COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

FOR MEDICAID SERVICES

IN RE: DENTAL TAC

HELD VIA ZOOM

DATE:

AUGUST 9, 2024

2:00 P.M.

A T T E N D E E S:

Garth Bobrowski, DMD, Chairman

Joe Petrey, DMD

Kaitlyn Patel, DMD

(and many more were on ZOOM)

August 9, 2024

2:00 p.m.

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DR. BOBROWSKI: We want to first welcome our new TAC member, Dr. Kaitlyn Patel. We are so glad to have you on with us today. And just like I say during our meetings, we do need you to have your video on. You can take your audio on and off as you desire, but we will need you to have your video on the whole meeting.

And we do have a quorum, but now -- oh, I was going to tell folks, too, Dr. Patel is from Harlan, Kentucky, so we've got some young people on here now. That's great.

But I was establishing a quorum. I'm here, Dr. Petrey is here, and Dr. Patel is on, so that gives us a quorum. And Dr. John Gray may or may not be on. He said he might be a few minutes late, but he may not be able to be here at all.

And I want to -- I know Commissioner Lee is on here, and we appreciate you being with us today. And we have already had one

meeting with her this morning already, so we want to again thank you for being here, and I wanted to kind of give the floor to her for a few minutes because she will not be able to stay on for the whole meeting and I wanted to let her go ahead and kind of go first here. So Commissioner Lee, go ahead.

COMMISSIONER LEE: Thank you, Dr. Bobrowski. I just wanted to attend the meeting for a little bit today and, again, thank you-all for everything you do for the Medicaid program and the members we serve. And a big welcome to Dr. Patel. Good to have another Eastern Kentucky girl in this arena here. I myself am from Hazard, so we may have a little bit in common as far as our roots are concerned and from being from Eastern Kentucky. So just again wanted to thank you-all for everything you are doing.

Don't really have many updates from the Department. We have looked at the data requests that you-all submitted. We have some information that we are compiling and should get that to you very soon so that you can review it and maybe discuss at your next

Dental TAC meeting if you want.

We also have some updated reports that we can share regarding the dental codes for adults, since we have enhanced those dental services for adults related to root canals and that sort of stuff. So we will provide those to you as well.

And, Dr. Bobrowski, I think under Old Business on Item 1, if I can go ahead and speak to that. We have looked at that request. We have also passed it along to our managed care members, because we want to make sure that if we move down this path of removing those prior authorizations, that everybody operates the same way. And so we do have -- our MCOs are looking at that. It's under consideration and we should have a response for you within -- definitely before the next TAC meeting.

DR. BOBROWSKI: Thank you.

COMMISSIONER LEE: And I think that's all. Again, thank you-all for everything you do.

DR. BOBROWSKI: Well, thank you for looking at those codes and just seeing what we can do to help streamline our dentists being

able to provide their services. And kind of like I said, there's just so many times we all have just walk-ins. And there's a hospital right up the road from my office here, and they have even got signs out front that says walk-ins are welcome. So we just don't know what we get to do until we see the patient. And sometimes those things we can take care of right away and it helps the patients be seen in a timely manner. So we appreciate you looking at those.

Does any of the TAC Members have a quick question for Commissioner Lee while she's here? Okay. And we have been able to ask some questions. Dr. Patel, I'm going to put this one to you. We have been able, in the past, to ask questions knowing that we will not get an answer today, but they work on it and, it's like Commissioner Lee says, they will get back with us, you know, within -- or by the next TAC meeting. So that's just kind of the way it operates here.

And so I want to go back up here to

approval of the minutes from the May 10th meeting. And so I'll make a motion to approve those minutes. We need a second.

DR. PETREY: I'll second the motion to approve the May 10 meeting minutes.

DR. BOBROWSKI: All in favor say "aye."

(All members vote "aye.")

DR. BOBROWSKI: Thank you.

And then one thing I've got to ask -- and maybe Ms. Erin, if you're here -- I just happened to be noticing in the minutes from February, I think it was the 9th of this year. I noticed a list -- that the first or second page it listed the dentists that were on the TAC and it listed a Dr. Kimberly Hughes, DMD. I have no clue who that is, and I didn't know if somebody from Medicaid can help me on that, or is it just a typo or -- but I noticed that I think she made the motion or seconded the motion or something there to approve the minutes. But I'm just wondering and, in my mind, I thought I heard Dr. Carol Braun. And I'm just wondering if the names might have just got mixed up somehow. But I don't know how

to research that or look at it, but we've tried to look that up. I just found it last night about 2:00 or 3:00 in the morning.

MS. BICKERS: I'm sorry. I can look into that. I'll go back and review the minutes and then also the recording on the YouTube channel.

DR. BOBROWSKI: Okay.

MS. BICKERS: I do recall in a TAC meeting -- and I apologize there are so many of you -- we had a non-member vote on minutes one day, and we had to go back and revote. But I'll dig into that a little bit and if I need to, I'll get those minutes revised and out to the TAC just so we have the most accurate information. So I will put that on my followup to-do list.

DR. BOBROWSKI: Okay, thanks.

MS. BICKERS: I'll touch base with you next week.

MS. HUGHES: Dr. Bobrowski.

DR. BOBROWSKI: Yes.

MS. HUGHES: This is Kimberly Hughes and I work for Passport Molina. So I am not a physician, but -- so I'm not sure how

exactly my name got on there, but I am Kimberly Hughes. So I think it was just a typo.

DR. BOBROWSKI: Okay. Thank you.

MS. BICKERS: Thank you, Kimberly.

DR. BOBROWSKI: Yes. Well, I was looking at that and then I was telling somebody early this morning, I said, I know I have heard that name or seen you on the screen that we have for our Zoom calls. I knew -- I knew somebody, but we looked on the dental records and stuff and we could not find a dentist named Kimberly Hughes. So thank you for letting us know. Appreciate that.

MS. HUGHES: You are very welcome.

