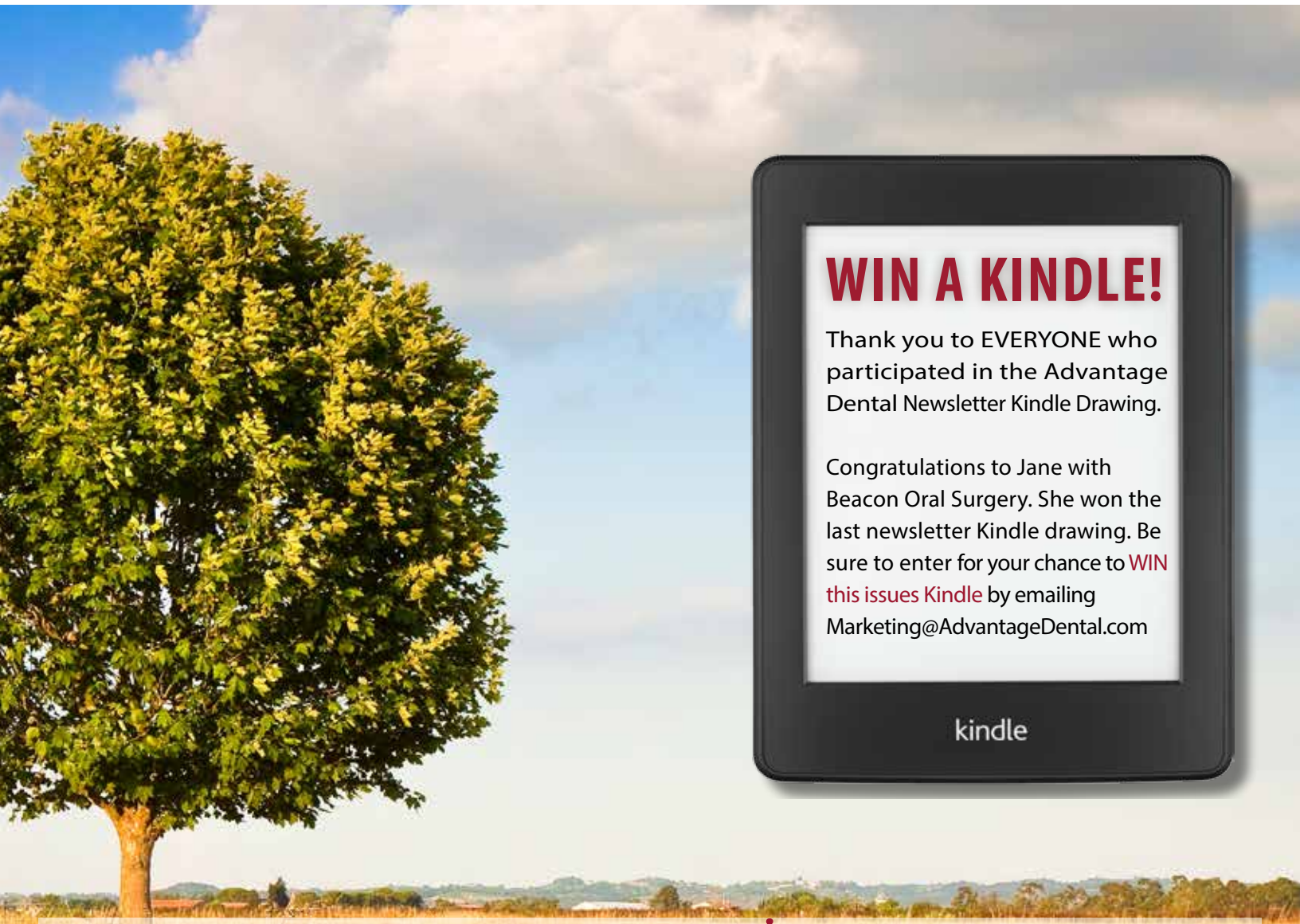
THE ADVANTAGE

The Advantage Community Newsletter



WIN A KINDLE!

Thank you to EVERYONE who participated in the Advantage Dental Newsletter Kindle Drawing.

