



## 2023 MSDA ANNUAL MEMBER BUSINESS MEETING MINUTES

Mayflower Hotel, Washington DC – Cabinet Room

DATE: April 30, 2023,

TIME: 3:00 PM – 5:30PM ET

<b>Meeting Called By</b>	<b>Medicaid   Medicare   CHIP Services Dental Association</b>
<b>Type of Meeting</b>	Annual Member Meeting
<b>President/Facilitator</b>	Heather Miller
<b>Note Takers/Secretary</b>	Margaret Delmore
<b>Timekeeper</b>	Mary Foley
<b>Attendees</b>	Heather Miller, Scott Cashion, Margaret Delmore, Marty Dellapenna, Mary Foley, Shirley Ann Spater, Susan Coburn, Jayson Diaz, Holli Seabury, Marissa Watanabe, Jeff Chaffin, Bonnie Stanley...See attendance list.

### AGENDA ITEMS

#### Call to Order

<b>Discussion:</b>
<p>Heather Miller called the meeting to order at 3:13 PM ET and introduced herself as the president and facilitator. Welcome everyone! She proceeded to introduce the current Board of Directors – list is captured below - along with Mary Foley, Marty Dellapenna and Roxanne Parkins. Additionally new members in the room were recognized along with associate members, state members and corporate members. Categories of sponsorship were acknowledged.</p> <p>The list of attendees was reviewed, and it was determined that we had a quorum.</p> <p>Heather also informed the group that the meeting was being recorded for the purpose of minutes and there were no objections.</p>

State Members	Corporate Members	Academic Member	Provider Members
<ul style="list-style-type: none"> <li>• Sarah Finne (NH)</li> <li>• Heather Miller (IA)</li> <li>• Susan Coburn (VT)</li> <li>• Jayson Diaz (WA)</li> <li>• Margaret Delmore (CA)</li> </ul>	<ul style="list-style-type: none"> <li>• Robyn Olson (Boston Benefit Partners)</li> <li>• Kevin Thomas (Elevate Oral Care)</li> <li>• Shirley Spater (Skygen)</li> <li>• Holli Seabury (Delta Dental of Michigan)</li> <li>• Jeff Chaffin (Delta Dental of Iowa)</li> </ul>	<ul style="list-style-type: none"> <li>• Marisa Watanabe (Western University)</li> </ul>	<ul style="list-style-type: none"> <li>• Scott Cashion (UNC)</li> </ul>

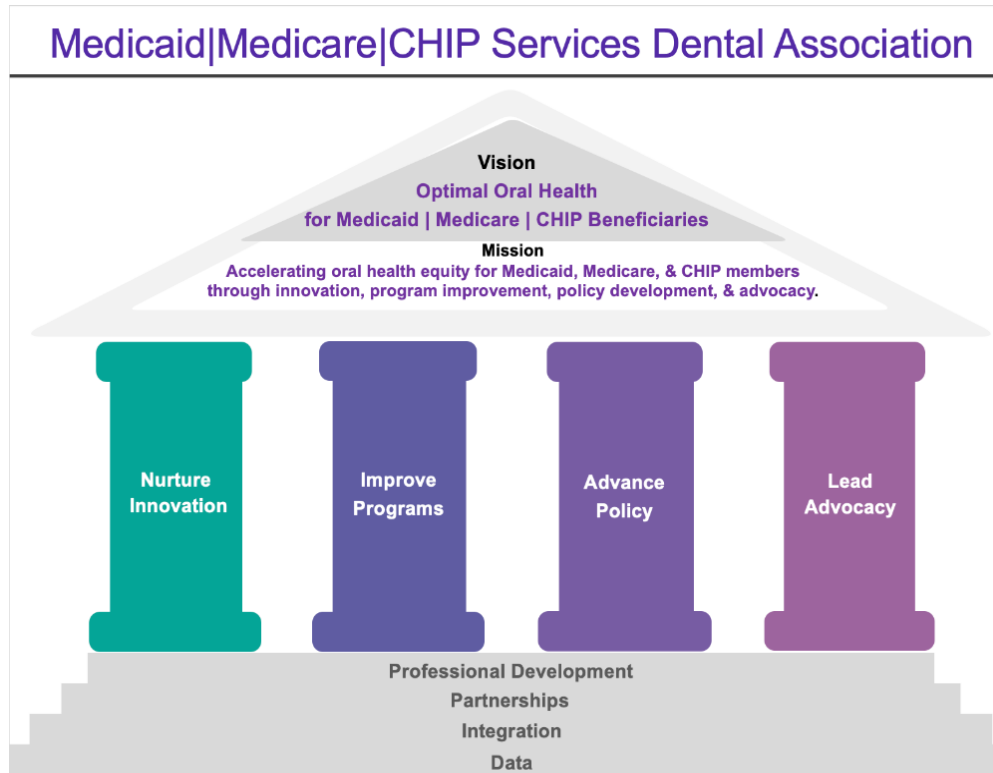
### Acceptance of December 6, 2021, MSDA Annual Business Meeting Minutes

<b>Discussion:</b>
Heather presented the minutes from the December 6, 2021, Annual Business Meeting. The Annual Business Meeting Minutes were made available to all members prior to the meeting and on the MSDA website <a href="http://www.medicaidedental.org">www.medicaidedental.org</a> .
<b>Action:</b>
A motion to approve the minutes was made by Margaret Delmore and seconded by Scott Cashion. Unanimous approval to accept them.