DR. BOBROWSKI: All right. And we've got No. 2 on Old Business. We've got Dr. Kaitlyn Patel on here to replace Dr. Schuler. And, again, I want to thank you for taking on this role, and it is a very important role and we want to make you feel welcome. And any time you got questions, ideas, you know, jump right in there. And then Dr. Petrey and I are --

and Dr. John -- we have been on this committee for a few years, so you could even contact us after hours if you want to.

But I'm going to move down here to some other reports that I did receive back from -- and I want to thank Commissioner Lee for help on this, too. It's like a couple of codes, the -- a lot of the filling codes, we've got a notice from Ms. Erin Bickers there that the limitations for once per tooth per 12-month per member was removed. So for us restorative dentists that really helps, because we see a lot of folks that do brux or grind their teeth, and up until last year we could not, you know, make them a bite guard to protect their front teeth. And so many times they'd come in with a front tooth broken, and you look back in your record, well, man, we just filled that eight months ago and now they broke it again. And their front tooth and they are wanting to go to work, you know. So we appreciate you-all giving us the ability to help people keep their smiles. And so that one has been fixed.

And then let's see, the other one that we got a report back on was -- one of the questions at the last TAC meeting was -- the question was asked if the MCOs were being paid enough to cover them providing the dental services for members. The response is the MCO capitation payments are actuarial sound and appropriate to cover all healthcare services. The actuary took -- looked at the changes to the dental benefits and rates, and they were all taken into consideration for capitation rate development. So we appreciate those answers and responses there from our last meeting.

Now, is there -- is there any other old business that I may have forgotten about or left off?

Okay. I'm going to go to New Business. One of the things that we were looking at doing was -- and I don't know exactly how to create this, but we were kind of wanting to look at the comparison code utilization, like a report from 2022 and 2023, just to see what is dentally being done. And I know in '23 we added the

expansion codes, so I know that's going to include, you know, dentures and partials and crowns and stuff like that, so it won't be -- we won't be able to do a comparison. But after this year a comparison report could be done just to, I guess, find if there's any trends or -- and, Erin, and I don't know exactly how to design that report, unless one of the other TAC Members have got a question on how to do that. Maybe someone from DMS could help us design that and get that to the MCOs for further development.

MS. BICKERS: We can make that request. If you don't mind, if there's certain codes that you want compared, you guys are the subject experts, so I just ask that you follow it up in writing so I make sure to pull the proper data and request the proper codes and how you would like it broken down, whether you just want it broken down by code, by counties, age groups, et cetera, just so we can make sure to pull the data and provide it in the way the TAC would like to see it.

DR. BOBROWSKI: Okay. I'm going to make myself a note here.

Any TAC Member got any question, suggestions at this point on that?

DR. PATEL: I think that would be very helpful.

DR. BOBROWSKI: You know, it just helps the practitioners see what's, you know, being used. Helps us, gives us guidance in terms of possibly developing policy on certain codes. So we'll work on that and I'll try to -- who should I send that to, to follow up on writing that up?

MS. BICKERS: You can send that to me and I can get it out to all the appropriate parties.

DR. BOBROWSKI: Okay. Is that Erin?

MS. BICKERS: Yes. I'm sorry.

DR. BOBROWSKI: It just shows up Kentucky Medicaid on your screen there, so...

Okay. Now, I've got a few other questions here. Just bear with me on here. Well, one of the things that I was looking at, and Commissioner Lee already addressed some of that this morning, or this

afternoon, was that they're working on the prior authorizations. The -- I guess the -- and we mentioned this before. If the MCOs could come up and just tell us what is the primary reason for a denial, because maybe that's something that the TAC, the Kentucky Dental Association, sometimes we can -- you know, or the MCOs can speak with their provider dentist to, say, look here's what you're doing or not doing to get your treatment not authorized. So if we can be of any help doing that. But if we can -- maybe the next meeting, if we could have the MCOs just, you know, give us two or three reasons, whatever, their top reasons that things are getting denied, you know, with the required prior authorizations, that may be helpful for us. And let's see...

MS. BICKERS: This is Erin again. If you want to add that to request, we can ask that -- and I'll send a follow-up e-mail after this to the MCOs and request what maybe their top five denial reasons.

DR. BOBROWSKI: Yes, okay. That would be great.

MS. BICKERS: And then we can give them each a few minutes next meeting to kind of present what they have and...

DR. BOBROWSKI: That sounds like a good plan.

UNIDENTIFIED WOMAN: And, Dr. Bobrowski, are you talking about just the top five that are around the prior authorizations; is that correct?

DR. BOBROWSKI: Yes.

UNIDENTIFIED WOMAN: I'm just trying to write myself some notes, just trying to be sure. Thank you. Just wanted to clarify.

DR. BOBROWSKI: Thank you.

The next one would be one of our concerns, and we keep -- and I'm also -- some of you know I'm also on the MAC, the Medical Advisory Committee, and, you know, we hear from different provider groups, the primary care physicians and others, that where's the dental providers. They are having harder and harder times of finding dental providers in their communities. But one other report, and I don't know that -- we have had this discussion before and --

because we talked about how many dental providers are there truly in Medicaid. And I know the Commissioner said one of those questions they were working on still of the providers. And we had it broken down by a dollar amount that we were producing. Some dentists may just see one family a year, you know, some -- some dentists are seeing, you know, 20 and 30 people a day. Some of the oral surgeons are seeing more than that. Some of the -- like Dr. Petrey, the orthodontists, are seeing probably many more than that per day. But if we could -- we'd like to just find out, well, how many actual dental providers are there, and then Ms. Erin you-all may be already working on that one.