Congratulations to Jane with Beacon Oral Surgery. She won the last newsletter Kindle drawing. Be sure to enter for your chance to WIN this issues Kindle by emailing Marketing@AdvantageDental.com

Save the Date

2016 SUMMER MEETING
JULY 29TH, 30TH & 31ST

GROWTH

A Mission with Integrity

To provide dental leadership, service and access to care to our communities in an entrepreneurial, sustainable and professional manner.

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From Where I Sit

BY TOM TUCKER, DMD
CEO, ADVANTAGE DENTAL

What a year we have had in 2015. We continued to grow beyond our forecasted expectations and even with some reduction in numbers, due to the redetermination of eligibility process, we still take care of more than 330,000 Oregonians. I would like to personally thank each of you for the additional effort, commitment and dedication you have shown in managing the dental care for this number of patients.

I know that with this growth, and increased oversight by the CCOs and the OHA, new requirements have been placed on us and you the providers. Thank you for complying with the re-credentialing process and the lengthy documentation you were required to complete. Thank you also for the monumental effort in helping us meet the sealant metric, which is part of the performance criteria from the CCOs and the OHA. Our data, although not completely calculated, leads us to believe that we have met the sealant metric in all 16 CCOs and the OHA. This is one of the mandated metrics that, if achieved, could allow us to receive the approximately 3% that has been withheld from the budget for dental care. This metric is part of the 17 performance criteria that have been established to verify that the CCO model is meeting the Triple Aim of better patient experience with better treatment outcomes at a reduced cost. As an additional benefit, the push to meet the sealant metric allowed us to increase the number of children in the 6-14 year-old age group that were screened by a dental provider. As a result, we were able to identify children with urgent dental needs and help manage and facilitate efforts for them to receive needed dental care.

As the Advantage organization looks to the future, we are actively engaged in the process to win the Medicaid dental contract in the state of Idaho. As Idaho's current contract is expiring, there is an indication that the state is looking for a managed care model, which could position Advantage Dental with an excellent opportunity to expand into a new market. The process to acquire the contract is a long one, but if we are successful it will provide Advantage with the opportunity to experience even more growth.

Many of you may have heard that we are in the process of collaborating with a new partner. We are pleased to announce that we are actively engaged in partnering with DentaQuest. They are the second largest oral health company nationally, and the largest in the Medicaid space. We believe that our collaboration will create improved services and opportunities to provide care to even more patients. We are convinced that to solve the dental crisis that affects so many of our citizens, we must use the emerging science and prevention methodologies, that don't rely solely on repairing a problem with the dental drill, but treat dental disease as an infection. We are expanding our services in some of the areas we serve by providing the opportunity for patients to be screened and receive appropriate preventive services in an outreach community setting. We believe that by providing this service in alternative settings we can facilitate referral and access for urgent and emergent dental issues to the dental office before they develop into crisis scenarios. When treatment is delayed or not provided, individuals seek care in much less appropriate and more costly settings such as urgent care and hospital Emergency Departments. We want to make it possible for anyone with a dental emergency to be seen by a dental professional so appropriate treatment or referral can be accomplished.

2016 has begun with many new and exciting challenges and opportunities. Thank you for your commitment to improving the dental health of all our citizens. What you are doing really does improve the quality of life for the patients in your care.

Training: What You Need To Know

By Jeff Dover

A number of years ago I was told that compliance doesn't make anyone's job easier. What I realized is that the person said that I personally was making their job harder. While I agree that compliance can be a challenge day in and day out, I am actually here to make everyone's job easier. To put it plainly, if you have a question, just ask.

In other words, I didn't create any compliance requirements but I can surely help everyone navigate them. When it comes to training, there is a lot of confusion as far as what contracted providers must provide to their employees. For example, do providers have to provide their employees with HIPAA training? What about Fraud, Waste, and Abuse? The answer is yes and I'll provide some details on some best practices.

In many provider contracts, and certainly contracts that surround Medicaid and Medicare, there should be language surrounding required training and other expectations. Unfortunately, this language can be missing or unclear. If the language is missing, it does not mean that you are off the hook for doing the training. If your contracts have the language that discusses required training, I would urge you to read that language carefully and follow up with the entity that the contract is with.

