DEPARTMENT OF MEDICAID SERVICES
DENTAL TECHNICAL ADVISORY COMMITTEE

****

August 12, 2022
2:01 p.m. - 3:30 p.m.

Lisa Colston, FCRR, RPR
Federal Certified Realtime Reporter

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1 A P P E A R A N C E S

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TAC Committee Members:

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Garth Bobrowski, DMD, Chair

4 John Gray, DMD

Joe Petrey, DMD

5 Phil Schuler, DMD

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1 DR. BOBROWSKI: I want to welcome
2 everyone to the Dental TAC meeting this
3 afternoon, appreciate your attendance and
4 interest. I will call everybody's name, and
5 it will be kind of an introduction and a roll
6 call at the same time.
7 So I'm Garth Bobrowski, the Chair
8 of the TAC. Dr. John Gray.
9 DR. GRAY: Good afternoon.
10 DR. BOBROWSKI: And Dr. Phil
11 Schuler.
12 (No response)
13 DR. BOBROWSKI: He's on mute. And
14 Dr. Joe Petrey.
15 DR. PETREY: Here I am, Garth.
16 DR. BOBROWSKI: Okay. Good deal.
17 Thank you. Well, and we do have a quorum.
18 And I wanted to let you all know
19 that we are striving for another TAC member.
20 And I have gotten a couple more people that
21 may be interested. And I called their office
22 just today, and they won't be back until --
23 or, actually, I called them earlier this
24 week. But they won't be back until Monday or
25 Tuesday in the office. So I will know more

1 next week on getting one. We need one more
2 TAC member.
3 And I would like to entertain a
4 motion to approve the minutes from the
5 previous TAC meeting.
6 DR. GRAY: John Gray, so moved.
7 DR. PETREY: Second, Joe Petrey.
8 DR. BOBROWSKI: Okay. Thank you.
9 All in favor say "Aye."
10 (Aye)
11 DR. BOBROWSKI: Any opposed?
12 (No response)
13 DR. BOBROWSKI: Now, another thing
14 I was just going to mention was, as going
15 forward, I think one of the main duties of
16 the Technical Advisory Committee is to be an
17 advisor to the MAC or the Advisory Council
18 for Medical Assistance. For example, we need
19 to look at some things that, you know, I know
20 we have specific things that come up from one
21 meeting to the next, but one idea was
22 developing specific ideas for policy
23 development. And I think that's a critical
24 thing that we can work with our
25 administrators and our MCOs and try to get

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1 the best oral health care that we possibly
2 can for our Kentuckians. So let's just keep
3 that in the back of our mind, you know, going
4 forward.
5 But I want to go into the
6 Old Business at this time. And the first
7 item of business will be Dr. McKee and
8 Lindsey Meadors. And they will be giving us
9 a report on their dental health survey
10 report. So Dr. McKee.
11 DR. McKEE: Thank you very much.
12 I understand that the host has disabled
13 screen sharing, and Lindsey would like to
14 share her screen to show our survey.
15 Our survey was done late last --
16 well, during the wintertime, in the
17 wintertime. And we've just now had the
18 opportunity to present it to you all and to
19 see what is going on.
20 Let me make a correction in the
21 agenda. It's actually Lindsey Meadors, with
22 an r, o-r.
23 So with that, I would like to
24 introduce Lindsey Meadors. She is the oral
25 health epidemiologist. She, much to my

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1 benefit, loves to do surveys and write
2 questions and do a lot of analysis. And that
3 is what we are going to share with you. It's
4 pretty short. And we will take questions
5 either during or after to get your-all's
6 reaction on this.
7 Okay. I see that Lindsey can be
8 made a co-host. So I'm going to let you all
9 work that out and get her screenshot up.
10 MS. BICKERS: Lindsey, can you turn
11 on your camera briefly. I can't find you.
12 I'm only showing five people. I am not sure
13 if it is my view. There you are. Thank you.
14 MS. MEADORS: You're welcome.
15 MS. BICKERS: You should be able to
16 share now.
17 MS. MEADORS: Okay. Can you guys
18 see my screen?
19 DR. McKEE: We can see you but not
20 your screen yet.
21 MS. MEADORS: Okay. Hold on.
22 DR. McKEE: It looks like it is
23 going to get -- yes, there you go.
24 MS. MEADORS: Okay. Perfect.
25 Okay. Give me just a second.

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1 Okay. Good afternoon, everyone.
2 My name is Lindsey Meadors. And I am the
3 epidemiologist for the oral health branch.
4 Today I want to share with you the results
5 from our Fall 2021 Kentucky Dental Practice
6 Survey. This survey was designed for the
7 actual dental practice itself. And this
8 means that one single dentist may have
9 completed this survey more than once,
10 depending on whether or not they have
11 multiple practices within the state.
12 The survey asked questions ranging
13 from location of practice, dental specialty,
14 and numerous Medicaid questions. The
15 objectives were to glean information about
16 the dental practices, observe the attitudes,
17 perceptions, and behaviors towards Medicaid,
18 access to care, and to identify challenges
19 dental practices have towards accepting
20 Medicaid.
21 This survey was distributed to
22 3,140 licensed dentists in Kentucky
23 regardless of their specialty. We received
24 391 respondents, to give us a response rate
25 of twelve and a half percent. There were 64

1 surveys that were returned incomplete or
2 partial. And the data from those were
3 accounted for in our data analysis, and they
4 are included in the total of 391.
5 So who responded to our survey?
6 As I already mentioned, we had 391
7 respondents, ranging from all different
8 specialties and location types. This slide
9 breaks those down. The majority of our
10 respondents said they were a general dentist,
11 at 70 percent, followed by orthodontic and
12 dental facial orthopedics at 9 percent,
13 pediatric dentistry represents 8 percent of
14 respondents, oral and maxillofacial and
15 dental public health represented 5 and 3
16 percent, respectively. The Other category
17 represents specialties such as endodontics,
18 prosthodontics, and dental anesthesiology.
19 As for the practice setting, the
20 majority of our respondents were a solo
21 practitioner, with over half of our
22 responding population. They were then
23 followed by an employed dentist in private
24 practice or an associate, at 11.3 percent.
25 8.4 percent were group partnership,

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1 DSO-affiliated. 7.8 percent were group
2 partnership non-DSO-affiliated. 6.7 percent
3 were educational institutions. Government
4 supported clinics, at 4.9 percent. And the
5 Other category, which landed at 8.4 percent,
6 included practices like for-profit
7 corporations, charitable healthcare settings,
8 and those who are currently not practicing.
9 Okay. This map represents the
10 frequency distribution of our survey
11 indicated dental practice locations. The
12 light blue represents counties where there
13 were 1 to 4 survey indicated dental
14 locations, medium blue is 5 to 9, and the
15 darkest represents 10 or more locations. We
16 received responses that had dental locations
17 in 70 percent of the state. I will let you
18 look at that for a second.
19 All right. Now we move into our
20 Medicaid portions of the results. Less than
21 half of our respondents accepted Medicaid, at
22 47.7 percent, while 52.3 percent did not
23 accept Medicaid. So for those who answered
24 no to accepting Medicaid, only 36.8 percent
25 of those respondents said that they had ever

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1 accepted Medicaid before at their office.
2 So this slide shows the response we
3 received when asked why their practice
4 stopped accepting Medicaid. This question
5 was only asked to those 36.8 percent who
6 responded that their practice used to accept
7 Medicaid but has now opted out. I will give
8 you a minute to look over this. But it is
9 clear the top three reasons were low
10 reimbursement rates, attitude of MCOs,
11 burdensome paper work, and high patient
12 no-show rates.
13 Okay. Moving on. We then asked
14 those who currently accept Medicaid which
15 MCOs their practice accepts. The top three
16 MCOs accepted were Wellcare, Aetna, and
17 Passport. All of the MCOs were accepted,
18 just some not as much as others, and this
19 slide shows that breakdown.
20 The next few slides that we are
21 going to take a look at look at Medicaid
22 access to care. These survey questions were
23 asked to those respondents who indicated that
24 they currently accept Medicaid. The left is
25 a chart that shows the breakdown of how many

