COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

Orthodontic Benefits Collaborative Public Meeting

June 27th, 2012
1:30 PM – 5:00PM
Blair-Caldwell African American Research Library
2410 Welton St., Denver, CO 80205

Participants

Department of Health Care Policy and Financing: Marcy Bonnett, Sheeba Ibidunni
John Snow Research & Training Institute: Elena Thomas Faulkner (Facilitator), Christine Barron
Participants: Owen Neiberg, Galen Miller, Larry Oesterle, Valeria Lopez, Dori Papir, Jennifer Goodrum, Alexandra Gage, Karen Savoie

Elena Thomas Faulkner welcomed participants and reviewed the meeting agenda, which included discussion of the revised HLD Cal-Mod index, interceptive orthodontics, client records, client issues and responsibilities, transfer methodologies, and payment methodologies. Marcy Bonnett announced the Department's transition from their current fiscal agent and stated that the dental consultants that participated in previous meetings would not be present at the meeting and will no longer be involved in orthodontic PARs. Elena stated that the discussion at the meeting will be kept a high level. Owen Neiberg voiced his concern that since only three orthodontists are present at the meeting, any conclusions reached by participants will not be representative of the broader community. Elena noted his concern and the group agreed to take note of any decision items that might require further discussion before being finalized.

The group reviewed the revisions to the Colorado version of the Handicapping Labio-Lingual Deviation index (HLD Cal-Mod) discussed at the Orthodontics Collaborative Meeting that took place on April 11th, 2012. Marcy Bonnett recapped that discussion at the previous meeting reached item 6a on the HLD Cal-Mod. For the third automatic qualifying condition, Larry Oesterle voiced his concern that specifying that a Class II, division 2 malocclusion is too specific and that the definition should leave room for other potentially handicapping conditions. Galen Miller agreed and added that a Class II, division 2 malocclusion is a mere example of a condition that might qualify; a more global definition is needed because there are other conditions that could be equally destructive. Marcy Bonnett agreed that the Department would remove the Class II, division 2 stipulation.

Alexandra Gage stated that at the previous meeting, the group had discussed adding points for physical contact from tooth to tissue under item 7b, but that this recommendation is not reflected in the current HLD Cal-Mod index. Elena Thomas Faulkner stated that this was accidentally left out of the revisions and would be added. Dori Papir asked about documentation of situations involving torqueing of the mandibular interiors. Larry Oesterle stated that this should not be an automatic qualifying condition, but documented through a report. The group agreed to this approach and noted that in such a case, photographs rather than measurements would be most

may result in a child not qualifying for comprehensive treatment later in life. Owen Neiberg recapped that the orthodontists are in agreement that performing interceptive treatments should ultimately save funds because fewer people will later be approved for larger, more expensive comprehensive treatments.

Galen Miller stated that defining qualifications for interceptive orthodontics based on age may not be appropriate, as everyone's teeth develop on a different timeframe. The group decided to define eligibility based on whether the child's teeth are between early and middle mixed dentition, where early dentition is defined as the phase of eruption of incisors, and middle dentition is defined as the presence of deciduous cuspids, 1st molars, and/or 2nd molars.

Larry Oesterle suggested drawing up a document for interceptive treatment that is similar to the HLD Cal-Mod on which attending participants could provide feedback at the next meeting. Elena Thomas Faulkner reviewed the conditions that the group identified as appropriate for interceptive orthodontics:

1. Two or more anterior teeth (canine to canine) in crossbite with photographic documentation of 100% of the incisal edge in complete overlap with opposing tooth/teeth.
2. Bilateral crossbite of of the permanent 1st molars with photographic documentation of either lingual or buccal crossbite.
3. Bilateral crossbite of posterior deciduous teeth with photographic documentation of either a buccal or lingual crossbite.
4. Crowding with current radiographic documentation of an anterior (canine to canine) bony impaction that requires either serial extractions or surgical exposure and guided or forced eruption.
5. Crowding with radiographic documentation demonstrating resorption of 25% of the root of an adjacent permanent tooth.

The group also recommended adding a sixth condition to include unilateral crossbite with functional shift.

The group discussed reimbursement for D8050 and D8060. Larry Oesterle stated that D8050 is defined as treatment in only primary dentition, whereas D8060 is defined as treatment in early to mixed dentition. Larry recommended not including D8050 codes for interceptive treatment because primary dentition disappears between ages 5-6 and therefore would not be a good use of public funds. The group agreed with the recommendation to remove the D8050, as D8050 is not cost effective and because D8060 covers what is needed.

The group discussed potential early treatment of Class III malocclusions under interceptive orthodontics and whether there is a way to include this in interceptive treatment. Galen Miller stated that the surgery needed to fix this problem does not occur until much later in life; meanwhile, most orthodontists prefer to fix the tooth alignment so that the malalignment does

Goodrum provided a synopsis of CDA protocols regarding patient termination. These guidelines advise orthodontists to choose a logical time that makes sense in the patient treatment plan, to send a written notice in additional to verbal communication, to provide the client with resources, and to tell the client ahead of time (state rules stipulate that 30 days in advance is the minimal requirement; afterwards, the client is only allowed back for emergency visits). Marcy stated that the Department would draw up a template letter for orthodontists to use as a resource. Owen Neiberg stated that orthodontists are also fearful of the legal implications of client termination, and Jennifer assured him providers merely need a written policy and documentation of patient non-compliance. As long as 30 days of notice is provided to clients, providers otherwise have considerable flexibility. Jennifer asked whether Healthy Communities, an outreach branch for families, might play a role in helping with care coordination. Marcy agreed that the State would find more information on Healthy Communities for the group by the next meeting.

The group discussed considerations related to patient eligibility. Marcy Bonnett stated that if eligibility is lost, the case will no longer be reimbursable to the state. Orthodontic cases started prior to client eligibility and PAR approval are the guardian's responsibility. Several group members, including Owen Neiberg and Larry Oesterle, felt that breaking a treatment plan for anything other than patient absence is unethical care and constitutes patient abandonment. Owen added that if a provider is not able to guarantee care, this changes the relationship with patient and has possible consequences with providers' willingness to provide services to Medicaid patients. Sheeba Ibidunni reminded the group that a PAR is not a guarantee of payment. In Medicaid if a patient loses eligibility, Medicaid will no longer reimburse providers and patients are responsible for the bill. If the federal government were to find that that the state is paying for clients that are no longer eligible, the state could be liable. Furthermore, from an IT perspective it is impossible to pay a provider when the client is no longer eligible. Marcy stated that the Department would continue to collect more information on issues related to eligibility loss, but that ultimately the Department will have to make a policy decision reimbursement as it relates to patient eligibility.

The group discussed transfer methodologies. Elena Thomas Faulkner stated that the objective is to have standard or less subjective guidelines that facilitate the transfer process and, if possible, that determine percent of treatment completed for payment purposes. The group discussed issuing potential guidelines, but agreed that this is a tricky issue and should be discussed at the next meeting.

The group briefly discussed the payment methodology; Marcy Bonnett stated that state cannot maintain the current payment methodology, although it has clearly heard provider's preference to do so. Marcy stated that the Department is considering how to identify milestones for gauging a percentage of completion for the treatment plan and breaking the payment up at each milestone. The Department's ultimate objective is to identify a new methodology that allows state more fiscal accountability and that is also acceptable to providers. Marcy added that if the client loses