Many of us, myself included, have been subject to HIPAA/HITECH training for a number of years. The training should be provided to every employee as soon possible after an employee is hired and usually not more than 90 days after the hire date. I urge you to provide the training or take the training yourself as soon after the hire date. These types of things tend to slip through the cracks very easily because, as a provider, you are focused on providing the highest quality of care that you can. The best practice is to either place the certificate of completion in each employee's file or if the training is done through an online solution the training site should have the ability to download the transcripts for each employee. Following either of these methods will make producing your training records much easier if you are asked. If you have any questions about the different training that is available, please don't hesitate to send me an email.

The next type of training that we are all required to take is Fraud, Waste, and Abuse (FWA) training. The same requirements apply to FWA training as they do to HIPAA/HITECH training regarding timelines. The Center for Medicare and Medicaid Services (CMS) produces a FWA PowerPoint presentation that, to my knowledge, would satisfy any training requirement for FWA. There aren't as many online solutions for FWA training as there are for HIPAA/HITECH training, but they are out there. Online training provided by a vendor does have a cost to it but the cost may be worthwhile because of the ease of use and tracking of who took the training and when.

Finally, the third type of training that is often required is called "general compliance training". General compliance training is merely information provided to employees regarding the compliance program. This training can, and should, contain anti-harassment training, safety training, and other information that is specific to each practice.

I understand that there can be uncertainty surrounding this information and this could be very new to a lot of providers. Advantage is here to help if you have questions or guidance. To be clear, these are not simply Advantage specific requirements, these are requirements that come from CMS, state regulatory agencies, or other contractual requirements.

I plan to periodically discuss compliance issues in this newsletter in the future. If you have any topics you would like to see addressed or have any questions, please contact me at 541-504-3961 or at Jeffreyd@advantagedental.com.

JANUARY 8, 2016
FOR IMMEDIATE RELEASE

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DentaQuest and Advantage Dental to Partner to Improve the Oral Health of All

Alignment will leverage best practices to advance patient-centered, value-based care

Boston, Mass. – Today, DentaQuest and Advantage Dental announced the intent to enter into a new partnership. If approved, it will result in DentaQuest acquiring a majority stake in Advantage Dental, a leading dental accountable care organization in Oregon known for its innovative approach to providing access to dental care.

"Through this collaboration, our two organizations will learn from one another to build on best practices in the administration of dental benefits and the delivery of oral health care," said Steve Pollock, president and CEO of DentaQuest. "By joining forces with Advantage Dental and its more than 300 dentist-owners, we strengthen our shared commitment to prevention-focused, quality care."

This partnership will allow both organizations to take an important step toward achieving their shared mission of improving the oral health of all. Together, DentaQuest and Advantage Dental will lead the industry forward with an accountable, preventive and value-based approach to integrating oral health into patient-centered models of care.

"It is very important to us that we partner with an organization that shares our commitment to quality-driven, patient-centered care," said Dr. Mike Shirtcliff, president and founder of Advantage Dental. "DentaQuest's mission-driven approach to health improvement is aligned perfectly with our own commitment to improving oral health access, especially for the underserved."

The details of the partnership will be finalized over the coming months while the Oregon Insurance Division reviews the necessary regulatory filings.

About DentaQuest
Based in Boston, Mass., DentaQuest (www.dentaquest.com) is the second largest oral health company in the United States and the largest in the Medicaid space. Along with its charitable DentaQuest Foundation and its educational DentaQuest Institute, its mission is to improve the oral health of all. Follow DentaQuest on Twitter @dentaquest and Facebook at: https://www.facebook.com/DentaQuest, and subscribe to our blog, Oral Health Matters at: http://oralhealthmatters.blogspot.com/.

About Advantage Dental
Advantage Dental, based in Redmond, Ore., was established in 1994 to provide dental leadership, service and access to care in Oregon communities in a sustainable, entrepreneurial and professional manner. For more information about Advantage Dental, visit www.advantagedental.com orcontact Michelle Lauerman at michellel@advantagedental.com.

From the Desk of R. Mike Shirtcliff, DMD President and Founder

Well, by now you have likely heard about Advantage Dental and its new partner, DentaQuest. Some of you may be wondering who they are and what Advantage Dental is doing. Advantage was started to create access to care for a portion of our communities that historically had difficulty getting access to adequate dental care, namely those on Medicaid and the uninsured poor. Over 300 rural dentists realized that we needed a system to help because the paradigm we were using was not working. We had all the usual problems with people who did not have resources or behaviors needed to use the paradigm (I call it the surgical/restorative approach) we were all taught in school. They also had an infectious disease that was out of control.

