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**MINUTES OF THE COUNCIL ON DENTAL BENEFIT PROGRAMS
ADA HEADQUARTERS BUILDING, CHICAGO
July 22-23, 2021**

Call to Order: The meeting of the Council on Dental Benefit Programs (CDBP) was called to order by Dr. Randall Markarian chair, on Thursday, July 22, 2021 at 8:30 a.m. in the Boardroom, ADA Headquarters, Chicago, IL.

Roll Call: Dr. Randall Markarian, Dr. Hope Watson, Dr. Roderick H. Adams, Dr. Dennis Bradshaw, Dr. Kevin W. Dens, Dr. William V. Dougherty, Dr. Stacey Gardner, Dr. Andrew Gazerro, Dr. Hadi Ghazzouli, Dr. Rodney C. Hill, Dr. Mark M. Johnston, Dr. Yvonne E. Maldonado, Dr. Eugene G. Porcelli, (via Zoom) Dr. L. King Scott, Dr. Jessica A. Stillely-Mallah, Dr. Scott Trapp (via Zoom), Dr. Walter G. Weber, Dr. Julio Rodriguez, trustee liaison, Dr. Amrita Patel, new dentist member, Ms. Joy Nisnisan (ASDA)

Practice Institute (PI) Staff in attendance (for all or part of the meeting): Dr. Dave Preble, Dr. Krishna Aravamudhan, Mr. Dennis McHugh, Dr. Diptee Ojha, Mr. Frank Pokorny, Ms. Sarah Tilleman, Ms. Joan Feifar; **Attending via Zoom:** Mr. Paul Bralower, Ms. Erica Colangelo, Ms. Barbara Ferriter, Ms. Jean Narcisi, Ms. Sharon Stanford

Association Staff in attendance (for all or part of the meeting): Dr. Kathleen O'Loughlin, **Attending via Zoom:** Ms. Sandra Eitel, Mr. Mike Graham, Dr. Jane Grover, Mr. Mike Kendall, Ms. Julia Nissim, Mr. Paul O'Connor, Mr. Chad Olson, Ms. Niki Shah, Ms. Pamela Von Lehmdan, Ms. Roxanne Yaghoubi

Guests Present for Portions of the Meeting: Mr. Nick Deitman, Change Healthcare; **Attending via Zoom:** Dr. Duc Ho, Chair CDP; Dr. Jessica Meeske, Chair, CAAP; Dr. Jeffrey Kahl, Chair, CM; Dr. Sam Mansour, Chair, CM; Dr. David White, Chair, CGA; Dr. Robert J. Wilson, Jr., Chair, CEBJA

Following the roll call, the presence of a quorum was noted.

PRELIMINARY BUSINESS

Conflict of Interest Disclosure Statement: The Chair referenced the Conflict of Interest Disclosure Statement included on the agenda and called for disclosures of potential conflicts of interest. None were received.

Approval of Agenda: The Council adopted the agenda by general consent, giving the Chair permission to reorder items as needed.

Approval of Consent Items: A consent calendar was prepared to expedite the business of the Council. Council members were given the opportunity to remove any item from the consent calendar for consideration during the meeting. Following review, the consent calendar was amended with the removal of one report:

- DQA Activities

Upon vote the following resolution was adopted.

Resolved, that the resolutions contained within the following reports be approved by consent.

- Approval of e-ballot action items

Resolved, that the following reports be filed.

1 by gender, race and ethnicity as is ADA Operations Revenue. Dr. O'Loughlin reviewed the ADA
2 Strategic Plan and goals. Dr. Patel and Ms. Nisnisan expressed their views on the value of new
3 dentists and student dentists becoming involved and sharing information on the benefits membership
4 in organized dentistry.

5 **Council on Dental Practice Activities:** Dr. Ho, chair, CDP, briefed the Council on current programs
6 and initiatives of the CDP. He shared information on work being done on sleep related breathing
7 disorders noting a proposed amendment to the ADA Policy Statement on the Role of Dentistry in the
8 Treatment of Sleep Related Breathing Disorders and the continued development of a pediatric airway
9 screen tool along with the Children's Airway Screener Taskforce as directed by Resolution: 28H-
10 2019—Pediatric Screening for Sleep-Related Breathing Disorders (*Trans.2019:270*). He informed the
11 Council of a proposed policy, approved by CDP, *Proposed Guidelines on the Use of Augmented*
12 *Intelligence in Dentistry* to be submitted, along with CDBP, to the 2021 HOD for its consideration.

