

HB 4 (Formerly HB 692) Working Group on the Plan Preparation of a Medicaid Adult Dental Benefit

April 16, 2020
Minutes

Working Group Members Present: Henry Lipman, Dr. Sarah Finne, Chris Alibrandi, Dr. Kristine Blackwelder, Erica Bodwell, Nick Carano, Laural Dillon, Colleen Dowling, Holly Eaton, Christina Ferraro, Joan Fitzgerald, Joanne Fontana, Dr. Whitney Goode, Amy Goyette, Shirly Iacopino, Dr. Daniel Kana, Courtney Morin, Dr. Kelly Perry, Edward Shanshala, Alexandra Sosnowski, Nicole St. Hilaire, Helen Taft, David Wagner, and Scott Westover

Materials Distributed: Agenda

COVID – 19: CMS Response

Dr. Finne opened the meeting with introductions and stated the goal of the meeting is to “check-in” with working group members during the COVID-19 crisis. She asked Henry Lipman to share.

Henry Lipman stated that there is no way of knowing what will happen with this year’s legislative session. The State budgetary pressures are different than expected; we need to work to keep what we have.

Dr. Finne stated that the Governor was upfront that things are not going to be easy. We will need to watch as things unfold.

She is personally amazed with the response of DHHS in trying to provide alternatives and guidance. Medicaid staff are working virtually around the clock making sure they are taking advantage of everything available in order to run Medicaid as effectively as possible.

Tele-dentistry

In terms of dentistry and the [Governor’s Emergency order #8](#) (Temporary expansion of access to Telehealth Services to protect the public and health care), instructions went out to the provider network along with billing instructions and an explanation of the changes in how to conduct visits. The order will stay in effect during the emergency. Dr. Finne feels that this was something important to the dental network because of the hard work and the time involved in taking these emergent calls and providing services to keep people out of the ED.

Emergency Planning

Dr. Finne is working with Public Health and reviewing ED data back to January (pre-COVID). In general, there has been a trend downward in dental visits in the ED. She will have more specifics to share when the working group next meets. She was relieved to see what things look like up to this point.

Erica Bodwell was in contact with person who runs an ED who said their volume was down 70%.

Dr. Finne stated that this is a trend across the country. People are giving more thought to whether they should go to the hospital. The message to call your primary care provider first is working.

Henry Lipman informed the group that use rates are significantly down on psych hospitals - there were days when there was no one on the waiting list. He spoke with the CEO of the state hospital and there is a bounce-back of people seeking help. On the SUD front, inexplicably opioid overdoses and deaths are way down. Layoffs and furloughs are at a never-seen-before level.

Dr. Finne asked what are the impacts on working group members and their organizations? Having to transition on a dime to deal with a situation that we have never dealt with before or envisioned is difficult.

This is something we need to think about for the future. What are the things that we need to keep in mind that are serious pressure points for our providers?

Impact on Group Members

Gail Brown: Our main concern has been funding of direct dental services for community-based providers; what is happening to those patients who don't have a dentist of record? The Coalition has reached out to find those providers who will see urgent and emergent cases for patients not of record and/or the uninsured. There seems to be some additional capacity in this sector to continue to divert dental ED visits. We are continuing to work on a couple of grants that are focused on the development of a provider and referral network after the crisis. We are trying to get people involved and disseminating information on the changes in the dental profession as a result the pandemic. For instance, Marko Vujicic, Chief Economist and VP of the Health Policy Institute of the ADA, [How is COVID-19 Impacting the Dental Care Sector?](#)

Ed Shanshala shared that the ACHS dental office is down to 3 staff: a part-time dentist, a public health hygienist and a patient access specialist who is a certified dental assistant. They are comfortable with the equipment and instruments that they have in order to scale-up tele-dentistry. Most of their time is spent on urgent and emergent care; elective care is on hold and they are not doing procedures that aerosolize in both dental and medical. For instance, they halted nebulizer treatment. By and large they have been reasonably supported. Getting to the information has been challenging. Working with DHHS has been highly collaborative. His biggest concern is the psychological status of the staff. They are trying to take care of each other.