Most of us had either consciously or unconsciously withdrawn from treating people on what we used to call "welfare" that we now call Medicaid (the Oregon Health Plan). Our belief was and is that the state of Oregon gives us a license, a monopoly so to speak, to take care of all Oregonians, not just those that fit into how we did things. We also believed the Lord gave us healing hands and we have a responsibility to all members of our communities. We were worried that if we did not come up with a solution those that wrote the rules would begin to give our profession away to others. So Advantage developed a system to help take care of the folks that traditionally could not get care. This system allows a dentist to participate at whatever level they can and Advantage compensates for what the individual dentist cannot do.

Every dentist has the opportunity to become an owner; you don't have to be an OHP provider to become an owner. You do however have to take after-hours calls so that those that see more patients can get a break. Some take a few patients as primary care dentists, some take a lot, and some limit their participation to specialty care. The system developed was designed so all of the money received which is not used for administration goes back to pay dentists to participate.

The system is designed so that if a dentist takes less than their regular fee for doing work then there is the possibility to get return on their investment and equity growth if the company grows and the company has the opportunity to earn interest on any money held such as in reserve etc.

We founders also knew that traditional prevention did not work and that people in poverty do not know how to use the middle to upper class system very well. We knew that the fee for service system did not work because it placed the emphasis on doing procedures rather than on prevention and emergency care, so we decided to pay different in an effort to get different results. We also worried about making sure enough "work" was getting done so we created a risk-based system with withholds and quality improvement goals to encourage and monitor this. We also created an outcome based system database that allowed things like after-hour calls, broken appointments, types of procedures done, complaints about quality of care, access, interpersonal relationships etc. to be looked at and monitored.

During this process we became aware of how dentistry impacted the rest of the health care system and community. Everyone is aware of how tooth pain and infection impacts kids' ability to attend school and learn, but most of us do not think about how having poor oral health impacts adults. Way too many people in our society live with dental pain and infection and are not able to eat or smile.

We began to look at hospital ED, OR use as well as unnecessary scripts written for tooth pain and oral infections, missed time from work and school, kids being bullied because of malocclusions, people not being hired because they cannot smile etc. We began to realize that our communities do not need our drill as much as they need our knowledge of how to prevent the need for the drill, especially in the bottom half of our society's socioeconomic class. Those whose disease is not under control and who do not know how or cannot afford to use the surgical/restorative paradigm. We began to realize that a cavity and resulting filling is a failed outcome and if we did not change how we went about things nothing was going to change. Would it not be great if we had the goal that all children graduate from school with no decay and no fillings!

Reasons for DentaQuest

First, Advantage has been at this for over 20 years. When this adventure was started most owners were 45-55 years old. Now they are 65-75 and many would like to move on to whatever is next and take the equity they have created in the company out. Mind you, other than taxes, Advantage has used any excess money to grow the company and the owners took nothing more out of the company. Each of the 300+ founding owners put up an average of $10,000 and Advantage still has $2.5 million of it in reserves so all growth capital has to be internally generated or borrowed and paid back out of any profits. Secondly, Advantage has grown to the point that it needs more capital for growth and there is not enough for both without a capital infusion. Lastly, Advantage has created something others in the country want.

As a result of these factors Advantage hired Deloitte to help us through the process to accomplish these needs and to look for investors interested in the model Advantage created in an effort to find a capital partner. We were also

-Continued-

Dr. Shirtcliff Continued

looking for a partner that would not require us to lose our mission statement to create access to care and improved oral health while helping to preserve the dental profession and doing it in a professional and entrepreneurial way.

It has been an interesting process. I ran into DentaQuest at the Medicaid State Dental Association National Meeting and we both realized that we have a lot of synergy together. This began a long and fruitful conversation of how we could work together to meet the respective needs of each of our companies while also meeting both companies missions of improving the oral health of those we serve. DentaQuest sees the future in what is happening in Oregon and the Risk-based managed care system Advantage has developed. The end result of this was an agreement signed on 31 December 2015 to partner going forward, pending governmental approvals which will take 3-5 months. We hope the deal will be done the end of June at the latest.