13 **Health Equity:** Dr. Meeske, chair, Council on Advocacy and Prevention (CAAP), reported on current
14 activities of CAAP focusing on the need to make Medicaid and health equity a priority for the ADA. She
15 explained results of data mined on long-standing health disparities, social determinants of health, and
16 a necessity to have an ADA Policy on Health Equity.

17 **CLINICAL DATA WAREHOUSE/ REGISTRY**

18 **ADA Dental Experience & Research Exchange:** Dr. Kevin Dens provided an update on the ADA
19 Clinical Data Warehouse activities. Dr. Dens informed the Council that the DERE program is now live,
20 stating that there are 6 practices in the system that have completed onboarding and now have access
21 to their dashboards with almost 117,000 patient records in the system. Dr. Dens did a demonstration of
22 his own practice's dashboard. Council also noted the recruitment efforts targeted towards onboarding
23 more practices to DERE. Dr. Dens informed the Council that efforts are continuing to integrate with
24 Epic and planning in underway to establish an integration with Dentrix.

25 **QUALITY ASSESSMENT AND IMPROVEMENT**

26 **DQA Activities:** Dr. Yvonne Maldonado, CDBP representative to the Dental Quality Alliance (DQA),
27 requested removal of this item from consent calendar to provide updates on DQA activities. Dr.
28 Maldonado, noted that the DQA has released Oral Healthcare Quality Reports, a state Medicaid
29 program level infographic that presents the state of oral healthcare quality using DQA quality
30 measures. Dr. Maldonado and staff noted that these are the first of its kind and that the DQA is
31 planning a second wave of releases with additional states later this year. Dr. Maldonado also informed
32 the Council that the CMS Core Set Review Workgroup has recommended additional two DQA
33 measures for inclusion into the Child Core Set. CMS will announce their decision later in the year.
34 Currently the Child Core Set includes two dental measures including one DQA measure on sealant
35 receipt. The Adult Core Set does not include any dental measure.

36 **DQA ADA Representation Appointments:** Dr. Maldonado informed the Council that two nominations
37 had been received to represent the ADA on the DQA. These nominations were forwarded by the
38 Council on Dental Practice (CDP) and Council on Advocacy for Access and Prevention (CAAP). On
39 vote, the Council adopted the following resolution:

40 **Resolved**, that following individuals be nominated as ADA representatives to the Dental
41 Quality Alliance (DQA) for a four-year term beginning 2022 through 2025:

- 42 • Dr. Rob Margolin
- 43 • Dr. Lindsay Smith

44 **DENTAL BENEFITS**

1 **Messaging ADA Activity Regarding Dental Insurance:** Ms. Niki Shah and Ms. Pamela Von
2 Lehmdan from the Division of Integrated Marketing and Communications provided an overview of the
3 marketing and outreach activities that have been underway to educate members about what the ADA
4 is doing to solve the multitude of third party payer issues dentists are facing in their practices every
5 day. Discussion included the Council's desire to see Bento messaged as a technology solution that
6 challenges the status quo among traditional dental payers. Staff will work with Bento to create
7 additional materials and a video to aid Council members in their promotion of Bento within each of
8 their districts.

9 **Trends in the Dental Benefits Industry:** The Council accepted, through the consent calendar, an
10 informational report providing updated enrollment, utilization and other pertinent dental benefit
11 information as reported by the National Association of Dental Plans and other sources. It was
12 reported that almost 263 million people (80% of the US population) had a commercial or publicly
13 funded dental plan in 2019 - up from 260 million in 2018. Preferred Provider Organization (PPO)
14 plans accounted for 85% of the dental plans in the market - down from 86% in 2018. Also, the
15 commercial market had 88 million people (53%) with fully insured dental benefits versus 77.9 million
16 (47%) with self-funded plans.

