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PENNSYLVANIA DENTAL JOURNAL

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PDA Pennsylvania Dental Association
MAR/APR 2016 | v83, n2

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PDA Pennsylvania Dental Association

The Official Publication of the Pennsylvania Dental Association

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The mission of the Pennsylvania Dental Journal *is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The Journal also will report membership-related activities of the leadership of the association, proceedings at the annual meeting and status of PDA programs.*

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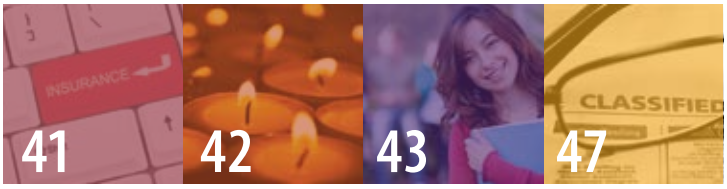

FEATURES

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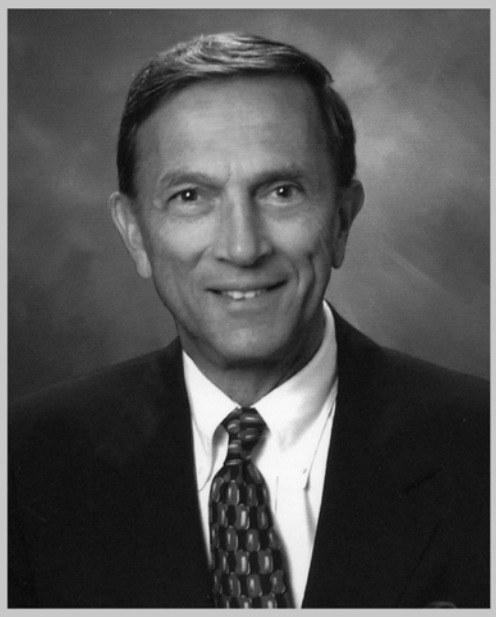

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By Dr. Bruce R. Terry
Editor

Changing the "Culture of Coverage"

The Journal of the American Dental Association published a report in April 2014 regarding the overuse of emergency room services for dental related problems which quickly became a favorite for commentary. (*Journal of the American Dental Association* (April 2014, Vol. 145:4, pp. 331-337). The report stated that during the three-year period from 2008 to 2010, 57 percent of ER visits were related to dental caries and only 2.7 percent were related to swelling. The average cost of treatment for these patients was $760.

It was the $760 that caught my eye. How is that a good use of resources? I understand that this report tells us the average cost and not the collected amount, but I used this information during a meeting with a hospital CFO last year when I was seeking assistance for a MOM-n-PA event. I spoke with the CFO about how Pennsylvania adult Medicaid dental coverage was shut down in October, 2011, fueling more dental emergencies to Pennsylvania hospitals. Over lunch I commented on the study and said this was a real problem that our mission would address and asked if the hospital would like to contribute to the event as it would decrease the number of ER visits for the near future.

To my surprise the CFO smiled and told me that I was looking at the equation all wrong. He agreed that ER visits for dental care are expensive and unnecessary in most cases, but that the hospital does not lose money, rather it makes money. Excuse me! That's right, hospitals make money on ER patient visits. More patients through the doors, more money. I was told that some money comes from patients and insurance, but hospitals are given money from state and federal funds for patients that can't pay. Hospitals are not allowed to refuse treatment and therefore get compensation when no other funds are available. While he agrees that it's a poor use of Medicaid and insurance dollars, the hospital doesn't really care

That lunch was quite an eye-opener. How are we going to fix this dysfunctional system if the main player actually benefits? I am surprised that they don't advertise for dental emergencies to visit their ERs. You would think that the insurance carriers and Medicaid payers would want to put a stop to this practice with better and more cost-efficient dental care options for those who must turn to the ER, but sadly that does not happen.

I called two other dentists who run a hospital-based dental clinic. I asked them if their clinic makes money, hoping that it was the model I was looking for. Unfortunately, I was told that their clinic does not make money, but that their hospital operates it at a loss as a service to the community. I really don't want to give up on this idea. While I understand it's not that simple, I continue to look for solutions. There must be a more fiscally sensible model that can help patients who show up at the ER with a dental emergency.

We hear all the time about fraud and waste in the health care system, but the efforts to curb these issues are almost always focused on offsite providers who are accused of taking advantage of the system. Upcoding and billing for services never provided seem to be the poster children for Medicaid fraud. While this policing is necessary, it falls short of the total issue. I would think that health insurance providers and state Medicaid gatekeepers would want to save money so as to help more patients. The $760 spent on each ER dental visit could be used to fund several visits for patients who desperately need dental care, but can't afford it. Cost shifting can provide the dollars for treatment for these individuals rather than spending it on lab tests, antibiotics and pain medication – the standard treatment in emergency rooms. Why spend more to ameliorate symptoms when we could spend less to treat the real problem?

Maybe hospitals could open an emergency dental department to solve emergency problems with direct dental care rather than palliative care. This model could work at a breakeven level unlike the current hospital GPR programs, and more effectively than the current ER model. Having a dentist on staff with a dental chair and the necessary equipment to provide care like restorations, extractions and root canal treatment could help patients without dental insurance while not taking patients who have dental insurance away from private dental offices.

Unfortunately, my experience tells me it's just not that simple. State employees who monitor and control Medicaid payments are using other people's money and are not invested in where the money goes. If they were, I wouldn't be writing this editorial. The same could be said for the medical insurance companies with a dental component who seem to be more concerned with denying coverage for a legitimate dental procedure while gladly paying a hospital bill. Even if the ER hospital care is paid at 40 percent of billed charges by a medical insurance carrier it still represents too much money for inadequate care.

This message has to start at the top. Those in charge need to change the "culture of coverage" and apply the available funds in better ways. I know this sounds self-serving coming from me, a

dentist, but it really is a logical argument. How can we continue to waste valuable funds for expensive palliative care? Directing dollars to actual dental care would cost less and provide a higher level of care. ER visits only delay the problem. We all know that antibiotics and pain medication don't resolve dental disease. Removal of caries, extractions and root canal treatment are what remove dental disease.

Why don't hospitals carve out room for dental clinics to deal with this problem? Why is dental care an afterthought in the emergency health care system? If community hospitals have the means to operate for-profit or not-for-profit with general health needs, then they can do the same for dental needs. Hospitals are there for the community regardless of the ability to pay. There needs to be an equivalent system for emergency dental care for those unable to pay. Proper care could be delivered and real dental issues would be resolved. My ideas may sound idealistic, but my goal is to treat dental disease rather than sweep it under the rug.

Maybe someone should listen?

—BRT

GOVERNMENT RELATIONS

It has been a tumultuous year in Pennsylvania politics, as the new Democratic governor and the Republican-controlled General Assembly failed to reconcile their differences and pass a state budget before the constitutionally-mandated deadline of June 30. Failure to pass a budget by the deadline has happened before in recent history, but the acrimony that now exists between the two parties as the budget impasse continued into 2016 is unprecedented.

At the beginning of 2016, Gov. Tom Wolf vetoed many line-item budget items while securing emergency funding for schools and community service organizations for several months. But the administration and General Assembly were unable to compromise on issues such as pension reform, taxes and liquor privatization. This means that those issues, among others, will persist as thorns in policymakers' sides as they begin negotiations for the 2016-17 fiscal year. Gov. Wolf delivered his proposed budget in early February, and tough talks have resumed already in an attempt to avoid the fiasco still fresh in everyone's minds.

PDA lobbyists and staff continue to monitor all budget developments, but we are heartened that the adverse implications of a budget stalemate had little to no impact on dentists, patients and oral health programs. Medical Assistance providers should receive reimbursements on a timely basis (an exception may be for those providers paid with grant money administered by the state). The Department of Health should still have funds to help administer Dental Lifeline Network's Donated Dental Services program. We do not believe there is the political will to expand the sales tax to include health care services in the near future.

Please consider contacting or visiting with your representative and senator when they are home in your district. Your participation in our advocacy efforts is vital to achieving legislative success.

Contact the government relations staff at (800) 223-0016, or **mss@padental.org**, for talking points on our issues. We make it easy for you to educate lawmakers and inform them of our position on legislation.

LEGISLATIVE UPDATE

Assignment of Benefits (HB 973 and SB 843)

PDA is aggressively lobbying for enactment of assignment of benefits legislation, having spent last fall working with Senate and House leaders and staff on language that satisfied their concerns about adequate consumer protection safeguards when patients need dental treatment in emergency situations. PDA was scheduled to testify at a House Insurance Committee hearing in December, but it was cancelled due to last-minute budget meetings. We are scheduled to testify before the House Insurance Committee in May.

Retroactive Insurance Claim Reviews (SB 554 and HB 1178)

PDA is playing a prominent role in a coalition of other health care provider groups lobbying for passage of legislation that would limit the timeframe in which insurers may retroactively review and deny claims. After House and Senate leaders made clear to the insurance lobbyists that they intend to pass legislation this session, a series of discussions were held to finalize amendments and negotiate compromises acceptable to all parties. We are expecting the House Insurance Committee to schedule a vote on HB 1178 this spring. HB 1178 would then move to the full House of Representatives for a vote.

Student Loan Forgiveness for Practicing in Underserved Areas (HB 1259)

In February, Rep. Karen Boback (R-Lackawanna) introduced legislation increasing loan repayment to $200,000 for dentists who are part of the Primary Care Loan Repayment Program. The Children's Health Care Act establishes this program to meet the needs of rural or medically underserved communities in Pennsylvania, by providing loan repayment for practitioners in exchange for two years of full time or half time service in a designated shortage area.

The current model provides for up to $100,000 in loan repayment to dentists who agree to a two-year, full-time commitment to practice in a health professional shortage area. This amount is inadequate given the amount of debt most dental students accumulate.

Loan repayment has proven successful in strengthening a community's overall economy. It encourages dental school graduates to practice in underserved areas and improves workforce conditions by employing hygienists and assistants and others who may have difficulty finding employment.

HB 1259 was assigned to the House Health Committee for first consideration.

Administration Update

PDA staff, lobbyists and volunteer leaders advocate for the profession with administration policymakers to advance new policies or policy reform in the executive branch of government. We represent dentistry with officials from the Departments of Human Services, Health, Environmental Protection and Insurance, among other agencies.

Department of Health: Regulation of dental laboratories

PDA is pleased that Pennsylvania has a requirement that dental laboratories register annually with the Department of Health (DOH). That is an important first step, but we think more can be done to protect the welfare of dental patients. In a letter sent last December, PDA encouraged DOH to consider adopting regulations or internal policies to ensure more accountability from dental laboratories, including requirements for the following:

- Reporting the point of origin for where the device or material is fabricated.
- Disclosure of materials contained in dental prosthetics.
- Registration of out-of-state laboratories doing business in Pennsylvania.
- Dental labs employing at least one certified dental technician.
- Certified dental technicians obtaining continuing education credits.

There is an increasing concern about a global economy with different standards among manufacturers, a lack of minimum education standards and rapidly advancing technology. In 2007, the American Dental Association House of Delegates adopted policy urging constituent dental societies to pursue legislation or voluntary agreements to require that a domestic dental laboratory which subcontracts the manufacture of dental prostheses notify the dentist in advance when such prostheses components or materials indicated in the dentist's prescription are to be manufactured or provided, either partially or entirely, by a dental laboratory outside the United States or at any domestic ancillary dental laboratory. PDA believes that additional requirements from the state, as outlined above, will ensure accountability and a high standard of care.

Dr. Rachel Levine, the state's physician general, responded that the Department of Health would like to meet with PDA to further discuss this issue. We expect to have a meeting in the spring.

Utilization Reviews: PDA contacted the Department of Health and requested a change in current regulation in 28 PA Code, which stipulates that only licensed physicians or approved licensed psychologists may review utilization decisions resulting in denials to determine whether the denial stands or should be overturned.

For Medical Assistance providers contracted with managed care organizations (MCOs), only physicians or psychologists may review dental claim denials under the Benefit Limit Exception (BLE) process. Neither professional has the educational background or extensive training needed to review dental claims and determine the medical necessity of dental procedures. PDA recommends amending Section 9.511(11) of 28 PA Code so that licensed dentists may also be eligible to review dental claims denials submitted under the BLE process used by MCOs.

Medical Assistance providers treat our most vulnerable patients. But they too often face the reality of having to postpone treatment while waiting for review of denials by individuals who may not have the expertise needed to determine the medical necessity of dental-related matters. The end result is that many denials are upheld and patients do not receive the dental care needed to maintain their overall health. By involving dentists in the review process, providers and patients are assured that the most knowledgeable professionals are determining the appropriate level of care.