And then I did get a call earlier this week, and, Erin, I think you did help me with that one, on -- had a call of wanting to know what specialists and -- well, it was oral surgeons in particular at that time. But the other thing that sometimes we see is now that they're covering root canals for adults -- boy, to be honest, I don't know

anybody around my area that does adult root canals. And if there's some way that we could find a list, you know, from the MCOs, if they've got somebody on their provider list, that would be awfully helpful for us making referrals, because some of these root canals they've got roots on them that go clear into the sinus and they're pigtailed all the way up there. And I usually don't do those kind of root canals, so -- and a lot of general dentists will refer those out. And I know I sure wouldn't want Dr. Petrey doing a root canal on me. He might straighten up those roots.

DR. PETREY: Yeah, Garth, I think it's a very important point to gain a better understanding of not just number of providers, but what is being done primarily, because -- I've said this before in these meetings, but John and I, and all the orthodontists, are in an interesting position because we refer back to our referring dentists. So we -- we see a good number of dentists, dental providers, and we refer back for restoration. We refer

back for those that aren't up to the standard on oral health. And what we are finding very clearly, and it's getting markedly worse, is that many, if not most, of our providers are not accepting new patients or they are not accepting new patients unless the family is already part of their practice.

And I've had calls from providers that have followed up with me saying I'm getting these notices about making sure that I am able to get patients in in a timely manner, and yet the ones that are seeing the majority of the patients, they can't do that because they simply don't have enough open spots and, thus, as these other providers are restricting because they don't have openings, restricting who they are accepting, it's only making the system even more burdened.

Statistically it doesn't look like it is as bad of a situation as it is, but when we -- our primary referral -- referrer in Hazard is not accepting -- does not have an opening appointment until March of 2025.

Now, they can -- there's a call list and you can get in. But when you have patients that we are referring with major dental needs that can lead to the loss of a tooth, and we are talking more than six months before you are able to even have an evaluation, that's a problem.

Now, these practices are shown as the network being good because there are -- there are providers out there. But if they are not accepting new patients or if they are not accepting new patients that aren't in that same family, we are not really providing. And it's especially concerning, and I think I brought this back up at the last TAC meeting, it's especially concerning because our pediatric dentists are so overrun, they are more and more capping the number of patients that they are able to see. And to do that, the best way for them is to -- is to age kids out. And so they are aging kids out 12 and 14. Some go all the way to 18. But there is a large gap of patients that are aging out of the pediatric dentist office that do not have a place that

they can go to that will accept them as a new patient.

Now we are talking about patients that have had good oral care that are now lost because there is simply not a provider, or a provider with openings that can take new patients available. And so while our statistics that are showing that there are X number of dentists providing in an area are helpful, understanding exactly whether new patients are being accepted, whether true care is being given, as you said, not the provider that's on the register, but just not seeing any patients, or seeing one family a year, is critical to understand.

From our perspective, and we see the statistics -- the statistics are scary as they are. It's a lot worse out there than what the statistics show, simply because we have whole communities that we cannot refer patients back for restorative or oral surgery, and certainly for our pediatric dentists.

DR. BOBROWSKI: And I'm glad you brought that up, Dr. Petrey. Yesterday I was

helping a family that was here from another county. They have a specialty needs child that even -- even one of our local area pediatric dentists, you know, can't handle, but the other -- the rest of the kids in the family have been coming to me. Well, we were trying to get them lined up with another pediatric office in another town, oh, about 45 minutes from us here, but we got online to check and already had the referral form all filled out, and come to -- the mother was helping look it up real quick on the internet and, well, the pediatric office no longer accepts Medicaid patients, none at all.

DR. COLEMAN: Dr. Bobrowski?

DR. BOBROWSKI: Yes.

DR. COLEMAN: This is Ronnie Coleman. I know that Ruby Dental generally has openings. Obviously, this is a busy time with school still being in session -- being out. But I was wondering if maybe the MCOs or the dental benefit administrators could help to facilitate finding openings for patients. Like if, say, you have a patient

in your community you can't find someone, can they -- can they reach out to, say, a Ruby or some other practice where we already know we have the potential to see them?

The other point that I would make to add on with what Dr. Petrey was saying is the other thing that's impacting access is when we lose staff, whether it be a dental assistant or a hygienist because we can't pay them well since we are 80 percent Medicaid, we have to see fewer patients. And so we just can't be competitive in the dental market place for staffing because rates are so incredibly low in Kentucky and that doesn't seem to be changing. But I can tell you we have reduced our patient load over the past -- well, since prior to the pandemic, by like 35 to 40 percent and it's not because the patients aren't there. It's just we don't have the staff to be able to address the needs.

DR. BOBROWSKI: Well, I know I'm in the same boat. Sometimes you'll have a hygienist and -- you know, and I've heard

this, too, that if you're a Medicaid office, and even though you got to pay them the going rates for the hygienist, well, so many times what you pay the hygienist is more than what you get for the service from Medicaid. Now, we got that a little bit improved, but still by the time you pay your staff, pay your supplies, pay to clean up the room and get it ready for somebody else, you're in the hole again. So that's an issue we are going to have to look at. Let me see. Thank you, Dr. Ronnie.

MS. BICKERS: Dr. Bobrowski, this is Erin. I believe I heard a question in there whether members can contact the MCOs for help and, yes, they can. They should be able to contact their MCO, and the MCOs -- I handle constituent e-mails. The MCOs are always very diligent about trying to help the members find someone close, find someone -- seeing someone soon. So you can always encourage them to also reach out to the phone number on the back of their card if they are having some problems. And then I will look into the request of active

providers seeking patients, and I'll see if that's data I need to request from the MCO, or if that's something DMS might be able to pull. So you I will put that on my follow-up list as well.

DR. BOBROWSKI: Okay. And see that may be one of the ones, Erin, that Commissioner Lee is already working on because I know -- I think it was two meetings ago we had requested a breakdown of the number of providers -- I think it was like who's doing 0 to 3,000, you know, I think it was per month, and then 3,001 to 10,000, or something like that. And then 10,001 up to 15,000 per month. And we kind of had a breakdown. And Commissioner Lee, they may be working on that breakdown, so that way you can really kind of tell who's doing the work and -- but that's -- that's what me and our staff tell patients if we are needing someone, we tell them, look, contact your MCO to find another dentist, because -- it's just like yesterday. I knew there was this pediatric office, but they had not alerted me to the fact that

they were no longer seeing Medicaid patients. And it's just -- it just helps us to keep who's doing what.