1 Medicaid patients are seen weekly at dental
2 practices. Most practices see anywhere from
3 0 to 60 Medicaid patients, with 56 and 55
4 total practices, respectively. If you look
5 on the right, the pie chart indicates that
6 84.4 percent of practices are accepting new
7 Medicaid patients at their office at this
8 time.
9 This slide shows the breakdown of
10 age ranges seen at Medicaid dental practice
11 locations, including both new and existing
12 patients. It is clear that the adult
13 Medicaid population is lacking, as it does
14 not compare to the rates of the children.
15 I am not sure why that is exactly.
16 This slide shows the times Medicaid
17 patients can receive care at Medicaid dental
18 practices. The majority of practices see
19 Medicaid patients daily all day Monday
20 through Friday. Almost 100 percent of
21 practice locations see Medicaid patients in
22 the morning with a very high percentage in
23 the afternoons. Saturday and Sunday there
24 were only six total dentists who responded
25 that they weren't seeing Medicaid patients

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1 these days. And if you look at the bottom of
2 the slide, it tells you how many respondents
3 we had for each day.
4 All right. So this map here
5 represents the frequency distribution of
6 survey indicated dental practice locations
7 that accept Medicaid across the state. The
8 lighter blue indicates there is only 1 to 2
9 locations that accept Medicaid in that
10 county, the medium blue is 3 to 4 locations,
11 and the darkest blue indicates 5 or more
12 Medicaid practice locations. A little over
13 half, at 53 percent of the state, has at
14 least one Medicaid dental practice location,
15 47 percent had no Medicaid dental practice at
16 all, indicated by the gray, according to the
17 survey results.
18 This is just a comparison of the
19 overall dental practice locations compared to
20 the Medicaid dental practice locations. You
21 can see that there are more gray counties on
22 the right, meaning there are no Medicaid
23 accepting dental practices in that area. And
24 for those counties that are shaded light
25 blue, there are only 1 to 2 dental offices

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1 that accept Medicaid, which kind of makes it
2 really hard for those bare spots in Western
3 Kentucky and Eastern Kentucky to receive
4 Medicaid care, dental care.
5 I think this comparison shows the
6 true need for Medicaid dental access to care
7 improvement. For example, the folks in
8 Eastern Kentucky who are on Medicaid could
9 potentially have to drive as far as an hour
10 and a half just to be able to go to a general
11 dentist; make it a 2 or 3 hour commute if
12 they have to go to Lexington or Louisville to
13 receive a specialty. And I do think this is
14 a barrier that we should absolutely try to
15 break through. And I will give you a couple
16 of seconds to look over that comparison.
17 Okay. So this question, it was
18 asked to all survey recipients, as we wanted
19 to know everyone's thoughts on this issue.
20 We asked this as a forced place approach,
21 meaning the respondent had to commit to an
22 answer. This type of question forced the
23 respondent to provide a separate yes or no
24 answer for each item without using bias. The
25 top three challenges, at 72 percent or more,

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1 indicated was reimbursement,
2 burdensome paperwork, and broken
3 appointments/noncompliance. Like earlier, in
4 our earlier slide, this mimics that, where we
5 were given the answers as to why the dental
6 practices stopped accepting Medicaid.
7 Okay. I will give you a couple of
8 minutes to read through these little blurbs
9 that were submitted along with the surveys by
10 dentists. All of the dentists have issues or
11 negative experiences regarding Medicaid. All
12 of the dentists are very passionate about the
13 work they do and the treatment they provide
14 this population of patient, but things must
15 change to make this system work for
16 everybody, not only the Medicaid population
17 but the dentist as well. You can feel their
18 emotion and stress when you read through some
19 of these comments and blurbs.
20 Do you all need a couple of more
21 seconds or have you read through them?
22 (No response)
23 MS. MEADORS: Okay. So this brings
24 us to any questions that you guys may have
25 for myself or Dr. McKee.

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1 DR. PETREY: Did you break any of
2 the data down by the specialties, beyond the
3 response rate, realizing that you had a low
4 response rate, by specialties in and of their
5 own?
6 MS. MEADORS: We did not break it
7 down any further. But that can be done if
8 you all would like that information.
9 DR. PETREY: I think historically
10 in our TAC meetings we have discussed access
11 to care issues. But specifically specialists
12 and even more specificity with oral surgery
13 has been such a challenge for our patients
14 that I think that data would be even more
15 telling.
16 MS. MEADORS: Okay. Let me write
17 that down.
18 DR. McKEE: And we can come back to
19 the next TAC and give that.
20 MS. MEADORS: Yes.
21 DR. BOBROWSKI: One of the little
22 windows on that last slide, I was trying to
23 quickly scan and read through them, one of
24 the comments from a dentist was that, well,
25 they -- in the upper right corner, I guess

1 they didn't have -- let me shift this view on
2 this screen here. They had no -- it says,
3 "No effort is made to discuss the program
4 with all dentists. No effort is made to
5 address major issues that prevent dentists
6 from accepting Medicaid." But I'm going to
7 kind of take up for a lot of folks here,
8 because I know we have got a KDA annual
9 meeting coming up here at the end of this
10 month, and we are specifically having a
11 Medicaid forum which is going to have some --
12 a little bit of CE in it, but it is also
13 going to have opportunities for dentists to
14 come and speak their mind or ask questions.
15 Because we are going to have the MCOs there,
16 the Commissioner is going to be there.
17 You know, so that is one part. And I know
18 the MCOs have all kinds of phone numbers and
19 provider representatives to handle the daily
20 calls. And I will brag on Commissioner Lee.
21 She's even told me to give her phone number
22 to folks that are having some issues. So, I
23 mean, I think we've touched our bases.
24 Now, of course some of the Medicaid
25 providers are not KDA members, so maybe they

1 don't get the information coming from that
2 source. But, you know, I just want to take
3 up for everybody here on that comment. So,
4 but, I just wanted to say about that one.
5 DR. McKEE: Dr. Bobrowski, this is
6 Julie. And I think that is an excellent
7 point. Our issues are a couple of things.
8 And Lindsey and I have talked about this.
9 And one of the unfortunate things, and I
10 speak as a KDA member, KDA, only about
11 42 percent of general dentists belong to the
12 state association. So even less than that go
13 to the meetings. Maybe there ought to be a
14 non-KDA -- oh. Let me say something else.
15 It is my perception, it is not data driven,
16 but it is my perception that the Medicaid
17 members are likely not KDA members. Okay.
18 So I finished that.
19 Maybe we need to look at other
20 platforms with media, social media, and other
21 outreach to get to the dentists, Medicaid
22 providers and non-Medicaid providers, that we
23 can lay it out for them and answer the
24 questions that they have. I'm sad to say,
25 the KDA session is not going to reach the

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1 people we need to reach.
2 DR. BOBROWSKI: In the past few
3 years, pre-COVID, I know there were some
4 Medicaid meetings that packed the room.
5 I mean, there were -- I know one meeting I
6 was at, man, there was -- I mean, I don't
7 think they -- they were packed in there
8 tighter than sardines. If the fire marshal
9 would have come, we would have gotten in
10 trouble. But I think that was a little bit
11 before, I know the few years, you know, with
12 COVID and everything. I will blame it on --
13 let's blame it on COVID, you know, the
14 attendance was down, even though we had a
15 pretty good bunch of folks last year at the
16 forum.
17 But you are right, Dr. McKee, that
18 I think there are methods. Now, I do know
19 that the KDA staff and Executive Director,
20 Mr. Whitehouse, did send out several notices
21 to all dentists across the state about
22 Medicaid issues. Now, they don't go out
23 every time, but I know several times they
24 have included all dentists across the state.
25 So we just need to tell them, well, they just

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1 need to become members if they want more
2 information. So...
3 But that's my little report on that
4 part.
5 DR. GRAY: Garth, this is
6 John Gray. Hello.
7 DR. BOBROWSKI: Yeah. Go ahead.
8 DR. GRAY: First I would like to
9 compliment on that study. I think that is
10 very descriptive, extremely well-done. And
11 as soon as you look at it you get a feel for
12 what the problems are, where the problems
13 are, and what the access is. And, so, I just
14 truly and everyone involved needs to be
15 complimented on a study I think extremely
16 well-done and very reflective of the problems
17 we are facing. And when I say "we," it is
18 really not we. The problems the people of
19 Kentucky, the patients of Kentucky are
20 facing.
21 A mention was made about the
22 emotion in the dentists. And I feel that
23 every day that I see patients. I saw a
24 patient with abscesses and it took her six
25 months to get in to see me. She had a

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1 consultation appointment. We went ahead and
2 the staff worked through lunch and took care
3 of her because she waited so long. But I
4 just find that to be totally unacceptable.
5 It is not "we." It is not the dentists.
6 I mean, we are having a problem. But the
7 real problem is the patients. As I have told
8 the TAC committee earlier, we had a dentist,
9 an oral surgeon, sign, ready to come in
10 September. And I am not sure if she looked
11 at the amount of Medicaid and realized, as my
12 son-in-law did, why would I see three times
13 the amount of patients for the same amount of
14 reimbursement? That's just not a good plan.
15 So bottom line, she is not coming and I'm
16 still working.
17 It is coming to the point that
18 there is going -- six months is not going to
19 be enough. And to say that we have insurance
20 coverage or that we have medical coverage or
21 we have a plan for people in Eastern Kentucky
22 and Western Kentucky where you can see these
23 gray areas, I mean, it's not real. It's not
24 real. And I think the map really shows that.
25 So thanks so much for putting it together.