PDA staff and lobbyists will follow up with Department of Health officials to further discuss a regulatory change.

Department of Human Services: Medical Assistance funding and BLE reforms

For the past several years, PDA has lobbied the state to restore funding in the adult Medical Assistance (MA) program to at least the 2010 level. The decision to limit most essential services for adults resulted in increased cost to taxpayers when adults do not get the services they need and eventually seek treatment in hospital emergency rooms. PDA is asking that the state reverse its decision to:

- Limit an examination and cleaning to one every 180 days.
- Eliminate coverage for crowns.
- Eliminate coverage for endodontics.
- Eliminate coverage for periodontal services.
- Allow one denture per lifetime, regardless of procedure code used (Note: Gov. Wolf expanded coverage to allow for more than one denture per lifetime when he took office).

These cuts apply to MA patients who are 21 years of age and older. There is a benefit exception process available to some patients who meet certain criteria. Adults who reside in nursing facilities or intermediate care facilities are exempt.

Department of Insurance: Balance Billing

In September, Insurance Commissioner Teresa Miller announced that the Department of Insurance would hold a public hearing on the issue of balance billing. Balance billing occurs when a patient receives a bill for health care from a provider who is not in-network with the patient's insurance company, and so their insurance company pays only a small amount, if any, of the out-of-network provider's charges. Commissioner Miller is particularly concerned about cases where a consumer uses out-of-network emergency care or seeks care at a facility in their health plan's network, but receives certain services from an out-of-network provider for which they receive a surprise bill.

PDA submitted written testimony to the Department to clarify how the issue of balance billing works in dental offices, making the following points:

- Patients are notified in advance when their dentists are not participating providers and that they have the choice between receiving care from those dentists or seeking treatment from dentists who do participate with their plan. Unlike the experience they may have when treated by physicians and others in the medical field, patients receiving dental care are not surprised by unexpected bills after treatment is rendered. The cost of treatment and an agreement to pay the remaining balance are agreed to in advance. Most dentists work out a payment plan with their patients so out-of-pocket expenses are not overly burdensome.
- Most dental offices post their financial policies electronically or display them in a public area, advising all patients in advance of their financial responsibilities if the dentist is not a participating provider. Dentists also have patients sign a disclosure form in advance of any treatment being rendered. In the small office settings of most dentists, patients are never surprised with unexpected bills. Dental patients are able to see their dentist of choice and decide on payment options that make treatment more affordable.

PDA will continue to monitor the department's activities to ensure that any policies or regulations that are promulgated do not negatively impact dentists' billing procedures.

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- Build awareness of PADPAC among legislators and help impact policy discussions with implications for oral care in Pennsylvania

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Philadelphia Phillies vs. Miami Marlins
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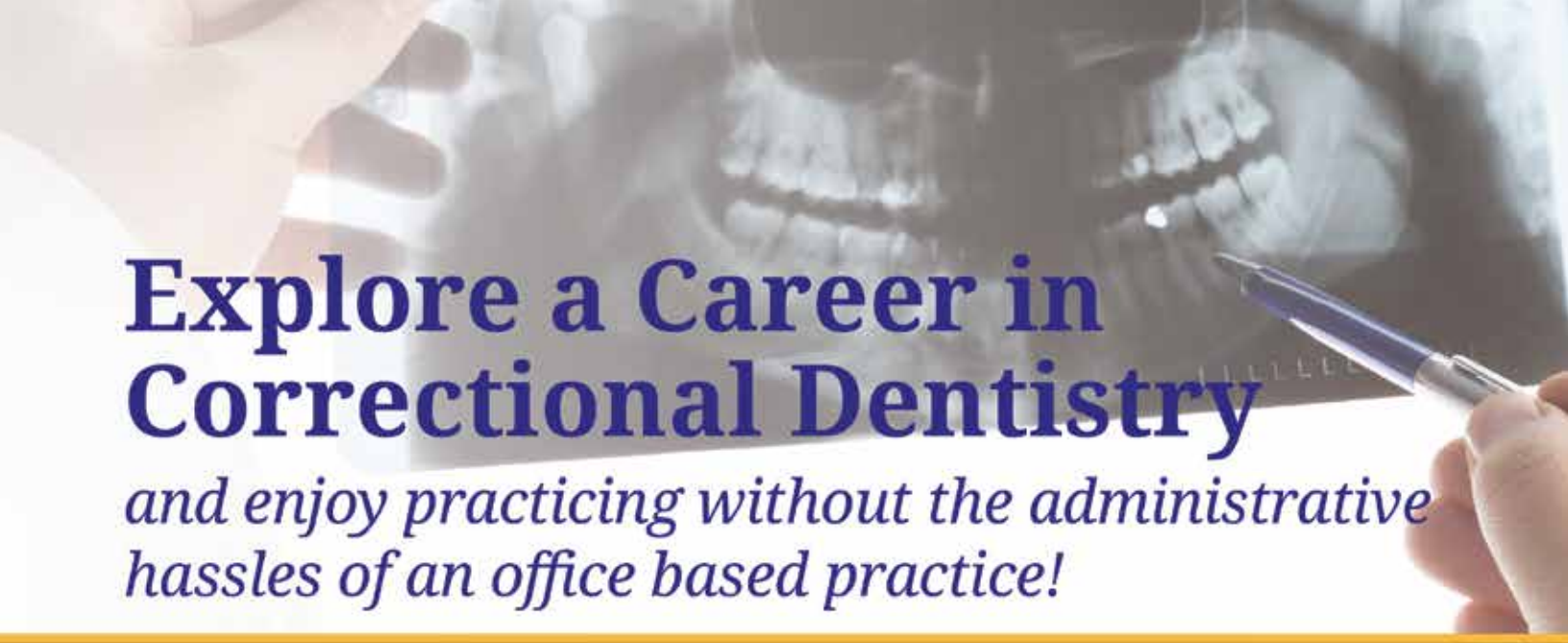

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We need Your Help

by Alicia Risner-Bauman, DDS, FADPD
Chair, PDA Access to Oral Health Advisory Group

In 2000, Dr. David Satcher, Surgeon General of the United States, released his report on the state of oral health in America.

In the report, Satcher outlined how oral health providers, administrators, legislators and policy makers, had failed; failed to provide an adequate safety net of oral health care to the most vulnerable populations. What was then called a silent epidemic has come to the forefront of health care. The correlation between oral health and overall health has inspired programs throughout the state, as well as the nation, describing the importance of oral health and encouraging patients and physicians to make good oral health part of their whole person treatment model. Healthy Teeth Healthy Children, A Pennsylvania Medical/ Dental Partnership, classes are teaching physicians how to provide an adequate oral screening, apply fluoride varnish, do a caries risk assessment and make the referral to an oral health professional. Finally, dental professionals are being recognized for the important players that they are in the overall health of our nation's population. The Medical Dental Integration Model has inspired programs, collaborations, summits, and numerous journal articles.[1,2,3]

Despite the Call to Action that the surgeon general inspired, many people still continue to suffer from infection, pain and even death due to lack of access to dental care. Barriers to care are many. One of the greatest barriers to care is lack of understanding. Most people still do not understand the value a healthy mouth and the influence that oral health has on overall health. The outreach efforts to medical offices is one of many attempts to educate people about the importance of good oral health. Even after we have educated the general population about the importance of dental care, other barriers still exist for many that cause them to miss appointments or cancel at the last minute. Fear, of course, remains a top detriment to accessing much needed dental services. However, many people face more basics issues, such as issues with transportation; buses that do not go to the areas where clinics are, cars that will not start in cold weather, and gas prices that are too high for them to afford the three-hour drive to and from the dentist. Child care availability, school schedules and missing school are additional problems that many people face when trying to coordinate everything in their life necessary to keep a dental appointment. For many of the working poor, a trip to the dentist means a day off from work, which may be without pay. The safety net of not-for-profit clinics and federally qualified health centers is spread too thin. For example, when

I practiced in Lawrenceville, Pa. at Tioga Dental Services, we had 3,000 patients for one dentist and one hygienist, treating patients who traveled 2 to 3 hours to reach us because we took their Medical Assistance insurance. Many would ask us why we were the only ones who accepted their insurance, lamenting how they could not afford care otherwise. Almost all were thankful that we were there to provide care and get them out of pain, pain that many had been to the emergency room for, missed work for, missed school for, or been unable to eat for. [4]

Access to care for many continues to be a challenge, not only access to providers who participate in insurance plans for the poor, but also access in general as the number of providers dwindles. In Pennsylvania, there are 87 dental Health Provider Shortage Areas. The number of Medicaid eligible persons in Pennsylvania increased 17 percent from October 2014 to October 2015. These numbers are expected to rise with the expansion of Medicaid in the state. (MA expansion changed the percentage of the federal poverty guideline that a household's earnings needed to be at to qualify for benefits, therefore many people who were not eligible before are now eligible.) In 2011 and 2012 the American Dental Association released a series of papers on Access to Oral Health titled *Breaking Down Barriers to Oral Health for All Americans*, including The Role of Workforce, Repairing the Tattered Safety Net, and The Role of Finance. In these papers, dentists were informed of the many challenges facing the general population and especially the underserved populations in our country. As professionals, we understand the problem. People everywhere need and deserve good dental care in a facility they can call their dental home.[5,6]

The access to care problem will not be going away. With the current trend in the economy, the expansion of Medicaid, and the requirements of the Affordable Care Act, more and more people will need our valuable services. More people will need us to provide the services they need to relieve their pain and suffering, improve their overall health, and prevent the unnecessary spread of a preventable disease that still causes death in a country such as ours. Don't give the impression that dentists do not care about those who are less fortunate. We all need to act to enhance the lives of the many by improving the lives of the few.

Now Is The Time To Answer The Call To Action!

The PDA Take 5 Initiative has been in process for several years. The initiative is encouraging dentists across the state to become Medical Assistance providers, and to welcome five families into your practice. PDA is working with Medical Assistance MCOs and the Department of Human Services to make your efforts as painless as gentle dental care. A committee of advisors made up of members of the Access to Oral Health Advisory Group are acting as liaisons to address your questions and concerns. You can meet the need in your area. You can enhance the lives of your neighbors and the overall health of your community by participating in the PDA Take 5 Initiative.

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ABOUT THE AUTHOR

Alicia Risner-Bauman, DDS, FADPD

Dr. Bauman has practiced in and served as the clinic director in several public health settings for the last 20+ years after leaving private practice to follow her passion of advocating for understanding and meeting the needs of underserved populations. She earned her Doctorate in Dentistry at the University of Iowa, and has a Fellow from the American Board of Special Care Dentistry. She currently is serving on the American Dental Association (ADA) Committee on Access Prevention and Interprofessional Relations (CAPIR) for Pennsylvania. She is the Chair of the Pennsylvania Dental Association (PDA) Access to Oral Health Advisory Group, and serves on the steering committee for the Pennsylvania Coalition for Oral Health (PCOH). She is also a member of the Health Advisory Group for the Governor of PA. She has been an active policy maker with the New York State Dental Association and the NYS Special Care Dentistry Task Force. She is currently working as a dental consultant, educator, and special needs advocate.

WHO ME???

By Bernie Dishler, DDS

This entire issue of the *Pennsylvania Dental Journal* is devoted to a subject that many of our members might say: "Why are they bothering ME with this? I don't treat Medicaid patients, and if I do I just do the dentistry for free and I don't participate."

I know you are busy, and why should you read something that doesn't pertain to you? I ask you, no matter your age or state of busyness in your practice, to take a few minutes and read this article. Then you can decide if the rest of this issue pertains to you.

This past decade has seen some very dramatic changes in the business of dentistry. Adults with private dental benefits, as well as middle-income and high income adults, are all visiting the dentist less. This trend started before the economic downturn in 2008. And, it has not changed much with the recovery. Dental care spending among that group is projected to remain flat for several years.[1]

At the same time, public health insurance coverage is dramatically increasing and private benefits coverage is decreasing.

Do I have your attention yet?

In Pennsylvania 45 percent of children are covered by either CHIP or Medicaid. And, the coverage is fairly comprehensive. Adult benefits are a little different. The adult MA benefits were reduced substantially three years ago. And, I haven't mentioned fees. For the most part the Medicaid fee structure in Pennsylvania is around 43 percent of UCR.[2]

So, why are we bothering you with this subject now? The participation in the Pennsylvania Medicaid system is rather low. Whenever, we go to speak to legislators about some of our concerns, they often ask us where are the dentists who will take MA patients? Is it quid pro quo? Not necessarily, but we would do much better in the legislative arena if we could say, "100 percent of our members take MA families".