Let's see, and then here's another question. Well, talk about fees, was to compare the current Medicaid fees, whether it be the young -- young people under 21 and the adult fees to the regional, usual and customary rates, for example, on the ADA fee schedule. If we can kind of look at that, Erin, and I'll try to write this up and get you a list on these. Yeah, we've talked about the billing codes.

DR. COLEMAN: Dr. Bobrowski, I can supply a pretty comprehensive comparison of the key reimbursement rates for region, as well as outside of the region. I think I've done it before, but I'm happy to help if someone from Medicaid would like to see what I have.

DR. PETREY: Ronnie, I think the TAC Members would also appreciate seeing that direct if you could -- if you wouldn't mind to send that on to us as well.

DR. PATEL: Yes, that would be fantastic.

DR. COLEMAN: I'll get it to Dr. Bobrowski and he can send it out to the entire list.

DR. BOBROWSKI: That will work. Let me make my note here, another one.

I know a few years ago we really talked about trying to look at efforts to decrease the emergency room visits for dental patients. And if there was a way to compare that usage, you know, say going back to '21 and '22 and '23, to look, are we actually decreasing the emergency room visits or since there's lack of providers seeing Medicaid patients, is it the increase in the emergency room visits going back up. So I know we were trying to work hard to get that down, but that's another report if we can look at to use a comparison of, you know, '21, '22, '23 to just kind of see if we're gaining on that one.

DR. PETREY: Dr. Bobrowski, if I could just -- I'm sorry to interject, but back on fees --

DR. BOBROWSKI: Yes.

DR. PETREY: -- I just want to comment, too, that it's critical to get this

information. And one of the main things that makes it so critical is -- and I'm obviously not in front of the computer or at my desk for the day, but the data, and it's the data that's been presented at the TAC meeting before. The data comparing Medicaid reimbursement rates for dentistry in Kentucky compared to our region and additional states around us showed that we were being reimbursed at a higher rate, and that has been -- through the ADA, and that has been documented by the ADA and understood that that was incorrectly done --

DR. BOBROWSKI: Yes.

DR. PETREY: -- and incorrectly shown on our state. So I still see responses looking at our fees quoting and looking at that report, which is incorrect. And so the more that we can look at and understand, as Ronnie pointed out, how critically low the reimbursement is relative to adjacent states, relative to our region, the better -- the better we can understand why we are having a lot of the

issues with providers dropping off and new dentists not coming onto the system. So I think -- I think Ruby's data and the MCO data and DMS's data, and comparisons that are legitimate are what we should be basing policies and decisions off of. I would leave to see more.

DR. BOBROWSKI: Well, if you-all remember -- and Dr. McKee did a study a while back, and the KDA had done kind of a -- not a real scientific study, but just, you know, a talking type of survey, but they both agreed that I remember the top three reasons that dentists were not taking Medicaid or limiting their Medicaid was the low fees, the high amount of paperwork, and the failed appointments. And I just think we just got to keep -- keep working on these to -- otherwise, we are just going to keep losing providers.

And I know at the last meeting Commissioner Lee reported that there was 94, and I think that was for the year 2023. She reported that there was -- of the folks that are reporting to Medicaid, there were

94,000 -- could have been 93 -- 94,000 failed appointments. Now, this is, you know, across the medical fields. It wasn't just dentistry, but you kind of -- it's just a -- it just seems like it's just rampant or that the patients just don't have a value system for the services that they provide and are provided to. And a lot of offices you miss one or two or three appointments, and you're just kind of locked out. You find another place to go.

DR. PETREY: That's a very valid point. You know how challenged I get when blame gets primarily placed on the patient. We need to have accountability. But we also have to understand and factor in that accessibility is the primary issue for these. If there was providers that had open appointments in a location close to these patients, I think we would see less no-shows. I think if we had better access -- a lot of these folks don't have a lot of transportation that is reliable that can get them to these appointments. There is no question that it is a higher no-show

rate than populations that are not on assistance, but it is -- I think there's a lot more to it than just a value question in these patients. It's things that we need factor in, not just the transportation, but simply that there's not a provider close to them.

I mean, we are seeing a significant amount of patients driving to us in our Somerset office from Bowling Green. It doesn't take much of an understanding of a map to know that that's not close and those patients don't really have another option but to come to us. And we love seeing them, but I have no doubt we have a higher no-show rate simply because that's quite -- that's quite a distance and it's not as easy for them to make their appointments. Used to, it was always our Hazard office that we had that we saw great distances that people would drive to, but now as less and less people are accepting Medicaid patients, we are seeing even more distances from West Kentucky heading our way.

So, again, we need more providers, we

need more open spots, and you named the reasons why surveys show why we don't have a sufficient system to cover the patients that we have.

DR. BOBROWSKI: Well, you know, speaking of the specialties, and lack of providers, I had an oral surgeon contact me earlier in the week here and he's down in, oh, the central part of the state, and he said we're just seeing more and more patients coming from Northern Kentucky, you know, the Medicaid patients from up there. So, I mean, that's, what, two-hour drive from Covington down into the Lexington area or the surrounding counties and...

DR. PETREY: We have documented so few people in East Kentucky that are working their tails off trying to even keep up, but there's just not an oral surgeon -- enough oral surgeon coverage in East Kentucky, but we are seeing even more -- I have two oral surgeons in Somerset that accept cases, but they have become very overrun, and we have patients that drive to us from the Danville area and other areas, and when we have

tried to refer back to Danville, the oral surgeons in Danville are so overrun they won't accept a patient from Pulaski County with Medicaid because there is a provider in Pulaski County, and they just don't simply have a spot.

