

1 **Minutes of the Michigan Dental Association**  
2 **Committee on Government and Insurance Affairs Meeting**  
3 **March 18, 2022 – 9:00 a.m.**  
4 **Zoom**  
5

6 **Attended**

7 Gabriel Holdwick, DDS, chair  
8 Jason Mashni, DDS, vice-chair  
9 Debra Peters, DDS, member  
10 Sarah Tomaka, DDS, member  
11 Connie Verhagen, DDS, MS, member  
12 Elizabeth Ralstrom, DDS, member  
13 Curt Ralstrom, DDS, MDA committee on access to care liaison  
14 Christopher Smiley, MDA board liaison  
15 Michael Maihofer, MDA president  
16 Bill Sullivan, MDA vice president of advocacy and professional relations  
17 Neema Katibai, MDA manager of government and insurance affairs  
18 April Stopczynski, MDA manager of access and prevention  
19 Kesha Dixon, MDA government and insurance affairs/access assistant  
20 Ginger Fernandez, MDA manager of peer review, guest  
21 Drew Bauman, DDS, LEAD participant  
22 Lynn Aronoff, guest  
23

24 **Absent**

25 Saranna Berger, DDS, member  
26 Daniel Miller, DDS, member  
27 Brianna Christine Kosecki, student-member  
28 Laura Hagerty, student-member  
29

30 **Call to Order**

31 The Committee on Government and Insurance Affairs was called to order at 9:01 a.m. The requirement  
32 for a quorum was met.  
33

34 **Approval of the Agenda**

35 The agenda was approved as written.  
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37 **Relicensure Requirements for Dental Auxiliaries**  
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39 COVID-19 had a significant impact on the dental auxiliary workforce in Michigan. Prior to COVID-19, a  
40 shortage of RDAs was identified; but over the last 2 years, the impact has also been felt with RDHs. MDA  
41 staff was informed that cumbersome relicensure requirements for RDHs were a potential barrier to  
42 otherwise qualified individuals re-entering the workforce. Since the relicensure requirements for an RDH  
43 are consistent with what is required for an RDA to be relicensed, MDA staff gathered information about  
44 both for the Committee to discuss. The task for the Committee was to review the relicensure  
45 requirements and determine which, if any, of the requirements were unnecessary for relicensure.  
46

47 The Committee compared the requirements to what is expected of a dentist seeking relicensure and  
48 found that all people seeking a health professional license in the dental office are required to retake an  
49 examination if their license has been expired for 3 or more years. MDA staff explained that any rule  
50 change would likely take time to achieve and would likely not have an immediate impact on workforce  
51 issues.

52

53 The Committee directed staff to meet with the MDHA and MDAA to hear their perspectives and to  
54 request relicensure application data from LARA. The Committee will hear an update at the July 22, 2022  
55 CGIA meeting from MDA staff.

56

### 57 **Healthy Kids Dental – Blue Cross Blue Shield of Michigan Batch Payments**

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59 MDA staff have heard from members about an administrative issue with the way that Blue Cross Blue  
60 Shield of Michigan reimburses dentists for procedures covered under the Healthy Kids Dental plan. From  
61 the information that MDA staff has received, Delta Dental processes and pays HKD claims the same as all  
62 of their other plans. This means that each claim is processed and paid individually. However, the MDA  
63 has heard that BCBSM will allow the claims to build up over time and reimburse the dentist in batches,  
64 which include several claims. DenteQuest is the third-party administrator for BCBSM's Healthy Kids  
65 Dental contract.

66

67 The Committee shared anecdotal evidence from their own practices and from colleagues indicating that  
68 there was a slight difference in the timeline of payments and the way BCBSM lists claims paid out on an  
69 EOB. The MDA has been discussing provider frustrations with BCBSM and learned that BCBSM's  
70 reimbursements are processed and paid weekly. In contrast, Delta pays out claims within 48 hours of  
71 submission, in most cases. The discussions shifted to the lack of participating providers with BCBSM  
72 causing access issues for patients who were assigned to that plan by the state. The Committee felt the  
73 requirement for providers to participate with a private insurance company to participate with HKD is a  
74 more significant burden than the batch payments.

75

76 MDA staff will share the feedback with Blue Cross Blue Shield of Michigan in future discussions about  
77 dentists' issues.

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### 79 **State Budget Update**

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81 Last month, Governor Whitmer presented the FY 23 Executive Budget Proposal to the House  
82 Appropriations Committee, which kicked off the current budget cycle. If you'd like to learn more about  
83 the state budget process, you can find a one-page summary [here](#).

84

85 The FY 23 Executive Budget recommends a \$243.3 million (\$68 million State General Fund) investment  
86 in a single combined managed care contract that covers Healthy Kids Dental, HMP Dental, and fee-for-  
87 service adult dental services. The proposal calls for the current Healthy Kids Dental program to serve as  
88 the model that is replicated in the new contract.

89

90 Additionally, the FY 23 Executive Budget calls for a \$4.3 million (\$1.2 million State General Fund)  
91 investment targeting Medicaid reimbursements for outpatient hospital and ambulatory surgical centers  
92 for dental procedures requiring general anesthesia. However, the Governor's budget proposal does not

93 address the Medicaid reimbursement for general anesthesia. MDA staff is continuing to advocate for  
94 solutions that address the fee for general anesthesia, as well as the hospital access fees.

95  
96 The MDA is also requesting a \$50,000 increase for the Donated Dental Services program. This would  
97 increase the Donated Dental Services budget from \$150,000 to \$200,000.

98  
99 MDA President-elect Dr. Vincent Benivegna testified in both the House and Senate Appropriations  
100 Subcommittee for Health and Human Services on the Governor's Executive Budget proposal.  
101 Additionally, advocacy staff have had meetings with legislators, with many more scheduled, to educate  
102 them in more detail about the MDA's budget priorities.

103  
104 **Executive Session**

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106 The Chair of the Committee called for the Implicit Bias Policy agenda item and Legislative Update to be  
107 given in Executive Session. The Committee entered Executive Session at 10:10 AM and exited at 11:40  
108 AM.

109  
110 **Committee on Access to Care Update**

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112 The Committee on Access to Care has been developing content for the MDA Journal highlighting  
113 information about treating pregnant individuals and the hospital access/general anesthesia  
114 reimbursement issue. Additionally, the Committee has been focused on supporting the MDA's advocacy  
115 for budget priorities and serving as a liaison to other organizations.

116  
117 **Future Meeting Dates**

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119 The Committee discussed whether there was a preference for in-person or virtual meetings. The  
120 Committee agreed the virtual format encourages participation, helps improve diversity in MDA  
121 leadership, achieving quorums, and eliminates long drives for some members. However, there was also  
122 agreement that in-person meetings offered benefits, too. The Committee agreed that the November  
123 joint CGIA-PAC meeting should be held in-person and the January CGIA meeting should be held virtually.

124  
125 The committee agreed that the next meeting would be held on May 13, 2022 in-person and the July  
126 meeting would be virtual.

127  
128 **Adjournment**

129 Dr. Gabriel Holdwick adjourned the meeting at 11:52 AM.