

**DENTAL TAC REPORT TO  
MEDICAL ADVISORY COMMITTEE  
MAY 22, 2014**

The Dental TAC met on April 2, 2014. A number of issues were addressed. Some issues and recommendations:

- 1) The re-credentialing of dentists by the State this year was a nightmare! Reports that over 400 dentists were de-activated on March 1. This blind-sided the providers as the majority of them had not received any prior warning. The advisory letters had not reached these providers. Their first notice was that patients were unable to fill prescriptions and their claims were being denied. When the problem came to light, and the required documents were submitted, providers were advised that DMS has 60 days after receipt to get the information input into the system and then update. Some providers were not updated until the end of April. One provider reported that on the 62 day a letter was generated stating the he had used an outdated form and he needed to resubmit again. Veronica Cecil from Program Integrity has been invited to the next TAC meeting. **Recommendation:** Use CAQH for credentialing and re-credentialing. That system tracks all documents and sends a timely notification whenever something expires and needs submission of a new document.
- 2) Communication to providers is often less than timely. The \$3 co-pay provision was implemented 1/1/2014. The notification from DMS was dated 1/9/2014. The notification from MCOs was dated 1/15/2014 or later. By this time numerous patients had been treated without providers knowing that a co-pay should have been collected – a loss to providing offices, since the co-pay was deducted from the claim reimbursement. **Recommendation:** Policy changes should be communicated to providers at least 60 days prior to implementation.
- 3) Some MCOs have placed limitation or restrictions on EPSDT services that did not previously have them. There has been no official notification of any policy change; it's just being enforced. Now we're told that they are working on a notification message! **Recommendation:** Policy changes should be communicated to providers **in writing** at least 60 days prior to implementation.
- 4) Patients from some MCOs who are denied EPSDT services receive letters that contain a false statement and reflect poorly on the provider. **Recommendation:** Any communication received by a patient regarding denial of services should contain only accurate statements. In addition, if the original decision is reversed, the patient should receive a letter stating that the service is now approved.
- 5) Failed appointments continue to be an issue. The Dental TAC recommended at the December, 2012 meeting that DMS develop a "no show" code (without a charge) that could be used for tracking these failed appointments to tabulate their impact. It was approved by the MAC at that meeting. I was informed several months later that DMS was concerned with more pressing matters, such as ACA implementation. We again bring forward this recommendation.

S. J. Riley, Chair, Dental Technical Advisory Committee