### President's Report – Heather Miller

<b>Discussion:</b>
<p>Heather Miller presented the President's Report</p> <ul style="list-style-type: none"> <li>• 2022 MSDA Strategic Plan – highlighted the strategic plan meeting that was held this past fall in Des Moines, IA, hosted by Delta Dental Plan of Iowa (thank you Dr. Jeff Chaffin). Working on the vision for our future incorporated feedback that was received from all stakeholders regarding their interests and priorities and how MSDA can move those desires forward. After a thorough discussion our vision has remained the same and that is: <b>MSDA Vision</b> - Optimal Oral Health for Medicaid, Medicare, and Children's Health Insurance Program (CHIP) Beneficiaries. However, our mission has changed based on our new direction. The <b>MSDA Mission Statement</b> now reads: Accelerating oral health equity for Medicaid, Medicare, and CHIP members through innovation, program improvement,</li> </ul>

policy development & advocacy. We created four pillars that incorporate our vision into our mission. See graphic representation below:



- Key Accomplishments – High level and focused
  - Collaboration with other organizations to develop the special report for the National Council on Disabilities (NCD). The report is entitled: “Incentivizing Oral Healthcare Providers to Treat Patients with Intellectual and Developmental Disabilities.” This report provides key recommendations to the President (of the United States), Congress and the Department of Health and Human Services on policy changes in Medicaid and Medicare, intended to improve access to care, oral health care equity to individuals with intellectual and developmental disabilities. Jed Soliman, who is a senior attorney advisor to the NCD will present this report on the second day of our symposium with further discussion of recommendations.

**Action:**

No further action required.

### Treasurer’s Report – Margaret Delmore

Margaret Delmore presented the Financial Report as of September 30, 2022 – Note our fiscal year mirrors the federal government’s fiscal year – October 1, 2021 – September 30, 2022.

Please refer to the Annual Report Fiscal Year 2022 (hard copy) distributed to all members present and on MSDA website under Symposium 2023.

- 990 Report FF2022 has been filed. This federal report must be submitted annually to the IRS because we are a non-profit organization.
- Income Statement (Profit and Loss) FY2022 (attached)
- Total Income: \$488,186.77
- Total Expenses: \$516,864.11
- Net Income Operating Income of -\$28,677.34 + Net other Income of \$157.15 = Net Income of -\$29,202.33
- Balance Sheet Report (as of September 30, 2022) – revealed total assets of \$323,300.34 with total liabilities of \$854.37 and total equity of \$322,445.97.
- Total Liabilities and Equity = \$323,300.34
- Financial Update October 1, 2022, through April 22, 2023 (copies attached)
- Balance Sheet Report (as of April 22, 2023) revealed assets of \$393,246.89 in the BOA Operating Account
- \$10,612.73 in the BOA Payroll Account
- Total Current Assets = \$403,484.62 + \$2,270.93 in total fixed assets = Total Assets: \$405,755.55.
- Total Liabilities: \$854.37
- Note: Equity – Unrestricted \$322,445.97 + Net Income \$82,455.21 = Total Equity \$404,901.18
- Total Liabilities and Equity = \$405,755.55

Profit and Loss Report Net income: \$82,455.21

Income: October 1, 2022 – April 22, 2023	Expenses: October 1, 2022 – April 22, 2023
<ul style="list-style-type: none"> <li>• Membership Dues: \$139,166.03</li> <li>• Projects: \$157,907.06</li> <li>• Total Symposium Income: \$100,901.35</li> <li>• <i>Gross Profit: \$397,974.44</i></li> </ul>	<ul style="list-style-type: none"> <li>• Total Operations: \$75, 374.56 (including \$31,908.35 – total symposium expenses but note incorporates round table expenses from Fall.)</li> <li>• Total Consulting - \$1,260.00</li> <li>• Payroll: \$230,034.47</li> <li>• Travel: \$8,705.90</li> <li>• Miscellaneous: \$144.30</li> <li>• Total: \$315,519.23</li> </ul>

**Discussion:**

Mary commented that we operate on a really tight budget. Please review the Annual Report to see what we do with those dollars.

**Action:**

A motion to approve the treasurer’s report was made by Elaine Loyack and seconded by Shirley Spater. Unanimous approval.

**Election of Officers – Marty Dellapenna**

**Discussion:**

Marty presented the process of nomination and voting for the election of officers. See attached copy of current board make-up and members along with the open positions.

- Ballot Discussion – ballots are all printed out.
- Current Board
- Open Seats on Board – There is a Vice-President position that is vacant along with three State Director positions (one is vacant and two are rotating off the board), and two Corporate Round Table Director positions.
- Nominations include:
  - VP – Margaret Delmore – California (CA) Medicaid
  - Secretary/Treasurer – Shirley Spater (Skygen)
  - State Directors – Elizabeth Pitts – Michigan (MI) Medicaid, Michele Griguts - New York (NY) Medicaid, Jennifer Wisner – Utah (UT) Medicaid
  - Corporate Group Directors – Mindy Broda (Envolve), Kevin Thomas (Elevate Oral Care)
- Vote:
  - **Vice President** – one open position and one nominee, Margaret Delmore who is currently our Secretary/Treasurer.  
 Marty requested any other nominations from the floor, the only contingency is that nominee must be a current member of the MSDA Board or a past member of the MSDA board because this is an executive director position. Self-nominations are acceptable. Examples of former board members that could be nominated are Bonnie Stanley or Sam Zwetchkenbaum. Other directors on the board or members rotating off the board can be nominated.  
 No other nominations were made so by acclamation Margaret Delmore was declared the new Vice President by President Heather Miller.  
 Since Margaret vacated the Secretary/Treasurer position we need to fill that position.
  - **Secretary/Treasurer** – now an open position and Shirley Spater has been nominated for that position.