17 **DentaQual:** The Council received an oral report on the DentaQual program, a provider rating system
18 developed by P&R Dental Strategies being used by Delta Dental of California. Representatives from
19 both P&R Dental Strategies and Delta Dental of California were invited to present but were unable to
20 do so due to scheduling conflict. The Council noted that more information was needed to evaluate and
21 understand the program further and that ADA members need to be made aware of programs as such.
22 Upon vote, the Council approved the following resolution:

23 **Resolved**, that dentists be made aware of provider rating programs such as the DentaQual
24 program that display ratings of dentists on provider directories, and be it further

25 **Resolved**, that Delta Dental of California be invited to participate in the dialogue with the
26 Council at its November 2021 meeting.

27 **Public Option and Embedded Plans in Affordable Care Marketplaces:** Dr. Weber provided an
28 overview of the drafted policy and the two proposed resolving clauses, noting that much of it is drawn
29 from existing ADA policies. Dr. Markarian noted that the Council on Government Affairs (CGA) has
30 reviewed the draft policy and supports its submission to the 2021 House of Delegates.

31 The Council unanimously approved the following resolution.

32
33 **Resolved**, that a new proposed policy on Affordable Care Act (ACA) Marketplaces and a Public
34 Option be submitted to the 2021 House of Delegates

35
36

Proposed Policy

37 **Resolved**, that within the Marketplaces established by the Affordable Care Act:
38 • Dental coverage should be available to consumers through Stand Alone Dental Plans.
39 • Diagnostic and preventive dental services embedded within Qualified Health Plans
40 should be covered without any additional co-payment, co-insurance or deductibles.
41 • Dental care is essential across the life span. Individuals seeking to purchase benefits in
42 the Marketplaces must be able to purchase dental benefits without having to first
43 purchase a medical plan.
44 • Plan designs should remain flexible and offer consumers adequate choices balancing
45 cost and benefit value.
46 • Dental Plans offered in the Marketplaces must be required to transparently report Dental
47 Loss Ratios (DLR).

- 1 • Cost sharing assistance or premium tax credits should be available to consumers
2 purchasing dental plans.

3 and be it further

4 **Resolved**, that if a public option plan that includes pediatric or adult dental benefit plans were
5 introduced within the Marketplaces established by the Affordable Care Act, then such plans
6 should:

- 7 • Allow freedom of choice for patients to seek care from any dentist while continuing to
8 receive the full program benefit
- 9 • Not force any providers, including those already participating in existing public programs,
10 to join a Marketplace plan network and instead should support fair market competition
11 including meaningful negotiation of contracts and annual adjustment of fee schedules
- 12 • Only include minimal and reasonable administrative requirements to promote
13 participation and provide meaningful access

14 **ADMINISTRATIVE EFFICIENCY**

15 **Credentialing:** The Council accepted an informational report, through the consent calendar, that
16 provided an update on the current and upcoming activities pertaining to efficient "single-source"
17 credentials for dentists. Of note, the Council heard about the targeted efforts that have been underway
18 in Texas as part of a pilot demonstration project to explore if state-specific collaboration with state
19 associations and payers in the state can increase adoption among dentists.

20 **Bento:** The Council accepted an informational report, through the consent calendar that provided an
21 update on the marketing agreement with Bento. This included staff engagement in strategies to
22 support Bento's growth, including education, promotion and outreach.

23 **ANSI/ADA SCDI Update:** The Council received and accepted, through the consent calendar, an
24 informational update on the activities of the Standards Committee on Dental Informatics (SCDI)
25 including those relevant SCDI work projects that impact the Council.

26 **X12 & HL7 Update:** The Council accepted, through the consent calendar, an update on the activities
27 related to the Health Level 7 (HL7) and X12 standards committees.

28 **LEGISLATIVE UPDATE**

29 **Division of Government and Public Affairs/ Washington Office Report:** Dr. David White, chair,
30 Council on Government Affairs (CGA) explained the function of the CGA and some of the issues that
31 Council is currently working on.

32 Ms. Yaghoubi discussed the current status of the Medicare bill, stressing that the ADA is actively
33 lobbying on behalf of these issues. Mr. Mike Graham joined the Council (on Friday) to provide
34 additional details regarding the ongoing conversations surrounding a dental benefit in Medicare. He
35 noted that, while a lot was still in flux, several of the key Senators negotiating the budget reconciliation
36 bill had publicly stated that including a dental benefit in Medicare was essential. The budget
37 reconciliation bill is being moved solely with Democratic support in the Senate. Mr. Graham noted that
38 the concept of including a dental benefit has broad support among Democrats. Various proposals are
39 being discussed to include a benefit. The ADA lobbyists are in the process of educating key Senators
40 about the ADA's policy adopted at the 2020 House of Delegates.

