

1 **Minutes of the Michigan Dental Association**
2 **Committee on Government and Insurance Affairs Meeting**

3
4 **January 28, 2022 – 9:00 a.m.**
5 **Zoom**
6

7 **Attended**

8 Gabriel Holdwick, DDS, chair
9 Daniel Miller, DDS, member
10 Debra Peters, DDS, member
11 Sarah Tomaka, DDS, member
12 Connie Verhagen, DDS, MS, member
13 Elizabeth Ralstrom, DDS, member
14 Saranna Berger, DDS, member
15 Mark Johnston, DDS, ADA council liaison
16 Curt Ralstrom, DDS, MDA committee on access to care liaison
17 Bill Sullivan, MDA vice president of advocacy and professional relations
18 Neema Katibai, MDA manager of government and insurance affairs
19 April Stopczynski, MDA manager of access and prevention
20 Kesha Dixon, MDA government and insurance affairs/access assistant
21 Ginger Fernandez, MDA manager of peer review, guest
22 Christine Wilson, MDA professional review and practice management specialist, guest
23 Andrea Sunderman, MDA director of continuing education, guest
24 Lynn Aronoff, guest (portion)
25 Peter Ruddell, JD, guest (portion)
26 Robert Rosenthal, DDS, P&R Dental Strategies, LLC consultant, guest (portion)
27

28 **Absent**

29 Jason Mashni, DDS, vice-chair
30 Brianna Christine Kosecki, student-member
31 Laura Hagerty, student-member
32 Christopher Smiley, MDA Board liaison
33

34 **Call to Order**

35 The Committee on Government and Insurance Affairs was called to order at 9:00 a.m. The requirement
36 for a quorum was met.
37

38 **Approval of the Agenda**

39 The agenda was approved as written.
40

41 ***MDA Committee on Government and Insurance Affairs***
42

43 **Delta Dental Scorecards Presentation – Dr. Robert Rosenthal**

44 In the April 2021 issue of the *Journal*, an article was published highlighting how P & R Dental Strategies
45 and Dent.AI formed a partnership to use AI to rate the quality of dental care provided by dentists. Delta
46 Dental of California has entered into a partnership with P & R Dental Strategies to integrate the dentist
47 quality rating system into Delta's dentist directory. At the November 2021 CGIA meeting, Dr. Chris

48 Smiley presented about the way P & R has developed their product, the proprietary nature of their
49 metrics, and the potential impacts on how networks are built.

50

51 The committee heard a presentation from Dr. Robert Rosenthal, a consultant for P&R Strategies, that
52 elaborated on the information presented by Dr. Smiley in November 2021. Specifically, Dr. Rosenthal
53 discussed how the rating system came to exist in North Carolina, the impact it had on dental practices,
54 and the North Carolina Dental Society's response to ensure members were prepared to deal with the
55 system. The committee acknowledged the potential benefit of data-backed ratings to inform how a
56 practice could be improved. However, there were concerns that such a system could impact treatment
57 decisions and delivery of care.

58

59 The committee recommended that Dr. Rosenthal make the same presentation to the MDA Board at a
60 future meeting.

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62 **Virtual Credit Cards Proposal**

63 At the August 27th CGIA meeting, the committee requested that MDA staff to research legislation from
64 other states addressing the issue of dental insurance companies paying dentists by virtual credit cards.
65 MDA staff provided the committee with a spreadsheet of legislation introduced by other states and the
66 committee directed MDA staff to model a proposal after Idaho's bill, with the addition of language
67 requiring compliance with Michigan's timely payment law.

68

69 The committee discussed the draft proposal prepared by MDA staff and requested changes be made to
70 language referencing "contracting" parties to ensure that all dentists are protected and insurance
71 companies are covered, regardless of corporate structure. The committee discussed whether requiring
72 "one (1) or more," form of payment was sufficient or whether all forms of payment should be required
73 to comply with the requirements. The committee determined that requiring "one (1) or more,"
74 compliant form of payment would be sufficient.

