- fewer
17 dentists that are taking Anthem and
18 Passport now with those changes.
19 Had a young lady here yesterday who
20 actually came in bringing -- she was a
21 transport provider for one of our traumatic
22 brain injury patients and she said, well,
23 she can't -- she can't -- she said she had
24 Anthem and she said, I can't get in
25 anywhere. So I don't know all the details.

1 It's just the one comment that she made.
2 And in the chat room there just a second
3 ago, a few minutes ago, Ms. Luann Carnall is
4 with the University of Louisville Dental
5 School. And she's the insurance and billing
6 manager and she -- she needs some help with
7 DentaQuest and Passport. So if Ms. Christy
8 or Ms. Jean, if one or both of you-all could
9 reach out to Luann with her billing problems
10 at University of Louisville, we'd appreciate
11 it if you-all would help her out there.
12 MS. O'BRIEN: Now, Dr. Bobrowski, that
13 would have to be DentaQuest and Passport
14 since I'm with Anthem.
15 And, Dr. Petrey, if you could -- I put
16 my e-mail in the chat. I would love for you
17 to e-mail out what type of issues or
18 concerns that you are having, because I just
19 need the examples, claims that haven't been
20 paid, those types of things. And then
21 Christy and I can go through all those.
22 It's very helpful if we get the information
23 and the examples so that we can definitely,
24 you know, resolve -- and it -- that's
25 usually what I do all day long, as Jeremy

1 knows -- he's on the call, too, Jeremy
2 Randall. That's what I do all day, is
3 resolve claims, concerns for providers.
4 DR. PETREY: Right. And I appreciate that
5 and I certainly will send those. I
6 think --
7 MS. O'BRIEN: I appreciate that.
8 DR. PETREY: -- I think we have -- I think
9 we've been extremely patient in our
10 practice in having seven straight e-mails
11 ignored on a claim that is a challenge.
12 And I think there are other practices that
13 are simply not accepting your plan anymore,
14 or new patients for your plan, because of
15 these issues.
16 MS. O'BRIEN: Yeah. We just need to get
17 some examples. And I appreciate it -- if
18 you send them to me, then we can look at
19 them. And if there's others that are
20 having those issues, we can work on a
21 resolution for that. Thank you for
22 bringing that up today. And I would have
23 to kind of default to Passport and
24 DentaQuest on the U of L Dental School.
25 MS. MEDINA: Yeah, and I just -- I went

1 ahead and gone -- and I put our information
2 in the chat so we can definitely connect.
3 I put our e-mail and cell phone numbers on
4 there, so you can go ahead and just touch
5 base on any issues that you guys might be
6 having and those examples, so we can get
7 that all squared away.
8 DR. BOBROWSKI: Well, let me write down --
9 MS. HUGHES: Sorry. This is Kim Hughes
10 with Passport. I put my information in the
11 chat as well to contact Passport Molina for
12 any issues.
13 DR. BOBROWSKI: I'm just making a note --
14 MS. BICKERS: This is Erin. I'm with the
15 Department. I will also send you guys a
16 link to the provider complaint form that
17 you can also fill out and submit to the
18 Department for issues that you are having
19 if you're not getting responses from the
20 MCOs. There's also that avenue as well.
21 MS. O'BRIEN: Yeah. Thank you that would
22 be -- that's very helpful, too. Thanks for
23 bringing that up. I'm not sure they have
24 that. I know I'm used to seeing it from
25 the other providers, but I'm not sure I've

1 seen it from the dental community.
2 DR. BOBROWSKI: All right. Well --
3 DR. PETREY: We -- we have --
4 DR. BOBROWSKI: -- thank you. Go ahead,
5 Joe.
6 DR. PETREY: We have not -- I'm just going
7 to say, we have not used that frankly
8 because we want to -- we want to work with
9 the MCOs, and our practice has since the
10 inception of the program. Only -- only
11 going back to the pitfalls of Kentucky
12 Spirit, which we stuck with even, have we
13 had such difficulty as we have had over the
14 last year in dealing with what we're having
15 now. So I'll certainly reach out and
16 appreciate your-all's help in resolving
17 these issues that hopefully will go beyond
18 us and the practitioners that I'm trying to
19 send for oral surgery and for general
20 dental needs will also see changes that
21 will help them to come back on board with
22 the program. Otherwise, I'm fearful that
23 much like I have lost nearly every provider
24 that I've referred to for Anthem, I'm going
25 to do the same for Passport, at least in