Well, unfortunately, if there's no spot with a provider in Pulaski County, now I have a patient that doesn't have -- that's willing to drive that still can't get coverage, can't get care. So it's -- we need more providers and we, frankly, need less paperwork, as you point out, but I think fees are still the critical, the critical reason why there's not -- why Pikeville is the place that you have got to go to, or Winchester with Dr. Gray, to see an oral surgeon in East Kentucky, and that's just not sufficient for the amount of population that we have there.

Certainly, Dr. Patel can speak to the challenges of getting care, especially in our specialties.

DR. BOBROWSKI: Dr. Patel, how far away are you having to go to to refer, like, for

endo or oral surgeon?

DR. PATEL: Right now endo and oral surgery, basically I have to refer to UK. And they are currently not even accepting patients. They are just accepting names for a waitlist to get a spot, you know, and so we have ran into that problem lately. I mean, UK right now is our only option for endo referrals. We have gotten a couple of kids in for oral surgery in Richmond, as long as they are kids, but other than that we are going to UK as well.

DR. BOBROWSKI: Okay. And one of my other questions was on special needs patients and, again, I have already told you that story for this young little girl.

Let's see -- well, another question I had here was on pregnant moms. And I don't know who the MCOs or -- through fee-for-service, is there a way to find out if the pregnant moms are receiving or seeking care especially -- well, you know, especially oral hygiene care with pregnancy, gingivitis, or even just, you know, fillings or a needed extraction periodically. Is

there -- can somebody help me answer that? Is there a way to document the pregnancies and if they are seeking care for oral healthcare?

DR. RICH: Dr. Bobrowski, this is Dr. Rich --

DR. BOBROWSKI: Yes.

DR. RICH: -- with United Healthcare.

So for pregnant members we have care providers and our care coordinators that we try to identify pregnant members as soon as possible so that we can make sure that their care is coordinated across all aspects and make sure that they are getting their prenatal visits, but not just their prenatal visits, their dental visits or any other visits that are critical to the health of that baby. And we know that helping a mom with healthy teeth is going to have a better chance of having a child with -- a healthy delivery and a healthy baby. So the care coordinators are going to find a provider for those members that are identified every time.

And, you know, it's something I wanted

to point out earlier, and it keeps coming up. We work really hard and I've been very impressed with how my care coordinators and my provider advocates work together to make sure that we find -- I know the state said this earlier, too, that we are finding providers for members whatever it takes, whether it's in network or an out-of-network provider. If we have a member with a need, we find a provider for them.

It's not -- to your point it's not easy. It's very challenging and it doesn't always -- and I wish that there were less obstacles, but your three obstacles are our three obstacles. We understand that fees are important, but, you know, I think it's really provider shortage is our struggle, because there's been multiple times that -- and continue to be that the fees are not as -- I know they are critical, but regardless of what fee is offered a provider, that does not mean they are going to accept Medicaid or have the bandwidth to do it. So I just wanted to throw that out there, too. But

I'm always welcome and open to talk to providers any way that -- however we can make ends meet for you, we will -- we will look under every rock and try any opportunity to try to make a work with a provider and UHC, but we are always committed to finding our members care. Thank you.

DR. BOBROWSKI: Thank you, Dr. Rich. And while you were talking I was kind of watching. We got some responses in the chat room from, you know, some of the other MCOs, that the MCOs are trying to find and help their patients find practitioners to seek oral healthcare. So that's good.

This morning I saw a report from, I think it was Becker's Hospital Review, and they were talking about the dental shortage across the nation. And I'm not a statistician, so I can't even say the word, but if you could -- somebody can help me on that. They said, well, there's a shortage of dentists across the nation, and they listed 68- -- approximately 6800 dentists would be needed. Well, but then on the next

sentence or two down they say, but to fix that shortage, we are going to need 9600. I'm not a statistician, but it seems like somehow their numbers are off, but I don't know.

DR. PETREY: I think I read that as well, Garth. I think they are factoring in the attrition rate of retirement --

DR. BOBROWSKI: Okay.

DR. PETREY: -- and the number of new dentists versus the lump of dentists that are going to be leaving the profession over the next few years.

DR. BOBROWSKI: So see right there, folks, you can see what us dentists do in the wee hours of the morning, is we read the hospital reports, so just trying to keep one stuff.

MS. BICKERS: Dr. Caudill has his hand raised.

DR. BOBROWSKI: Yes, Dr. Caudill.

DR. CAUDILL: Yeah, I was just going to refer back to your finding access to care. At Avesis we also have scattered across the states certain offices that are serving as

oral surgery access points. It's not an oral surgeon, but it's a doctor who has taken advanced training in oral surgery and they are licensed in moderate sedation to put people under in the office. And so we have numerous of those. So if you just look strictly for an oral surgeon, yeah, they are far between, but we also have, in areas in between those, filling in offices that do have this extra training.

Now they wouldn't, you know, reset your jaw like an oral surgeon is trained to do for orthognathic surgery, but they certainly receive this advanced training for extractions and alveoloplasties and things of those, that kind of nature. So providers should always feel free to reach out to us. Our provider relations department is aware of all these extra access points, and can make those calls, and quite often I'll pick up the phone myself. So we are always here to help.

DR. BOBROWSKI: Okay, good. Thank you.

I know we've got one or two around here, and there's another dentist down in

Bowling Green that does sedation. They are a general practitioners, but they don't accept Medicaid. So that's where we may have to -- you know, maybe if the MCOs could look at their providers and maybe help us establish a referral base, that might help the other dentists in the area have that information, Dr. Caudill. It might be something that we can look into there.

DR. PETREY: Certainly something that we would like to have a better, clearer picture of. That being said, that can be challenging at times because when -- as an orthodontist, when I'm referring back for oral surgery needs to a general dentist, even with extra training, but I'm referring a patient from a different general dental practice, that can get a little tricky. But just getting the care will be -- would be fantastic, especially third molars, canine exposures, and severe tooth decay extractions.