Toothaches are the No. 1 or No. 2 reason for school absenteeism and high on the list of reasons for work absences. And, we know one cannot be considered healthy if their mouth is not healthy. So, the profession and the government has to solve this problem. We can't solve it with charity dentistry. Those of you who volunteer on the MOM-n-PA project know that we see about 2,000 patients a year in different communities and we barely scratch the surface.

Many advisors to the profession believe that it makes economic sense to have a mix of private pay, insurance and MA patients. There are examples of practices that are thriving by utilizing empty chair time with MA patients.

We are asking every practitioner, who does not already treat MA patients, to bring five families into your practice. We believe it will be successful and it will help wipe out some of the preconceived notions that you might have had or heard about. One of the largest MCOs (managed care organizations) has committed to try to ease your transition into this project. They will hold your hand and at the same time educate their patients on the importance of cooperating with you.

Our long-term strategy is to be able to demonstrate the profession's willingness to help solve this problem. Then we can get the state to commit financial resources to increase the fees and adult benefits. This will not happen overnight but there is willingness in the Department of Human Services to discuss it.

I really look at this as a win-win-win opportunity. The dentists can win by increasing their bottom-line. The state can win by having healthier children and adults in school or work. The patients can win by having healthier mouths.

Isn't that what we all want?

Bernie Dishler, DDS, served as president of the Pennsylvania Dental Association in 2012-13, chair of the Pennsylvania Coalition for Oral Health in 2013-14 and has been an integral part of the MOM-n-PA board, helping to organize statewide efforts for a vital dental mission entering its fourth year. He has previously served as president of the Montgomery-Bucks Dental Society and Second District Valley Forge Dental Association. He has been Chairman of the Valley Forge Dental Conference and PDA's Membership Committee (then known as Council on Membership.)

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Welcome a Smile℠ Program:
Improving Dental Care in Pennsylvania

The Pennsylvania Dental Association has a long history of ensuring all consumers have access to quality dental care.
To support this commitment, AmeriHealth Caritas— a mission-driven organization with 30 years of experience serving low-income and chronically ill populations—has developed the Welcome a Smile program. Welcome a Smile encourages dental providers who do not normally serve Medical Assistance beneficiaries to join in the efforts of improving access to quality oral health for this important population.

Medical Assistance should not be a barrier to care for Pennsylvania families, but a pathway to care. That's why we encourage you to serve as a dental home to Medical Assistance beneficiaries. It's what the Welcome a Smile program is all about.

By serving as a dental home to AmeriHealth Caritas members, we can offer you our well-established resources and processes to help ease your administrative burdens, such as:

- Assistance with navigating the contracting and credentialing processes.
- A robust provider support program to assist you with members who might need help understanding plan benefits, are missing appointments or need transportation assistance to meet their appointment times.
- Timely turnaround on electronic claims submissions and electronic funds transfer to streamline your administrative processes.
- A dedicated staff, including a local dental account executive, to personally assist you in all aspects of plan training and education, and subsequent practice support.
- Access to a full-time, in-house dental team; a hands-on dental director who can provide peer-to-peer partnerships; and a responsive Integrated Care Management department that can support your office with the identification, outreach and education of our members.

Are you ready to "Welcome a Smile"?
Take the challenge and join AmeriHealth Caritas in improving access to quality oral health care for Pennsylvania's Medical Assistance beneficiaries.

For more information on the Welcome a Smile program and how AmeriHealth Caritas can assist you in this effort, please contact Christine Brehm Stroman at (717) 651-3599.

ABOUT THE AUTHOR

Lawrence Paul, D.D.S., is the Corporate Dental Director for AmeriHealth Caritas. He is responsible for all clinical dental programs, and oversight of the strategic goal of creating an integrated dental program that addresses the clinical tie-ins between dental health and physical health.

Dr. Paul has an extensive and varied background in the dental industry. He most recently was a partner in a consulting practice whose clients were primarily in public dental programs. Prior to that, he served in leadership positions with some of the larger national dental practice management companies. He previously spent over 10 years at Aetna US Healthcare, serving as National Dental Director and Head of Network Management. He has extensive experience in provider contracting, network management, dental quality management, utilization management, and program development, as well as all aspects of clinical dentistry through many years in private practice.

Dr. Paul earned B.A. degrees in both Science and History from Pennsylvania State University, a Master's Degree from Temple University, and his dental degree from Temple University School of Dentistry. He also successfully completed General Dentistry Residency at the V.A. Hospital in Martinsburg, West Virginia.

AmeriHealth Caritas salutes the

Pennsylvania Dental Association

for leading the way to improving Pennsylvania's dental health

For more than 30 years, AmeriHealth Caritas has been a partner that providers rely on to improve health care delivery for individuals in Medicaid programs. In Pennsylvania, we are committed to helping more than 600,000 people get the care they need to stay well. Our integrated approach and innovative health care strategies improve the lives of our members and streamline administrative efforts for provider offices.

At AmeriHealth Caritas, we know ensuring access to quality dental care is a shared responsibility. In line with the Pennsylvania Dental Association, we strive to improve health outcomes and ensure quality dental care for Pennsylvanians. That is why AmeriHealth Caritas developed the Welcome a Smile℠ program to improve access to dental care for those most in need. Please stop by booth #20 at Pennsylvania's Dental Meeting to meet our staff and learn more about this exciting opportunity.

AmeriHealth Caritas
Care is the heart of our work

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HEAD START

ON A MISSION TO ERADICATE DENTAL DISEASE IN CHILDREN UNDER 5

By Amy Requa, MSN, CRNP

State Oral Health Coordinator, Pennsylvania Head Start Association

A CALL TO ACTION

The Pennsylvania Head Start Association is a catalyst for change by helping to establish a culture of caries prevention for approximately 40,000 of our most vulnerable children in the state.[1] We need to engage more dental providers across the state to see more Head Start children in Pennsylvania. Our Head Start programs are committed to connecting oral health to children's overall well-being and readiness for school. Inroads are being made in Pennsylvania through the "Cavity Free Kids" and "Age One Connect the Dots" continuing education courses, reaching more than 2,000 people, the majority of which are dental professionals. These educational courses, described in detail in this article, are being offered throughout the state to dentists and their staff members. Dental providers who have participated in the courses are reporting practice improvements, such as a more family-centered approach, with higher patient numbers and increased production. These practice benefits are important, not to mention the lifelong benefits of ensuring healthier children who are free from Early Childhood Caries (ECC). We invite you to collaborate with us in the fight to eradicate dental disease in children under age five.

Head Start's 50 Years of Commitment to Oral Health

Head Start began in 1965 with the goal of providing disadvantaged preschool children and their families with comprehensive services to help them be ready for school.[2] Head Start and Early Head Start programs support the physical, dental, mental, social and emotional development of children from birth to age five. In addition to education services, programs provide children and their families with health, nutrition, social and other support services. Recognizing the value of prevention and early intervention, Early Head Start programs serve pregnant women, infants and toddlers, helping families care for their children through early, continuous, intensive and comprehensive services. Head Start encourages the role of parents as their child's first and most important teachers. Programs build relationships with families that support positive parent-child relationships, family well-being and connections to peers and community.

After 50 years, these core values remain unchanged.

Head Start programs serve more than 1 million children each year throughout all 50 states.

Approximately 40,000 children are served every year by Head Start programs in every county across Pennsylvania through both federal and state supplemental funding.[3]

Head Start Dental Requirements

Head Start is different from other early childhood programs because its federal regulations require oral health services for all enrolled children through a "Dental Home" (i.e., an ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated and family-centered way[4]), as a condition of federal funding; providing routine preventive services and follow-up care for every child. More than 95 percent of Head Start children in Pennsylvania are enrolled in Medical Assistance, and many of them experience health disparities, including higher risk for Early Childhood Caries (ECC), and other chronic diseases such as asthma and childhood obesity.

Head Start oral health requirements include:

- Ensuring every child is "up-to-date" with the state's Early and Periodic Screening Diagnosis and Treatment (EPSDT) dental periodicity requirements and schedules
- Documenting dental examinations for every child within 90 days of entry into Head Start (within 30 days of entry into Migrant and Seasonal Head Start programs)
- Evidence of timely follow-up treatment when indicated
- Supervised tooth brushing in classrooms after meals with fluoride toothpaste
- Fluoride supplements or topical fluoride treatments when indicated

WORKING WITH HEAD START TO IMPROVE ACCESS TO CARE

All Head Start programs have health and family services coordinators who assist families to obtain insurance coverage and access to health and dental services in their communities. While establishing a close working relationship between the Head Start health coordinator and the dental office greatly benefits Head Start children, there is room for improvement. At the Head Start Oral Health Forums in 2010, multiple barriers to accessing comprehensive oral health care for low-income families in Pennsylvania were identified by a variety of stakeholders. These barriers to accessing oral health care reflect well-known social determinants of health that are frequently associated with lower rates of care among low-income populations.

Barriers to accessing oral health care for Head Start children in Pennsylvania include:

- Problems finding dentists to treat children younger than age three
- Shortage of dentists accepting Medical Assistance and fewer of those accepting new patients
- Long waits for appointments
- Some office practices not child or family friendly
- Mixed messages from the medical and dental communities about oral health – for example, when to go for the first dental visit?
- Lack of educational resources for families, especially in different languages

- Families do not understand the importance of oral health to overall health
- Parents do not prioritize dental visits or follow through for treatment
- Difficulty keeping appointments due to transportation barriers such as no car or no access to public transportation, leading to "no-shows"

Birth of the Head Start Healthy Smiles Initiative

The Pennsylvania Head Start Healthy Smiles Task Force[5] was formed in 2011 to address the aforementioned access to care barriers and to launch the oral health initiative, "Healthy Smiles, Happy Children: A Dentist for Every Child." The Education Committee of the Task Force improves the oral health literacy of Head Start parents, families, staff, and local communities by providing education for all audiences through active learning opportunities. The Access to Care Committee improves access to comprehensive oral health care services by engaging dental providers to serve Head Start children through continuously accessible Dental Homes, starting with the eruption of the first tooth.

The Healthy Smiles Task Force addresses the unique oral health needs of Head Start children and families through the following activities:

1. ***Improving Access to Care*** by building a network of dental providers to care for Head Start children and families through continuously accessible Dental Homes, and in partnership with the state's Medicaid Managed Care Organizations (MCOs)
2. ***Promoting Education of Parents, Families, Staff, and Communities*** by applying best practices in adult learning and oral health literacy through interactive educational opportunities (e.g. "Cavity Free Kids" training)
3. ***Fostering Dental and Medical Provider Collaboration*** to serve Head Start children, starting in the first year of life, and to promote effective referral networks between dental and medical providers through professional education (e.g. "Age One Connect the Dots" training)

PROMOTING "CAVITY FREE KIDS" IN PENNSYLVANIA

Recognizing the need for more knowledge about oral health, the "Cavity Free Kids" curriculum[6] was adopted in 2012 by Pennsylvania Head Start programs to raise awareness of the importance of oral health for children, staff, parents and communities. Cavity Free Kids is a comprehensive, evidence-based curriculum for programs, as well as a tool for dental provider outreach to local communities, that addresses the needs of all Head Start participants – pregnant women, infants, toddlers and preschool-aged children. The Cavity Free Kids curriculum provides hands-on activities for children and teachers, including instructional aids and resources for family service staff, health coordinators, and dental providers in the community. Efforts to educate dental professionals and families about oral health in Pennsylvania using these courses have been funded, in part, by the DentaQuest Foundation and the Pennsylvania Department of Health, with additional support from the PA Head Start Association, the PA Head Start State Collaboration Office, the Region 3 Office of Head Start, and various state agency partners, public/private stakeholders, along with special leadership from the Pennsylvania Dental Association (PDA) and the Pennsylvania Dental Hygienists Association (PDHA).

PDA SUPPORTS "CAVITY FREE KIDS IN YOUR OFFICE AND COMMUNITY" COURSE

PDA sponsored a successful "Cavity Free Kids in Your Office and Community" course offering accredited CDE for over 40 dental professionals in the Chambersburg area in September 2015. This course is designed to enhance oral health literacy education for expectant families, and families with young children, within office practices and when providing outreach education to communities. The goal is to convey the importance of oral health and its link to overall health, nutrition, and self-esteem, leading to increased comfort with dental visits and preventive care in the dental home, while improving the oral hygiene practices of preschool children, their families and caregivers, at home and in the community.

The course learning objectives include: 1) Describing current science and knowledge about effective oral health practices for pregnant women, children from birth to kindergarten, and their families and caregivers; 2) Demonstrating educational and learning activities to improve the delivery of oral health promotion and disease prevention concepts to parents and children, and 3) Identifying strategies to integrate oral health messages and techniques to engage parents and children in non-traditional settings in the community. More courses are being planned and are available for free in dental offices, study clubs, county or district societies. The course length is adaptable to a variety of settings and audiences, including professionals, children, and adults. If you are interested in scheduling a course, please contact Amy Requa at **amyrequa@paheadstart.org** or call Amy at (610) 613-3493.

SHIFTING PRACTICE PARADIGMS TO INFANT ORAL CARE

One clear consequence of telling families to seek dental exams for infants upon the eruption of the first tooth is an increased demand for these services by parents. Now that Head Start programs are educated in Pennsylvania about the need to have that first dental visit by age one, many are having difficulty finding local dentists who will see children younger than age three.

Here are some of the barriers to Age One care that have been identified[7]:

- Medical providers are still referring children to dentists at age three
- Age one practice is still being integrated into dental schools and hygiene programs

- Providers lack experience with infant exams and may feel uncomfortable with children
- Providers are worried about managing infants and toddlers in the office
- Concerns about managing dental disease if found
- Concerns about reimbursement for conducting Age one exams

To address these barriers, the Pennsylvania Head Start Association adapted the "Age One Connect the Dots" course, initially developed by the Massachusetts Dental Society in collaboration with the Massachusetts Head Start Association[8], offering it to dental professionals with seed funding from the Dental Trade Alliance Foundation.[9] More than 1,000 dental providers across Pennsylvania have participated in the Age One Connect the Dots course since 2014. Many courses have been partially sponsored or hosted by various professional groups, including the Valley Forge Dental Conference, the Montgomery Bucks Dental Society, the Berks County Dental Society, the Ninth District Dental Society, the PA Dental Hygienists Association, the Fortis Institute of Erie, the PA Association of Community Health Centers, the University of Pittsburgh School of Dental Medicine, Westmoreland County Community College Dental Hygiene Programs, Montgomery Bucks Dental Hygienists Association, Western PA Dental Hygienists Association, Northampton Community College, UPMC, United Healthcare Community Plan, Aetna Better Health and others.

The Age One Connect the Dots course supports the current standard of care in the AAPD, ADA, and AAP national recommendations.[10, 11] The course is designed to educate and motivate the entire office to accept and promote Age One dentistry, including doing "knee-to-knee" examinations, understanding the value of the baby dental visit, seeing more young children in their general family practices, increasing their productivity by accepting referrals from physicians who are advising families to take their child to the dentist with the eruption of the first tooth, and getting reimbursed for preventive services to avoid or reverse Early Childhood Caries using the appropriate billing codes.

PLEASE JOIN THE FIGHT!

We invite you and your staff to join us in the fight to eradicate dental caries in young children. We need more dental providers to see our youngest most vulnerable Head Start children in Pennsylvania. Through the successful CDE courses described above, there are abundant resources available in our state to help dental professionals feel more comfortable serving this population with ease. There are upcoming courses already scheduled on the calendar to participate in. For those who are active in their local societies, there is grant funding available to assist you in hosting your own CDE event. Please contact Amy Requa for more information or to inquire about courses at amyrequa@paheadstart.org or call Amy at (610) 613-3493.

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Pennsylvania Health Access Network Working To Expand Access

By Patrick Keenan
Director of Consumer Protections and Policy, PA Health Access Network (PHAN)

"Scranton?" Greg asked.

"That's the closest," our enrollment assister replied.

"Well, it needs to be done and you can't expect the world to come to you, but that's going to be an awfully tough trip," he said with a sigh.

Greg is one of the 4,500 people the Pennsylvania Health Access Network has enrolled in coverage under the Affordable Care Act. Over 65 percent of those enrollees have been in Pennsylvania's newly expanded Health Choices Medicaid program. Whether it's Medicaid or Marketplace coverage, 80 percent of our consumers ask about options for dental coverage. In fact, in many instances, it's not been uncommon for consumers to be more concerned about their dental coverage than their health coverage.

Philly's two and a half hours from my house and a lot of tolls, which is rough when you don't have your own car and barely have gas money to get to work and school.

Back to Greg's case. After enrolling in Medicaid, he was excited to learn that he would have dental coverage for the first time in many years. Although Greg was only 22 years old, he had been on his own since his teenage years and hadn't seen a dentist since elementary school.

"It wasn't that common. In fact, growing up I knew very few who went. I remember asking my momma about the dentist and she told me flat out that only rich people could go there."

Greg is an easygoing young man, likable and friendly upon first impression. Given the way he talks, you would think he would smile more. At his age, he's been through more than most will go through in his life. An unstable upbringing led him to fall into the wrong crowds, which eventually led to drug addiction. He doesn't fault his childhood for the mistakes he made as a young adult.

"Look, at the end of the day, I made my choices and I had to deal with the consequences. Just like today, I chose to come here. It's on me."

He's working toward his GED in a place that supports his desire to improve, the Perry County Literacy Council. The staff there recognizes how the total wellbeing of individuals affects their ability to learn. They invited our navigator in to help their students get covered. In Greg's case, he's glad to have educators acknowledge that other things enter into the classroom, like, in his case, severe pain in his teeth and gums.

"Sometimes the pain's so bad, I can barely think about anything else, but I gotta get over it. Another Tylenol and a salt water wash and I just have to move on."

Without the proper dental care as a child, Greg's addiction further deteriorated his teeth and gums, in some places down to a pulp. While he's overcome addiction, returned to the classroom, found a girlfriend who's a stable influence on him, and even started a part-time job, improving his oral health care might be one of the biggest challenges. His social worker spent several hours trying to find a dentist who would help him to no

avail. Our navigator was able to help him determine that his current Medicaid plan would give him the option of seeing three dentists: one in Lancaster, one in Philadelphia, and one in Scranton. Calling the Lancaster office, his "closest" hope at an hour and half from his house, they were told the dentist had not participated in Medicaid in the last five years. This left him with Philadelphia and Scranton. "Philly's two and a half hours from my house and a lot of tolls, which is rough when you don't have your own car and barely have gas money to get to work and school." He opted for Scranton, only 15 minutes closer but no tolls. The dentist only had spots on the waiting list, which might get him an appointment in six months time, fine in his case because he still has no way to get there. While Greg may have been able to switch Medicaid plans to find a dentist closer to him, it could come at the cost of having to switch his primary doctor and losing access to his other providers.

Greg's experiences are not that unusual. When we surveyed recent Medicaid enrollees, 36 percent said that transportation was a barrier to getting dental care. Nearly half of all enrollees said cost, regardless of whether they were on Medicaid or private dental insurance, kept them from getting care. If Greg did get to Scranton, he would likely be faced with disappointment. Current limits and exclusions from dental care prevent enrollees from getting the most costly kinds of care (crowns, root canals, and endodontic services). In cases like Greg's, he needs a mixture of these things to prevent infection, further deterioration, and, ultimately save whatever can be saved of his natural teeth. Greg will turn his life around. He says so himself. It's a remarkably positive thought that keeps him going in spite of his negative experiences. He doesn't smile a lot though.

"No one wants to look at my teeth," he says. When he does finish up his education, he also hopes to have his teeth fixed: "I need to look the way a boss wants me to look: professional."

It would be nice to think about this story as something that is just a rural issue. It's not. Recently at a community event in Philadelphia, our navigators talked with a man who was unable to get a medical clearance for surgery because of the condition of his teeth. At a health fair in Allentown this summer, we talked with a visibly intoxicated woman who told us: "drinking's what I do to numb that pain…can't do nothing else."

At a recent meeting in Pottsville, we talked with a man who had missed three appointments with us. He couldn't bear to leave the house when the pain was that bad. He simply could not think about "conducting business." Talking with him some more, we found out that he even cancels most of his doctors' appointments, because he "wakes up to see how I'm going to feel. Most of the time, it's not good." Over the past several months we surveyed individuals we enroll in southwestern Pennsylvania, and nearly half cited affordability as a reason why they do not have dental insurance or seek adequate care. Delayed medical care and self-medication that can lead to substance use disorder are just some of the realities for individuals who cannot access dental care under their Medicaid benefits or cannot afford dental care on the private market. Currently dental coverage is not offered as an essential health benefit in the health insurance marketplace forcing adults to purchase separate coverage or go without. It's poignant that we have such as disconnected view of the body and somehow separate oral from physical health when they are so deeply connected.

Dental benefit limit exceptions in Medicaid are an option for those who can maneuver through red tape. Most enrollees and a good number of providers don't even know about them or where to begin the process. With few providers participating in the plans to offer the services you can obtain under Medicaid (diagnostic and preventative care primarily), many attempt to turn to private dental care at a cost they can't afford. By continuing to delay care, it's not just the cost of their dental bills that can mount: lost wages from missing work, lost time in the classroom, lost opportunities to get less costly medical care, and, ultimately a lost sense of self due to pain and frustration. We lose a lot by not thinking about how we can truly work toward total health.

*(** Greg's name has been changed at his request.)*

About Us:

Patrick Keenan is the director of consumer protections and policy for the PA Health Access Network (PHAN). He leads a statewide team of community health organizers who work in rural and underserved communities to identify barriers to care and access issues. The team brings consumer voices into discussions of health policy issues that improve the quality of care, enhance health outcomes and lower costs.

Mr. Keenan began at PHAN by building up the organization's enrollment operations. PHAN is a federally-funded navigator under the Affordable Care Act. To date, PHAN has enrolled more than 4,500 people in coverage in over two-thirds of Pennsylvania's counties and all geographic rating areas. Its statewide consumer helpline fields thousands of calls a year from consumers. PHAN works with more than 60 organizations that represent nearly a million residents of the Commonwealth in backing a statewide policy agenda to improve the quality and affordability of healthcare in Pennsylvania. Learn more at: www.pahealthaccess.org.

Filling an Important Void -

Access for Patients With Special Needs

By Melissa Allen

ACHIEVA, southwestern Pennsylvania's largest provider of comprehensive services and supports for people with disabilities, created a Disability Healthcare Initiative in 2005 to address access to oral health care for children and adults with disabilities. The barriers to people accessing dental care included lack of insurance, lack of transportation, low Medicaid reimbursement rates and no access to dental professionals willing to treat them. Unfortunately for many Pennsylvanians, these barriers still exist.

PA Senate Resolution 2013-61 directed the Legislative Budget and Finance Committee (LB&FC) to study and issue a report on access to oral health care for Pennsylvanians with disabilities in 2014. The report, published in October 2014, made it clear that as a state, Pennsylvania needs to make progress to meet the needs of those with disabilities.[1]

THE REPORT concluded that even when a patient has Medicaid coverage, care can be hard to find.

Take Kathy, for instance, who has both physical and intellectual disabilities. Her caregiver noted that Kathy was very aware of her appearance and had become depressed because her upper front teeth were in poor condition. A facility more than an hour's drive away was the closest that would accept Kathy's Medical Assistance insurance.

"We were able to repair her teeth, even though it took several visits," says James Mancini, DMD. "Her caregivers have told us she is a different person now that her teeth are repaired and she is proud to show everyone her teeth."

Just six years ago, 30 of Pennsylvania's 67 counties had no dentists in the MA fee-for-service plan that indicated they were willing or able to accept a special needs patient. Even today, many dental locations that are listed as accepting Medical Assistance insurance are not taking new patients at this time.

Even in December 2015, there were still 166 Health Professional Shortage Areas in Pennsylvania for dental health professionals including suburban counties like Allegheny.[2]

There is no doubt that it can be more time consuming and staff intensive to provide care for this population but it is possible, often in a regular dental practice and without sedation. Just ask Alicia Risner-Bauman, DDS, who has been treating individuals with special needs for more than 20 years in both private practice and small clinic settings.

"Most of these patients have the same issues that many dental providers manage everyday – fear of the unknown, a lack of understanding about what is to come, and an unmet need for control in a new situation," says Dr. Bauman. "Most of the techniques we learned for addressing these concerns also work for those with disabilities. If providers are willing to take the time to 'listen' to what the patient is telling us through their actions at their cognitive level, we can treat them at that level."

Dr. Risner-Bauman adds that is it well worth the effort.

"These cases are the most rewarding that you will ever have in your career, and the feeling of accomplishment that you will have when you treat individuals with disabilities as an oral health provider, is unmatched," she said.

Dental providers have long advocated for increased Medicaid payments for treating persons with disabilities. This work continues but increasing reimbursement is not the only answer. We also need to provide training to current dental professionals to increase their comfort level so they are willing to reach out and offer care for a population that might otherwise be intimidating. Even a continuing education course can be helpful. Of the 594 respondents to the LB&FC statewide survey, 42 percent indicated that they had no special training to treat persons with disabilities.

The good news is that 70 percent of respondents said they would be willing to treat patients with cognitive impairments, developmental disabilities, physical disabilities or mental illness – depending on the level of disability.

There is training and educational curriculum for dental professionals treating patients with special needs. The National Institutes of Health (NIH) produced "Practical Oral Care for People with Developmental Disabilities,"[3] which can be accessed on-line for self-study and even offers two hours of continuing education credits. Most state dental boards will accept the free course towards fulfillment of CEUs for license renewal provided the post-test is submitted for grading and participants score at least 19 answers correctly. Other continuing education sources are available from The Special Care Dentistry Association (SCDA.org) and The American Academy of Developmental Medicine and Dentistry (AADMD.org) and Special Care Advocates in Dentistry (saiddent.org). All provide self-learning modules and information about treating individuals with disabilities.

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ABOUT THE AUTHOR

Melissa Allen joined the staff of ACHIEVA in 2012 as the Manager of the Disability Healthcare Initiative. She has eight years of experience in the disability field in the areas of educational advocacy, parent leadership training and public policy. She also brings with her more than a decade of professional experience in healthcare marketing, public relations and program development. She has worked with parents across western and central Pennsylvania leading several workshops and trainings around special education and disabilities issues. Her adolescent son has a genetic chromosome disability, 22q11.2 Deletion syndrome.

You can contact her at:

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Access to Care During Pregnancy:

PENNSYLVANIA'S ACTION FOR ORAL HEALTH

by Alicia Risner-Bauman, DDS, FADPD
Chair, PDA Access to Oral Health Advisory Group

Pregnant women make up a significant portion of the population in need of oral health care services. As researchers continue to explore the link between untreated gum disease and adverse birth outcomes, more and more women are being advised by their prenatal health providers to see a dentist during their pregnancy, as well as while they are planning to become pregnant.[1,2]

Dental providers are the experts who can intervene and educate women on the physiological changes such as morning sickness, esophageal reflux, fatigue, and other factors which can effect oral health. We are the experts to whom our fellow practitioners turn to advise these women on proper practices to promote optimal oral health during this important time in their life development, as well as the development of their children.[3] Mothers with high oral levels of *m.Streptococci* are likely to infect their children by age two, increasing their caries risk.[4] In Amy Requa's Article in this issue of the *PDJ*, we have been reminded of the unfortunate continued scourge of early childhood caries (ECC). Yet despite their medical provider's recommendations, many pregnant women do not access dental care in their own communities due to a reluctance of dentists to treat pregnant women, a lack of understanding of the necessity of having good oral health, and affordability.[1,8]

As ADA members, we are given access to some of the latest research and policy guidelines for dentists regarding the treatment of pregnant women at the ADA Evidence Based Dentistry website.[5] In the August 2015 issue of *JADA*, an ADA CE Program Article by Drs. Aharon Hagai, et.al. on pregnancy outcomes following prenatal exposure to local anesthetics, X-rays, and drugs commonly used in dental treatment, concluded that "use of dental local anesthetics, as well as dental treatment during pregnancy, do not represent a major teratogenic risk."[6] The growing collection of published, evidence based, peer reviewed studies, showing dental treatment to be safe during pregnancy, make dentists responsible to provide dental care to this unique population. Failure to provide care could result in adverse outcomes, directly conflicting with the ADA Code of Ethics and Professional Conduct principles of *do no harm and do good.*[7]

Access to Care During Pregnancy:

PENNSYLVANIA'S ACTION FOR ORAL HEALTH

As Dr. Virginia A. Merchant eloquently reminded us in "My View: Oral Health Care During Pregnancy" which appeared as a reprint in ADA News December 7, 2015,[8] (and appears here on page 39), in 2011 experts from across the country, including the American Dental Association, came together to develop and create *Oral Health Care During Pregnancy: A National Consensus Statement*. In this 2012 report, available to you through the National Maternal and Child Oral Health Resource Center (NMCOH), guidance is provided for oral health and other prenatal care health professionals regarding the provision of oral health care during pregnancy.[9] This consensus statement and the results of the workgroup inspired the ADA's Committee on Access Prevention, and Inter-Professional Relations to move the following resolutions to the ADA House of Delegates where they were approved:

94H-2014: Resolved: that the ADA urge all pregnant women and women of child-bearing age to have a regular dental examination.

95H-2014: Resolved, that the ADA acknowledges that preventive, diagnostic and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.

These policies align with two of the ADA's initiatives in our Action for Dental Health: Dentists Making a Difference plan (ADH).[10]

The ADH Initiative to **Lead Collaboration to Achieve and Exceed the Healthy People 2020** Goals outlines goals to reduce untreated decay in adults and children by working with other oral health minded professionals in educating the general population about the importance of oral health to overall health. Programs to educate dentists and mothers about oral care have been developed through the collaboration of many organizations that the PDA is actively involved with, such as the Pennsylvania Oral Health Collective Impact Initiative (POHCII).[11] PDA is answering the call to improve education and access for pregnant women and children by promoting these programs and training dental professionals to provide these trainings throughout the state.

The PA Head Start Association's Cavity Free Kids in Your Office and Community program teaches dentists, children, and pregnant women about effective oral health practices for pregnant women and children from birth to kindergarten.[12] The National Maternal and Child Oral Health Resource Center (OHRC) and the ADA are working together to share brochures for pregnant women and infants, one titled *Two Healthy Smiles: Tips to Keep You and Your Baby Healthy* available in bulk from the OHRC.[13] The new *Oral Health in the Prenatal Office* program, offered through PA chapter of the American Academy of Pediatrics, has trained 58 medical professionals on educating pregnant women about basic preventive oral health care. This program emphasizes the need for these women to see a dentist, and recommends that the physician make the direct referral for the patient.[14]

Dentists, physicians, and pregnant women are being educated about the need for good oral health care during pregnancy. As we empower women and their physicians with this valuable information, we are increasing the need for dental providers who will treat pregnant women. It is this need that we are hoping to meet by encouraging PDA dentists to participate in the Take 5 Initiative by becoming a participating provider in the Pennsylvania Medical Assistance program.

Another ADH Initiative: **Reducing the Barrier to Provider Participation in Medicaid/CHIP through Reductions in Administrative Burdens and State Developed Solutions for Sustainable Reimbursement**, is being addressed by Medical Assistance MCOs in PA. When providers participate in the Take 5 Initiative, credentialing, enrollment, and matching expectant mothers with providers will be made simpler.

The Pennsylvania Department of Human Service's "Healthy Beginnings" program provides Medical Assistance coverage for pregnant women from the time their doctor confirms the pregnancy and up to 60 days after delivery. The newborn is automatically covered for the first year if the mother is eligible and the child is living with the mother. These benefits include the standard adult dental benefits.[15] Due to the continuing research and relationship between periodontal disease and poor birth outcomes, pregnant women qualify for a benefit limit exception for

periodontal services not usually covered by the adult benefit. Providers need to file the exemption request along with a letter from the MD confirming the pregnancy in order to get the exemption approved. Once approved, the dentist can provide the needed periodontal services for the pregnant woman.[16]

Dentists are the experts in defining and managing oral health for all their patients. We have traditionally been cautious about treating pregnant women due to potential risks to the developing fetus. Studies have shown that dental treatment during pregnancy is safe.[17] Medical providers who treat pregnant women and educators providing PDA approved programs throughout the state are actively working to educate women about the importance of oral health to their overall health and the health of their unborn children. These programs are also encouraging the mothers to start caries prevention and oral health wellness programs early with their children by accessing a dentist and establishing a dental home by the eruption of the first tooth or by age one. Research predicts that the reductions in the oral microbiological load of the mother may contribute to the reduction of oral disease in her children.[18] Studies have also shown that the underutilization of dental services by pregnant women is related to their overall dental care history. Pennsylvania's dentists are in a unique position to overcome the economic barriers to routine dental care for pregnant women that exist; barriers that effect their oral health and the oral health of their families for a lifetime.[19] Treating pregnant women in your office allows you to influence healthy oral habits for the entire family.

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ABOUT THE AUTHOR

Alicia Risner-Bauman, DDS, FADPD

Dr. Alicia has practiced in and served as the clinic director in several public health settings for the last 20+ years after leaving private practice to follow her passion of advocating for understanding and meeting the needs of underserved populations. She earned her Doctorate in Dentistry at the University of Iowa, and has a Fellow from the American Board of Special Care Dentistry. She currently is serving on the American Dental Association (ADA) Committee on Access Prevention and Interprofessional Relations (CAPIR) for Pennsylvania. She is the Chair of the Pennsylvania Dental Association (PDA) Access to Oral Health Advisory Group, and serves on the steering committee for the Pennsylvania Coalition for Oral Health (PCOH). She is also a member of the Health Advisory Group for the Governor of PA. She has been an active policy maker with the New York State Dental Association and the NYS Special Care Dentistry Task Force. She is currently working as a dental consultant, educator, and special needs advocate.

Oral Health Care During Pregnancy

By Virginia A. Merchant, DMD, CDE
Editor-in-Chief, *Journal of the Michigan Dental Association*

Chances are that you were taught in dental school as I was that routine dental care for pregnant women should be limited to the second trimester. Furthermore, it was recommended that treatment should be delayed until after the baby was delivered when possible. This is no longer valid.

In 2011, an expert workgroup, convened by the Health Resources and Services Administration (HRSA) in collaboration with the American College of Obstetricians and Gynecologists (ACOG) and the American Dental Association (ADA), developed a consensus statement regarding oral health care during pregnancy which was released in 2012. This consensus statement "emphasizes the safety and importance of oral health care throughout pregnancy and provides guidance on oral health care for pregnant women for both prenatal care health professionals and oral health professionals, pharmacological considerations for pregnant women, and guidance for health professionals to share with pregnant women."[1]

Since that release, various agencies and organizations have provided educational materials, policies, programs, and training to promote awareness of the importance and safety of oral health care during pregnancy. The ADA Council on Access, Prevention and Interprofessional Relations (CAPIR) continues its efforts to make the profession aware of this change in philosophy. As a part of their efforts, they submitted two resolutions to the 2014 ADA House of Delegates, and both were approved. These resolutions are now ADA policy and are as follows:

> ***Resolved,*** that the ADA urge all pregnant women and women of child-bearing age to have a regular dental examination, and be it further,
>
> ***Resolved,*** that the ADA acknowledges that preventive, diagnostic and restorative dental treatment is safe throughout pregnancy and is effective in improving and maintaining the oral health of the mother and her child.

Unfortunately, many dentists as well as other health care providers are unaware of this change in philosophy regarding dental care for pregnant women. In addition, a number of dental schools and individuals providing continuing education lectures continue to promulgate the outdated philosophy.

The consensus statement encourages prenatal care health professionals to assess pregnant women's oral health, advise them about oral health care, and refer them to their dentist or, if they don't have a dentist, help them obtain care through a referral. Oral health professionals should assess a pregnant woman's oral health status, advise her about oral health care, work in collaboration with prenatal care health professionals, provide oral disease management and treatment to pregnant women, and provide support services for care when needed.

Oral health care, including radiographs, pain medication, and local anesthesia, is safe throughout pregnancy. An excellent table listing various pharmaceutical agents typically prescribed by dentists is available within the consensus statement and indicates which ones may be used and ones that should be avoided. Download this table. Most pharmacological agents dentists commonly prescribe are safe for use in pregnancy, but there are some antibiotics, including tetracycline, which should be avoided and a few analgesics that need to be used with caution.

Make certain that your female patients of child-bearing age know that it is important to seek dental care during pregnancy and that it is safe to do so. (A recent Delta Dental survey found that 42.5% of pregnant women in the U.S. did not visit their dentist during their pregnancy.[2]) Do not hesitate to **provide preventive, diagnostic, and restorative dental care** to your pregnant patients and take the opportunity to educate them of the importance of having their baby see a dentist within their first year of life.

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2. ADA Morning Huddle, Wednesday, June 17, 2015.

MONTGOMERY COUNTY DENTISTS OFFER SPECIAL SERVICE TO VETERANS

In November, three PDA members from Montgomery County – Dr. Jay Freedman, Dr. Cary Limberakis and Dr. Stan Heleniak – brought a smile to the faces of some Montgomery County veterans who lacked dental insurance and had limited financial resources while at the same time drawing attention to the access problem veterans face.

On November 18, Drs. Freedman, Limberakis and Heleniak provided more than $11,000 of dental care free to 17 veterans (some who were homeless) in a Give Vets a Smile (GVAS) pilot program that included checkups, cleanings and other basic procedures in dental offices in Abington, Jenkintown and Lansdale.

Dr. Freedman of Abington organized the GVAS effort, one that he and his colleagues hope will expand into a recurring, twice-a-year event in Montgomery, Bucks, Chester, and Lehigh counties as well as Philadelphia. Three other PDA member dentists – Dr. Jonathan Limberakis, Dr. Alyssa Nielubowicz and Dr. Ariana Mason, also participated in the event.

Comprehensive records were taken so dental homes could be established for these veterans.

This event helped to spotlight the tremendous need for disenfranchised veterans have for access to care.

Dr. Cary Limberakis

Billing For Non-Covered Services

SB1144 became effective Dec 25, 2012. This Act describes the circumstances under which a participating dentist is obligated to accept the insurance company allowances for non-covered services. Since its passage, questions have been raised as to its intent and practical application.

According to the Act, a participating dentist is obligated to accept the insurance carrier's allowance for a particular service – even if the insurance carrier does not make payment – if the reason for nonpayment is based on one of the following scenarios:

- Deductible has not been satisfied
- Copayment
- Co-insurance is applicable
- Waiting period
- Patient reached a lifetime or annual maximum
- Service is limited by frequency
- Payment was made for an alternate form of treatment

A participating dentist can bill up to his/her charge for services that are not covered under the terms of that particular patient's contract.

Note that a participating dentist is not obligated to sign the agreement (or addendum) for non-covered services. Further, if a participating dentist signed the agreement but now wishes to disenroll in the non-covered service provision only, the dentist may do so, and remain participating with said insurance company. Disenrollment can be accomplished by sending a letter to the insurance company expressing desire to disenroll in the non-covered service provisions but remain a participating dentist.

Provisions that are not specifically mentioned in the law have caused consternation among PDA members. Consequently, we have asked for and received a legal opinion from PDA's counsel concerning a number of scenarios that are not addressed in SB1144.

Generally speaking, PDA counsel opined that the determination should not be whether something may be covered under different circumstances for a different insured/patient. The appropriate question is whether it is covered for the particular insured/patient

Unfortunately, there is no guarantee that the insurance companies will agree with PDA's interpretation. Consequently, PDA's Regulatory Department is seeking Regulatory/Legislative relief. Until relief is obtained, please consider the following Questions/Answers and use this article, as necessary, to apprise patients of PDA's legal interpretation of SB1144.

AGE RESTRICTIONS

QUESTION: Does SB1144 apply to a service that is a covered service only up to a particular age? For example, fluoride treatment is covered only until a child reaches age 14, but not covered after age 14. If fluoride treatment is done on an adult, is the dentist bound to insurance carrier allowance, simply because fluoride treatment is covered for children?

ANSWER: Fluoride treatment, or any service that is "age defined," would be considered not covered under the terms of the adult patient's contract, therefore, the dentist should not be held to the contract allowance.

COSMETIC SERVICES

QUESTION: Cosmetic services are routinely excluded from dental insurance contracts. If crowns are covered under the patient's contract, but done for cosmetic purpose only, are the crowns subject to the insurance company allowance?

ANSWER: Since cosmetic services are not mentioned in SB1144, we believe any service provided exclusively for cosmetic purposes are not subject to insurance company allowances. It is also advisable when performing cosmetic services the dentist utilize a well crafted financial responsibility form.

MEDICARE ADVANTAGE PLANS

QUESTION: Are Medicare Advantage plans subject to SB1144 limitations?

ANSWER: Medicare Advantage plans written in Pennsylvania after Dec 25, 2012 are subject to the provisions of SB1144.

SELF FUNDED GROUPS

QUESTION: Does SB1144 apply to self-funded groups?

ANSWER: SB1144 applies to insurance contracts. Since self-funded contracts are, by definition, not insurance contracts, SB 1144 does not apply and dentists are not obligated to the group's allowance for non-covered services.

WAITING PERIOD

QUESTION: A patient is covered by dental insurance but the patient's contract contains a six-month waiting period. Is the participating dentist obligated to the carrier allowance for services performed during this waiting period?

ANSWER: Yes. The provisions contained in SB1144 include reimbursement limitations involving "...Deductible, Copayment, Coinsurance, Waiting Period, Annual or Lifetime Maximum, Frequency Limitation or Alternate Benefit Payment..."

Questions concerning SB1144 can be directed to PDA's Independent Insurance Consultant, Vince Pinizzotto at vjp@padental.org or by phone (800) 223-0016, or to PDA's government relations department.

IN MEMORIAM

Dr. Ross V. Pineo
Erie
Baltimore College of Dental Surgery (2001)
Born: 1975
Died: 12/21/2015

Dr. Janet L. Owen
Mount Union
University of Pittsburgh (1985)
Born: 1953
Died: 11/13/2015

Dr. George C. Carrick
Bethel Park
University of Pittsburgh (1952)
Born: 1926
Died: 12/23/2015

Dr. Samuel R. Rockey
Lock Haven
University of Pittsburgh (1971)
Born: 1942
Died: 12/15/2015

Fourth Annual MOM-n-PA – Get Involved in a Life Changing Mission

This year's MOM-n-PA dental mission will be held in Pittsburgh on Friday June 3 and Saturday June 4, at the David Lawrence Convention Center. It is expected that the MOM-n-PA mission will treat as many as 2,000 patients. You can help with the 2016 mission by volunteering your services or making a donation.

MOM-n-PA contacts for this year include:

Richard M. Celko DMD, MBA	**celkorm@upmc.edu** (412) 454-8284
Beth Troy, DMD, MS	**drbethtroy@yahoo.com**
Herb Ray, DMD	**hrayendo@yahoo.com**
Gary Davis, DMD	**shipdentist@gmail.com**
Bernie Dishler DMD,	**dishyork@gmail.com**

For more information, visit **www.mom-n-pa.com**. Volunteer registration for the Pittsburgh mission is now open!

CONTINUING EDUCATION

University of Pittsburgh

Contact: Lori Burkette
Administrative Secretary
(412) 648-8370

April 8
The Attachment Dentistry Ultimate Course: All You Wanted to Kow about Attachment Dentistry, but Were Afraid to Ask!
Dr. George Bambara

April 9
22nd Annual Bowser Memorial Lecture
Innovative Periodontics: Creating Success in Today's Dental Practice
Sam Low, DDS, MS, MEd

Off Campus Courses

ALTOONA

April 7
Updates in Pediatric Dentistry: Treating Tiny Tots to Teens
Dr. Lance Kisby

BRADFORD

April 21
Modern Endodontics: Biologic to Conservative
Dr. Frank Setzer

September 22
Conservative Cosmetic Dentistry for Teenagers and Young Adults: Boost Their Confidence and Boost Your Bottom Line
Dr. Susan McMahon

October 13
Managing Caries: From Fluoride to Fillings and Everything in Between
Dr. John Maggio

BUTLER

March 24
Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient
Dr. Timothy Halligan

April 14
Infection Control and Oral Diagnosis
Dr. Louis Depaola

ERIE

March 23
Things You See Daily: The Best Treatment For Carious and Non-Carious Lesions
Dr. John Maggio

April 13
Infection Control and Oral Diagnosis
Dr. Louis Depaola

GREENSBURG

April 8
Updates in Pediatric Dentistry: Treating Tiny Tots to Teens
Dr. Lance Kisby

JOHNSTOWN

March 31
Keeping Dentistry Current About Drugs and Supplements Affecting Patient Care: Conventional Drugs, Herbals, Marijuana, Antioxidants and Nutraceuticals
Dr. Richard Wynn

April 27
Managing Caries: From Fluoride to Fillings and Everything in Between
Dr. John Maggio

October 12
Introduction to Digital Dentistry
Dr. Thomas Kunkel

November 17
Infection Control and Oral Diagnosis
Dr. Louis Depaola

PITTSBURGH (VAMC)

April 8
The Nuts and Bolts of Implant Dentistry From Gaining Case Acceptance To Full Mouth Restorations
Dr. Zola Makrauer

READING

April 29
Updates In Pediatric Dentistry: Treating Tiny Tots to Teens
Dr. Lance Kisby

September 16
The Dentist's Role in the Identification, Diagnosis and Treatment Of Sleep-Related Breathing Disorders
Dr. Michael Hnat

October 14
Infection Control and Oral Diagnosis
Dr. Louis Depaola

SCRANTON

April 13
Jewels You Can Us on Monday: Restorative Techniques You Can Use to Increase Productivity
Dr. Marc Gottlieb

STEUBENVILLE, OHIO

April 28
Infection Control and Oral Diagnosis
Dr. Louis Depaola

TITUSVILLE

March 23
Medical History Myth Busters: Yes, You Can Treat the Medically Complex Patient
Dr. Timothy Halligan

April 27
Infection Control and Oral Diagnosis
Dr. Louis Depaola

WILLIAMSPORT

March 23
The Phantom of the Operatory: An Overview and Update in Pharmacology for Dental Professionals
Dr. Thomas Viola

April 20
Pediatric Dentistry
Dr. Mary Beth Dunn

Temple University

Contact: Nicole Carreno
(215) 707-7541
(215) 707-7107 (Fax)
ncarreno@temple.edu
Register at dentistry.temple.edu/continuing-ed

March 23
Medical Emergencies in the Dental Office
Drs. Allen Fielding and Gary Jones

April 7
Abrams Lecture: Dental Implant Complications
Dr. Chandur Wadhwani

April 22
Mastering Indirect Dental Esthetics
Dr. Steven Weinberg

May 13-14
*Introduction to Laser Dentistry
Dr. Robert Convissar
Dr. James Craig

May 22
Jewels You Can Use On Monday
Dr. Marc Gottlieb

Brookville

Pinecrest Country Club
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext 117

April 1
All Ceramic Crowns: A New ERA
James Braun DDS, MS

May 13
Temporomandibular Disorders and Orofacial Pain for the Restorative Dentist
Matthew Lark, DDS, MAGD

St. Marys

Gunners Inn and Restaurant
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

April 22
A Potpourri of Contemporary Oral Surgery for the General Practitioner
William L. Chung, DDS, MD

Greensburg

Giannilli's II Restaurant
& Banquet Facility
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

April 1
Everyday Endodontics
Eugene A. Pantera Jr., DDS

May 6
Minimal Intervention, Maximal Outcomes—The Use of Minimally Invasive Dentistry to Maximize Esthetic and Functional Outcomes
Arthur R. Volker, DDS, MSEd

The Institute For Facial Esthetics

Fort Washington
Contact: Linda Maroney,
CE Coordinator
(215) 643-5881
On-Line Registration:
www.iffe.net/registration

April 25
Advanced Guided Surgery with Zygoma
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wolfinger, DMD, FACP
Stephen F. Balshi, MBE

April 29
AvaDent® Clinical Training Program
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wolfinger, DMD, FACP
Stephen F. Balshi, MBE

May 16
Severely Atrophic Maxilla
Thomas J. Balshi, DDS, PhD, FACP
Glenn J. Wolfinger, DMD, FACP
Stephen F. Balshi, MBE

Wellsboro

Tokishi Training Center
Contact: Rebecca Von Nieda, PDA
(800) 223-0016, ext. 117

April 29
Classification of Extraction Site Defects and A Practical Approach to Implant Site Development
Joseph A. Leonetti, DMD

September 9
Patient Health, Not Just Oral Health
Richard H. Nagelberg, DDS

October 7
Updates in Pediatric Dentistry—Treating Tiny Tots to Teens in 2016
Lance Kisby DMD, FASDC, FAGD, FAAPD

Philadelphia County Dental Society

Philadelphia Hilton City Avenue Hotel
www.philcodent.org

May 20
How to be Thrilled in Dentistry for the First Time
Peter Auster, DMD

September 21
The Most Frequently Prescribed Medications and Their Clinical Dental Implications and Patient Care Considerations in the Management of Dental Pain
Thomas Viola, RPH, CCP

October 26
Dental Sleep Medicine Seminar
John Nadeau

(Register online at www.philcodent.org)

Dental Society of Chester County and Delaware County

DKU Continuing Dental Education
Springfield Country Club,
Delaware County
Contact: Dr. Barry Cohen
(610) 449-7002
DKUdental@aol.com

April 14
Essences of Anterior Implant Esthetics: The Perio-Ortho-Restorative Connection
Joseph Kan, DDS, MS

May 5
The Christensen Bottom Line – 2016
Gordon J. Christensen, DDS, MSD, PhD

(Those taking the full DKU series will receive a bonus course: October 21, Medical Update for the Entire Dental Team, Barbara Steinberg, DDS)

Beaver Valley Dental Society

Contact: Dr. David Spokane
(724) 846-9666

April 21
A Dentist's Guide to Office Based Anesthesia Modalities
Dr. Jeff Borandi

April 22
Annual Dental Hygienist Seminar
The Secret to Power, Precision and Prevention: Advanced Reinforced Periodontal Scaling techniques
Diane Millar, RDH, MA

May 19
Socket Preservation and Bone Grafting
Dr. Kimberly C. Bentjen

June 22
Annual Golf Outing and OSHA and Infection Control CE Event
Dr. Joel Slessinger

Lawrence County Dental Society

March 22
A Dentist's Guide to Office Based Anesthesia Modalities
Dr. Jeff Borandi

April 19
Assessment and Successful Treatment of TMJ Disorder
Todd Henkelmann, PT, MS, CCTT

May 17
Evaluation of Suspicious Oral Lesions
Dr. Kimberly Bentjen

Lehigh Valley Health Network

Allentown
Contact: Charles Kosteva, DDS
(610) 969-4839

April 15
Communication
Ms. Joy Mills

May 4
The Christensen Bottom Line – 2016
Dr. Gordon Christensen

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Website: All *Journal* classified ads will be posted on the public section of the PDA website, unless otherwise requested. Ads will be posted within 48 hours of receipt, but no earlier than one month prior to the date of the *Journal* issue. Ads will be removed at the end of the two months of the *Journal* issue.

Deadlines: Jan/Feb Issue — Deadline: Nov 1 • Mar/Apr Issue — Deadline: Jan 1 • May/Jun Issue — Deadline: Mar 1 • Jul/Aug Issue — Deadline: May 1 • Sept/Oct Issue — Deadline: Jul 1 • Nov/Dec Issue — Deadline: Sept 1

Payment: Upon submitting ad.

Mailing Address: Send ad copy and box responses to:
PDA Dental Journal • PO Box 3341 • Harrisburg, PA 17105

Classified Advertising Policy: The Pennsylvania Dental Association is unable to investigate the offers made in Classifieds and, therefore, does not assume any responsibility concerning them. The Association reserves the right to decline to accept or withdraw advertisements in the Classifieds. The Journal reserves the right to edit classified ad copy.

How to reply to a PDA Box Number:

Your Name
& Address Here

Pennsylvania Dental Journal
PO Box 3341
Harrisburg, PA 17105

Attn: Box M/A____

OPPORTUNITIES AVAILABLE

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In Pennsylvania, providing ongoing professional development, financial advancement and more. Positions also available in FL, GA, IN, MI, VA and MD. For more information contact Jeff Dreels at (941) 955-3150, fax CV to (941) 330-1731 or email **dreelsj@dentalcarealliance.com** or visit our website **www.Dentalcarealliance.com**.

Associate - General Dental Practice
Beaver County Pennsylvania (Pittsburgh area) extremely busy general practice seeking quality long term associate or buy in candidate. Contemporary practice is computerized and has all digital X-rays. Experience in all phases of general practice including endo, implants and crown and bridge preferred but will consider a recent, qualified graduate. Established practice includes experienced staff, modern equipment, great location, and doctors willing to make this a win-win situation. Contact office at (724) 775-4115 or email **mfddmd@comcast.net**.

Opportunity
Exciting opportunities for dentists, hygienists and assistants to provide children with quality dental care in schools in Pennsylvania. No evenings or weekends. Email resumes to **jobs@smileprograms.com**.

General Dentists Needed
Dental Dreams desires motivated, quality oriented general dentists to work in our **busy Pennsylvania practices**. At **Dental Dreams**, we focus on providing the entire family superior quality general dentistry in a modern technologically advanced setting with experienced support staff. Because we understand the tremendous value of our associate dentists, we make sure that their compensation package is amongst the best. Our competitive compensation package includes: minimum guaranteed salary of $150,000 with potential to earn up to $300,000, visa sponsorship, and health and malpractice insurance reimbursement. **Make Dental Dreams a reality for you!** To apply, please email CV to **humanresources@dentaldreams.org** or call (312) 274-4520.

GENERAL DENTIST WANTED – Philadelphia Suburbs
Dental group with several offices in the Philadelphia suburbs is seeking a full time, experienced general dentist. We offer an extremely competitive compensation package to qualified candidates. Email CV to **gsmith@schaeflen.com** for immediate placement.

WANTED - Periodontists and Dentists
Amazing things happen when you love your work! We take pride in knowing that our experienced team of professionals offers the best standard of care by enriching the lives of our patients and the community. We're looking for passionate full time and part time Periodontists and Dentists to join our offices in Central, PA. In addition to offering top compensation, we make the following benefits available to all our full time staff:

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- Dental Services
- 401k
- Life Insurance
- Short Term Disability, Long Term Disability and Vision
- Continuing Education and Training
- Malpractice Insurance
- Relocation Assistance
- National, State and Local Professional Dues

We invite you to join our team of professionals. Please e-mail your CV to **christa.barnett@blackforddental.com**, call (717) 590-1500 or visit our website at **www.blackforddental.com**.

Blackford Dental Management Holdings, LLC-***Supporting Lifetime Dental USA and The Windsor Perio Group***.

Dentists Wanted
DentalOne Partners is actively recruiting for General Dentists to join our affiliated practices in the Pittsburgh and Youngstown areas. These practices have an established patient base and a constant flow of new patients. When joining an affiliated DentalOne Partners practice, you can expect FULL clinical autonomy and freedom from Medicaid. But most importantly, you can focus on what matters most: patient care, while maintaining an exceptional work-life balance. DentalOne Partners provides the managerial, the marketing, and the technical administrative expertise; you provide the talent & passion for your craft. Full time and part time positions available. DentalOne Partners also offers an excellent relocation package. Contact Michael Herman at **Michael.Herman@DentalOnePartners.com** or call (972) 755-0806 ASAP to learn more about these opportunities!

General Dentist Wanted - Canonsburg
We are looking for a Full or Part time Dentist. 2 to 4 days a week. Immediate Opening Available. If interested, please respond with resume attached. Email: **BillSulk@aol.com**.

General Dentist Wanted – Glen Mills
Associate opportunity for a General Dentist in Glen Mills. Strong commitment to long-term care in cosmetic and family dentistry. Great working conditions and income potential with a well-established patient base and strong focus in marketing and new patient procurement. Email resume to **eva1dental@gmail.com**.

Associate Leading to Partner – Wyomissing
Well established, highly regarded, fee for service, two doctor practice seeks associate committed to a possible partnership buy-in/out. All aspects of dentistry performed by a great long-term staff that is committed to helping future associate expand his or her skills. Call our office at (610) 374-8009 and speak to Kim or email resume to **Penncom202@comcast.net**. Please visit our website at **www.pennscommonsdental.com**.

KOOL SMILES - Associate Dentist FT/PT/Multi-Site opportunities in 16 States!
UP TO $20,000.00 SIGN-ON BONUS + RELOCATION!!! EARN UP TO $650/DAY GUARANTEE OR A % OF COLLECTIONS!!! Kool Smiles is the nation's leader in general dental care to under-served kids, teens, and adults. Currently, we have openings in more than 125 locations in 16 states. Contact a recruiter today at **jobs@koolsmilespc.com**!

KOOL SMILES - Associate Dentist FT/PT/Multi-Site opportunities throughout LOUISIANA!
UP TO $20,000.00 SIGN-ON BONUS + RELOCATION!!! EARN UP TO $650/DAY GUARANTEE OR A % OF COLLECTIONS!!! Kool Smiles is the nation's leader in general dental care to under-served kids, teens, and adults. Currently, we have openings in New Orleans, Lafayette, Lake Charles, Monroe, and Shreveport, LA. For more information contact Renee at **rbaron@benevis.com**!

KOOL SMILES – Pedodontist, Orthodontist, Endodontist, Oral Surgeon, and Dental/Medical Anesthesiologist opportunities in 16 States!
We offer generous compensation and outstanding benefits including: 401(K), PTO, malpractice, health, & life insurance, continuing education, licensing reimbursements, and Visa/permanent residency sponsorship. For more information contact Emily Platto at **eplatto@benevis.com**!

DENTAL VAN PROGRAM – ALLENTOWN
Lehigh Valley Health Network (LVHN) proudly supports the Miles of Smiles free dental care program in partnership with Allentown School District. We are seeking a dentist to work part-time in our mobile dental office up to three days a week. Great opportunity for a dentist who enjoys working mostly with children and who is comfortable in a very modern, mobile office that is well-equipped with pop-out treatment rooms and digital x-ray and is completely wireless. Staff includes a driver/medical secretary, dental hygienist and dental assistant. Bilingual skills are a big plus.

We are offering hourly compensation and malpractice insurance along with the opportunity to positively impact the children of the Lehigh Valley who really need your help.

If interested please email a CV to **Mark.Payson@lvhn.org** or call (484) 862-3205.

Endodontist Wanted – Glen Mills
We are searching for the right Endodontist to join our practice.

This is truly a unique opportunity. We are located in Glen Mills an area of unprecedented growth near West Chester, Philadelphia and Wilmington, Delaware.

Our facility is brand new, high tech and well equipped. You will have everything to meet your needs.

Our practice consists of three general dentists, a Periodontist, Oral Surgeon and Orthodontist. We currently have over several thousand active patients and are experiencing rapid growth. At this time we can utilize an Endodontist one or two days a week.

Please contact our office manager, Myra Reid to schedule an interview. Fax your Curriculum Vitai to (610) 459-8290 or email to **dental@dabl.biz**.

Full-time General Dentist Wanted for Private Practice
Associate wanted for busy two partner practice in Northern Bucks County. Quakertown Family Dental Center has been a part of the community for over 25 years, providing dental care in all facets of dentistry, including laser and surgical placement of implants. Full time position. Opportunity for buy-in is possible. Please forward CV or resume to Dr. Brian Schoenly at **qtfamilydental@gmail.com** or fax to (215) 538-9694.

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*Smile*builderz is a comprehensive dental practice offering a full array of dental services, specialties, and walk in emergency care! We provide a professional support staff, excellent facilities, and advance dental technologies to allow each of our doctors to shine. As a rapidly expanding practice we are looking for exceptional doctors to join our team! Please contact our human resource department to learn more about our opportunities by email at **christi@smilebuilderz.com**, call Christi at (717) 481-7645 ext. 1084, and visit our site at **www.smilebuilderz.com**.

Part-Time General Dentist Wanted – Johnstown
General dentist needed 2 days a week. Salvation Army Dental Center, Johnstown. Send response to **james.mancini@use.salvationarmy.org**.

DENTAL CANDIDATES - PITTSBURGH
Merit Dental is seeking dental candidates for a practice opportunity near Pittsburgh. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity near Pittsburgh, please contact Brad Smith at (715) 590-2467 or email **bsmith@mymeritdental.com**. Visit our website at **www.mymeritdental.com**.

FOR SALE OR LEASE

LEHIGH COUNTY DENTAL PRACTICE FOR SALE
Well established and modern cosmetic & family dental office with 4 ops and over 3,300 active patients. Great location, patients and staff. This practice has excellent potential for growth. For Confidential Information contact us at **RNR4155@gmail.com**.

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Numerous practices available with Collections ranging from $300,000 to $5,227,000:

PA (#s are collections):

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PEDIATRIC – **Southwestern, PA** $417,000.

PERIODONTAL – **Chevy Chase/DC Area** $1,200,000; **Hudson County, New Jersey** $450,000; **Memphis, Tennessee** $5,227,000; **Warwick-Narragansett, Rhode Island** $2,300,000; **Upstate New York** $819,000; **Central Piedmont, NC** $1,500,000.

We offer formal Valuation Services in case of divorce, business planning, estate planning, retirement planning, help in determining exit strategy, partner "buy out", etc. As always, we treat these matters with the highest amount of confidentiality and any contact with United Dental Brokers of America will be kept completely confidential. Please contact Bob Septak at (412) 931-1040 or e-mail **bob@udba.biz**.

Register your email address at **www.UDBA.biz** for new dental listings.

Practices Available/Western Pennsylvania
Merger opportunities to practices grossing over 1 Million annually. Visit our website at **www.paragon.us.com** or contact David A. Moffa, DMD, MAGD (724) 244-9449 or **dmoffa@paragon.us.com**.

Home Office with Dental Equipment for Sale
Home office with parking lot in award winning school district. Located on busy Baltimore Pike in Media. Includes 2 Ops, hygiene room, sterilization lab, N_20 plumbed, and compressor. Good opportunity for establishing or relocating a practice. Terms negotiable. Contact Dr. Claire Field at **clairefield@verizon.net** or (610) 209-5573.

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Northeast Philadelphia near Bustleton and Rhawn. 3 Operatories, 4th plumbed. Good opportunity for Specialist or General Dentist. Part time Dentist to maintain practice with future transition or sale. Please call (215) 514-5859 or email **snad123@aol.com**.

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Approved PACE Program Provider FAGD/MAGD credit. Approval does not imply acceptance by a state or provincial board of dentistry or AGD endorsement. The current term of approval extends from 3/1/2013 to 2/28/2017. Provider ID #217995

Register on-line at DKUdental.com

Thursday, April 14, 2016

Joseph Kan, DDS, MS – Loma Linda, CA – *"Essences of Anterior Implant Esthetics: The Perio-Ortho-Restorative Connection"* Achieving anterior implant esthetics is a challenging and demanding procedure. To create implant restorations with harmonious gingival contour that emulate nature is a science and art. Understanding the biologic and physiologic limitations of the soft and hard tissue will facilitate predictability in simple to complex esthetic situations. This course is designed for the Restorative Dentist, Periodontists, and Oral Surgeons focusing on current implant treatment philosophies and methodologies for replacing currently missing teeth and the management of patients who will be losing a tooth or teeth in the esthetic zone. Emphasis will be placed on evidence based diagnosis and treatment planning, and surgical and prosthetic management of soft and hard tissue for optimal anterior implant esthetics. You will learn: Prognostic keys for predictable esthetic implant treatment; Immediate vs. Delayed vs. Early placements: Indications, Contraindications; Management of the implant socket gap; Bone grafting & Soft tissue grafting concepts; Papilla management for implant vs. natural teeth; Management of inter-implant papilla; Management of surgical and prosthetic complications; and Provisionalization (contour for optimal gingival esthetics). Dr. Kan completed Prosthodontics and Implant Surgical training from Loma Linda University School of Dentistry where he is a Professor of restorative dentistry and maintains a private practice limited to imlant surgery and prosthodontics. He lectures worldwide. This course is supported by educational grants from Nobel Biocare, Dodd Dental Lab, Hayes Handpiece and PNC Bank.

Thursday, May 5, 2016

Gordon J. Christensen DDS, MSD, PhD – Provo UT – *"THE CHRISTENSEN BOTTOM LINE-2016"* This fast moving "bottom line" course includes the areas of dentistry with the most activity and change in any given year. It is easily understood and has numerous summaries that help attendees to interpret the ongoing advancements in the profession. The course encourages audience participation, and questions and answers and is presented in an enjoyable and humorous manner. The hottest aspects in the following topics will be included: Endo, implants, technology, fixed pros, lasers, operative, esthetics, equipment, radiology, and periodontics. On the completion of this course attendees should be able to: List the most important and useful new techniques in these topics; List the most important and useful materials discussed in these topics; List the most important and useful new concepts discussed in this course; and Implement those aspects of the course most applicable to your practice. Gordon J. Christensen is Founder and Director of Practical Clinical Courses (PCC), Chief Executive Officer of Clinicians Report Foundation (CR), and a Practicing Prosthodontist in Provo, Utah. Since 1976, he and his wife Rella have conducted research in all areas of dentistry and published the findings to the profession in the well-known CRA Newsletter now called *CLINICIANS REPORT*. This course is supported by educational grants from Dodd Dental Lab, Hayes Handpiece, PNC Bank and VOCO.

All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Course.
Registration for all courses 8:15 AM. Lecture 9:00 AM – 4:15 PM. Continental breakfast and lunch included for all DKU courses.

FEES
Delco and Chesco Society Members - Entire Series plus bonus Course - **$645,** Individual Courses - **$195,** 3 Courses - **$530,** 4 Courses - **$615**
Other ADA Members - Entire Series plus bonus Course - **$695** Individual Courses - **$210,** 3 Courses - **$570,** 4 Courses - **$665**
Non-ADA Members - Entire Series plus bonus Course - **$765,** Individual Courses - **$225,** 3 Courses - **$605,** 4 Courses - **$715**
Staff members accompanied by a doctor will be **$95** per course per person with reservation at least one week in advance, **$110** per course per person at door.
Cancellations and Refund Policy - No refunds will be made without notice of at least one week prior to course date. (A $25 administrative fee will be deducted.)
For information please contact: DKU • c/o Barry Cohen, DMD • 4750 Township Line Rd • Drexel Hill, PA 19026 • 610-449-7002 • DKUDental@aol.com

NEW LISTING! General Practice - Dauphin County
General Practice grossing $415K in a stand-alone building with low overhead! The building is located on a main road with great signage and has had many recent upgrades. 1,100 sq. ft. on the clinical first floor with 3 ops. 1,400 sq. ft. on the second floor with lots of attic storage. 1,400 active patients seen in the last two years. **Growth potential as the seller has limited insurance participation, does little marketing or advertising, has limited hours, and refers most specialty procedures.** Call or email Tom Bonsack DDS at (410) 218-4061 or **Tom@MidAtlanticDentalTransions.com** for more details.

Practice For Sale – Lehigh Valley
35+ year old General Practice, stable, fee for service only. $1M+ potential. Mature and stable staff, 3 ops with room for expansion. Doctor will stay to introduce. Asking $600K and includes 1 year consulting. Serious Principles only via email at **practiceperfectsystems@gmail.com**.

Philadelphia County - Great practice with a STRONG hygiene program!!! Over 1500 active patients. Digital and Paperless. 3 ops. Real estate is also available. Contact Henry Schein Professional Practice Transitions representative, Donna Costa, (800) 988-5674, **donna.costa@henryschein.com**. #PA167.

Pittsburgh Area - This Pediatric practice occupies 1,624 sq/ft of leased space, 6 ops, desirable suburban location. Pano and Softdent dental management. Gross revenue 2013 $388,000. Staff will stay and Doctor is willing to stay on for a period of time after transition. Contact Henry Schein Professional Practice Transitions representative Mark Sirney, **mark.sirney@henryschein.com**, (724) 778-8000. #PA157.

Lebanon County - 36 y/o practice, 5 ops, 1290 Sq/ft., 1200+ active patients - 50% insurance. Refers out endo, ortho, perio, and implants. Practice in home with apartment upstairs. Real estate optional. Contact Henry Schein Professional Practice Transitions representative Sharon Mascetti, (484) 788-4071, **Sharon.mascetti@henryschein.com**. #PA163.

Northeast PA - 35 y/o practice near Interstate 79 with 3 computerized ops in 2,400 sq/ft. 1200+ active patients. Average annual revenue $360K. Low overhead. Potential for increased production. Contact Henry Schein Professional Practice Transitions representatives Chip Van Dalen, (440) 503-2441, **Chip.VanDalen@henryschein.com** OR Mark Sirney, (724) 316-6066, **Mark.Sirney@henryschein.com**. #PA165.

Northeastern Pennsylvania - Wonderfully located spacious practice in growing area. Six ops and operates as an efficient surgi-center. Owner doctor willing to stay, working for optimal transfer of goodwill and the referral base. Contact Henry Schein Professional Practice Transitions representative, Donna Costa, (800) 988-5674, **donna.costa@henryschein.com**. #PA147.

Chester County - Well established PERIO office in a very desirable neighborhood. The practice has all the dental toys including cone beam technology. Collections of $650K. Please call Henry Schein Professional Practice Transitions Representative Sharon Mascetti at (484) 788-4071 or **sharon.mascetti@henryschein.com**. #PA160.

PRACTICES FOR SALE
MARYLAND, DC AND VIRGINIA: No buyers fees. CROFTON, MD modern 5 ops, grossing $850K; TYSONS, VA – 4 op, modern, fee for service. MARYLAND PEDIATRIC practice grossing $1.5 Million. POLCARI ASSOCIATES, LTD (800) 544-1297. **info@polcariassociates.com**.

General Practice #PA-1240: Lehighton County. 3 Operatories. Average collections $326,309. Well-established practice. Small town, close-knit community. Patient base growing due to other practice closing!! Real Estate available. For details contact Dr. Bernie Kowalski, NPT (National Practice Transitions) representative (215) 437-3045 x233, **b.kowalski@NPTdental.com** or **www.NPTdental.com**.

General Practice #PA-1239: Lancaster County. 4 Operatories. Average collections $445,181. Professional Building. ScanX & software upgraded 2014. Full-service lab in basement. High traffic area, minutes from downtown Lancaster. For details contact Dr. Bernie Kowalski, NPT (National Practice Transitions) representative (215) 437-3045 x233, **b.kowalski@NPTdental.com** or **www.NPTdental.com**.

General Practice #PA-1232: Northampton County. 8 Operatories. Price reduced. Real Estate available. Average collections over $600,000 (net 55%)! Fee for Service. Close to interstate highway system for North Jersey/NY. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) representative (215) 437-3045 x233, **b.kowalski@NPTdental.com** or **www.NPTdental.com**.

General Practice #PA-1249: Lackawanna County. 6 Operatories. Large OMS office. Seller can stay on, financing available. 2hrs to NYC, Philadelphia, Jersey Shore. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, **b.kowalski@NPTdental.com** or visit **www.NPTdental.com**.

General Practice #PA-1254: Dauphin County. 3 Operatories. Long-established; local to many high-employee businesses. Much room for growth. IDEAL AS STARTER-PRACTICE. Real Estate available. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, **b.kowalski@NPTdental.com** or visit **www.NPTdental.com**.

ASSOCIATESHIP General Practice #PA-1256: Montgomery County.
GREAT ASSOCIATE OPPORTUNITY! Owner looking for associate. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, **b.kowalski@NPTdental.com** or visit **www.NPTdental.com**.

ASSOCIATESHIP General Practice #PA-1260: Franklin County. GREAT ASSOCIATE OPPORTUNITY! Owner looking for associate. Serious buy-in potential. Contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233, **b.kowalski@NPTdental.com** or visit **www.NPTdental.com**.

COMING SOON!!: YORK County. 6 ops, Collections $700,000+. Digital, high traffic area, seller can stay on. BERKS County. 2 ops, room for expansion, Real Estate available, digital. MONTGOMERY County. 5 ops, digital, Collections $350,000+. Great potential. For details contact Dr. Bernie Kowalski, NPT (National Practice Transitions) (215) 437-3045 x233.

Practice for Sale in Northwest Pennsylvania
Wonderful opportunity to purchase a practice from a retiring dentist who has been there for 35 years and is the only dentist in the area. Practice is located in a free-standing building which is for sale. There are 4 operatories in approximately 1700 square feet. Please contact John McDonnell (410) 321-4444 ext. 101 or **johnf@mcnorgroup.com**.

Practice for Sale – Pittsburgh area
Established general dental practice for sale. Fee-for-service with active patient base and recall program. South Hills area 15 miles south of Pittsburgh. Great location near a major thoroughfare in a Professional Office Park. Collecting $520,000 4 days/week. Attractive well-equipped 4 operatory office suite. If interested, please call or email: Robert S. Markovitz at (412) 571-0500 or **robbiem@mda-cpa.com**.

Practice for Sale – Lancaster County
Charming comprehensive general and cosmetic dental practice for sale. 100% fee for service. Fully computerized, Dentrix software, Digital X-ray, Intraoral camera, Zoom2. Unlimited potential in a very desirable, historic location. For details contact **paftmf@aol.com**.

PRACTICE FOR SALE - Bedford
General Dental practice in Bedford. Established 40 years. 3 Operatories, easily expandable; experienced staff. Owner retiring, would assist with transition. Gross $525,000, 28 hours per week. Perfect location in historical town. Great opportunity. Practice, office building, with separate remodeled historical home next door. Call (814) 977-1747

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Excellent location - 80 miles east of Pittsburgh. Well established family dental practice of 40 years, fee for service, 6 operatories, 1500 sq. ft., and real estate. **Respond to N/D Box 1**.

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MISCELLANEOUS

Newark, New Jersey CE Event - June 17-18
Lectures on antibiotics, restorative dentistry, surgical extractions, social media marketing, cracked teeth, occlusion, splints, and elevating flaps will be presented. AGD PACE Accepted CE. Email: **drtommymurph@yahoo.com**. Phone: (843) 488-4357. Website: **www.weteachextractions.com**.

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