1 our regions.
2 DR. BOBROWSKI: All right. Any other
3 questions from TAC members?
4 DR. GRAY: Garth? John Gray.
5 DR. BOBROWSKI: Yes.
6 DR. GRAY: Can you hear me?
7 DR. BOBROWSKI: Yes, uh-huh (affirmative).
8 DR. GRAY: I'm one of those people that Joe
9 can't refer to. And if Passport or Anthem
10 or any others want to call our Mt. Sterling
11 office and talk -- we would be glad to
12 explain why we -- why it just won't work.
13 So we have not complained to them about it
14 because we are not seeing the patients.
15 DR. BOBROWSKI: Okay. So if you-all would
16 reach out to Dr. Gray's Mt. Sterling
17 office, they can continue the conversation.
18 I think at least -- at least we're talking
19 and trying to work out some things here.
20 MS. MEDINA: Absolutely. We will
21 definitely reach out and, you know, kind of
22 get some insight into some of those
23 challenges so that we can better partner in
24 the future.
25 DR. BOBROWSKI: I had a little grandpa/

1 grandson conversation the other day with my
2 eight-year-old grandson and just stressing
3 to him to learn how to communicate. And he
4 knows what that word means. He's been
5 around me along enough that -- you know, I
6 said you just got to learn, you know, just
7 don't be afraid to ask. Sometimes -- and I
8 remember even in college one of our
9 instructors said, you know, if you've got a
10 question, raise your hand, because he said,
11 in this class, there's probably ten other
12 people that have got the same question, but
13 they're too scared to raise their hands.
14 So just -- you know, if we have got
15 questions of each other, let's communicate
16 questions or concerns.
17 And then I'm going on down the agenda,
18 that we had some United Healthcare criteria
19 for prior authorizations. Dr. Adam Rich,
20 any comments, or is that all worked out
21 or...
22 DR. RICH: Hey, Dr. Bobrowski, this is Adam
23 Rich with United Healthcare. I did speak
24 with Dr. Petrey, but I think the question
25 was around how continuation of care,

1 transition of care from one MCO to another
2 would -- would happen, especially as it
3 related to ortho. And because with -- if
4 members are transferring plans or whatever
5 may be happening and -- and to speak to it
6 from our perspective, what -- you know, the
7 only thing we would be looking for from --
8 specifically for an ortho plan would be,
9 when you submit claim, the EOB and the
10 letter of medical necessity, so we can
11 figure out and determine what their
12 remaining balance on the case would be
13 and -- and get that to the provider. And
14 then everything else would be pretty much
15 the same as they were doing before.
16 So if there's any other questions
17 around that I can certainly address them,
18 but that was my understanding of what that
19 item entailed. So, yeah, please feel free
20 to elaborate. Or if I can elaborate, just
21 let me know.
22 DR. PETREY: Yeah, that -- yeah, that does
23 clarify that in our -- we had a great
24 conversation that helped to understand how
25 that would follow through. And I also -- I

1 appreciate the back and forth with that,
2 Dr. Rich, and we appreciate your-all's
3 efforts and -- and also how you are
4 handling the fee structure and adjusting
5 how that -- bringing that closer online to
6 what we are used to and what the State has
7 outlined. And, frankly, appreciate your
8 fee for orthodontics being -- while
9 still -- while still a challenge to -- for
10 us to make margin, still being at a higher
11 rate than what we're receiving from other
12 MCOs, and appreciate the work that you are
13 doing to help with the -- to gain providers
14 from that respect, because I think that
15 will help.
16 DR. RICH: Thank you. And say this to you
17 and anyone else, anytime I can -- anytime
18 you have any questions or need anything,
19 please don't hesitate to reach out. That's
20 what I'm here for, so thank you.
21 DR. BOBROWSKI: Thank you, Dr. Rich,
22 Dr. Joe.
23 I just want to bring up -- I know
24 while ago Justin had made a comment that,
25 you know, a lot of times they have to look