DR. BOBROWSKI: You know, I think, Dr. Patel, you had mentioned that UK had a situation there now that they are in is

that they are just putting people on a waiting list. And I know last summer I had the same situation over here sending people up to U of L. They just -- they said don't send any more; we can't handle them. But, you know, they just kind of say give us their name and we'll -- name and number and we'll contact them. So even our universities are getting slammed, you know, with requests for care.

And I know at one of our executive board meetings with the Kentucky Dental Association, Dr. Okeson at UK, the Dean there, was commenting about, again, going back to the fees of it's just even for them, as a university, harder and harder for them to make their budget needs with the fees.

Of course, some of the oral surgery fees we were able to get adjusted there last Christmas or the Christmas before, in that time period. So we are working on things, but it still -- we just got to put our heads and thoughts together on what can we do to keep making things get any better.

Now, TAC Members, do you have any

other questions that we need to maybe look at or get some research done on?

MR. PETREY: The only other comment that I would make is that I wholeheartedly agree with Dr. Rich that it is a -- it is a provider issue and we certainly do not have a sufficient amount of providers covering the network. But I do feel that the primary reason for that is a fee issue, and especially when we are looking at dentists coming out of school with the amount of debt that they have and looking at starting new practices in areas that are underserved is quite a challenge. And the fees themselves I believe are the primary issue how that can be resolved to help grow the network, but as we are -- as we have folks -- as our agenda shows, when you have great practitioners like Dr. Gray who are on their -- on their last days of the profession, when we don't have someone to step in, that only exacerbates the problem. And so growing the network is critical, but I think you grow that network by making it more attractive to the new dentists to do

it from a fee schedule, and also by getting people that are no longer accepting it to get back on board by it being a reasonable fee again.

DR. RICH: Dr. Bobrowski, let me just add that in Missouri, where most of you heard they have done a really good job on rates, they are reimbursing at the average of usual and customary, and so their rates are very high. And I have spoken with people from the Missouri Oral Health Coalition and they tell me that provider participation has gone up dramatically since they started making those changes. Half of it was taken care of a couple years ago, and then just this session they, I think, added like the oral surgery fees and some other things. But they were saying that the rates are higher for Medicaid there than many commercial dental plans, and so there are plenty of dentists that are seeing more Medicaid rather than commercial, even though they still have the challenges with show rate, obviously.

The other one that I keep hearing

about -- I don't know as much about -- is Colorado. I understand they did something pretty significant there. It would be interesting to hear what provider participation looks like since they made their changes, or maybe it's a little too soon.

The other state that made a significant increase of late is Louisiana. They increased rates by about 38 or 39 percent towards the end of last year, so it might be too early to find out from their dental association what Medicaid dental participation looks like, but I can imagine it's probably gone up.

And this is the point I generally have to make to legislators, is they will ask, well, how much do rates need to go up to make a difference. It's just hard to say because we are so far behind. They might think, wow, a 50 percent increase, that sounds like a lot. Well, we are so far behind the eight ball, that a 50 percent increase is not a lot. So nobody really knows the full threshold that it needs to be

at in order to see dramatic improvement and provider participation. But, you know, a 10, 20 -- 15, 20, 30, percent increase in Kentucky may not even move the needle. I hate to say it. I've had to say that before to be honest with legislators, but it's true. I mean, if you -- if you're getting reimbursed, like, 80 percent lower than your usual and customary and you only increase rates 20 percent, it's just not worth it to go through the hassle associated with Medicaid, and, you know, the issue with show rate and all of that. So anyway, I just thought I'd add that.

DR. BOBROWSKI: Yes, thank you. Thank you, Ronnie. I had heard about Colorado this morning and some of the things that they are doing to get more providers, so -- and the other thing you mentioned, the insurance, a lot of these insurance PPOs, they are just driving their rates, their pay rates down, down, down, yet they charge more to the customer in terms of premium increases. It's like, come on guys, what's going on here now. You are charging your

patients more for services, but you're paying your providers even less. And I've brought that up at other meetings. It's like some of their payments are below Medicaid, even before we got an increase here this last year. And I've seen even some of our folks that we refer to specialists, they are starting to drop even the insurance plans, you know. So it's not only affecting, you know, Medicaid, but it's affecting the insurance on the patients being able to find somebody that takes their regular insurance. Maybe not quite as bad as Medicaid, but it's getting there. So, you know, and it's not -- people see professionals a lot of times as, well, those greedy doctors. I'm sorry, it's not that way. Not around where I live.

I've had a dentist tell me that he personally cut his salary in half, which he told me -- and a lot of times this is information that's not -- people don't really like to talk about, your personal income. But they -- he offered this and

said, in order to keep his practice viable and to keep some staff, like a hygienist and, you know, some assistants, he had to cut his salary in half, and he says I don't even make the state average with my regular salary and -- but that's just what you do to keep your business running.

And a lot of times -- I am not going to blame a lot of the dentists. A lot of them that are Medicaid providers, they are trying to hang in there, but a lot of them are having to make adjustments to try to keep their business a viable place.

Okay. Any other discussion, questions from TAC Members? All right. And I don't know, did Dr. Gray ever -- was he ever able to get on?

MS. BICKERS: I don't believe so.

DR. BOBROWSKI: Okay. Well, he said if he wasn't able to get on, he wanted me to tell everyone that he had really appreciated working on the TAC, enjoyed meeting and getting to know everybody, but with his upcoming retirement from his oral surgery practice, he was going to have to -- he was

also going to retire from the TAC. So we are -- I have made that information available to the KDA executive director, and we would like to try to find another oral surgeon, you know, that will fill in in that position, but we are still in the looking and asking stage. So hopefully before our next TAC meeting we'll be able to find another person to help fill in that position.

Now, on our questions, is there anything that we need to maybe --

(Interruption by unmuted Zoom participant.)

DR. BOBROWSKI: Well, those folks work all the time. I like it.