Nothing will change in Oregon. The same leadership team will be in place, and I will be here for at least another three years. Advantage is not selling the company; DentaQuest is buying into Advantage Consolidated's holding company, Advantage Community Holding Company, LLC. Advantage Consolidated and its board will remain in place. A new board will be constructed for the Holding Company with representatives from DentaQuest and Consolidated. The leadership team of myself, Dr. Tucker, Jeanne Dysert, Tamara Kessler, Jerry Slaughter, Dr. Allen and others will still be in place.

The chair of Consolidated and one other Consolidated Board member along with DentaQuest representatives will sit on the new Holding Company Board.

Hopefully this is not too confusing. The long and short of it is that I am really excited about the future. DentaQuest is a good outfit that wants to do the right thing for their mission statement, the people they serve, the States and Feds that are paying the bill, the dentists that do the work and their employees. This fits right in with Advantage.

If you have questions do not hesitate to call me at 541-504-3913 or email me at mikes@advantagedental.com.

Advantage Dental

Better Health
Better Care
Better Cost

Industry Updates/News

Dentists adopting drill-and-fill alternative
Off-label use of silver fluoride promoted by Redmond's Advantage Dental

By Kathleen McLaughlin / The Bulletin
Published Dec 3, 2015 at 12:04AM

Preschoolers, elderly people and others who are ill-suited to go under a dentist's drill have an alternative that proponents say will stop their tooth decay quickly, painlessly and cheaply.

A subsidiary of Advantage Dental of Redmond has been marketing since last spring a silver fluoride product called Advantage Arrest, which the U.S. Food and Drug Administration approved to treat dental sensitivity. Its real purpose, however, is to stop tooth decay, and it's about to become even easier for dentists in Oregon and across the country to use it.

The American Dental Association approved a new billing code that can be used for silver fluoride treatments starting in January, said Gary Allen, dental director for Advantage, which is a statewide network of clinics that treats 340,000 Oregon Health Plan members.

Also starting Jan. 1, OHP, which is the state's version of Medicaid, will cover silver fluoride treatment for cavities up to two times per year.

Advantage is already using silver fluoride, which the FDA approved in August 2014. Before then, Advantage used a controversial compound called silver nitrate in conjunction with fluoride varnish. Both compounds are applied in tiny drops to the decayed area to stop infection and, dentists hope, avoid the need for a filling.

"It's new, it's revolutionary, it changes the way dentistry is practiced," said Mike Shirtcliff, president and founder of Advantage.

Shirtcliff acknowledges that there was not much current research to support the use of silver nitrate. That's why he joined forces with University of Washington oral health professor Peter Milgrom to push through approval of silver fluoride.

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Silver, which is the antimicrobial agent, comes at a slightly higher concentration in silver fluoride, which has been used and studied extensively in Asia and other places around the world, said Milgrom, director of the Northwest Center to Reduce Oral Health Disparities at UW.

He specializes in working with fearful or otherwise difficult-to-treat patients.

Advantage and Milgrom formed a small business, won a grant to support their own research and received FDA approval for silver fluoride as a medical device.

The next step, Milgrom said, is to conduct further research that would support FDA approval of silver fluoride as a drug, which would be marketed directly for treatment of cavities. That's a much more expensive and rigorous process, he said.

Gaining approval for silver fluoride to this point took seven years, Milgrom said. He estimates that he donated $500,000 of his time, and Shirtcliff said Advantage invested $1 million of time and cash.

Advantage Arrest is such an inexpensive product, Shirtcliff said he doesn't expect it to become a moneymaker.

Advantage Arrest comes in a small bottle that costs $125. A single drop can treat more than one cavity.

Shirtcliff said he took on the project so that Advantage could get access to silver fluoride. If silver fluoride begins to generate substantial revenue, he said it will go toward developing more products that fight infection rather than rebuild teeth. "We're looking at (cavities) as a chronic disease," Shirtcliff said. "We're taking a medical approach, not a restorative approach."

Like the controversial silver nitrate, silver fluoride leaves a black crust on the place of decay. The discoloration can be mitigated or covered up, Milgrom said.