Marty requested any other nominations from the floor again since this is an executive position the nominee must be a current or past board member. No other nominations were made so by acclamation Shirley Spater was declared the new Secretary/Treasurer by President Heather Miller.

- **Board of Directors (State positions)** – **three** open positions. There are three nominees but unfortunately secondary to travel conditions only one of the nominees is present. The other two send their regrets but are extremely interested in accepting the nomination for a board position. The three nominees are Elizabeth Pitts from MI Medicaid (who is here), Michele Griguts (not present) from NY Medicaid and Jennifer Wisner from Utah Medicaid (not present). Marty asked the question again if there were any nominees from the floor for director position. These are actually positions for new people who can work their way into an executive position if they choose. Nominations can be for anyone in a state manager or director position.

No other nominations were made so by acclamation, Elizabeth Pitts, Michele Griguts and Jennifer Wisner were declared are our three new state board of directors by President Heather Miller.

- **Corporate Round Table Directors** – since Shirley Spater was a Corporate Round Table Director but has been voted into the position of Secretary/Treasurer, there are **two** open positions. There are a total of four positions but only two are open. The nominees for the position are Kevin Thomas from Elevate Oral Care and he is eligible for another term. The other nominee is Mindy Broda from Envolve. Kevin sends his regrets; he is stuck in an airport somewhere.

Marty asked if there were any nominees from the floor for a group director position from our corporate members.

No other nominations were made so by acclamation, Kevin Thomas and Mindy Broda were declared are our two new Corporate Group Directors by President Heather Miller.

- **Results**

- VP – Margaret Delmore – California (CA) Medicaid
- Secretary/Treasurer – Shirley Spater (Skygen)
- State Directors – Elizabeth Pitts – Michigan (MI) Medicaid, Michele Griguts - New York (NY) Medicaid, Jennifer Wisner – Utah (UT) Medicaid
- Corporate Group Directors – Mindy Broda (Envolve), Kevin Thomas (Elevate Oral Care)

**Action:**

No additional action required.

## Executive Director’s Report – Mary Foley

### Discussion:

Mary Foley provided an update on MSDA’s four Administrative Committees, but before beginning thanked everyone for being here. This is our first in-person meeting in four years – 2019 was our last symposium. In planning for this event, we were hoping for our traditional mark of 175 -200 people in the room but unfortunately our numbers are a little down this year.

Please see a hard copy of the 2022 Annual Report that is on each of the tables. Refer to page six for the structure of the MSDA organization. Reviewed for the new members in the room. Our organization is divided into our Administrative Committees and our Policy Center. Mary takes charge of the administrative part and Marty Dellapenna is the lead on the programmatic section of the policy center.

Please note how all work aligns with our strategic plan (our strategic pillars).

### Administrative Committees Report FY2022

- Development: Membership Report – See Annual Report – when Mary first started back in 2009, we had 17 state members. Today in 2023 all 50 states plus the District of Columbia are members of MSDA.
  - Regular State Members – the state is the actual member and the people who work for the state (state administrators) are the primary and affiliate members. Of the **50** states plus **DC** who are members there are **185** administrators (individuals) that participate regularly with MSDA. Obviously, they do not all participate at the same time or every time, but we have active engagement with all of them.
  - Associate Members – individuals who are independent of organizations or agencies who elect to join the organization. The American Academy of Pediatric Dentists (AAPD) folks are our primary associate members. Dr. Scott Cashion has been their fearless leader here.
  - Corporate Round Table – the corporation is the actual member and those who work for the company are the primary and affiliate members. This section arose several years ago when we started to see all the various health plans getting into contracts with various state Medicaid programs, the board (with the organization’s consensus) made the decision to expand membership to these vendors. These vendors who contract with state Medicaid programs provide an important link in this public private partnership that is so important. Today we have **18** corporate members, four of them are Academic Corporate members. We are starting to build our academic arm of our corporate round table. In the corporate section (academic inclusive) there are **91** individuals.

A lot of engagement is going on and it is diversified because it is this state, corporate and provider variation that allows for this partnership.

- Planning Committee

- Corporate Round Table Meeting November 2022 – Theme: Continuing the Equity in Oral Healthcare Discussion
 

We did meet in December 4-5, 2021, in Washington DC, at the Willard Hotel, for the first time in person since COVID. 42 members were present. Theme: Ensuring Equity in Oral Healthcare.

The Corporate Round Table normally convenes twice a year – once in the fall and then in coordination with the symposium. It is an important time to discuss the federal priorities, what is important at the state level, any emerging issues coming up with health plans, health issues like COVID, trends in administration, healthcare, and policy (like teledentistry). We discuss MSDA projects and learning collaboratives.

In November 2022 (Fiscal Year 2023) we convened in Alexandria, VA. 45 members were present. The same themes were presented but different topics.

  - ❖ Elaine Loyack (Delta Dental of North Carolina) queried if MSDA was actively recruiting corporate members and how we are doing that. Great question and Mary responded by discussing the yearly survey (includes administration, management, and policy). We send invitations out to medical/dental managed care organizations.
- 2023 MSDA Symposium – last year 2022 the symposium was virtual. This year it is in person and in May. Unfortunately, there are a lot of competing groups right now. In the past it was in June.
  - Mayflower Hotel, Washington, DC
  - Theme – Ensuring Oral Health Equity, Access & Inclusion
  - Agenda – highlights
    - ✓ Dr. Natalia Chalmers, Chief Dental Officer from Centers for Medicare & Medicaid Services (CMS).
    - ✓ Equity and what that means for us in healthcare.
    - ✓ Technology solutions and how it may address pain points.
    - ✓ National Council on Disability (NCD) report - address issues that people with intellectual disabilities really have, give the report legs, discuss short- and long-term solutions.
    - ✓ Silver Diamine Fluoride evidence and comparison with sealants.
    - ✓ DC update - focusing on unwinding – National public health emergency is ending – how are states adjusting to this.
  - Sponsors – Special thank you and round of appreciation. We are here today because of their commitment.
- Finance Committee
  - Finances, Grants, and Opportunities
  - 2023 Business Plan
- Communication and Member Engagement – we are national organization because we have all 50 states and the District of Columbia
  - Coffee Hours – informal meeting for state members to come together and ask questions of their peers – what is going on with your state?
  - Listserv – where states can ask each other policy questions.