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1 COMMISSIONER LEE: This is Lisa
2 Lee. And I have just a couple of comments.
3 I agree that this was a really good
4 presentation, had some very helpful
5 information in it.
6 I think the one thing that kind of
7 jumped out at me, as a Medicaid Commissioner,
8 that continues to bother me is the comment
9 that Medicaid members are rude to our
10 dentists. Everyone can be rude at some
11 times, and I think that there is a little bit
12 of a misperception about Medicaid members.
13 I mean, the population that we are serving
14 have several strikes against them, if you
15 will, to start out. Number one, that they
16 live at or below the poverty line, which
17 makes them more susceptible to issues related
18 to social determinants of health, education,
19 food, housing, clothing that can impact their
20 lives and their healthcare.
21 The other thing that I would like
22 to note is, you know, we do cover 1.6 million
23 people in Kentucky Medicaid. And I say that
24 is nothing to boast about at all, because
25 that means 1.6 million people live at or

1 below the poverty line in Kentucky.
2 The other thing that I am curious
3 about that I don't think we look at enough
4 is, you know, Medicaid is 1.6 million
5 individuals. And, so, therefore
6 approximately that many have access to dental
7 care. And I've looked at a map. I'm just
8 sitting here kind of looking, you know, for
9 what percentage of the general population has
10 dental insurance. And I hate to say this in
11 a Dental TAC, but I don't have dental
12 insurance. I have to purchase it separately.
13 I found that the cost for my dental insurance
14 was a little bit too much for what I got in
15 return, a lot of things considered to be
16 cosmetic. So I'm fortunate enough that I can
17 pay for my dental care myself.
18 And looking at a map, I see that
19 Kentucky is significant -- that about half of
20 the people in the United States actually have
21 commercial dental insurance and then when you
22 look at Kentucky and most of the other
23 southern states, they show that it is
24 significantly lower. So I just, you know, am
25 curious as to how we can find out how many

1 people in Kentucky actually have private
2 dental insurance, you know, how are their
3 utilization patterns. And I think that is
4 another study that we can look at as we go
5 forward.
6 But, again, I think the
7 misperception of Medicaid patients in general
8 is something that we definitely have to
9 overcome and just know that the individuals
10 have healthcare issues that need to be
11 treated and, unfortunately, we don't have,
12 you know, an infinite supply of resources in
13 which to do that. But, again, I really like
14 the presentation. It had great information
15 in it.
16 DR. GRAY: Commissioner Lee,
17 John Gray again. I would say, since we treat
18 a large volume of Medicaid patients, a
19 substantial number are very rude. And when I
20 say that, I don't want to be misinterpreted,
21 but what I am saying is, that we just had a
22 -- hired a girl a month ago and she quit
23 after three weeks after being cussed out on
24 the phone three days in a row.
25 When you cannot get care and you

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1 are in pain, you are not very friendly. And
2 that's the position that the patients are in.
3 And I get that. And we end up having to make
4 up for the fact that we cannot get them in.
5 There is just no way to get them in,
6 sometimes two or three months. They are
7 frustrated. They are angry. They think they
8 have care and they don't. And they take it
9 out on the staff. Not many. But if you
10 answer 40 calls a day and 2 answer that way,
11 it makes our people at the front not very
12 happy, not thankful to be there, feel like
13 that we are doing all we can do and we get no
14 thanks for it. Instead of saying thanks for
15 working through lunch, thanks for working
16 after hours, thanks for coming in, thanks for
17 doing it when nobody else will, we get cussed
18 at, yelled at, screamed at.
19 And I don't think that is
20 necessarily their fault. Because when I'm in
21 pain and I hurt at the end of the week and my
22 neck is uncomfortable, when I come home I am
23 not a nice person either, so I get that. But
24 it is a real issue. And it may be a
25 justified issue. But it is a real issue.

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1 Because unless we get access for these
2 patients in a timely manner, where they can
3 have their immediate needs taken care of,
4 they are bound to be frustrated. So that's
5 just a comment.
6 COMMISSIONER LEE: And I
7 understand. And I guess, too, you know, when
8 we talk about access and limited number of
9 dentists, is part of the issue, too, that --
10 I know recruiting dentists into the state is
11 one issue. If somebody is outside of the
12 state they have so many more opportunities.
13 But what about recruiting and training and
14 finding individuals in Kentucky who want to
15 stay in Kentucky? And, you know, what can we
16 do for that? And can we increase the number
17 of dentists that are graduated each year from
18 our teaching schools? I think, you know, the
19 last time I heard there were just a few, a
20 couple of hundred that graduated from -- that
21 each school, UK and U of L, had a limited
22 number of both in-state and out-of-state
23 individuals that come into the dental program
24 and is increasing that cap and specifically
25 focusing on individuals, for example, in our

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1 rural areas who may have an aptitude for
2 dentists and training them early on and
3 getting them used to this -- you know, to --
4 or getting them groomed, so to speak, for
5 going into the dental field and then having
6 them, you know, stay in the state.
7 So I guess that's another issue, is
8 the access and the number of individuals.
9 I mean, I don't know that increasing the
10 rate -- I think that it does, you know, that
11 is going to help, I think increasing the
12 dental rate is definitely something we
13 continue to explore. But I also think if we
14 are looking to recruit individuals from out
15 of state, that they have so many more
16 opportunities to go to other areas. So I'm
17 thinking, you know, just throwing that
18 question out there, how many dentists
19 graduate each year from UK and U of L and are
20 they in-state or out of state?
21 DR. McKEE: Dr. Bobrowski, it is
22 Julie. I have got 1.25 answers for the
23 Commissioner. Would that be okay?
24 DR. BOBROWSKI: Go.
25 DR. McKEE: First of all, I would

1 like to tag on to Dr. Gray's comments. Thank
2 you so much for that. And it is difficult to
3 be polite when you are in so much pain. But
4 on the provider end, it also costs time to
5 manage that patient's anger and frustration.
6 And that adds on, maybe just a few minutes
7 each visit, but over the day and over the
8 week it adds up. And with all of the other
9 things that add up, like medical management,
10 that adds up. So that is not part of the
11 answer for what Commissioner Lee was talking
12 about.
13 I have a small answer and a rather
14 bigger answer to that. Through special
15 funding we are able to offer lower payment to
16 two graduates from U of L and two graduates
17 from UK that will be selected in this coming
18 year. There's lots of parameters that need
19 to be hit. But areas of need and acceptance
20 of Medicaid are definitely the drivers of
21 this.
22 We will be reimbursing them over
23 the course of four years on the agreement
24 $200,000. $200,000, parenthesis tax-free,
25 goes a long way on student debt coming out of

1 our schools.
2 So is that a panacea? Absolutely
3 not. But it is a demonstration project that
4 we can make it happen and maybe get other
5 funding to continue supporting two dentists
6 from each school.
7 So as I say "each school," today it
8 is two. In a few years it is going to be
9 three schools. The University of Pikeville
10 is trying to develop a really kind of,
11 I can't say it is unique because there are
12 other examples in the United States, but it
13 is a nontraditional dental school that from
14 the recruitment of their students they want
15 to get people that are interested in serving
16 underserved areas, rural areas, Medicaid
17 populations, other vulnerable populations.
18 And you are going, "Yeah, right."
19 Well, this has been proven in other types of
20 this school. The A.T. Still School in
21 Arizona has a -- probably, I would say, a
22 12 to 14 year track record of putting
23 dentists back out into vulnerable
24 populations, however you define
25 vulnerability.