1 and compare the states around us to, you
2 know, see what other states are doing and
3 developing strategies, policies, fees, but I
4 just put this in here -- I just got this
5 here the first part of the month. This is
6 from House Bill 1001-State Budget Bill, and
7 this is from Indiana. But the -- the bill
8 was passed which funds Medicaid's request
9 for 12.9 million-dollars state share to be
10 used for a dental investment -- I like that
11 word -- with a total dental expenditure of
12 47.3 million for the next biannual budget.
13 Indiana Medicaid intends to review
14 reimbursement rates every four years, so
15 this will eliminate long lapses of having
16 fee increases.
17 House Bill 1001 also included funds
18 for Indiana Medicaid to provide inflation
19 rate increases for the years when rates are
20 not reviewed. So, I mean, in terms of
21 policy, I would recommend to the State to
22 add that language into your -- what you do.
23 And I know you have to base things off of
24 what the legislature funding allows you to
25 do, but it's kind of one of those things in

1 the future. I know in January we'll start
2 the long session for the legislature and
3 that's one of those things that, Folks, we
4 got to move Kentucky oral health out of
5 49th. That's awful. We got to do what we
6 can to get providers taking care of people.
7 And I've used this term before, we got
8 to build some smiles. And each one of us on
9 this TAC have gotten various aspects of the
10 dental arena covered, from oral surgery to
11 pedo to adults, to everything. But I feel
12 like we've got a very well-versed TAC
13 covering a lot of territory across the state
14 in terms of knowledge and how to get these
15 folks treated. Is there any other new
16 business that come before us?
17 MS. BICKERS: Justin Derringer --
18 DR. SCHULER: Justin had his hand up.
19 MR. DEARINGER: Well, I just wanted to
20 state that that was an excellent comment by
21 Dr. -- and I wanted to make sure that all
22 of you-all are active with your
23 legislatures. As you can read that house
24 bill and I'm very familiar with that bill,
25 was in the state budget bill. It was a

1 part of an enacted budget, and so that
2 meant that the legislature gave an
3 additional amount of funding to the Indiana
4 Department for Medicaid Services
5 specifically for dental, you know, to be
6 invested in dental care. And so that is
7 always welcome with us here in the
8 Department.
9 You know, we don't have any part of
10 that or do we have any part of the
11 legislation. However, I would encourage
12 everyone to be very active in this process,
13 you know, especially based on the reaction
14 from legislators on some of the small
15 increases that we tried to give on the 2023
16 fee schedule. So any additional amount of
17 money we could get for the dental community
18 would be wonderful and that starts with
19 everyone's legislators.
20 MR. COLEMAN: Dr. Bobrowski, this is Ronnie
21 Coleman.
22 DR. BOBROWSKI: Yes, go ahead, Ronnie.
23 MR. COLEMAN: So I'm Ronnie Coleman with
24 Benevis. We support Ruby Dental in
25 Kentucky. I was extremely involved in

1 Indiana going back to last summer. And I
2 would just note that, yes, in fact, the
3 legislature did pass the budget. And they
4 did obviously have to pass that, the
5 numbers that were mentioned by
6 Dr. Bobrowski, but those numbers were
7 recommended by the Department. The
8 chairman of the Senate Appropriations
9 Committee said many times, he doesn't want
10 to be in the business of setting
11 reimbursement rates. So they took the
12 recommendations to some extent of the
13 Department and that's what got us to where
14 we are now. It wasn't the legis- -- we
15 wanted the legislation to do even more. We
16 wanted the legislature to consider tagging
17 us to like the ADA survey of rates.
18 But luckily the Medicaid director
19 specifically set up a rate review matrix
20 that goes every four years. She recommended
21 every year indexing of rates, which we've
22 been hammering her on, and she recommended
23 this investment, because it's been a long
24 time.
25 The other thing that's going to happen

1 in Indiana -- and this goes to a point that
2 you guys are talking about earlier --
3 determining if, you know, the adults rates
4 might be lower than child rates and so on.
5 My experience in a bunch of other states is
6 that that happens a fair amount, obviously,
7 that the child rates might be higher than
8 the adult rates. And I think it's a lot
9 because, you know, the -- the adult program
10 is kind of an optional program.
11 But in Indiana they had a situation
12 where the adult rates were 30 percent higher
13 than the child rates for physician services
14 and dental services and they have had to
15 equalize those rates. CMS forced them to do
16 it. So I'm not sure if that is a -- that
17 was because the policy had not changed or if
18 because they allowed an optional program to
19 be reimbursed higher than the mandatory
20 program.
21 So if you are looking at wanting to
22 increase prophies, for instance, for adults
23 and leave kids behind, that could be a
24 problem. I just want to put in a pitch. We
25 are primarily child providers at Ruby, but