The silver compound can also damage tissue if misapplied. That's one reason silver nitrate was controversial when in 2013 Advantage asked the Oregon Board of Dentistry to allow it to be applied by dental assistants and hygienists. The board declined.

Dental assistants and hygienists are allowed to administer fluoride, and that includes silver fluoride, said Stephen Prisby, executive director of the dentistry board. Prisby noted that silver nitrate and silver fluoride, also called silver diamine fluoride, are different compounds.

The off-label use of silver fluoride for cavity treatment is already gaining interest in dentistry, Milgrom said. The University of California San Francisco School of Dentistry studied the effectiveness and developed a protocol, which will be published in January in the Journal of the California Dental Association. The UCSF program is recommending silver fluoride for people at extreme risk of developing cavities, who are challenging to treat because of medical or behavioral problems, who have too many cavities to address in one visit, or whose cases are too difficult for a dental-school clinic.

The UCSF study found that one round of silver fluoride doesn't have a substantial effect on tooth decay, but that "annual reapplication results in remarkable success."

The authors said longer studies are needed to determine whether the arrest and prevention of decay can be maintained after two to three years and with decreasing treatment.

Milgrom began using silver fluoride in the late 1990s after reviewing papers from Japan and China. "I started smuggling it into the U.S. and using it," he said. "I take care of fearful and mentally ill people. These people are real hard to work with."

Milgrom said one of his patients is a 40-year-old who was treated for oral cancer with radiation, and as a side effect developed tooth decay in every part of his mouth. The silver fluoride left dark spots around his gum line, which is where cancer patients are most susceptible to decay.

"He hasn't gotten one new cavity," Milgrom said.

— Reporter: 541-617-7860, kmclaughlin@bendbulletin.com

Industry Updates/News

Study Suggests Link Between Gum Disease, Breast Cancer Risk
Higher odds seen among postmenopausal women who smoke, smoked in the past

By Steven Reinberg
HealthDay Reporter

MONDAY, Dec. 21, 2015 (HealthDay News) -- Gum disease might increase the risk for breast cancer among postmenopausal women, particularly those who smoke, a new study suggests.

Women with gum disease appeared to have a 14 percent overall increased risk for breast cancer, compared to women without gum disease. And that increased risk seemed to jump to more than 30 percent if they also smoked or had smoked in the past 20 years, researchers said.

"These findings are useful in providing new insight into what causes breast cancer," said lead author Jo Freudenheim, a professor of epidemiology at the University at Buffalo's School of Public Health and Health Professions in New York.

"There is good evidence, though, that good dental care is important in any case and that treatment of periodontal disease is important for the health of the mouth," she said. But more study is needed before there is enough evidence to say that gum disease causes breast cancer or other diseases, Freudenheim said. This study did not prove a cause-and-effect link between the two, a point made by several experts not involved with the study.

A number of studies have found an association between gum disease and other chronic diseases, including stroke, heart attack and other cancers, Freudenheim said.
"There is much to learn about why we see these associations," she said. "In particular, we don't know yet if treating the gum disease would decrease risk of these other diseases."
The report was published Dec. 21 in the journal Cancer Epidemiology, Biomarkers & Prevention.

Dr. Ashish Sahasra, an endodontist in Garden City, N.Y., said, "This is going to open a lot of people's eyes to the potential link between gum disease and breast cancer."
Periodontal disease can cause many health problems, he said. "Gum disease is very common, and sometimes it goes undiagnosed or misdiagnosed and many people don't pay attention to it, but it's a serious disease that needs to be treated immediately," he added.

For the study, Freudenheim and her colleagues collected data on nearly 74,000 postmenopausal women who took part in the Women's Health Initiative study. None of the women had a history of breast cancer. After an average follow-up of almost seven years, more than 2,000 women were diagnosed with breast cancer.

The researchers found that women who were smoking at the time of the study appeared to have a 32 percent higher risk for breast cancer if they had gum disease, but the association was not statistically significant, Freudenheim said, because there weren't many current smokers among the women in the study. Among women who had quit smoking sometime within the past 20 years, those with gum disease seemed to have a 36 percent higher risk of breast cancer.