Joanne Fontana just published a paper on the impact of the COVID-19 pandemic on insurers. The paper is a high-level scan of what could happen to utilization over the upcoming months. It is more for commercial insurers than Medicaid. The paper has already generated lot of questions from insurers. Joanne will forward the paper to Dr. Finne who can forward it to others.

Erica Bodwell shared that Northeast Delta Dental is working with 80% staff. They are processing claims and providing customer service. They provided some relief packages; they are trying to meet the needs of the community. In partnership with the NH Dental Society they are in the process of purchasing a large quantity of masks that should be delivered in two weeks.

Dr. Kana reported that they are stamping out fires; handling emergencies. Since March 11th when he went to a facility and found the doors locked things have been a little dicey. Keeping visitors out have paid dividends despite what the media reports. Poor Hanover Hill which is one of the best places in the state. They are going in on an emergency basis; for instance, he went to 3 places today for a couple of broken dentures, to pull a tooth, and dental sores. They meet him in the parking lot with the broken dentures. There is a sense of calm acceptance at the facilities. He feels safer in the facilities than in the grocery stores. Staff are donned in full PPE and hand sanitizer is in every room. There are some obvious issues with the press that they are getting but all in all they are doing an excellent job.

Dr Perry added that much like Ed Shanshala stated about ACHS, Mid-State is following CDC guidelines on how to deliver care. They haven't furloughed any staff. She is the only dentist and is working her full schedule. One dental assistant took FMLA to take care of her family, and the other assists Dr. Perry. Hygienists are doing screening at the front door and assisting medical staff. They have processes in place for tele-dentistry and good screening protocols. She is more worried about the pent-up need that this crisis is generating and how to accommodate them when the crisis is over than she is about current activities. Scheduling is moving patients out to December. Demand is going to keep building. The future of the dental extern program is unknown, and a dental extern provides a half-provider in appointment scheduling. There are many questions about post-COVID practice. What are standard precautions going to be? How do we incorporate precautions for airborne diseases? Do we have the proper air filtration? Do we have the proper

PPE? Are we going to have test patients before bringing them into the clinic rather than just screening? These are pressure points that need to be considered and addressed.

Joan Fitzgerald stated that on this working group, she is representing the New Hampshire Dental Hygienists Association; they are trying to get a pulse on their concerns about immediate care. There have been massive job losses for hygienists because most of their services have been deemed nonessential. They are thinking about what the post-COVID-19 protocols will be? What standard precautions will need to be supported? They have led in the past, in as far as getting gloves and masks (post-AIDs) so with COVID-19 they have big concerns. Personally, Joan is concerned about emerging provider models. She just got off the ADA Health Policy Institute webinar and the statistics are dire. If the current situation were to continue until August, possibly 45% of practices may cease to exist. She had a couple of patients that she was able to refer to Easter Seals. She is not doing any treatment herself. The homebound population is challenging. Interestingly, the ADA recommendation for emergency care including SDF and ITR is within the CPHDH scope of practice.

Dr Blackwelder stated that from a private practice standpoint this is catastrophic – they had to furlough their entire staff as of March 16th. The PPP loan that the Government offered has a structure with a timeline. They received funding today, and they have 8 weeks to spend the funds with 75% mandated to be used for payroll yet their staff is not working. So, this loan will have to be paid back. This will be debilitating to the practice. When can they come back and what staff they can bring back? The NEDD relief package was a great help but it is a drop in the bucket. Both she and her husband are on unemployment; they are a young practice, so they do not have a lot of working capital. Its dire. When they get the green light to practice, they have no N95 PPE. When they do go in to see urgent cases, they can't use aerosolizing procedures. When the time comes to open, they may not be able to open because they haven't been able to order masks or gloves for over two weeks. They have no shields only a handful of disposable ones. They accepted a loan where the terms are changing every day and the terms are hard to apply. This is something that the ADA is trying to address in the new funding package; advocating to reset the timer.

Dr. Finne commented that this is what happens when the government needs to change on-a-dime. This is an issue with developing plans to have enough adequate PPE. Dental providers will have a post-COVID surge after the medical crisis resolves.