75

76 **Resolved, that the MDA adopt the following draft language to be used for future legislation** 77 **concerning virtual credit card payments:**

78 MDA Proposal with CGIA Amendments:

- 79 (1) *An insurance company providing dental benefits or a non-profit dental care corporation must*
80 *provide one (1) or more methods of payment or reimbursement that:*
81 *a. Provide the dentist with one-hundred percent (100%) of the amount of the payable; and*
82 *b. Do not require the dentist to incur a fee to access the payment or reimbursement.*
83 *c. Comply with the requirements set forth in MCL 500.2006.*
84 (2) *Section (1) shall apply to any contract with providers for dental services that is issued after*
85 *[INSERT DATE]. Contracts that are in existence on [INSERT DATE] shall be brought into*
86 *compliance on the next anniversary date, renewal date, or expiration date of the applicable*
87 *collective bargaining contract, if any, whichever date is earliest.*

88

89 **CRNA/Anesthesiologist Medicaid Reimbursement**

90 The MDA has been working on issues related to access to general anesthesia for very young children and
91 special needs patients in appropriate care settings, including hospitals and ambulatory surgical centers.
92 In researching barriers and solutions, a Medicaid payment barrier has been identified that the MDA does
93 not have policy on. Medicaid does not currently pay for general anesthesia rendered by an
94 anesthesiologist or certified registered nurse anesthetist outside of a hospital or ambulatory surgical

95 center. Medicaid staff have indicated the reason for this policy is a concern about the safety of
96 providing care in this setting. Michigan does have standards of training for the staff providing the care,
97 as well as equipment standards for facilities that provide this level of sedation in the case of an adverse
98 event.

99
100 Some Michigan dentists have expressed an interest or have hired CRNAs or anesthesiologists to provide
101 this care in their offices. When this arrangement is made, it is the family or the dentist themselves who
102 bear the cost of the treatment. While costs to provide the care in these settings is much lower than the
103 same care provided in a hospital setting, the cost is still prohibitive for low-income populations.
104 Payment is often due in full prior to the service which is another barrier for low-income families. There is
105 a large number of patients who could safely receive treatment in dental offices by well-trained and
106 equipped providers if payment burdens were addressed.

107
108 The committee acknowledged that there were certain populations that required hospital access due to
109 increased risk of an adverse event under general anesthesia. However, the committee also recognized
110 that allowing for procedures to be performed in a dental office would not entail reducing or eliminating
111 safety standards that currently exist in the Public Health Code regulating general anesthesia and
112 anesthesia in dental settings.

113
114 The committee amended the second resolution by eliminating “as most patients who encounter this
115 barrier are covered by Medicaid,” and adopted the resolution as amended.

116
117 **Resolved, that the health insurance plans, including Medicaid, should provide coverage for general
118 anesthesia provided in a dental office setting by providers appropriately licensed and authorized to do
119 so by Michigan’s Public Health Code.**

120
121 **And be it further resolved, that the Michigan Dental Association shall pursue changes to Medicaid
122 policy to cover this service.**

123
124 **House Bill 5528 and House Bill 5265**

125 [House Bill 5528](#) would add a new section to the Michigan Employment Security Act to prohibit the UIA
126 from discharging an improperly paid benefit described in HB5265 from being charged to any account of
127 an employer, the Unemployment Compensation Fund, and the Contingent Fund. House Bill 5528 is tie-
128 barred to House Bill 5265, so House Bill 5528 cannot take effect unless HB 5265 is enacted.

129 [House Bill 5265](#) would amend section 62 of the Michigan Employment Security Act, which establishes
130 what UIA is able to do when a person has received benefits they are not entitled to. Specifically, HB
131 5265 would include the following scenario under the “equity and good conscience” exception to
132 repaying UIA: (1) the benefit was paid between February 7, 2021 and September 5, 2021; (2) the benefit
133 was paid under the CARES Act, ARPA, or the Continued Assistance for Unemployed Workers Act of 2020;
134 and (3) the individual received the payment solely because of a change in federal policy after their
135 approval.

136
137 The committee discussed the Unemployment Insurance Agency audit that showed approximately \$8.5
138 billion in overpayments to individuals who applied for unemployment benefits between February 2020
139 and September 2021 and the importance of protecting businesses and employees from being held
140 accountable for UIA’s mistakes.

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Resolved, that the Michigan Dental Association support House Bill 5528 and House Bill 5265.