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1 So a little bit is shaking loose.
2 But on my part if we can prove that these
3 people want to take these -- this loaner
4 payment program and are begging for it, I can
5 easily beg for more money. I don't care. I
6 can do that, I can beg for money. But, so,
7 I'm done.
8 DR. BOBROWSKI: Commissioner Lee,
9 here is another factor that may tie into why
10 sometimes a younger of the dental students
11 are not going into the rural settings or not
12 accepting the Medicaid patients, even though
13 I know some do, but high school indebtedness.
14 I think the national average, and someone
15 please correct me if I'm wrong, but the last
16 I heard that when these students graduate
17 from dental school the national average is
18 about 306,000, and I think just 4 or 5 years
19 ago it was two-hundred-sixty-some thousand.
20 So, I mean, you talk about just
21 being fresh out of dental school and you are
22 slow as molasses on a January day in
23 delivering care because you just don't have
24 the experience yet to pick up your speed,
25 that that comes with practice and just

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1 getting out there and working, but these
2 students are highly in debt when they come
3 out of school.
4 And, Dr. McKee, I think that is a
5 great opportunity for two people, you know,
6 to get in that and over four years.
7 DR. McKEE: Four people, two from
8 each school.
9 DR. BOBROWSKI: I didn't catch that
10 part.
11 DR. McKEE: Yeah.
12 DR. BOBROWSKI: All right.
13 DR. McKEE: We just doubled the
14 population of dentists serving the vulnerable
15 populations.
16 DR. BOBROWSKI: There you go.
17 Thank you. But, I mean, that could be a
18 factor, the high debt that they are coming
19 out with. So it almost forces them to go to
20 your fee-for-service, insurance-backed
21 practices.
22 But thank you all so much for that
23 report. And could you please send that to
24 Ms. Erin Bickers.
25 DR. McKEE: We have already

1 discussed that, and it will be on the way
2 soon, absolutely.
3 DR. BOBROWSKI: Okay. And also to
4 the TAC members.
5 DR. McKEE: Sure.
6 MS. BICKERS: I can send it out to
7 the TAC members, Dr. Bobrowski.
8 DR. McKEE: That would be great.
9 DR. BOBROWSKI: Okay. Thank you.
10 And do we have permission to share this with
11 the KDA executive board?
12 DR. McKEE: Absolutely. We are
13 government and, so, everything is public
14 domain in my way of thinking for this study.
15 We have some kind of discretion in other
16 places. But for this study, yeah, we would
17 like to get it out. We would, because we are
18 selfish and looking for self pain, we would
19 not mind re-doing this in another interval to
20 see any changes. Also to let you know, I'm
21 kind of glad you brought that up, Garth, also
22 to let you know, there is a third year U of L
23 dental student doing a different but similar
24 survey of dentists. You may have already
25 gotten this. And that is being overseen.

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1 The mentor for that is Sherry Babbage. I
2 can't remember the dental student's name.
3 But since they are not government, because
4 government is out to get you and what have
5 you, they may get a higher rate of response.
6 And we think that would be great. It is a
7 little different because it is more
8 attitudinal than our's is quantitative. But
9 I think between the two we are going to get a
10 multi-dimensional picture about what we're
11 facing. And I think Dr. Gray was absolutely
12 right, it is the patients that are facing the
13 real, real problems, especially with access.
14 And we can all work on that.
15 But, yes, public domain. We will
16 send it to anybody who wants it. Anybody who
17 is on here, we will also be glad to present
18 it to anybody who wants it, another group or
19 another practice or a component society. We
20 would be glad. And we love to get this
21 feedback and share it back with you all.
22 I think Lindsey is going to be
23 signing off because she has other things to
24 do and her part is done. Unless you have got
25 other issues for me particularly, I am going

1 to be signing off in a few minutes because I
2 am on vacation. I'm on a bay and I see
3 people in their sailboats and their Sea-Doo's
4 and I want to be with them.
5 DR. BOBROWSKI: Well, thanks for
6 rubbing it in.
7 DR. McKEE: Ha! Ha!
8 DR. BOBROWSKI: But thank you for
9 taking time to do the study to both of you
10 all and then for the presentation, too.
11 Well done.
12 DR. McKEE: I will be here for a
13 few more minutes.
14 DR. BOBROWSKI: Okay.
15 DR. McKEE: But I promised myself I
16 would be off by 3.
17 DR. BOBROWSKI: Well, and then I
18 noticed there are quite a bit of comments
19 about the gray areas on the map. But if you
20 look at the TAC members, you have got a lot
21 of gray areas there. One didn't even have
22 any hair. So...
23 DR. GRAY: Ha! Ha!
24 DR. BOBROWSKI: That is a joke,
25 Dr. McKee.

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1 DR. McKEE: Ha! Ha!
2 DR. BOBROWSKI: All right. Thank
3 you so much. And I know Commissioner Lee's
4 got to leave in just a little bit, too. But
5 I kind of wanted to ask about any updates on
6 the basic health program or, you know, what
7 is going -- or anything else you want to.
8 You have got the floor.
9 COMMISSIONER LEE: Thank you,
10 Dr. Bobrowski. A couple of things.
11 So the basic health plan, you know,
12 we have put a little bit of a delay in it.
13 We are looking at a date of January 1st, 2024
14 for the basic health plan. And just to give
15 you a little, quick update on what a basic
16 health plan is, it is a bridge plan. For
17 example, for individuals who would be losing
18 Medicaid before they would go on to the
19 qualified health plan, it would cover
20 individuals aged 18 to 64 who are between
21 138 and 200 percent of the federal poverty
22 level. And it would look and operate very
23 much like a qualified health plan on our
24 state based exchange.
25 As far as the dental community

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1 would be, they would have to have a separate
2 dental plan for any individual who was 18,
3 age 18 to -- so that those individuals would
4 be able to get a dental plan, others would be
5 able to purchase a dental plan if they wanted
6 to. We will have more information for the
7 provider community coming up on that. But
8 right now we are looking at a date of --
9 implementation date of January 1st of 2024.
10 I think some other news that would
11 be interesting to this committee is, in
12 April we expanded our coverage for pregnant
13 and post-partem women. Typically individuals
14 who are enrolled in Medicaid, we cover those
15 individuals up to 185 or a little -- of the
16 federal poverty level, and I would have to
17 get that very specific number out, but we
18 cover pregnant women in the Medicaid program
19 at a higher level than we do our Medicaid
20 expansion, for example. And when those women
21 deliver their babies, typically they only had
22 60 days of post-partem coverage, meaning once
23 they had their babies and after 60 days they
24 no longer had Medicaid coverage. We have
25 expanded that coverage up to a full year.

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1 So now those women when they deliver their
2 babies they will continue to have Medicaid
3 coverage, to include post-partem care and
4 they will receive the full Medicaid benefit
5 package, which includes dental. So for those
6 of you who know that you have had pregnant
7 mothers in your practice, their eligibility
8 will continue longer than the 60 days after
9 they have that baby.
10 And the other thing that we have
11 been working on is -- I'm trying to think as
12 it relates to the dental program. You know,
13 we are still in the public health emergency.
14 The maintenance of eligibility is still in
15 effect, which means we have to keep everyone
16 enrolled in Medicaid through the public
17 health emergency. We have another public
18 health emergency, as you know, in Eastern
19 Kentucky due to the flooding. We have
20 suspended prior authorizations and we have
21 also allowed for early refills of medication
22 for those individuals who may have lost their
23 medications or don't have access.
24 So, again, focusing on that area.
25 And we would like to really thank our

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1 Medicaid managed care organizations for
2 assisting in some of the areas down there to
3 make sure that their members are taken care
4 of. They have been doing outreach to
5 individuals to make sure that they are safe
6 and assisting with some clean up.
7 And I would be more than happy to
8 take a couple of questions, if anybody has
9 questions for me before I sign off. And I
10 look forward to seeing some of you in person
11 at the meeting up in French Lick.
12 DR. PETREY: No question on that,
13 Commissioner Lee. But, I'm sorry, I lost my
14 feed for a second there, I'm back on now.
15 But when John first started talking
16 about patients being some of the more -- the
17 Medicaid having the rude, my hackles got a
18 little up, and then I realized his point with
19 patients in pain, and that is absolutely I'm
20 sure something he deals with. As an
21 orthodontist I don't deal with that as much.
22 I would just like to say when I
23 read that on that report, that there was a
24 response about Medicaid patients being rude,
25 seeing the volume of patients that we do, I