Let's see. One thing I did want to bring up under Other -- and, again, it made me think of it again this morning, I got a little brief notice on just waste, fraud, and abuse. And I know through CDC, I know through the MCO status that each medical office, dental office are supposed to do training for our staff members, even people that we might use as contract labor, like if some of the hygienists that move from one

office to another just to help fill in at different places.

But one of the things -- and I saw a young man, I guess in his 40s, last week, just -- it just disturbed me that he's got his own private business, he comes in with his Medicaid needs to be done, but he gets to talking about trading vehicles. So, well, you kind of start, well, what are you trading for. You know, you get to doing a little small talk. Well, you know, he drives in in a relatively nice-looking Audi, and he says, well, I'm going to trade, I'm going to trade into a Mercedes.

Now, I don't understand. Like I said, he runs his own business, but if you can afford a Mercedes in the newer range, I'm talking either brand new or one or two years old, how can somebody that can afford that still have a medical card? And my question is, is does the state or the MCOs do any checking for wage fraud or abuse on their patients? And I'd just like to throw that out there for a minute or two to see if any of the MCOs have any mechanisms to look at

that, or somebody from the state, because there's -- I know it's awful easy to look for abuse because of the electronics that we now have for providers, because you can see if there's an outlier awful easy off the computer screens, and then there's service codes that they are doing.

But does any MCO or someone from the state have any ideas or suggestions, talk about or information on what -- what are they doing to verify patient qualifications to be a Medicare member or Medicaid member.

MR. WILLIAMS: Hi, Dr. Bobrowski. This is Justin Dearinger with Department for Medicaid Services. I'm not sure if we have anybody from the Department for Community-Based Service or the Office of the Inspector General on the call; however, these organizations within the Cabinet for Health and Family Services, that starting with the Department for Community-Based Services who does eligibility and enrollment. And so the Department for Community-Based Services looks at -- looks at a lot of different things. They look at

tax income statements. They use any income verifications from employers and employment. They track down and look at child support payments, all kinds of different employment records. So anything that we have access to, like I said, again, including tax return statements and IRS records as far as who qualifies for services. And, again, the Cabinet utilizes, and the Department for Medicaid Services contracts with the Department for Community-Based Services to do those initial eligibility, you know, enrollments.

And then we also use the Office of the Inspector General, who has staff that goes in and reviews and looks at any instance of individuals that may be abusing that system. So they will do from desk audits, where they look at, again, IRS statements and income statements, any type of banking information, all kinds of different things to verify income to verify resource allocation. So it's not always just income. They look at how much money is in their bank accounts, whether they have stock options, housing,

all those different type of assets that -- business assets, all those types of things are taken into consideration as well. And then they are always looking from those type of audits all the way to going out in the field and doing actual in-person investigations. So the Office of the Inspector General has personnel that kind of run the gamut. Again, I'm not an expert in those things, but having worked in the Cabinet for 26 years or so now, I've been with each of those departments at one time or another or worked with them at one time or another, so I can tell you it's a pretty extensive fraud and abuse detection system that they have set up. Of course, there are always outliers that may not get found.

DR. McKEE: Justin, it's Julie McKee. In the Inspector General's office would Dr. Bobrowski be able to make a complaint?

MR. DEARINGER: Absolutely. So Department for Medicaid Services, as well as Department for Community-Based Services and the Office of the Inspector General have multiple ways where they detect fraud. One

of the main ways they defect fraud and abuse is through the electronic desk audits that they do. But another way that may be just as equal in the amount that they receive is by individuals contacting and making -- you know, letting us know what's going on. So we get calls all the time about providers, about members, about different fraud and abuse allegations, and we send all those to our -- if it's DMS specifically, we send those to -- to our Division of Program Integrity. But there's also -- you know, they all kind of get funneled to the same place through the Office of the Inspector General or DCBS. And thank you, Ms. Parker, for putting some of that -- those links in the chat.

But, absolutely, we would encourage that, and that's always very helpful.

DR. McKEE: Thank you.

DR. BOBROWSKI: Thank you, Dr. McKee, for that question, because it seems like the ones that I see in my practice, it's typically people that have their own business. And I guess through their

business they are able to hide that a lot of their income, you know -- and then we don't -- you know, we just want to fix their toothache, we just want to fix their broken tooth, you know, but it's like then we'll see some -- you know, somebody that's 60 or 61 or 2 that's in really bad health, and they get 800 or $1,200 a month, you know, off their Medicare disability. And just all their life they just scrape to get by, and, boy, you think, boy, these folks need some help.

This young buck over here, he's got his own business, he's got business trucks running, and -- well, you know, you-all know how it is. But I just was wondering if anything was -- anything more was being done to watch the waste, fraud and abuse of the system.

Are there any -- for the TAC are there any recommendations that we need to make to the MAC coming up here in the next month? I think a lot of those questions that we have asked, we will just need to kind of get it typed up and get it to Erin there to follow

up on those. And I know she knows that -- she and other staff members do a really good job on getting us information back, but I didn't know if there's anything in particular.

Now, Ms. Angie Parker has put a phone number on here. It's 800-372-2970, to report, you know, like Medicaid -- you know, kind of welfare fraud.

MS. PARKER: It's a phone number if you suspect it, that you can call them and they will investigate.

DR. BOBROWSKI: Thank you for that information.

If there's no other recommendations that we need to make, that's fine.

I got a couple more announcements coming up. The KDA is going to have another Medicaid forum and luncheon. And this year Avesis is going to provide the luncheon. Just to give you a brief format -- I was just talking with Commissioner Lee this morning and she is going to be flying back from a meeting. She was going to be at this like she did last year, but that same

morning she's flying back from another meeting now, so she's not going to be able to be there. But she talked like maybe she may be able to have some other folks to come and be there to give us information at the forum. And then after we have that forum and discussion from the -- I just like to have a time where dentists can have an opportunity to talk to the MCOs and just try to get issues resolved. And I really appreciate the MCOs having a good show at the last few of these meetings, and I think they have been really productive. I had people come up to me later and said this was good. So that's encouraging.