ADA Policy: Dentistry and the Treatment of Sleep Related Breathing Disorders

In 2017, the ADA House of Delegates adopted a policy that outlined the role of dentists in the treatment of sleep related breathing disorders. Specifically, treatments such as the use of orthodontic interventions, such as oral appliances, are effective at mitigating these disorders and dentists are in the best position to deliver such care. However, treating these conditions has posed some confusion for dentists because sleep related breathing disorders are not included as a dental billing code and the collaboration that treating such conditions requires with physicians can be unfamiliar. MDA staff receive questions about treating patients with sleep apnea, and other sleep related breathing disorders, with a particular focus on how to bill for this treatment. In addition, the Board of Dentistry rules workgroup has identified treating sleep related breathing disorders and the scope of practice of dentistry as an issue to examine in 2022.

The committee requested that the policy be provided to the Michigan Board of Dentistry through their rule promulgation process. The committee passed the resolution as written.

Resolved, that the Michigan Dental Association adopt the ADA Policy on the Role of Dentistry in the Treatment of Sleep Related Breathing Disorders.

CGIA Policy Review

MDA staff regularly review MDA policies to determine which need to be updated or removed. The most recent MDA staff review identified policies in the areas of private practice, sugar consumption and sugar sweetened beverages, allied dental professionals, dental education, denturism, and genetic testing for the committee to review.

- Definition of Private Practice
 - o 13-1276 – The committee recommended this policy be rescinded because it is outdated and unnecessarily exclusive by not recognizing the various practice models that have evolved since this policy was passed in December 1976.
- Guidelines for Private Practice Delivery Systems – The committee recommended this section be relabeled “Guidelines for Maintaining the Doctor-Patient Relationship” to be consistent with the rescission of 13-1276.
 - o 14H-94 – The committee recommended the title of the policy be changed to “Guidelines to Maintaining the Doctor-Patient Relationship.”
- Sugar Consumption and Sugar Sweetened Beverages – The committee recommended no changes to the policies in this section.
- Allied Dental Professional
 - o 45H-99 – The committee recommended amending the background to remove point (2) because there is no longer a perception that there is an oversupply of registered dental assistants. The committee also amended the position statement to replace references to “years,” in relation to RDA programs with “portion,” to be inclusive of all accredited RDA programs offered in Michigan.
- Dental Education
 - o 6-691 – The committee amended the resolution to replace references to “years,” in relation to RDA programs with “portion,” to be consistent with the amendment to 45H-99. Additionally, the position statement was amended to include information about

188 Grand Rapids Community College’s remote RDA program, in addition to Washtenaw
189 Community College’s remote RDA program.

- 190 - Denturism – The committee recommended no changes to the policies in this section.
- 191 - Genetic Testing – The committee recommended no changes to the policies in this section.

192 **Delta Dental PPO Rate Increase**

193 In early 2022, Delta Dental increased fees by 2% for Michigan dentists who are participating as PPO
194 providers and Premier providers paid PPO rates. Rates were not increased for all Premier providers and
195 notice of the increase was not provided to any Michigan provider. MDA staff inquired about the increase
196 with Delta and found that Indiana providers and Ohio providers received rate increases as well.
197 However, providers in both Indiana and Ohio received larger fees, regardless of their status as Premier
198 or PPO providers. Delta Dental indicated that this decision was made because they have a larger market
199 share of Premier providers in Michigan, so they decided to postpone an increase for Premier providers
200 in Michigan.

201
202 The Committee discussed the challenges of low reimbursements and the importance of emphasizing
203 business acumen in dental education. There was interest in providing continuing education for members
204 to learn the fundamentals of dental contracts and what it means to be a participating or non-
205 participating dentist in the future. MDA staff shared information about the presentation given to D4
206 dental students at both schools in Michigan. At the most recent presentation to the University of
207 Michigan School of Dentistry, over 100 students were in attendance.

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209 **Future Meeting Dates**

210 The committee agreed that the next meetings would be held on March 18, 2022. The forum for the
211 March 18, 2022 meeting will be determined in early March.

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213 **Adjournment**

214 Dr. Gabriel Holdwick adjourned the meeting at 1:01 PM.