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1 would very much say that the Medicaid
2 population that we see is the most rewarding
3 patients that we treat. And I think that's
4 part of the education of people, to be able
5 to want to take Medicaid, not just
6 reimbursement, which we all know is a huge
7 factor in it, but understanding that it is --
8 these are the -- if not us, then who? And I
9 think that educating both at the dental
10 school level but also in the private practice
11 level what it means to treat this population.
12 I practice in Hazard, Kentucky.
13 And what is going on in that community right
14 now is just heart wrenching. But we have
15 patients coming in, patients coming in that
16 have lost their entire homes, and they are
17 still coming in to their appointments and
18 they are appreciative we are still open. You
19 can't use our water. We are glad to have
20 electricity. But we are seeing them. And I
21 know John is still seeing them in his office,
22 that are still traveling up to see him.
23 And that is rewarding. It is sad
24 to see the situations they are in, but to be
25 able to help these people in any way that we

1 can. And, so, the sentiment on that survey,
2 my hope is that is one person who maybe
3 doesn't see as much of the Medicaid
4 population as the rest of us or someone who
5 just had a bad experience. But on the whole,
6 I don't think that's the sentiment. It
7 certainly wouldn't be mine. But I think
8 educating people that don't see that
9 population that the rewarding aspect of
10 treating this population is a part of gaining
11 access, getting more people involved, not
12 just financially but also because of the joy
13 and the benefit of treating the population.
14 COMMISSIONER LEE: Thank you, Joe.
15 Thank you for those comments. And everyone,
16 thank you for everything you are doing for
17 the Medicaid population. You know, I know I
18 have expressed this quite often, but my
19 philosophy is that the Medicaid program was
20 created for the Medicaid member and we cannot
21 take care of our members if we don't take
22 care of our providers. We are here. We do
23 listen.
24 Sometimes there is not -- you know,
25 I think I've had -- one of my boys has said

1 sometimes, "If I had a money tree and I could
2 just shake it, I would, you know, give you
3 everything I could." But, you know, with the
4 limited resources and trying to figure out
5 how we can best serve this population to make
6 sure that we improve their healthcare status
7 as best we can, I know it is definitely a big
8 job, and know, just like all of you on this
9 call here even though you are medical
10 professionals, the individuals on the TAC you
11 are medical professionals, you are serving
12 the Medicaid population and that makes you
13 just like the staff that work here at
14 Medicaid, we are true public servants and we
15 are here to improve the lives of those that
16 we serve. And appreciate your partnership
17 and again look forward to seeing many of you
18 in a few weeks up in Indiana.
19 And I will be here for about nine
20 more minutes, and then I will have to log
21 off. And, as always, it is great to have you
22 all here and enjoy these conversations as we
23 try to find ways to improve the program and
24 reduce some of the administrative burdens on
25 our providers. And let's keep thinking

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1 outside the box, you know, what we can do.
2 You know, sometimes if we cannot reimburse
3 what else can we -- you know, what other
4 policy is of a headache to you that we can
5 kind of look at and maybe change a little bit
6 to reduce some of that burden.
7 DR. SCHULER: Commissioner Lee,
8 this is Phil Schuler. Before -- your eight
9 minutes are up now, I think. Just a couple
10 of comments.
11 You talked about recruiting
12 doctors. And I'm with Mortenson Dental
13 Partners. We have 140 practices across nine
14 states. And I can tell you, that recruiting
15 doctors into Kentucky is hard because they
16 know that of our offices about 60 percent or
17 so see Medicaid. And even getting them into
18 the organization, I mean, some of the first
19 things they ask is, you know, "Do you see
20 Medicaid? How much Medicaid? You know, will
21 I have to see Medicaid?" And those types of
22 things. So, I mean, it does, you know, kind
23 of commenting to what John Gray said, you
24 know, about his challenges recruiting, I mean
25 we see it every day. So it really is

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1 difficult because they know that they are
2 going to have to do quite a bit more
3 dentistry, see quite a few more patients to
4 make the same amount of money.
5 That being said, there was a
6 comment about, you know, U of L and UK
7 graduation rates. We have almost quit
8 recruiting U of L because almost everybody is
9 out of state. Of the one-hundred-twenty-some
10 students who graduated last year, there was
11 maybe 10 that were from the state of
12 Kentucky, you know, that actually wanted to
13 stay. So, you know, that kind of compounds
14 things as well.
15 They are really tilting their
16 admissions towards out of state, you know,
17 doctors. You know, you could say for higher
18 tuition reimbursement. I won't put words in
19 their mouth. But the fact is, most of the
20 students at U of L are now from out of state.
21 So UK is quite a bit different. But,
22 you know, we are not putting out very many
23 doctors that want to go into these rural
24 areas.
25 So Dr. McKee, I mean, I love the

1 fact that, you know, we will get some
2 tuition reimbursement for some folks that --
3 you know, even if it is just two per school,
4 it is a start. And I would say beg for more
5 money. Because that would be a big incentive
6 for somebody to go work in an underserved
7 area for, you know, three, four, five years
8 to get that much knocked off your student
9 debt.
10 But just a couple of comments about
11 recruiting. I mean, recruiting in general
12 right now is really, really tough. But
13 recruiting into our Medicaid practice is
14 especially difficult.
15 DR. BOBROWSKI: All right. I've
16 got a couple of questions under New Business.
17 But is there any other Old Business that I
18 need to touch on?
19 (No response)
20 DR. BOBROWSKI: Okay. Under
21 New Business -- and if -- Commissioner or
22 someone else, if you -- I was just wanting to
23 know, what is the cap -- and if you don't
24 have the answer right now, I just want to put
25 some of these questions out there so we can

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1 start some research. Like, what is the
2 capitation rate, you know, for Medicaid MCO
3 dental per person? And then the second one
4 was, what is a community rating system and
5 how does that relate to Medicaid dental?
6 I'm just trying to learn.
7 COMMISSIONER LEE: Well, that is
8 good. The more knowledge you have, the
9 better.
10 So the capitation rate that we pay
11 to our MCOs, and I will have to double-check
12 this, but I know that it is a per member per
13 month fee and it is just a flat fee. And I
14 don't know how the dental is calculated and
15 pulled up into that. But it is not carved
16 out when we pay them a capitation payment.
17 It is just that one flat fee. But I will
18 double-check on that to see if there is any
19 way to see if there is a specific amount
20 allocated for dental. But it is just that
21 one flat fee per member per month.
22 And the community rating system,
23 yeah, I don't know that I have any
24 information on that right now. But we would
25 be more than happy, if you want to leave that

1 on the agenda as Old Business, we will have
2 some information at the next meeting for you.
3 DR. BOBROWSKI: Okay.
4 COMMISSIONER LEE: Unless any of
5 the Medicaid staff on the call would like to,
6 if they know and can address this particular
7 topic.
8 DR. BOBROWSKI: Well, I didn't want
9 to put anybody on the spot with some of those
10 things, because I just wanted to at least get
11 them on the agenda so we can talk about them,
12 learn a little bit about the system and,
13 you know, keep learning.
14 COMMISSIONER LEE: Well, and too,
15 Dr. Bobrowski, going back to the capitation
16 rate for MCO dental per person, recently --
17 so we have to report to the Legislative
18 Research Commission I think quarterly a
19 report, and it is an expenditure report for
20 Medicaid, and it is broken out by category of
21 service. But you have to really know how to
22 look at that report, because most of the
23 expenditures are fee-for-service. But on
24 that report there is a line that shows the
25 MCO capitation amount and providers and it