1 we see plenty of adults. And the child
2 providers are just as challenged as the
3 adult providers, especially when it's been
4 years and years and years since substantial
5 increases have been put forth by Kentucky
6 Medicaid. So I just urge the Department to
7 be proactive about what you think we want
8 with the legislators, because they are going
9 to listen to you, at least initially, and
10 then we can go from there.
11 Obviously, we have champions in the
12 legislature that want to help us. But it
13 would be really helpful if you guys
14 proceeded to talk to them, you know, this
15 summer as you're developing your budget
16 recommendations for next year.
17 And this is the last point I'll make,
18 Dr. Bobrowski. I found when I talked to the
19 higher ups in Kentucky Medicaid that they
20 often raised the point that they'd like the
21 Medicaid -- actually, all of the dentists to
22 submit to a provider tax in order for them
23 to draw down more money. That's just not
24 going to happen. We know that the vast
25 majority of dentists don't take Medicaid.

1 And even for those that do, I mean, they are
2 actually -- it's almost like charity work,
3 as you have heard from the members of the
4 TAC. So I just don't think that should be
5 required. I think we need to get off of
6 that argument, and I think you guys need to
7 be proactive. It's been 20 years since
8 there's been a wholesale rate increase. We
9 know that you're -- you have a significant
10 budget surplus. I mean, this is the time.
11 So anyway, I'll leave it at that,
12 Dr. Bobrowski.
13 DR. BOBROWSKI: All right. Thank you,
14 Ronnie. And appreciate those words. But
15 as you can see with any -- well, most any
16 project we get into, whether it be our
17 businesses or at our school functions,
18 fixing the bleachers at the ball court or
19 whatever, you know, it takes a community of
20 workers to get these things done, and it
21 also affects us in our business and us to
22 be able to provide care for folks in our
23 communities. We've just got to rebuild
24 this network.
25 But is there any other New Business to

1 come before us today?
2 Going on down to our general
3 discussion. I just wanted to briefly bring
4 up the public health coordinators. And we
5 don't have to spend a lot of time on it
6 today, but I was kind of interested in
7 looking at how does the billing work. I
8 know -- well, I've talked a little bit with
9 the Commissioner on this and are the -- kind
10 of the question is, how does the billing
11 work? Are the folks that are certified
12 public health coordinators? Are they
13 considered independent contractors? Or does
14 the -- like, say, a dental office, does the
15 billing come from the dental office and then
16 the dental office is reimbursed for that
17 time?
18 So those are some questions, if
19 somebody from the State could get back with
20 me or get me some more information. I've
21 got on that website some, but I've still got
22 questions on that. So if somebody could
23 help us with that, get us some more
24 information, we'll -- you know, we can help
25 do what we can with that.

1 MR. OWEN: Dr. Bobrowski?
2 DR. BOBROWSKI: Yes, Stuart.
3 MR. OWEN: Stuart with WellCare, if I can
4 just chime in here real quick here. The
5 Commissioner shared, I think I saw it was
6 last week, the -- you're talking about the
7 community health workers, I believe?
8 DR. BOBROWSKI: Yeah.
9 MR. OWEN: They will be employed by
10 providers and MCOs will pay providers. And
11 the Commissioner actually -- or somebody
12 else, maybe it was the Deputy, shared, I
13 think there are three codes that would be
14 billed. And it's based on, I think, how
15 many members are being helped by the
16 worker.
17 But, you know, I don't mean to be
18 stepping out of -- out beyond my lane, but
19 it -- you would be hiring -- providers would
20 be hiring the community health workers and
21 it would be covered services. And there are
22 the three codes that will be billed. And I
23 think he said 7/1/23 is the go-live date.
24 And I hope I didn't go out of my lane.
25 DR. BOBROWSKI: I'm just making a couple of