- National Survey
- Learning Collaboratives – started a couple of years ago – how to help improve our programs.
  - Intellectual or development disability (I/DD) Policy Academy
  - Centers for Inclusive Dentistry
  - Artificial Intelligence (AI)
  - International Classification of Diseases (ICD)-10 Codes
- Partnerships and Collaboration
  - National Council on Disability (NCD), American Academy of Developmental Medicine & Dentistry (AADMD), Special Care Dentistry Association (SCDA)
  - Iowa Medicaid, Managed Care of North America (MCNA Dental) and Delta Dental of Iowa (DDIA)

Conclusions:		
Administrative operations utilize the framework of the revised MSDA Strategic Plan.		
Action Items	Person(s) Responsible	Deadline
Ongoing planning	Mary and Planning Committee	NA

**Policy Center Director’s Report – Marty Dellapenna & Mary Foley**

Discussion:
<p><b>Center Director’s Report – Brief Project Update – everything in the Annual Report (Fiscal Year 2022) – please see it for details – Marty.</b></p> <p>Historically, the Policy Center was established eleven years ago when Marty came on with MSDA and it has five centers – Policy and Finance Division, Quality and Innovation Division, Professional Development Division, Data and Analytics Division, and Research and Evaluation Division.</p> <ul style="list-style-type: none"> <li>• Policy and Financing Division – facilitates sharing of ideas to develop the best policies for the beneficiaries that we serve. Active all the time. Major thrust is staying connected to CMS.           <ul style="list-style-type: none"> <li>○ CMS - conducts an Oral Health Technical Advisory Group (OHTAG) (Marty) – this is CMS way of connecting to states/regions. There are ten regions CMS has designated and there is a representative from each region. Every single month CMS has a conversation (meeting) around a variety of different and pertinent topics such as policy, benefits, waivers, etc. that you need to know and understand. Mary or Marty does an MSDA report to this group every month. This is just another way to engage with our states. This also helps keep MSDA abreast of topics that we participate in and helps the OHTAG from a regional perspective. Additionally, MSDA meets quarterly with CMS.</li> </ul> </li> </ul>

- *I/DD Policy Academy Phases I & II* (Marty) – part of one of our learning collaboratives that was done in a phased approach. Funded by Delta Dental Foundation of MI – thank you. Focused on strategies for a state to move forward in carving out benefits for the I/DD population. This is particularly relevant for our symposium on equity since we may not be meeting all the needs of the I/DD population, especially the adult sector. Phase I of the Academy looked at the federal authorities or strategies that some states have taken to improve their abilities to provide dental services/benefits to the I/DD population. Focused on 1915c Waiver authority, the state plan amendment (SPA) waiver authority and how each state maneuvered through these different authorities. There were initially six states involved. As we moved into year two, five of the six states stayed on in the Academy and we looked specifically at value-based programing, processes or systems focusing on the financial model that states would be able to use to incentivize providers to see more of the I/DD population. Still a couple of months away from the end of year two. The plan at the end of each of the collaboratives is to create a tool kit and they are posted as a resource on the MSDA website.
- *Member Technical Assistance* (Marty) – almost a daily occurrence. MSDA brings in and gathers a considerable amount of data and at times needs to quickly stratify and analyze that data for a state that may need a quick report for a general assembly, a finance committee meeting, budget hearing or whatever may be the need of the member. Please keep those asks coming!
- Quality and Innovation Division – speaks for itself. Innovative strategies that the states can share. Members love the engagement.
  - Dental Quality Alliance (DQA) (Marty) – which arose from the Children’s Health Insurance Program Reauthorization Act (CHIPRA) legislation of 2009. Meets regularly at the ADA. They look at standardizing dental measurements. MSDA is part of that discussion and has been since the DQA inception.
  - Centers for Inclusive Dentistry (Marty) – funded by the Delta Dental Foundation of Michigan. This involved working with a number of FQHCs (ten total) in three different states. These FQHCs have the ability to be trained to treat the I/DD population within their catchment areas. NYU and UPenn had the ability to train (in person) a number of people from these FQHCs over a year’s time while Mary and Marty managed and facilitated that process. Then helped them develop policies that would equate to what they learned as part of that training.
  - Iowa Medicaid – *Oral Health Equity Self-Assessment Tool* (Mary) – Worked with Iowa Medicaid Program, Delta Dental of Iowa, MCNA, and Skygen to develop this tool. It helps to address social, medical, and dental risk factors of new members. It is a tool to help the state address equity.
  - ICD-10 Codes Learning Collaborative (Mary) just started two months ago. Help states and health plans address the question of oral health outcomes. ICD-10 codes are a means to measure. This will allow us to create systems to enable us to understand prevalence, incidence, oral health status and outcomes of treatment.
- Professional Development Division