41 **Division of Government and Public Affairs/ State Government Affairs Report:** Mr. Paul O'Connor
42 informed the Council of a few updates that occurred since the written report was submitted including

1 the increase to 15 states that have enacted 24 new dental insurance reform laws and noted that the
2 number of bills filed has increased exponentially with nearly 100 bills that impact dentistry.

3 Mr. O'Connor shared information on a pending bill on Network Leasing that would require insurers,
4 when they lease their networks, to allow the dentist to opt out of the arrangement, adding a
5 requirement that the plan that gets the new network, must adhere to the original contract.

6 **CODING AND TRANSACTIONS**

7 **Enhanced Code on Dental procedures and Nomenclature (CDT Code):** The Council received and
8 discussed the Chair's oral report concerning the Board of Trustees' action on CDBP recommended
9 enhanced CDT Code project. BOT action is in two parts: (1) immediate approval of the project and
10 directing the Council to proceed; and (2) project funding is from the Board of Trustees, with the specific
11 source to be determined during the Board's September 2021 meeting.

12 Council discussion noted that the project taskforce is not a decision-making body. It will make
13 recommendations on the nature and scope of CDT Code enhancements for Council consideration.
14 The Council determines whether or not to accept any enhancement recommendation.

15 This taskforce reports only to the Council. It would be comprised of individuals, not organizations, and
16 the Council appointed participants will be taskforce members for the project's duration. Project activity
17 will be included in the Council's annual report to the House of Delegates.

18 The Council, in accordance with direction from the Board of Trustees, approved the following
19 resolutions concerning enhancement of the ADA's Code on Dental Procedures and Nomenclature
20 (CDT Code):

21 **Resolved**, that the Code on Dental Procedures and Nomenclature (CDT Code) be enhanced to
22 support the following coding needs for dentistry.

- 23 • Clinical Documentation
- 24 • Administrative Transactions
- 25 • Data Exchange and Interoperability

26
27 and be it further

28 **Resolved**, that an ad-hoc CDT Enhancement Taskforce be convened and the following
29 individuals be invited as subject matter experts to support the enhanced CDT Code development.

30 Leadership:

- 31 • Dr. Randall Markarian (Chair)
- 32 • CDBP CATS Subcommittee Chair: Ex-officio [Dr. King Scott]
- 33 • CDBP Chair: Ex-officio [Dr. Kevin Dens]

34 Clinical Documentation perspective:

- 35 • Dr. Jessica Stilley
- 36 • Dr. Rodney Hill
- 37 • Dr. James Mercer
- 38 • Dr. Ralph Cooley

39 Administrative Transactions perspective:

- 40 • Mr. Tim Brown
- 41 • Dr. Joseph Dill
- 42 • Mr. Nick Deitman
- 43 • Ms. Mary Beth Swift

44 Data Exchange & Interoperability Perspective:

- 45 • Mr. Russell Ott
- 46 • Dr. Mark Jurkovich

1 and be it further

2 **Resolved**, that the ad-hoc Taskforce initially submit recommendations on the following issues to
3 the Council by November 2022.

- 4 • Guidelines for procedure inclusion
- 5 • Proposed architecture
- 6 • Maintenance process
- 7 • Mapping to current CDT
- 8 • Recommendations to ensure industry-wide implementation

9 and be it further

10 **Resolved**, that the ad-hoc Taskforce provide opportunities for input through listening sessions or
11 requests for information from dentists, industry stakeholders and members of the Code
12 Maintenance Committee including Specialty societies in developing its recommendations,

13 and be it further

14 **Resolved**, that the ad-hoc Taskforce remain in place until such time that the first version of the
15 enhanced CDT is released, after which the Council's designated committee shall assume
16 responsibility for future maintenance.