1 notes here real quick. You said that the
2 provider office would be paid; is that
3 right?
4 MR. OWEN: Yeah. And that's what's in the
5 actual legislation. The regs are going to
6 be coming later, I believe, but the
7 legislation is that actual providers would
8 hire the community health workers and they
9 will be -- they will be billable, covered
10 Medicaid services. And so the MCOs will be
11 paying providers for those services.
12 DR. CAUDILL: Stuart?
13 MR. OWEN: Yes.
14 DR. CAUDILL: Are those CPT codes?
15 MR. OWEN: Yes, they are.
16 DR. CAUDILL: That's what I thought. You
17 might want to investigate that, because
18 that might be a problem since dentists
19 aren't credentialed on the medical side to
20 submit CPT codes.
21 MR. OWEN: That's a good point.
22 DR. ROBERTSON: Yeah. Garth, yeah, that
23 was going to be my question also because it
24 came up in discussion earlier today is, has
25 there been any discussion about how you see

1 this working in a dental setting, because
2 the codes that are available are medical
3 codes. There may not be anybody on this
4 meeting that can answer that today.
5 MS. COULTER: This is Danita Coulter from
6 DMS. Angie Parker is going to be taking
7 over -- she's going to be handling the
8 community health workers. And that is
9 correct, that it is going to be the CPT
10 codes. She is out on vacation this week.
11 I will take this back to her and let her
12 know that the TAC would like some
13 additional information and have her follow
14 up with you-all.
15 MR. DEARINGER: And this is Justin
16 Dearinger. I had my hand up, but I --
17 sometimes that's hard to see. I'm going to
18 see if I can -- I might have had it down.
19 I don't know. Sometimes I try to raise it
20 and it lowers, and sometimes I lower it and
21 it raises, so anyway...
22 You are correct, there are -- the
23 administrative regulation for community
24 health workers and the -- we have a
25 PowerPoint about community health workers.

1 And we have FAQs about community health
2 workers. Those are all coming up very soon.
3 We will have those out to all provider
4 types. Every provider type is going to kind
5 of get their own letter, explaining things
6 to them a little more clear.
7 But Mr. Owen is right, that is,
8 dentists will be able to hire community
9 health workers and be able to bill for
10 those. They will be CPT codes. And we are
11 working on adding those CPT codes to the
12 dental fee schedule and making sure that our
13 system can process those and figure out how
14 to bill for those. And there will be a
15 billing document just like there is now that
16 will go through and go over how those will
17 be billed. I think the CPT 98960 is for one
18 patient. That rate was actually just
19 increased to $22.50 for a 30-minute
20 increment. And then CPT 89816 is two to
21 four patients. And I think that rate is now
22 $10.88 per patient per 30-minute increment.
23 CPT 98962 is five to eight patients, and
24 that's $8.03 per patient per 30-minute
25 increment. It's limited to two units per

1 week, per member, and no more than 104 units
2 per calendar year, per member.
3 DR. BOBROWSKI: When you say per member, is
4 that -- do you mean per Medicaid member?
5 MR. DEARINGER: That is correct, per
6 member. Yeah, not per provider, but per
7 individual -- okay.
8 So I don't know -- let's see, I can't
9 really share a lot of the actual
10 documentation that we have ready, because it
11 hasn't -- anything that we send out for the
12 view has to go through multiple layers of
13 approval. So it's kind of in its last
14 stages of approval. But we will be posting
15 all that soon and you-all will get links to
16 that and -- so what we've tried to do, or
17 what I've tried to do is just kind of
18 combine the -- taking all the requirements
19 from the administrative regulation that's to
20 be filed within the next month or so, the
21 statute, the billing requirements, and then
22 some of the questions that we've received
23 and kind of compiled all that into one area
24 so that you-all can look through there. And
25 then if you have any questions, just feel

1 free to reach out to me or Angie Parker,
2 either one. I think we are both working on
3 the same -- same project. And so we'll be
4 sure -- be happy to answer any questions
5 about community health workers that you
6 might have.
7 DR. BOBROWSKI: Justin, if you-all could --
8 whenever you-all post that onto the
9 website --
10 MR. DEARINGER: Yeah.
11 DR. BOBROWSKI: -- if you could let us
12 know.
13 Now, this is going to sound awful, but
14 historically, there's been so few changes
15 that I did not check the website very often.
16 You know, now, with all these changes going
17 on here, you know, this last year or so, I
18 mean, yeah, I check it a lot more frequently
19 and, you know, just to -- for me to notice
20 that you had an update from April 13th to
21 May the 5th, that's doing pretty good for me
22 to check that that often. But I think a lot
23 of dentists like that just don't -- don't or
24 haven't taken the time to look at that --
25 that website and gather information, but --