- National Symposium (Mary) – see above.
- Learning Collaboratives (Mary) – most of our learning collaboratives are ten-to-twelve-month programs. We meet for about one hour a month depending on the theme. We create the curriculum, bring in the experts, and have had amazing participation – anywhere from 16 – 18 states with over 50 – 60 people on these calls.
- Data and Analytics
  - Annual Survey (Marty) – Different sections – Benefits Section, Policy Section and Administrative/Management Section from each state.
  - National Profile (Marty) – [www.msdanationalprofile.com](http://www.msdanationalprofile.com) – linked to the MSDA website but separate from it. Mary showed the website but informed everyone that it will all be transitioning to the main MSDA website.  
<https://www.medicaidental.org/> It is data collected from all the states that have responded to date. It is a way of tracking what the states are doing. There are printed reports (just a few) at each table for this year and the electronic copies are on the main MSDA website. Questions were categorized and sent out to states via the annual survey. State profiles were then created. The profiles include not only the benefits that the states cover but the data is stratified based on EPSTD for children, the adult population, additional or unique benefits for the I/DD population, additional and benefits for pregnant women. This year for the first-time states were asked their base rates even though a number of states are going into managed healthcare plans. There can be multiple fee schedules depending on the different plans but what is posted is the base rate. There is no value judgment based on what the state reports. The last page has all the schedules via live links.
  - Artificial Intelligence (Mary) – partnered with Overjet who is in the AI business (trying to make a mark in the dental world). They have built some amazing tools. The AI learning collaborative helped our members understand where the technology is going and how it can make us more efficient in our programs.
- Research and Evaluation
  - Orange County Local Oral Health Program (Marty) – wonderful program with the local oral health program in Orange County. MSDA was hired in 2019 for three years to collaborate with them in policy development and strategic planning (for their next five-year cycle). Allows MSDA to stay abreast of provider activities and how to have states integrate with their local public health programs.

**Conclusions:**

Center work will continue.

Action Items	Person(s) Responsible	Deadline
Continue collaborative efforts to advance Medicaid oral health policy	Marty Dellapenna	N/A

## Partnership Activities – Mary Foley

### Discussion:

Opened up round table style – going around the room to meet the participants and hear about their activities or what is on their mind.

**Jim Couch**, Corporate Round Table Member from Delta Dental of North Carolina. He has been a part of MSDA for a number of years through a variety of organizations, in particular his work in Arkansas but what he is really excited about is the I/DD population. These are families that love their adult children and just cannot get the services they need but there are a lot of issues on the delivery side that need to be solved. Mary mentioned on Tuesday we are going to propose some solutions. To realize these solutions, we need to do this together.

**Anita Moseley**, State Medicaid Program of South Carolina (a new member). She has been a part of the dental field her entire life and excited to be part of this symposium, Medicaid, this membership in particular because there is collaboration and an attempt to find solutions. Not to mention getting us outside of our day-to-day world in our state, see what is going on in other states and be able to do something for the I/DD population.

**Bonnie Stanley**, State Medicaid Program of New Jersey commented on the slow process of retirement that she is on. She found the minutes from the meeting in California when the decision was made to form this organization. It is challenging being in this space (Medicaid), but it was even more challenging being in this space prior to MSDA, by yourself when your medical colleagues have no clue as to what a dental program is. But now with MSDA we have the wealth of knowledge that they collect. We have access to other dental colleagues to find out what they are doing. We feel valued as specialists in oral health and in the delivery of services. You can see the needle move even if it is just a little bit. It is invigorating to be able to point out what other states are doing. She is particularly excited about the work we are doing connecting individuals with intellectual and developmental disabilities to care. We also need to address individuals who may not have disabilities but are still challenged or stressed about having dental care. This opens the door for people with phobias, who have a panic attack in the waiting room when they are there just for a cleaning. Looking forward to the work we can do while she is on the slow trail to retirement.

**Brianna Munoz**, Associate Member from the American Academy of Pediatric Dentistry. This is her first MSDA symposium and she is from the state of Connecticut. She is looking forward to learning in the next few days. She is collaborating directly with the dental director regarding silver diamine fluoride coverage, in particular for patients in long term care facilities. Prior to this year prior authorization was required and there was an age limit of up to six years of age. As of November, no prior authorization is required for SDF and there is no age limit. We have also increased our OR access in CT as of January 1, 2023, because of the new billing code (G0330). This code has increased the accessibility of treating dental patients in the hospital operating room and as of April 1, 2023, this coverage (code) will extend to ambulatory surgical centers.

**Colleen Greene**, Associate Member from the American Academy of Pediatric Dentistry and a practicing pediatric dentist from Milwaukee, WI. She did her residency there and has now been there at Children's for 10 years. This is her first symposium. Ninety-eight percent of her patient population is Medicaid which was her career aspiration. She also spends a lot of time at the state capital as the vice-chair of her state's dental association legislative committee. Excited to be here, to learn more and keep the message going.

**Chelsea Fosse**, Associate Member from the American Academy of Pediatric Dentistry. She is the new director of the research and policy center at AAPD. She is a general dentist, a public health dentist but not a pediatric dentist. She is grateful that AAPD is welcoming her into their club. Thanked Mary, Marty, and Roxanne for all the help in facilitating AAPD's involvement in MSDA. Exciting to now be at the table as she has been following the work of MSDA for a long time. Appreciates the responsiveness and networking capabilities of MSDA, especially when it comes to different issues at the state level and willingness to share information.

**Jayson Diaz**, State Medicaid Program of Washington, program manager and an exiting MSDA Board Director. He is so appreciative of MSDA and the collaboration. It has been so vital to their program, in particular it is helpful to know what other states are doing. He is excited for the new board members coming into the fold. There is a lot to learn but it is such a rewarding journey. Washington state is increasing their periodontal maintenance frequency for diabetic patients and implementing ICD-10 codes to hopefully make this transition seamless.

**Marisa Watanabe**, Academic Round Table Member, a general dentist, and the academic member on the MSDA Board from Western University (CA) representing the academic institutions throughout the nation. She is the associate dean for community partnerships at Western University. By working with MSDA she has increased her understanding of Medicaid and has been able to present this knowledge to dental students. For Western University's Dental School over 40% of their students are out of state students so via MSDA she is able to impart knowledge from a variety of states. Ninety percent of our first-year students are working in community health. She worked with a variety of non-profits in California to facilitate the passage of crown coverage. Also, in California the issue of workforce is a big component for the future providers so currently working on a bill (AB 936) that will increase the workforce being able to provide care out in the community. Currently it is unopposed and will expand the workforce in California once signed by the governor.

**Jeff Chaffin**, Corporate Round Table Member, chief dental officer of Delta Dental of Iowa and a corporate member on the MSDA Board. He passed on discussion of Iowa since Iowa will be discussed tomorrow.

**Shahram (Sean) Shamloo**, State Medicaid Program of Pennsylvania, newly appointed chief dental officer (currently in honeymoon phase). Appreciative of the opportunity to meet a lot of individuals and to learn a lot. Looks forward to any help and guidance.

**Susan Coburn**, State Medicaid Program of Vermont and an exiting MSDA Board Director. She said she is not a dentist but works in the policy unity for the state of Vermont. She is thankful for all that

she has learned from MSDA and all the connections that she has made (hopes to maintain) from MSDA. She is starting to see the needle move in Vermont. In the next two weeks provided that the legislature does not mess it up, Vermont will be carving out coverage for the I/DD population along with adults with significant mental health conditions. Additionally, they will be raising their rates across the board for the first time in ten years.

**Jerry Caudill**, Corporate Round Table Member, a dentist, and the Kentucky state dental director for Avesis (Medicaid and Medicare Advantage). He is also the associate national dental director for Avesis and covers multiple states across the nation. He has been coming here for a long time and is a former presenter. Avesis is helping support this meeting and is happy to do so. He is highly involved in Medicaid populations in multiple states, especially Kentucky. He sits on multiple boards and committees including boards involving mobile dentistry, teledentistry and continuing education. We think creatively and have a lot of nice pilots going on. Maybe, we will come back and share those with you later.

**Sandhya (Sandy) Swarnavel**, she is a dentist and epidemiologist overseeing the quality program of managed care with the State Medicaid Program of Michigan. A number of new things are happening in Michigan. We are covering root canals and crowns which is significant.

**Elizabeth Pitts**, State Medicaid Program of Michigan. Works very closely with Dr. Swarnavel and is the Michigan Medicaid policy specialist. She is a dental hygienist with a background in clinical research in academia and public health. She has been with the state for a year now but came in at an exciting time. The legislature has provided funding to reform our adult dental benefits program. We have been able to increase our rates in Michigan effective January 1<sup>st</sup>, 2023. This is the first time in thirty-five years. In addition, we expanded the dental benefits effective April 1<sup>st</sup>, 2023, including not only crowns and endodontic therapy but also periodontal treatment. Increasing our outreach in an attempt to get more providers enrolled. We are also trying to reach out to our beneficiaries to let them know about the changes in benefits and what is now available to them. The Medicaid rates are now at private practice level (commercial level). The funding for this came from the state. Holli Seabury commented that it might not hurt that the current Michigan governor (Gretchen Whitmer) is married to a dentist (Marc Mallory, DDS).

**Holli Seabury**, Corporate Round Table Member, Executive Director of the Delta Dental Foundation of Michigan, Ohio, Indiana and North Carolina. She is a current MSDA Board of Directors corporate round table member. Dr. Michelle Kohler from our Michigan Medicaid program will be here tomorrow. Not only has Michigan expanded benefits but Michigan is also a dental therapist state. We do not have a dental therapy program in our state because it is new but as part of our Delta Dental Foundation, we have funded a dental therapist scholarship. Their first student was sent to Washington for training. She is also a member of a tribal nation and works for a tribal FQHC, so she is like a unicorn and a butterfly all wrapped in one. The stipulation of the scholarship is that they have to come back to Michigan to practice for at least three years. Extremely excited about our work force development going on in safety net clinics and the dental therapy program being part of that work force development.

**Elaine Loyack**, Corporate Round Table Member, Delta Dental of North Carolina. She serves as the vice-president of community engagement and government relations. Also get to collaborate with Holli and her team at the foundation. We are really excited to have Jim Couch who joined us in January. As mentioned, we are not eligible to bid on dental benefits because North Carolina is a fee for service state. Our Oral Health Transformation Task Force is looking at whether we stay with fee service or start looking at managed care. Mary clarified that they are not eligible because dental is a carve out and it is still fee for service state.

**Larry Paul**, Corporate Round Table Member, chief dental officer of Skygen. Skygen is the company that services a number of MCOs (Managed Care Organization) in the Medicaid space. In itself, Skygen is a technology company that develops technological solutions and has developed a close relationship with MSDA over the years. Technology is a potential way to level the field around equity. We need to produce ways to develop balance in our system. The way dentistry is currently delivered is a little unbalanced. You will hear about a number of these technologies tomorrow and a number of technologies that we support. Skygen participated in the MSDA AI Collaborative and was stymied by the fact that we could not find a partner to pilot. But now he is remarkably close to finding a partner and that is coming soon. We are looking at developing a proof of concept regarding what AI can deliver initially around authorizations which is important to all of us in the Medicaid space. Another potential for technology is that Skygen has a pilot in New Jersey with a Bluetooth toothbrush, the Hum Toothbrush (Colgate). We are doing this with a cohort of 100 pediatric patients but believe there is a potential for this brush in the I/DD space. It is a methodology of continued connection after the care is delivered. We all know care can be delivered perfectly and pristinely in the office, but then the patient goes home and does not brush their teeth or eat properly. Bluetooth technology will connect not only the caregiver and the patient but will also connect them to the provider. We are doing this in New Jersey and are very anxious to see the results. So far, a lot of promise is being seen.

**Shirley Spater**, Corporate Round Table Member, clinical director of benefits management for Skygen. She is a current MSDA Board of Directors corporate round table member. She came to Skygen after a fairly long career as a director of a dental residency program and dental care in a hospital environment. It is a pleasure working with and advocating for those patients with I/DD. She discussed the stagnation of Medicaid rates over the years but is pleased to hear the number of states that have expanded to adults. Every time she comes to this meeting, she comes away with answers instead of questions. Everything seems to translate to action, that is why she is so excited to be here.

**Mindy Broda**, Corporate Round Table Member from Envolve Benefit Options. She has been coming to this meeting for a long time too but in other positions. Excited to now be on the Board of Directors and looking forward to serving. She has always found this meeting invigorating. Previously, she ran community clinics in Atlanta which was an experience in its own right and can make one a little jaded. But this MSDA meeting is invigorating around Medicaid and what is available.

**Jay Shirley**, Associate Member, a pediatric dentist from Atlanta and affiliated with Children's Healthcare of Atlanta. He has been there for twenty-five years. We run the largest children's hospital system in the country seeing a large Medicaid population including children with special healthcare needs. Recently started a pediatric dentistry residency program to continue training pediatric dentists to take care of all types of patients including those with special healthcare needs. He is also involved in the American Academy of Pediatric Dentists (AAPD) and other organizations as a public policy advocate for Georgia. Recently became involved in reimbursement rates from different organizations in Georgia as part of an executive master's Program. This piqued his interest in getting data from MSDA and other sources. One of Georgia's problems is that Georgia does not have a state dental director of public health. There is no dentist employed in the Medicaid space of the state. Trying to invigorate our Oral Health Task Force to look at this. This is his first MSDA meeting, so I am hoping to learn something.

**Charles (Charlie) Czerepak**, Associate Member from the American Academy of Pediatric Dentistry (AAPD). Need to make a political statement. You folks are making decisions that will affect my life. In essence you are making decisions that will affect the quality of care that I can provide and that is why he is here. When you decide that something is more efficient or something that can be looked at in a different way, please remember that there is a lonely dentist sitting in an office that has to make do with whatever compromise that Medicaid has provided. The dentists who are here are here because they care about kids, just as MSDA does but we feel that our voice needs to be heard when you make your policy decisions because it is not just about access. It is not just about children or numbers it is about care. He thinks we need to remember this when we start talking about systems evolving to manage the numbers of things, we need to manage in the Medicaid program. He believes it is an honor to be here and work with everyone. Thanked everyone for working in this space trying to help children and adults in this country who have been compromised.

**Paul Casamassimo**, Associate Member from the American Academy of Pediatric Dentistry (AAPD). He is also the acting dental director of the state of Ohio. He is the only dentist, and they have some exciting things going on. We are negotiating policies with our managed care partners. He spends most of his week going through policies and changing wording, trying to take into consideration the special needs and demands our members may have. Currently have a bill in the legislature to raise Medicaid fees to 65% of commercial rates. It has passed one house and if it comes into law, it will be the first time Ohio has had a fee increase since 2000. MSDA has helped us in Ohio, especially with the I/DD population and now with the coding effort. He thinks the learning collaboratives are great, in reference to the new MSDA ICD-10 Learning Collaborative. Mary Foley commented that Paul has been a Medicaid provider for 25(+) years but has been with the Medicaid program since 2017. She asked him if his perspective had changed. He said absolutely! Mary asked him if he could please share.

He said dentists (providers) have this love, hate relationship with the Medicaid establishment but he said the people he works with now make him look ambivalent. The physicians, nurses and the people in the bureaucracy fight every day for our members. They work extremely hard and live in this exceedingly difficult world, trying to follow the rules, be fiscally responsible and yet have to take care of the members, the people that we serve. They have a really hard job. He does not believe as a dental provider that he ever really understood how good some of these people are and the



hearts that they have. Mary further commented that this is why she got involved with MSDA and why she stays with MSDA. Medicaid often gets slammed. MSDA does positive advocacy for Medicaid programs. There are a lot of negative advocacies out there trying to shame the states to improve. Mary was not trying to suggest that the rates are good. There is this balance to be fiscally solvent at the end of the year (per the legislatures) but yet there are all these different competing programs and services that need to be funded. We need to be sensitive and understanding of everyone in this room. We each have a spoke in the wheel and all the spokes are needed to make the wheel turn. Paul's final comment is that the solutions to all the shortcomings in Medicaid are in the data that we never look at. We have the solutions and if we could get across the need to look at timely and comprehensive data, we could solve a lot of the Medicaid problems. Use the data!