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1 shows a per member per month, how much the
2 Medicaid program spends. It also shows
3 enrollment.
4 We have started putting that on our
5 website. And maybe at the next meeting we
6 could, you know, just pull up one and kind of
7 go over and show you how to read that report
8 and you could kind of get a better idea of
9 where the money is Medicaid is going.
10 DR. BOBROWSKI: Okay. All right.
11 Thank you very much.
12 COMMISSIONER LEE: Uh-huh.
13 MR. OWENS: Dr. Bobrowski?
14 DR. BOBROWSKI: Yes.
15 MR. OWENS: This is Stuart Owens
16 with Wellcare. I just thought I would
17 mention, community rating, that really
18 applies to commercial insurers, not Medicaid.
19 It has to do with the premiums that we
20 charge. And we cannot charge different
21 premiums for people in the same geographic
22 area. That is the gist of it. So this would
23 be like marketplace, you know, qualified
24 health plans, but anything commercial.
25 DR. BOBROWSKI: Okay. So it is

1 more of a -- I was making a note here just
2 to -- not necessarily Medicaid. It was just
3 more for like the insurance companies?
4 MR. OWENS: Right. It is the
5 premiums that are charged to the insured.
6 And it has to keep it the same within the
7 same geographic areas.
8 DR. BOBROWSKI: Okay.
9 MR. OWENS: That's what the
10 "community" is.
11 DR. BOBROWSKI: Yes, yes. Okay.
12 Well, when I was reading some of that, trying
13 to learn on some of that, you know, like you
14 said, it is just kind of for that community,
15 that area.
16 MR. OWENS: That's right.
17 DR. BOBROWSKI: But I didn't know
18 if it included Medicaid. I knew it kind of
19 had something to do with insurance. But,
20 I mean, I wonder, will that have anything to
21 do with, as Medicaid goes into this next
22 plan, you know, of the 138 percent to the
23 200 percent, that's kind of an insurance plan
24 the way I look at it, but correct me if I'm
25 wrong. But will that rating system affect

1 the Medicaid plan?
2 MR. OWENS: Well, you know, that is
3 a good question. The community engagements
4 and paying premiums, you know, the prior
5 Administration did have that option. That
6 was shot down in Federal Court, but where
7 Medicaid members did indeed pay premiums, or
8 that was the proposal, that they pay
9 premiums. And I'm honestly not sure if that
10 would apply to Medicaid or not, even though
11 they would be paying premiums. I don't think
12 so. I still think it is just the commercial
13 and the marketplace. But, you know, that is
14 a good question, if you are paying premiums.
15 Because that is what it, you know, relates
16 to. But I honestly don't know. I don't
17 think that it applies to Medicaid, but I
18 can't say definitively.
19 DR. BOBROWSKI: I know on some of
20 those things they -- you know, since Medicaid
21 is kind of its own entity, sometimes the
22 other rules don't apply to that. And I
23 cannot give you any example right off the top
24 of my head. But, yes, Stuart. Thanks a lot
25 for that information. I appreciate it.

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1 MR. OWENS: Sure.
2 DR. BOBROWSKI: Is there any other
3 New Business from any TAC member that I maybe
4 forgot to put on the agenda?
5 (No response)
6 DR. BOBROWSKI: A couple of
7 questions. Well, let me make one comment.
8 You know we talk about the failed
9 appointments and especially in the Medicaid
10 group of folks. But this happens to any and
11 all dental patients. Back in the 80s I was
12 one of ten dentists out of four states that
13 was invited to do a program through the
14 University of Kentucky, and it was called the
15 Dental Fear Program. And it was a pretty
16 long ordeal, about a year long study and
17 stuff. And we had to go to meetings and had
18 to interview patients and stuff about dental
19 fear.
20 And you all know sometimes going to
21 the dentist is sometimes not the most fun
22 thing to do but we have to do it. But
23 earlier this week I had a young person in
24 that, maybe in her 20s or something like
25 that, a young lady that said, "I would rather

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1 deal with a broken bone as to have a shot in
2 my mouth." Now, but, that's what fear can do
3 to folks. To me, that's just not even
4 rational to put up with a broken arm or a
5 leg, having the healing process and walking
6 around on crutches or a boot, you know, for a
7 30 second, 45 second injection, you know.
8 And then I've had so many people say, "Well,
9 I didn't even feel that." You know, so fear
10 creates these unreal expectations sometimes.
11 But the one -- and I mention that
12 to you just to bring this up for maybe us to
13 look at a study, you know, in access to care
14 and at the same time trying to get our
15 children seen and to try to develop a trust
16 between the child and the dentist, the dental
17 staff, the dental office. And also to
18 identify, you know, areas in the state, you
19 know, where there might be some weaknesses in
20 access to care maybe on a percentage basis.
21 But what I would like to propose is
22 more, you know, the Medicaid staff and the
23 MCOs to maybe let's do a focus on our
24 children and maybe do a kids, maybe "panel"
25 is the wrong word to use, you know like maybe

1 moms with kids or pregnant moms. And let's
2 start at a young age of trying to get folks
3 in to the dental office for cleanings, exams.
4 And maybe to look at your -- I know the MCOs
5 have got reports on each of their members.
6 Well, and I'm sure, like I know my
7 computer system will bring it up when they
8 had their last cleaning. So if we could work
9 on a format, and I don't have one in front of
10 me, so bear with me on that, I do not have a
11 format and each of our computer programs will
12 let us do this or that, but if we could work
13 on some kind of a format.
14 And then, also, if we see areas of
15 need, what can the MCOs or the
16 fee-for-service folks do for, you know,
17 target outreach on getting these folks back
18 into the dental office. Because the more --
19 and, again, I'm going back to my story about
20 the Dental Fear Program. The more
21 experiences that these children have that are
22 good, it leaves a better relationship with
23 their oral health and growing up. How many
24 of you have heard the horrible stories about,
25 you know, the treatment that a child

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1 received. And you all know that as a -- when
2 we are children, we are 7, 8, 9, 10 years
3 old, I mean everything is magnified to the
4 Nth degree, you know, of pain associated or
5 just the color of the walls in the dental
6 office. Because I remember that when I was
7 about that age, of a drab old dental office.
8 But, anyway, I won't go into any
9 more of that. But, I don't know, can anybody
10 help give us some guidance or give us some
11 thoughts on that idea?
12 (No response)
13 DR. BOBROWSKI: Well, that is good.
14 That means it is 100 percent go. So we will
15 -- but I will try to reach out to -- if the
16 MCOs want to contact me or e-mail me on some
17 ideas or how can we put this package
18 together. But I would like to propose it as
19 a motion, that we look at this. So I would
20 need a second. Then we could vote on it.
21 MS. MEDINA: So, Dr. Bobrowski,
22 this is Christy Medina from DentaQuest.
23 We actually were hoping to share
24 some different initiatives that we are going
25 to be launching in the Commonwealth in the

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1 upcoming months that kind of ties into that.
2 I know it is not anything that's mandatory or
3 that -- you know, it is just kind of
4 something that we are doing for the Anthem
5 Blue Cross-Blue Shield health plan. Would
6 you want us to kind of jump into that? Or,
7 you know, if it is okay. Or do you want to
8 go ahead and take your vote first?
9 DR. BOBROWSKI: I guess technically
10 we better take a vote first.
11 MS. MEDINA: Okay.
12 DR. BOBROWSKI: Because if it gets
13 voted down, then we don't have anything to
14 do, Christy.
15 MS. MEDINA: Okay.
16 DR. BOBROWSKI: All right. I will
17 make the motion to work on developing a
18 mechanism to look at our children that have
19 not been into the dentist for the last six
20 months and to follow-up with them and their
21 parents, moms with kids and pregnant moms.
22 And as a second part of that, to do a target
23 outreach to those Medicaid members of
24 encouragement to get them back in.
25 So I will wait just a few more

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1 seconds for a second on that idea. If we
2 don't get a second, it will die for lack of a
3 second.
4 MS. CAM: This is Stephanie Cam
5 from United Healthcare. I will second that
6 motion.
7 DR. BOBROWSKI: I think you have to
8 be a TAC member.
9 DR. SCHULER: Garth, this is Phil.
10 I will second it.
11 DR. BOBROWSKI: Okay. TAC members
12 voting, all in favor say "Aye."
13 (Aye)
14 DR. BOBROWSKI: Okay. Any opposed?
15 (No response)
16 DR. BOBROWSKI: Okay. Thank you.
17 So now, Ms. Christy, that -- yeah, if you all
18 want to -- or do you have any other comments
19 about it right yet?
20 MS. MEDINA: No, no. We do. And,
21 actually, we can kind of share just a quick
22 one-pager. Loren Locke can bring it up.
23 But, basically, it ties into some
24 of the things that you were talking about
25 with, you know, engaging the member