And then after that -- oh, it's going to probably be about an hour-long session, and Avesis is sponsoring it and going to provide lunch that day. And then after that, Dr. Caudill is going to be providing approximately an hour CE course on handling special needs patients. So I think that's going to be enlightening, too.

Oh, I left out one thing. Back up on Other. And this is another thing we were

talking about this morning, was credentialing. Somehow we've got to look at streamlining that process. We've got an office up here in Central Kentucky that's trying to -- a large group is kind of trying to come in and buy some other ones, and they are reporting that they are still waiting on -- the bank won't let them have a full loan to get their practice going until they are fully credentialed, and they have been working on this between three and six months, you know. So we need to get our MCOs looking at that mechanism, or is there one source that we can use? I know for just regular insurance we can use the CAQH mechanism where it's all in one spot. And that's one thing I would like to maybe put on the agenda for next month is -- next quarter, is to look at that, ideas from the MCOs on credentialing and what can we do to make this easier, simpler, decrease the paperwork for our providers.

So I know with -- I've got my office on that CAQH. Now, you do have to do an update every three months, which is kind of

a hassle, but usually you just got to get on there and say, well, no change because there hasn't been any change. But, you know, usually at the end of the year, or sometime during the year, they want the updated proof of insurance, and then every two years you got to give them a new license, a copy of your license, but, I mean, that's been kind of a nice thing that you don't have to fill out 14 pages of -- I'm joking, but it seems like 14 pages or 40 pages of stuff. So I just wanted to bring that one up on maybe we can work on credentialing.

DR. McKEE: Dr. Bobrowski --

DR. BOBROWSKI: Yes.

DR. McKEE: -- it's Julie McKee again. I agree credentialing is difficult. It's so difficult. It's very, very time consuming. But a practice in Western Kentucky pulled that same thing saying we can't get our bank loan until we get credentialed in Medicaid. They actually called the bank that they were going to be dealing with, and they are going we don't -- we don't require that. No, we don't require that.

I'm not saying it doesn't happen. It did not happen with that.

And to be real salty on a Friday afternoon that it would be difficult for me to understand that a bank had to wait for credentialing information for a plan that people claim to lose money on?

DR. BOBROWSKI: I don't know. This is -- I don't know the bank. I was just -- I just found that out this morning.

DR. McKEE: I'm just giving you my experience in Western Kentucky. I worked the same claim.

DR. BOBROWSKI: Yeah. Well, I also heard -- I'm also a director at our bank. It's based out of Lexington, and they have got about 31 other banks in other towns. But I know that, again, with the debt load that young people are coming out of school with, the banks are looking more serious at the young practitioners coming out of school with such -- I think the average indebtedness across the nation is -- the last I heard was $306,000, and they haven't seen their first patient yet. Pretty good

chunk of change. And I know that the banks are getting more serious at that.

I know when I came to our little town and I went to the banker, they just said, well, how much do you need, you know, and I thought, yes, we're -- we found the right town. And it's a matter of just working with the banks. But I don't know, this, Dr. McKee, this is a new one up here. Oh, was it the Bardstown, Danville area? But they have been waiting and waiting. So let's see what we can do to help our providers out and get them to work.

DR. McKEE: Oh, I don't disagree with that. The credentialing -- I wish we could all work together to get it more streamlined and not have the credentialing that it takes for a level four neurosurgeon.

DR. BOBROWSKI: Yeah, yeah.

And I've got one more. To me it's a sad announcement that -- speaking of credentialing, I think my credentialing was up August the 11th, which is Sunday, but I will -- I personally will no longer be a Medicaid provider. So I'll have to check

with the powers that be on whether I can stay on the TAC or not. But anyway we will probably need to have, you know, some new elections at the upcoming TAC meeting. And the next TAC meeting will be November the 8th of this year at 2:00 Eastern time, and I can be sure to help in any way I can. Have to just see what this status is going to do.

But are there any other questions or comments for the TAC today?

DR. PETREY: The only other thing that I would like to add -- I already used my one last thing to add, but the only other thing that I'd like to add is appreciation for the MCOs working through and the new portals that are being worked on and active and trying to enter response to the data breach that we previously had to update, to make it more secure on the providers in, more secure for the patients, and more secure on the MCOs. And I will say that I hear a lot, and I know the MCOs do as well, about the issues with the portals coming live. We are having significant issues in our own practice with that and even being

able to use the new portal. But it's -- on the whole from a provider perspective, we appreciate the effort. None of us are patient, especially as it relates to being able to upload things to the portal and to, frankly, be paid for services rendered. But we understand that the difficulty of uploading this massive change in new portals and thank you-all for making the effort to do so, and know that you are working hard. Just deal with some squeaky wheels from providers who are struggling with the new portals. Thank you.

DR. BOBROWSKI: I'll echo that. That's good work.

Well, hearing nothing else, we will need a motion to adjourn the meeting for today.

DR. PATEL: I'll make a motion.

DR. BOBROWSKI: Thank you. And I'll second it.

DR. PETREY: Second.

DR. BOBROWSKI: Okay, thank you. And it's a unanimous vote, so we are adjourned. And I want to thank everyone and our TAC

Members and our new TAC Members for being here, and appreciate your input. And just please don't be afraid to jump right in. Thank you-all and you-all have a great weekend.

DR. PATEL: Thank you.

DR. PETREY: Thank you, Garth.

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THEREUPON, the TAC Meeting was concluded.

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STATE OF KENTUCKY)

COUNTY OF FAYETTE)

I, JOLINDA S. TODD, Registered Professional Reporter and Notary Public in and for the State of Kentucky at Large, certify that this transcript is a true and accurate record of the Dental Technical Advisory Committee meeting.

My commission expires: August 24, 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this the 27th day of October 2024.

JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE