

ACCESS DENTAL UPDATE

FOR PROVIDERS PARTICIPATING IN ACCESS DENTAL GOVERNMENT-FUNDED PROGRAMS IN CALIFORNIA

GUARDIAN LIFE ACQUIRES AVÉSIS INCORPORATED

On January 29, 2016, Guardian announced its acquisition of Avésis, Inc. The Guardian purchase of Premier Life Insurance Company in 2014 enhanced Guardian's dental portfolio and government programs segment. And now, Avésis strengthens Guardian's government programs business further. It is one of the leading administrators for vision, dental and hearing benefits for government and commercial programs with three million members administered under Medicaid, CHIP, and Medicare Advantage programs; and 1.5 million members covered by their group vision programs. Avésis has partnerships with managed care organizations holding government contracts in 21 states. Founded in 1978, Avésis has been providing essential ancillary benefit solutions for over 35 years and has corporate offices in Phoenix, Arizona and Owings Mills, Maryland.

Chris Swanker, formerly Guardian's vice president of group and worksite markets, has been appointed chief executive officer of Avésis and is quoted as saying: "The acquisition strengthens Guardian's government programs business with an experienced management team possessing deep knowledge of the market, a scalable operating and technology platform, existing relationships with leading managed care organizations, and a broad product portfolio."



IMPORTANT!

Encounter Forms are due by the 15th of each month. Make sure you submit yours on time.

PRIOR AUTHORIZATION FOR INTRAVENOUS SEDATION AND GENERAL

One April 1, 2016 the California Department of Health Care Services (DHCS) amended the regulations regarding IV sedation and General Anesthesia as it applies to all Medi-Cal Dental Managed care plans. This revision supersedes the original APL 15-005 released on September 11, 2015. The following is a high-level overview; to receive full guidelines, please contact Access Dental's Provider Services.

ANESTHESIA SERVICES

Patient selection for conducting dental procedures under intravenous sedation or general anesthesia utilizes medical history, physical status, and indications for anesthetic management. DHCS expects that the dental provider will work collaboratively with an anesthesia provider to determine whether a Medi-Cal beneficiary meets the minimum criteria necessary for receiving intravenous sedation or general anesthesia.

The anesthesia provider must submit documentation outlining the patient's need for intravenous sedation or general anesthesia based on the stipulated criteria through a TAR, and must receive approval prior to delivering the requested sedation or anesthesia services.

CRITERIA INDICATIONS FOR INTRAVENOUS SEDATION OR GENERAL ANESTHESIA

Behavior modification and local anesthesia shall be attempted first; conscious sedation shall then be considered if this fails or is not feasible based on the medical needs of the patient.

If the provider provides clear medical record documentation of both number one (1) and number two (2) below, then the patient shall be considered for intravenous sedation or general anesthetic:

1. Use of local anesthesia to control pain failed or was not feasible based on the medical needs of the patient.
2. Use of conscious sedation, either inhalation or oral, failed or was not feasible based on the medical needs of the patient.

If the provider documents any one of numbers three (3) through six (6) then the patient shall be considered for intravenous sedation or general anesthetic:

3. Use of effective communicative techniques and the ability for immobilization (patient may be dangerous to self or staff) failed or was not feasible based on the medical needs of the patient.
4. Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.
5. Patient has acute situational anxiety due to immature cognitive functioning.
6. Patient is uncooperative due to certain physical or mental compromising conditions.

If sedation is indicated then the least profound procedure shall be attempted first. The procedures are ranked from low to high profundity in the following order: conscious sedation via inhalation or oral anesthetics, intravenous sedation, then general anesthesia.

MITIGATING CIRCUMSTANCES

Patients with certain medical conditions such as but not limited to: moderate to severe asthma, reactive airway disease, congestive heart failure, cardiac arrhythmias and significant bleeding disorders (i.e. continuous anticoagulant therapy such as Coumadin therapy) should be treated in a hospital setting or a licensed facility capable of responding to a serious medical crisis.

THE IMPORTANCE OF PREVENTIVE ORAL HEALTH CARE

The importance of helping patients practice good oral hygiene cannot be overstated. It is imperative that patients, especially young ones, are reminded at each visit how brushing and flossing will help avoid dental decay. Appointments should include a discussion of how the child has been practicing good oral health, and a standard cleaning, as warranted.

“Educating children on the importance of their home care, and teaching proper brushing and flossing, creates a routine of healthy behavior that kids can continue into adulthood,” said Pam Quinones, RDH, BS, ADHA President. “Teaching kids at a young age sends the message that oral health care is important, and this message will have a tremendous impact on their oral and overall health for the rest of their lives. It really is a simple matter of creating habits that keep your mouth, and your entire body, healthy.”

Access Dental urges dentists to make full use of the sealant benefit in our members’ dental plans. (We believe in the importance of the procedure to the degree that we have included sealants in our bonus program. If you need to know more about the bonus schedule, give Provider Services a call.) Sealants are a primary element in the prevention of dental caries. They provide a physical barrier between the spaces created by anatomical pits and fissures of posterior teeth and the cariogenic bacteria, halting incipient lesions and preventing

caries. But, again, education plays a factor in the use of sealants. Patients must understand that sealants are only one element of an oral health regime. They aren’t magic shields that protect their teeth once they’ve been applied; they must be used in conjunction with periodic dental exams and daily brushing and flossing, along with a healthy diet and a reduction of sugary foods.

SEALANTS

- Approximately 23% of children ages 2-11 have untreated dental caries.
- It has been shown that the occlusal surfaces account for up to 90% of all caries in school aged children.
- PIT AND FISSURE DENTAL SEALANTS

MONTHLY OUTREACH

NEW TECHNOLOGY

We are in the process of redesigning our member "autodialer." Currently our autodialer automatically contacts members to remind them that they have not had an appointment in the past 12 months. If the member wants to schedule a meeting, they press 1 and are able to leave a message. Offices then receive the list of members who want to schedule appointments. The redesign will transfer the member directly to a live agent, instead of leaving a message. We believe this will increase the number of appointments we are able to schedule.

We will be piloting the new technology with several offices, effective May 1st. You will be notified when we are ready to implement a full roll-out.

Part of the administrative requirements for Access Dental members on Medicaid is to contact any of those patients who have not been receiving services. This is an important part of the program as it helps establish a connection between your office and the member and gives them the introduction to a "dental home." (The dental home is the 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.)

Using your monthly Access Dental roster, check each member against your files to see if they are receiving care. If they are not, or have not met your treatment schedule, give the parent or caregiver a call to remind them of how important oral health care is and offer to set an appointment for them. (If you call later in the day you'll have a better chance of speaking directly to someone, rather than having to leave a message. If you do have to leave a message, make a note on your encounter sheet and call them back if you don't get a response in a couple of days.)

These outreach efforts should be documented... no answer, appointment scheduled, no show, etc. And these encounter sheets should be submitted by the 15th of each month.

Outreach not only helps you meet your monthly utilization target of 5% of your assigned members but is also how you receive your quarterly preventive bonus for children aged 5-11 and your yearly bonus for Annual Dental Visits (ADV).

If you have any questions or concerns about the outreach process, please contact your Provider Relations Representative for more information.

IMPORTANT NOTICE REGARDING PART D ENROLLMENT REQUIREMENT



CMS requires a dentist to opt-in or opt-out of Medicare/Medicare Advantage.



What does this mean to you and your practice?

If you write prescriptions for Part D drugs you must be enrolled in an approved status or have a valid opt-out affidavit on file with Medicare for their prescriptions to be covered under Part D beginning February 1, 2017.

Note for Access Dental providers: If the member is in the LAPHP program you will be able to prescribe based on your contract as a straight Medi-Cal provider.

LAPHP PROVIDER FORUM

Access Dental hosted an LAPHP Provider Forum in October 2015 which was attended by a number of participating providers. We were pleased at the topics brought forward and satisfied with the “next steps” outlined in that meeting. Below are the take a ways from the Forum.

Phase I - Completed

- Provide path for network providers to review utilization benchmarks and review the Plan’s utilization results:
Please see http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=dental_managed_care_plan_util
- Develop a process that will allow network providers who would like to provide school-based services to do so and still receive utilization credit and compensation.
 - o Virtual Dental Home Agreement has been completed. Please speak with your Provider Relations Representative for additional information.
- Develop a provider specific outreach campaign initiated by the Plan to connect members to their provider
 - o See “New Technology” article

Phase II - Slated for a Q2 completion date

- Streamline the emergency referral process to ensure patients receive emergency treatment in a timelier manner.
- Reach out to the Association of Managed Dental Care to help facilitate a provider subcommittee that deals specifically with the needs of government providers.
- Provide talking points for those who would like to send written correspondence to the State regarding the program’s challenges.
- Connect with the Oral Health Action Center and California Primary Care Association in an effort to help facilitate more involvement from the local school districts.

Phase III - Projected Q4 Completion date

- Develop an outreach campaign targeting Pediatricians and faith-based organizations in the local community to help with parent education (names requested from attendees).

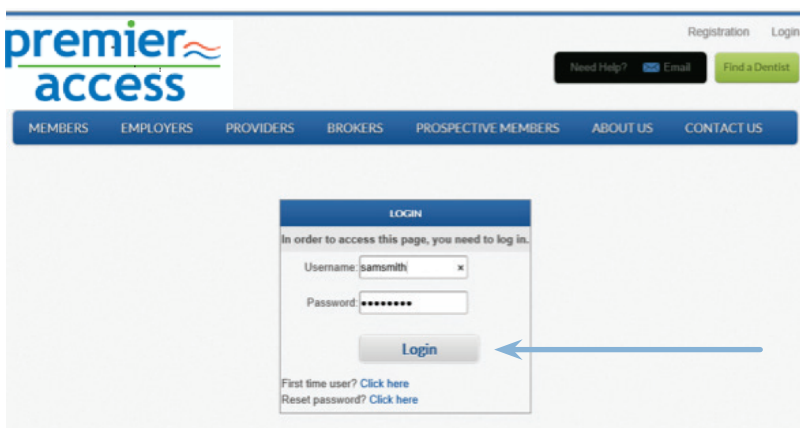
We will keep you apprised as these projects progress.

MONTHLY ROSTERS

Did you know you can download your monthly Access Dental roster? There's no need to call Customer Service to check eligibility - just go to www.PremierLife.com, click "Provider" and then "Rosters".



There is a wealth of time-saving information available on the Access Dental website. We've put everything you'd need to know in one place you can access 24 hours a day, 7 days a week.



If you don't have a username and password, follow the instructions for "First time user".

SAYING "GOOD-BYE"

Kathy Butler, one of our Provider Representatives is relocating to Atlanta, GA and we will be saying good bye on May 13th. Kathy has been a PR Rep for almost 20 years, six of those years with Premier Access, managing LAPHP. She has been offered a management position with a large medical carrier in Atlanta and we wish her the best of luck in her new endeavor. We also want to thank her for her many contributions; she has been a true asset to Provider Relations.

NEW STAFF?

It's important that you let your Provider Relations Representation know about any new staff at your practice. This includes all new employees including front office, hygienist, dental assistant, and dentist. Provider Relations will set up a convenient time to set up a training session for any new hires. This ensures that your employees have the best and most up-to-date information about how to facilitate the care of patients enrolled in Access Dental.

GMC PROVIDER APPRECIATION

The GMC Provider Appreciation evening in November was an unqualified success. More than seventy dentists and staff members attended, awards were presented and new friends were made. It was held at the Sacramento Marriott and attendees enjoyed cocktails and hors d'oeuvres.

The event was held as a "thank you" for the continuing participation in the GMC program and to celebrate the 2014 and 2015 utilization threshold results.

Thanks to all of those who attended - It was wonderful seeing you!

Access Dental Provider Services



CUSTOMER SERVICE AWARD

Premier Dental Group
Sacramento, California



HIGHEST ANNUAL UTILIZATION AWARD

Wellspace Health
Sacramento, California

CONTACT INFORMATION:

Your Provider Representative can be reached through Provider Services at

866.650.3660

Provider Relations Representatives

Joseph Canas
Amanda Morgan

The Access Dental website is your dedicated source for patient information, forms and news.

WWW.ACCESSDENTAL.COM