In addition, women who had never smoked but had gum disease seemed to have a 6 percent increased risk of developing breast cancer, and those who had quit more than 20 years before and had gum disease had an 8 percent higher risk, the study suggested.

Dr. Stephanie Bernik, chief of surgical oncology at Lenox Hill Hospital in New York City, said, "Although there is a possibility that there is a direct link between gum disease and an increased risk of breast cancer, this study does not prove a direct link." More study needs to be done to see if inflammatory factors such as gum disease contribute to the development of breast cancer, she said.

"Women with gum disease may lead lives that are less healthy overall, such as eating poorly, not exercising and drinking excessively," Bernik explained.
Dr. Leonard Lichtenfeld, deputy chief medical officer for the American Cancer Society, said, "We have to be cautious about putting too much emphasis on this study, but look at it in the context of overall health." Gum disease might be a sign of overall poor health and not the specific cause of breast cancer, he said.
More information visit the American Cancer Society for more on breast cancer.

SOURCES: Jo Freudenheim, Ph.D., professor, epidemiology, School of Public Health and Health Professions, University at Buffalo, New York; Stephanie Bernik, M.D., chief, surgical oncology, Lenox Hill Hospital, New York City; Ashish Sahasra D.M.D., endodontist, Premier Endodontics, Garden City, N.Y.;Leonard Lichtenfeld, M.D., deputy chief medical officer, American Cancer Society; Dec. 21, 2015, Cancer Epidemiology, Biomarkers & Prevention

Last Updated: Dec 21, 2015

Perscription Drug Monitoring Programs

The Oregon Prescription Drug Monitoring Program (PDMP) is a Web-based data system that contains information on controlled substance prescription medications dispensed by Oregon-licensed retail pharmacies. The PDMP became operational on September 1, 2011; pharmacies began reporting data on June 1, 2011. Oregon law requires pharmacies to submit data weekly for all Schedule II – IV controlled substances dispensed. Controlled substances reported include opioids, benzodiazepines, sedative hypnotics, stimulants, and other drugs. PDMP legislation was passed in 2009 and amended in 2013.

What is its purpose?

The PDMP is a tool practitioners and pharmacists can use to improve patient safety and health outcomes. Patients who use these medications are at risk for overdose, side effects and increased effect when combined with alcohol and/or other drugs, risk for physical dependence, and risk for developing patterns of drug abuse. The PDMP provides practitioners and pharmacists a means to identify and assess these problems.

How does it work?

Authorized system users can logon to the PDMP Web-based system and request a report of the controlled substance medications dispensed to their patients. The patient report is a line list of prescriptions dispensed. Prescription records include information on the dispenser, prescriber, and drug (i.e. name, quantity, days supplied, and refill information).

What is the issue?

Poisoning is one of the leading causes of injury death in Oregon. In 2013, 423 deaths were due to unintentional or undetermined poisoning; 38% were associated specifically with prescription opioids— drugs used for pain treatment. Prescription opioids include drugs like hydrocodone, oxycodone, and methadone. Although decreasing since 2006, the prescription drug poisoning/overdose death rate in Oregon was 2.8 times higher in 2013 than in 2000. However, rates continue to decline, especially deaths due to methadone.

Despite the impact of drug poisonings on public health, there is an important and legitimate need for prescription medications used for primary care, emergency care, surgery, pain management, cancer treatment, mental health disorders, and substance abuse disorders.

For more information: Go to www.orpdmp.com

PDMP user access and registration:

http://www.orpdmp.com/health-care-provider/

Pain management/opioid prescribing concerns

(from Oregon Board of Dentistry website)

Prescription Drug Monitoring Program - Alert:

DENTISTS - Every two years $50 of your licensing fee is dedicated to financing the Oregon Prescription Drug Monitoring Program (PDMP). As a healthcare provider, you have access to the PDMP with respect to your own patients. You may use PDMP to help manage a patient's care when multiple prescribers are treating an individual and a check of the PDMP may also expose drug seekers.

This summer a pharmacist alerted the Board to an individual receiving Hydrocodone and Oxycodone prescriptions between August 2014 and July 2015. Of the 142 listed healthcare providers prescribing for this individual, 103 were dentists, primarily located in Western Oregon.