Joanne Fontana said she doesn't have anything specific to dental. She is available to discuss anything from a financial or actuarial perspective. Things are happening so fast that there are not a lot of answers.

Scott Westover wants to hear more from those on the front line. He shares the concerns with safety network providers to the AmeriHealth Caritas adult dental beneficiaries as to where they will be able to go when the crisis is over. This is a network that will be greatly challenged. He will share data with Dr. Finne to help be prepared as much as possible.

David Wagner reported that Amoskeag Health has cut back to nothing but emergency services. Dental emergencies are being referred to Easter Seals. People not seeking the care.

Chris Alibrandi informed the group that she works with Connections for Health (IDN6). They work in developing integrated models of service delivery for medical, and behavioral providers and now is working with the NH Oral Health Coalition to include the integration of dental and to create more communication between medical and dental. She is thinking through how to use this crisis as an opportunity to advance medical and dental integration. This crisis has created a jumbling of resources, staff and funding. Perhaps there are opportunities for cross training and funding. Maybe the IDN can contribute to the conversation.

Dr. Goode explained that Greater Seacoast Community Health has experienced a lot of what the other health centers have described. We have lost a lot of staff due to childcare issues, and furloughs. We are trying to get tele-dentistry off the ground. We are seeing an incredible number of bad emergencies from people who have put off their dental care for far too long. She actually had to send one patient to the ER

because oral antibiotics were not working. The ER doctor called her and waited on the phone for her to pickup to discuss this patient's care. They are trying to keep up with the ever-changing recommendations and following all CDC and ADA guidelines. She has a concern with PPE moving forward; their immediate PPE needs are met but she is concerned for the long term. What are the PPE needs for the future? She is very worried about how to schedule people when the crisis is over.

Nick Carano stated that things are similar on the hospital side. They are trying to weather the storm and bridge the gap of what the hospital needs so they can serve the community if a surge happens. PPE and HR (staff burnout) are major concerns. Working on how to sterilize and reuse PPE so they can conserve supplies.

Laural Dillon revealed that much of her work is with schools which are closed, and community-based dental clinics who are now seeing only emergencies so most of her work is on pause. She has requested that CDC and HRSA allow her to redirect school funds to clinics but at this point they will not allow CDC funds to be used for salaries. She has been redeployed to the Index and Symptomatic Monitoring Group and calls patients to monitor symptoms for data collection on COVID-19. She is not used to these types of conversations which are hard for her.

Holly Eaton explained that Well Sense is trying to help their providers and patients get through this crisis and is working with the Department, so they provide a consistent message on telehealth services. There is a lot going on in credentialing providers who will be needed at the surge sites (alternate care sites) that the hospitals are setting up. Mostly, efforts pertain to members getting the services they need from our providers who are in a tough spot trying to do their work through telehealth; this is particularly tricky for home care services.

Amy Goyette filling in for Christina Ferraro conveyed that TCCAP (Tamworth Dental Center) is currently open 4 days a week providing urgent and emergent care. They are rotating three dentists; two Tamworth dentists and one private dentist from Concord whose practice is closed. They have ample PPE. They accept statewide referrals and have received quite a few referrals from Elliott, Speare Memorial and other hospital EDs.

Dr. Finne recapped that she wanted to provide a "welfare-check" on group members and organizations. It is important to see how the network is weathering the storm. We realize that emergencies do happen, and this is the extreme but maybe we can learn some lessons.

Legislative Update — Budget and Finance — Benefit Plan

We will continue to move forward with the legislation, and the adult benefit.

The bill didn't get to go to the finance committee which would've provided guidance on what direction we should take in defining the benefit. We are waiting for the legislature to open and for those committee meetings to be scheduled. We need to move forward as life unfolds after the crisis. We need to be mindful that there are hard times ahead and tough decisions to be made. Legislators do feel this is very important, but we need to be realistic.

Next Steps and Wrap Up

Dr. Finne is not going to schedule another working group meeting right away. She wants to see what happens with restrictions and the legislators. Three-quarters of Dr. Finne's unit is working remotely. They are processing claims. They can be reached on their regular phone numbers and by email. She will inform the group of any information from the CDC and ADA about what dental operations will look like post crisis.