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1 community, right, just kind of pushing those
2 preventive visits, you know, kind of trying
3 to change and, you know, alter some of these
4 behaviors and misperceptions about dentistry,
5 I guess, right, it would be the appropriate
6 term, where it doesn't necessarily have to be
7 where you have to wait to go into an office
8 when you are in pain, right? Like if you go
9 for your regular visits, you know, you can
10 kind of, you know, get things on the
11 front-end and it won't necessarily complicate
12 a treatment plan or the services that are
13 needed.
14 Loren Locke is actually going to
15 pull it up. And we can kind of just share
16 that with you.
17 But, Dr. Bobrowski, one of the
18 things that we at least see from our
19 perspective is not all members have history
20 at the dentist. Some of these, you know,
21 enrollees that come into the Medicaid
22 program, we don't have history for them.
23 And, so, it is very difficult, you know,
24 from a health plan perspective to, you know,
25 remind them to go to their dentist. It is

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1 more, we do send out those type of reminders
2 regularly, but, you know, they don't have a
3 specific provider with that history. So one
4 of the initiatives that, you know, we are
5 trying to roll out is to implement a dental
6 home type model. And we are actually looking
7 to launch that in September, so in the
8 upcoming weeks.
9 And, I apologize, but it looks like
10 screen sharing is disabled. But what we can
11 do is, we can just go ahead and share the
12 document.
13 MS. BICKERS: I made her a co-host.
14 She should be able to share her screen.
15 MS. MEDINA: Okay. Awesome.
16 Thank you, thank you.
17 But just kind of putting an
18 assignment in place, you know, for each of
19 the members. You know, we have been working
20 with the provider network, you know, our
21 panel of providers that would be able to kind
22 of serve as that PCD, that primary care
23 dentist, you know, for both the children and
24 the adults. And putting that information on
25 their ID cards, just to kind of serve as that

1 reminder of, you know, who their dentist is,
2 who they are able to go seek care from on a
3 regular basis. And then that way, you know,
4 on a regular basis we would be able to just,
5 like you mentioned, remind them, you know, we
6 have noticed you have not been, you know, for
7 your cleaning in, you know, the past six
8 months and things like that.
9 So we have been working pretty
10 diligently with the providers to assess their
11 capacity. Obviously kind of keeping that in
12 mind, where, you know, we don't want to
13 necessarily overwhelm any offices that might
14 not be taking new patients and things of that
15 nature. But, you know, making sure that, you
16 know, we are able to assign folks, you know,
17 at a rate that is, you know, sustainable for
18 our provider community. So that is one of
19 the things that we have been launching and
20 working towards and we are really excited
21 that, you know, we are able to roll that out.
22 DR. BOBROWSKI: Well, that sounds
23 great. And, Christy, if you don't mind, I
24 would -- if you could send me -- I need some
25 additional contact information. I think I've

1 got your e-mail address. But just if you
2 have got a phone number or any other people
3 from DentaQuest, I need to get some of your
4 contact information. So if you have got some
5 folks that want to share that with me, you
6 can get back with me through my e-mail there
7 would be fine.
8 MS. MEDINA: Absolutely,
9 absolutely. I will go ahead and share that
10 with you.
11 And then one of the other things we
12 just wanted to kind of talk about, and again
13 we will kind of distribute this to the folks,
14 is we have also launched a program, kind of
15 an outreach campaign, where we have gone to
16 kind of -- we have assessed areas where we
17 are seeing that the Medicaid member
18 utilization rate is lower than maybe some
19 other counties or cities and things of that
20 nature or areas where members might be having
21 a hard time getting into, you know, an
22 office, right? Offices, you know, are
23 short-staffed and all of those different
24 challenges that I think we have all been
25 talking about over the last several of

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1 months.

2 And, so, to try and combat some of

3 those barriers, we have launched a dental

4 days program, where we will kind of go out

5 into the community after-hours, usually on

6 the weekend, on a Saturday. We have had five

7 events in the past five months, and we have

8 been able to service over 180 members on

9 those days, which we're very proud of. We

10 will have some dentists, you know, we've

11 partnered with our dental director,

12 Dr. Watson, to kind of go out there, assess

13 members, create a treatment plan, and then,

14 you know, with the intent to kind of go back,

15 you know, for any care they might need or

16 connect them with a local office in their

17 community that would be able to pick up the

18 care.

19 So we have looked at some of those

20 more remote areas where, again, there is

21 just, you know, dental deserts and there are

22 just not many options to try and kind of

23 combat some of the challenges that we have

24 talked about.

25 DR. BOBROWSKI: All right.

1 DR. WATSON: Can I add something to
2 that point?
3 DR. BOBROWSKI: Yes.
4 DR. WATSON: Yeah. So I just
5 wanted to add, you know, with Dr. McKee and
6 what she put up there earlier, one of the
7 biggest challenges is no one is available on
8 Saturdays, very few people are even available
9 on Fridays. And, so, through this
10 collaboration we are going into these
11 different areas, remote areas in Eastern and
12 Western Kentucky, on Saturdays when people
13 are off, getting in a baseline. And we would
14 love to collaborate and partner with
15 practices that are in that area that may
16 accept Medicaid. We can do, like, the
17 triaging and SDF and some of those different
18 things to arrest the decay or to determine
19 what these individuals need, sign BAA
20 agreements with those practices so that we
21 can, in essence, make sure these individuals
22 get that continuity of care by having an idea
23 of what they need, what their needs are, so
24 they can be worked into schedules in some of
25 these remote areas. There might be a three

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1 hour drive one way for us from Louisville,
2 but, you know, I think it is a great program.
3 It is allowing a lot of people the ability to
4 at least talk to and understand their needs,
5 sometimes for the first time since before
6 COVID. And it is about partnership from
7 here.
8 DR. BOBROWSKI: All right.
9 Thank you, Dr. Watson.
10 DR. WATSON: Awesome.
11 DR. BOBROWSKI: Let me close this
12 out here. And let me get one other piece of
13 paper out here.
14 I had a couple of other questions
15 that have come up that if the -- I guess the
16 Medicaid staff. We would like to know, like,
17 what page or paragraph in the MCO contract
18 gives the MCOs the right to, I guess,
19 reimburse whatever level they want. Or we
20 have a question also about down-coding of the
21 dental codes or bundling of dental codes.
22 And we would like to know what is in the
23 contracts that allows that to happen.
24 Another question is, per each MCO
25 what are the dollar amounts per year of

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1 member incentives that you provide, you know,
2 and especially mainly from 2015 to 2021, and
3 I guess we might have to do that as just like
4 last year. Because I know those member
5 incentives change yearly. And I said "member
6 incentives." Each MCO may have a different
7 term for that. If you don't understand what
8 I mean, please ask, because we may be talking
9 about the same thing and we may have just
10 named it different.
11 I have got a question for Passport.
12 I understand that Passport through Molina is
13 going to be offering a denture service. But
14 when are the providers going to hear more
15 about that and reimbursement and what are the
16 rules for doing that procedure.
17 But does anybody from Passport have
18 any answer, at least as of today or you can
19 get back with me?
20 MS. SPENCER: Hey, Dr. Bobrowski,
21 this is Brittany Spencer. I'm a provider
22 services representative from Passport.
23 So we have a denture value-added
24 benefit program that is going on right now.
25 We have been outreaching to our CET. Our

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1 Community Engagement Team has been doing some
2 outreach to some of the dentists all across
3 the state. In order for the dentists to be a
4 supplier for that, there is a supplier form
5 that they fill out and then they have to
6 submit a W-9 that goes through the processing
7 level at our project manager level there.
8 They will be given a supplier ID number. At
9 that point, they are able to see Passport
10 members that are also enrolled in the
11 community -- or in our chronic care
12 management program.
13 And as far as reimbursements,
14 Passport does reimburse for partial or full
15 dentures, 700 for full and 300 for partial,
16 and then the members are responsible for any
17 remaining. The program does reimburse the
18 providers directly. They don't have to
19 submit a medical claim. They submit the
20 information on an invoice. And I can send
21 all of that information to you so you can
22 distribute.
23 We have had some pretty decent
24 participation with it thus far. I am not
25 sure how, if they have decided that they are

1 going to continue the program into 2023. But
2 we have several members that we work with on
3 a daily basis, getting them into areas all
4 over the state for dentures. They don't
5 cover snap-on or implant but they do cover,
6 like, full and partial plate.
7 DR. BOBROWSKI: Is that 700 per
8 denture or is that per set?
9 MS. SPENCER: It is 700 for a full
10 set and then 300 for a partial set. So,
11 yeah, that is 700 for a full and then 300 for
12 partial.
13 DR. BOBROWSKI: Okay. Yeah, if you
14 don't mind to send me some information, I
15 would appreciate it.
16 Let's see. And I've got another
17 question as to how many Medicaid members were
18 there per MCO per year, going back 2015 to
19 2021. So that should be a relatively easy
20 one, too. And I know that with the COVID and
21 the expansion, that that number should be --
22 well, obviously it is increasing because the
23 Commissioner reported that there's
24 1.6 million members on the Medicaid rolls
25 now. But I would just like to see the number

1 of per MCO.