1 because there hasn't been a whole lot of
2 changes in dental.
3 So I think, Dr. Robertson, that might
4 be a thing to -- if you send out a
5 ConstantContact here Monday, that we may
6 want to add just that website as a point of
7 reference for Medicaid. Or if your -- if
8 your ConstantContact page is already full,
9 maybe we could do it next week. But just --
10 I think those communications to our ADA
11 members are critical.
12 All right. Thank you for that report
13 on the community health workers there.
14 As far as I can detect, I don't think
15 that we've got any MAC recommendations to
16 make. I think most of this can be
17 handled -- I'll work on my e-mails to
18 you-all and hopefully get everything up
19 there by Monday so we can start working on
20 codes and those typos and stuff like that.
21 I do plan to be our representative at
22 the next MAC meeting, which is at the end of
23 this month on May the 25th at 10:00 Eastern
24 Time.
25 Are there any other -- I mean, is

1 there anything we need to bring before the
2 MAC? Is there any other discussion, general
3 discussion, that I've left off?
4 DR. PETREY: Yeah, Garth, the only thing --
5 Garth, the only thing that I want to add is
6 to see if there is any objection from
7 anyone with the State or with the MCOs that
8 we can -- as long as we get that written
9 documentation to them, that we can get
10 those reports that we requested back
11 well -- well before that, our next meeting,
12 so we will have time to review those. The
13 sooner the better, but certainly before our
14 next meeting.
15 DR. BOBROWSKI: And, yes, we will work on
16 that.
17 And I owe everybody an apology,
18 because I think I had some upgrades on my
19 computer. When I sent out the agenda, you
20 know, usually you just got to hit a couple
21 of keys and it puts it into the proper
22 document form that everybody can open it.
23 But, boy, this time it was just a nightmare
24 getting everybody the proper, I guess,
25 wording that it would even open the attached

1 file. So I think I got it worked out there.
2 And that's a little different route, but I
3 figured the route out. So we'll --
4 hopefully the next time we send out an
5 agenda, it won't be so cumbersome.
6 But our next TAC meeting is August the
7 11th, Friday, from to 2:00 to 4:00 p.m.
8 Eastern Time. And that's all I have.
9 MS. BICKERS: Joe, I did want to let you
10 know that when the Department gets data
11 requests, they -- we usually have a 90-day
12 turnaround. So it would be right about
13 your-all's meeting time if I got them
14 today. We try to get them out faster than
15 that, but we do allow 90 days for the data
16 to be gathered, collected and reviewed, but
17 we can definitely most certainly try to get
18 that to you as quickly as possible once
19 they are received.
20 DR. PETREY: I appreciate that. We -- we
21 keep talking about it in our meetings and
22 amongst ourselves between our meetings and
23 need to have the formal written to you-all
24 so that we could -- we can get that done,
25 because the five things that we came up

1 with were a review of minutes going over a
2 year past that where we had talked about
3 requesting data and just haven't formally
4 done it well enough to get that data. So
5 the 90 days is completely understandable,
6 but we'll try to get that to you as quickly
7 as possible. Thank you.
8 MS. BICKERS: You're welcome. Absolutely.
9 DR. BOBROWSKI: Well, at this time we'll
10 need a motion to adjourn.
11 DR. SCHULER: Garth, I'll make a motion to
12 adjourn.
13 DR. BOBROWSKI: Need a second.
14 DR. PETREY: Second.
15 DR. BOBROWSKI: All in favor say Aye.
16 (Members vote affirmatively.)
17 DR. BOBROWSKI: Thank you. A great meeting
18 and I appreciate everyone's comments and
19 participation. So you-all have a good
20 weekend. Bye-bye.
21 * * * * * * *
22 THEREUPON, the Meeting was concluded.
23 * * * * * * *
24
25

1
2
3 STATE OF KENTUCKY)
4 COUNTY OF FAYETTE)
5
6 I, JOLINDA S. TODD, Registered
7 Professional Reporter and Notary Public in and for
8 the State of Kentucky at Large, certify that this
9 transcript is a true and accurate record of the
10 Dental Technical Advisory Committee meeting.
11
12 My commission expires: August 24, 2023.
13
14 IN TESTIMONY WHEREOF, I have hereunto set
15 my hand and seal of office on this the 31st day of
16 July 2023.
17
18
19 JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE
20
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