**Samuel Zwetchkenbaum**, State Medicaid Program of Rhode Island, he is the dental director. He is both the state Medicaid director and dental director of the department of public health. We have had some great innovative projects in Rhode Island, such as rate increases, the first time since 1992. But unfortunately, our workforce still remains a challenge. He said speaking of data, he looked at some of their data and on Tuesday afternoon at the conclusion of the MSDA meeting he plans to visit some of the Rhode Island legislative delegation – legislative aids of their two senators. He put together three data points. Rhode Island likes to compare themselves to the other New England states. The three data points he looked at were: the dentist/population ratio, untreated dental caries rate from our basic screening survey, and the portion of children in Medicaid that have had a dental visit. Unfortunately, when compared to our New England states, Rhode Island's untreated dental caries rate is higher, the portion of children who had a dental visit in the last year was lower and our dentist to population ratio is much lower. This comes down to the workforce. The good news is that in Rhode Island through our oral health coalition we are putting together a workforce strategic plan. This past year we had a mini-dental residency that looked at workforce. Everyone is working together on this, and this is really exciting. He also shared from a national level, OHTAG (Oral Health Technical Advisory Group) sponsored by CMS, he served on the core set work group that pushed forward some potential additions for Mathematica to propose to CMS. One involved dental visit during pregnancy which did go through and the other was state's documenting non-traumatic dental visits to the emergency rooms which did go through as well. All the excitement in the recent OHTAG meeting was around oral health measures. Mary asked him how they defined the non-traumatic emergency room visit metric. It was via ICD-10 codes. There was a challenge to the current fluoride varnish measure recommendation (to remove it), but it was voted down.

**Valerie Kelly**, State Medicaid Program of South Dakota, she is not a dentist, and this is her first time here. She works in policy as a specialist and oversees the dental vendor contracts. South Dakota is a fee for service state and our vendor has been the same vendor for the last twenty-two years. So, Delta Dental, who is the vendor, does everything. They create and recommend the policies, but the state monitors those policies before they are actually implemented. South Dakota as part of the unwinding process is expanding in July and will be increasing our rates more than we traditionally increase our rates. We increase our rates every year based on inflation, and we have requests that come to us via the South Dakota Dental Association. This July we are increasing our rates to 70% of commercial but with the exception of dentures and (could not hear what she said). South Dakota's biggest issue is having enough dental providers to serve our population, which will be our biggest

concern come July when we bring in 52,000 adults. Right now, if everyone on Medicaid wanted to go to the dentist, they would not be able to do so. Currently working on adding fluoride varnish to all ages, looking at the fiscal impact. If we cannot get all ages, she is hoping that at least they can move forward on pregnant members.

**Laural Dillon**, State Medicaid Program from New Hampshire. She is the oral health program manager for the New Hampshire Department of Health and Human Services. This is her first MSDA meeting and actually came at the personal request of Dr. Sarah Finne, the state Medicaid dental director. They are locked in step with each other. Like Michigan, New Hampshire’s comprehensive Medicaid benefits (adult benefits) were enacted and went live on April 1, 2023. With respect to provider problems, we have 80,000 new recipients that do not have providers to go to. New Hampshire tried to work on the network before launching. There is just such a negative connotation with respect to the Medicaid population, people just have it in their minds that they just do not want to see these folks. It is incredibly challenging. But it is still exciting for New Hampshire to now have the adult benefit.

**Scott Cashion**, Associate Member, American Academy of Pediatric Dentistry (AAPD) and current MSDA Board of Director member as a provider member. Last week, AAPD sent out an email to all state Medicaid and CHIP dental directors with a link to the AAPD reference manual which has all the oral health policies and recommendations. Scott discussed the following: we used to send out a physical hard copy but now we are trying to be a little bit better with the environment. We also sent out a link to a new policy brief related to pediatrics in rural oral health areas across America. Moreover, we invited everyone to be part of our news center that will alert everyone to publications, news releases coming out from the policy center, please take advantage of that. In addition, we want to continue to collaborate with MSDA, for example if we need external stakeholder input on a paper we want to put out. Excited about some of those new opportunities. Also putting a plug-in for the annual AAPD meeting in Orlando May 25<sup>th</sup> through May 28<sup>th</sup>. Everyone is welcome. If that is too soon the 2024 meeting will be in Toronto. Please let him or Chelsea Fosse know if you did not receive that email with the links. Liked to be a resource so I would seek out AAPD members while you are here.

Mary Foley commented on the link and the resource regarding how phenomenal it is. She has never seen an organization put together such a resource with clinical guidelines and policies and updates with scientific evidence. Encouraged new members to Medicaid especially the non-dental people to utilize this resource to learn and justify asks to your leadership. Scott Cashion further added that the document is truly a labor of love. It involves thousands and thousands of volunteer hours that AAPD members have contributed to put it together. It is constantly being reviewed and has evolved over the years.

Chelsea Fosse volunteered to send the email with the links to everyone again! She will also send a link to the reference manual that Mary can put on the MSDA website. This resource is publicly available – no special login required.

**Conclusions:**

Heather concluded this portion of the meeting by thanking everyone who attended. Mary reminded everyone about the reception this evening at 6:00PM in the mezzanine.

Action Items	Person(s) Responsible	Deadline
N/A		

**New Business**

**Shirley Spater** proposed a new membership category for students. This would be a great opportunity to create not only a successorship line into this organization but also a new generation to develop interest in policy development in line with ADEA. No vote is required. The proposal will be taken back to the Board of Directors for further action. Scott Cashion asked if there was any further discussion on the topic. The only comment was that it was a great idea! Keep the pipeline going.

**Follow-up/Next Meeting**

Refer to MSDA Website and email communication regarding upcoming events.  
 Next Meeting (tentative) – “Save the Date” for your calendars:

2023 Corporate Round Table Meeting – November 29, 2023  
 2024 MSDA Annual Business Meeting - June 2, 2024 (Sunday) time to be announced.  
 2024 MSDA Symposium June 2<sup>nd</sup> through June 4<sup>th</sup>

Annual Report Fiscal Report 2023 to be distributed at the next annual business meeting.

**Meeting adjourned at 5:00 PM Eastern Time. Motion to adjourn by Margaret Delmore and seconded by Scott Cashion. Unanimous approval.**