17 **Code Maintenance Committee (CMC) Member Organization Attendance:** The Council discussed
18 the situation arising from the absence of the American Association of Oral Pain, a newly recognized
19 ADA specialty organization who were invited as a voting member to the CMC. During its discussion the
20 Council noted that in May 2020 the organization accepted the Council's invitation. Since then,
21 however, AAOP has not responded to repeated written (email) and verbal (telephone) follow-up by
22 Council volunteers and CMC Secretariat staff regarding appointment of its representative, and
23 participation at the March 2021 CMC meeting. Council consensus was that the CMC's operating
24 protocol should be amended to address member organization non-participation, and that AAOP be
25 notified that the organization is no longer considered a CMC member organization.

26 Upon vote, the Council approved the following resolutions concerning updates to its CDT Code
27 Maintenance Committee (CMC) operating protocol document.

28 **Resolved**, that any organization absent from at least one official CMC meeting following two
29 independent attempts by the ADA Secretariat to invite the designated representative shall forfeit
30 their voting representation on the CMC, and be it further

31 **Resolved**, that the CMC Protocol document be amended to address missing processes (i.e.,
32 addressing requests for new member organization participation; resolving member organization
33 non-participation), and be it further

34 **Resolved**, that staff recommend other changes to the protocol document that address other
35 unclear and obsolete content (e.g., duties of the Chair; reference to Council ADA Bylaws
36 responsibilities), and be it further

37 **Resolved**, that the draft amended protocol be presented for approval during the next scheduled
38 Council meeting.

39 **CDT Code Evaluation Guidelines:** The Council discussed the various concerns noted in the report,
40 e.g., CMC rationales for change request rejection not consistent with published guidelines. There was
41 consensus that these concerns should be addressed, and the Council approved the following
42 resolution pertaining to current published CDT Code Action Request evaluation guidance.

43 **Resolved**, that the Coding and Transactions Subcommittee prepare a recommendation on revised
44 CDT Code Action Request evaluation guidelines for discussion at the next Council meeting.

1 **Dental Claim Form Advisory Committee (DeCFAC) Charter:** The Council discussed the proposed
2 charter for its advisory committee, reactivated by a motion approved during the May 2021 CDBP
3 meeting. This discussion noted that, to date, there has not been a single document that describes the
4 purpose, scope and participant expectations of this advisory group. There was consensus that there is
5 a need for this charter document. The Council approved the following resolutions concerning its
6 DeCFAC.

7 **Resolved,** that the Dental Claim Form Advisory Committee (DeCFAC) Charter and Operating
8 Protocol document be approved, and be it further

9 **Resolved,** that all DeCFAC participant organizations and their representatives receive a copy of
10 the approved Charter and Operating Protocol document.

11 **SNODENT:** Dr. Stillely explained, specifically for the new Council members, that the Systematized
12 Nomenclature of Dentistry (SNODENT) is the ADA's diagnosis code set, working in harmony with the
13 Systemized Nomenclature of Medicine Clinical Terms (SNOMED CT). Ms. Jean Narcisi went further
14 into the details of the system and held a brief Q & A. The Council will request that Dr. Jurkovich, Chair
15 of the SNODENT Committee and the International Group, speak to the Council at their November
16 meeting to better educate the Council on the need for SNODENT and future vision for this code set.

17 **LISISON/ CONSULTANT REPORTS**

18 **Report of the New Dentist Member:** Dr. Patel shared an overview of the New Dentist Committee
19 (NDC) and her role as the CDBP New Dentist Member along with an explanation on some of the areas
20 of work by the NDC. She noted that 1/3 of ADA members are new dentists, and that they continue to
21 work on increasing membership. She informed the Council of their work supporting wellness,
22 webinars, grants, and mental health in dentistry as well as other resources available to new dentists.
23 Dr. Patel expressed her wishes for additional ways to provide value to new dentists, potentially through
24 social media. Dr. Aravamudhan suggested a gathering of a few key staff to discuss with ADA
25 Communications to explore Council members' role in participating in social media discussions
26 regarding dental insurance issues.

27 **Report of the American Student Dental Association:** Ms. Nisnisan provided information on
28 membership status and the importance of involving dental students in organized dentistry, stressing
29 that these students can continue to be leaders throughout their careers. Some of the programs and
30 initiatives were highlighted including, recent webinars, wellness programs, and letters to Congress on
31 multiple issues affecting dental issues.

32 **Adjournment: 11:00 AM Central Time**