2 Let's see. And I think I've

3 already asked that one. I would like to see

4 a report from the MCOs, even though I know

5 the state has added or expanded the programs,

6 on what is the total dental expenditure,

7 you know, from the state on dental care,

8 excluding the member incentives. But I think

9 the Commissioner is going to work on that.

10 Because if I'm -- I think I've been told this

11 before, that I believe that medical and

12 dental just run together when they give their

13 capitation fee, if I'm correct on that.

14 But...

15 Okay. Does any other TAC member

16 have any other questions?

17 (No response)

18 DR. BOBROWSKI: Now, the next item

19 is, we have got a -- we just finished a MAC

20 meeting the other day. The TAC members, do

21 we feel like there is any other

22 recommendations? At this point in time, we

23 need to make a recommendation to the MAC?

24 (No response)

25 DR. BOBROWSKI: Okay. The other

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1 thing, I didn't exactly put it on the agenda,
2 but I would like to have -- let the floor be
3 open a few minutes if any MCO wanted to make
4 any comments or ask any questions
5 individually.
6 DentaQuest, since you all mentioned
7 a few things a few minutes ago, is there
8 anything else that you would like to say?
9 MS. MEDINA: No. We will go ahead
10 and share that, just quick, one-page
11 document. But, you know, kind of include
12 some of the different things, like
13 reimbursing for missed and broken
14 appointments, some new codes that we added to
15 the fee schedule. But, I mean, I think from
16 our perspective we covered everything.
17 DR. BOBROWSKI: Okay.
18 MS. MEDINA: Thank you.
19 DR. BOBROWSKI: Thank you. United
20 Healthcare?
21 MR. RICH: Hi, Dr. Bobrowski. This
22 is Adam Rich. I don't have anything to
23 report at this time. Thank you.
24 DR. BOBROWSKI: Okay. And I
25 apologize. I didn't specifically put that on

1 the agenda today because I just didn't know
2 how long a couple of other things were going
3 to take. But it looks like we will have
4 time.
5 Passport, any other comments?
6 MS. SPENCER: No. Nothing else.
7 If you don't mind, could you send me your
8 e-mail address, though, so I can forward all
9 of that information over to you and then you
10 can disperse as you see fit.
11 DR. BOBROWSKI: Okay. I can tell
12 you real quick. It is whitnic2@msn.com.
13 MS. SPENCER: Perfect. I will be
14 sending all of that over to you. Thank you
15 so much.
16 DR. BOBROWSKI: Okay. Thank you.
17 Anthem. Let's see. I've got that one.
18 Sorry.
19 Humana. Hello.
20 MS. ALLEN: Hello, Dr. Bobrowski.
21 This is Nicole on behalf of Humana. We don't
22 have anything else to add for today. Thank
23 you.
24 DR. BOBROWSKI: Okay. And then
25 Aetna and Wellcare.

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1 MR. OWENS: Dr. Bobrowski, I don't
2 have anything for Wellcare. But thank you
3 for asking us.
4 DR. BOBROWSKI: Okay.
5 MS. ALLEN: And the same is true
6 for Aetna, Dr. Bobrowski. Thank you.
7 DR. BOBROWSKI: Okay. And, please,
8 any of the MCOs or representatives, if you
9 have got something that you would like for us
10 to bring up at the TAC meeting in the future,
11 my e-mail and phone number is always
12 available to you-all to call, and we can get
13 things on the agenda.
14 Because, you know, like I said a
15 while ago, you know, I think part of the duty
16 of the TAC is for developing, you know,
17 specific ideas for, you know, policy
18 development or care or just trying to work on
19 these children so that they are not so afraid
20 of us. But...
21 And I think a lot of offices do
22 have a very good rapport with their younger
23 patients. But, you know, it is like every --
24 maybe not every day, but every week I just
25 hear these adults that come in that, boy, I

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1 just remember this day at the dental office
2 back when I was a kid. And it is like, man,
3 I was terrorized. You know, but, it is just
4 one of those things, that sometimes kids have
5 trauma and they have to be seen about.
6 Sometimes these children have neglect,
7 sometimes these children have abuse, and we
8 still need to be the professionals and take
9 care of them.
10 But the next MAC meeting is
11 September the 22nd. The next TAC meeting is
12 November the 4th. And I told you, there will
13 be a Medicaid forum at the KDA annual meeting
14 at French Lick, Indiana Saturday morning from
15 9 to noon. And Commissioner Lee will be
16 there, will be speaking. And I know
17 Dr. Caudill is going to be having a
18 presentation. And Dr. Rich is going to have
19 a presentation on antibiotic prophylaxis for
20 knee replacements, shoulder replacements and
21 stuff like that. So we are looking forward
22 to having some additional good presentations.
23 And I've given you the new TAC
24 member update. Let's see. I've got that.
25 I've got that.

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1 MS. BICKERS: Dr. Bobrowski?
2 DR. BOBROWSKI: Yes.
3 MS. BICKERS: This is Erin. I just
4 wanted to let you know, in the next week or
5 two I will start working on the meeting
6 calendars for next year. And I hope to have
7 that out to you way before your next meeting
8 so you guys can vote on the days and make
9 sure that they work.
10 DR. BOBROWSKI: Okay. I appreciate
11 that, Erin. And I apologize that I messed up
12 on getting this agenda out. I know I sent it
13 out, and then a couple of them came back to
14 me and then somebody called and said that
15 they couldn't open the attachment. And then
16 I was trying to re-send it and re-send it and
17 straighten things out or whatever, I thought.
18 And, boy, my computer just had a major
19 hiccup. And it took the Apple support people
20 and myself two and a half hours to fix it.
21 And I thought those are smart people that can
22 do all of that computer stuff, you know, and
23 it still took two and a half hours to fix it.
24 So I apologize that I didn't get the agenda
25 out quicker. Hopefully, it didn't mess

1 anybody up. But I tried.
2 And, you know, so many times that's
3 why I will put on there Other New Business or
4 Other Old Business, because so many times by
5 the time I send that out, I mean, there's
6 something that we have got to talk about and
7 it's not on the agenda. So sometimes that's
8 why I leave a little wiggle room in there for
9 something to be brought up or else it is like
10 three months before we bring it up again. So
11 there is a plot to the madness on these
12 agendas. But...
13 All right. Any other comments from
14 any TAC members?
15 (No response)
16 DR. BOBROWSKI: Hearing none, it is
17 a beautiful Friday afternoon. And I
18 appreciate everybody's comments and
19 participation. And, please, anytime you have
20 got thoughts or ideas, just please send me
21 stuff and we will talk about it or work on
22 it. But you all have a great weekend. Thank
23 you.
24 (Meeting adjourned at 3:30 p.m.)
25

1 * * * * * * * * * *

2 C E R T I F I C A T E

3

4 I, LISA COLSTON, Federal Certified Realtime

5 Reporter and Registered Professional Reporter, hereby

6 certify that the foregoing record represents the

7 original record of the Dental Technical Advisory

8 Committee meeting; the record is an accurate and

9 complete recording of the proceeding; and a

10 transcript of this record has been produced and

11 delivered to the Department of Medicaid Services.

12 Dated this 15th day of August, 2022.

13

14 _____*/s/ Lisa Colston*____

15 Lisa Colston, FCRR, RPR

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