In another recent letter to the Board, a dentist provided information on an individual who in one year received 158 Tylenol with Codeline, 224 Tramadol, 638 Oxydodone, and 2,912 Hyrododone from 152 different Mid-Valley Oregon providers. Those prescriptions were filled at 50 different pharmacies.

Please use PDMP as a tool in your practice. To establish a user account, go to www.orpdmp.com website and click "Healthcare Provider" to begin the process. Additionally, Legislative action, effective 1/1/14, permits prescribers to authorize access to members of staff.

OFFICE OF THE DIRECTOR
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Memorandum
To: Linda Adams, Legislative Fiscal Office
From:
BethAnne Darby, External Relations Director
Date: January 12, 2015
Subject: OHP Benefit Expansion

You requested more information on the process for implementing a new benefit for OHP members – and specifically the implementation process for the new dental benefit. Below is an outline of both processes and Q&A based on questions that OHA has received from CCO stakeholders. We are also attaching the communication that was sent to CCOs re: the same.

Process Required to Expand Any Benefit for OHP Members

1. Specific Agreed Upon Benefit between CCO's, OHA and LFO
    a. Has OHA Budget and LFO come to agreement on cost of new benefit?
    b. Common understanding of new benefit?
    c. Can the OHA/OHP Medicaid budget afford the new benefit in the current budget
2. Pricing by LFO & OHA Budget
3. OHA analysis of appropriate policy considerations
    a. Patient Care/ Clinical considerations
        i. New authorization or referral process required?
        ii. New community guidelines re: implementation?
        iii. Changes to prioritized list? Implementation date?
    b. Provider Considerations
        i. Adequate provider access?
        ii. Credentialing/Licensing sufficient?
        iii. Provider Education required?
    c. System Considerations
        i. Programming changes to MMIS related to codes and rates
        ii. Impact to CCO IT systems
    d. Communication Considerations
        i. Member handbook update
    e. Policy/Operational Considerations
        i. Do changes need to be made to current OARs, ORSs, or waivers/SPAs?
        ii. Impact on CCO metrics?
4. Approvals required:
    a. Rate development by Actuary
        i. Create Rate Sheets for Each CCO
    b. Contract Amendment Required?
        i. New language developed in coordination with CCOs, OHA and DOJ
    c. CCOs 60 Days to review and approve
    d. CMS 45 days to review and approve
5. Implementation

-Continued-

Oregon Health Plan (Medicaid) Provider News

Dental Benefit Expansion Process
Done:
1. DCOs worked with Legislature during 2015 session (CCOs and OHA not included in negotiation)
2. LFO & OHA collaborated re: pricing of session understanding of benefit during OHA budget process
3. DCOs alerted OHA that benefit analyzed was not correct post-session
4. OHA worked with Rep. Hayden and DCOs to reach agreement on benefit for pricing (Nov. 2015)
5. OHA set new implementation time-line based on newly reached dental benefit agreement

In Process for July 2015 Implementation:
1. Pricing & Rate Setting
2. 60 Day Approval from CCOs (not DCOs)
3. Policy considerations and implementation
4. 45 day Approval from CMS

Commonly Asked Questions:
1. Why can't DCOs agree to accelerated contract and rate review time-lines?
    a. 60 Day Review period allows all CCOs opportunity to review and analyze impact of newly adjust rate and what this would mean to their overall budget, operations and impact on their current provider network.
    b. CCOs sign all rate amendments to the contract affirming that:
        i. Rates are accurate
        ii. Confirmation that services can be provided within the current rates
        iii. Current provider network is sufficient
        iv. Able to provide access
2. All of the CCOs are in agreement to expand benefits to include dental ASAP
    a. OHA has not received notice of this approval from all 16 CCO plans
    b. CCOs have not received updated pricing or rate amendments
    c. OHA cannot move forward unless all 16 CCOs agree to waive the 60 day statutorily required review window.
3. ACA allows 100% match for the year 2016 – waiting until July loses 6 months of that benefit
    a. True. ACA match will be at 95% in 2017
4. Why all the one-offs? What can happen to ensure a single rate change?
    a. Including OHA in the development process at the front-end allows the analysis phase to start sooner.
    b. July 2016 was chosen to accommodate the addition of the dental benefit, as well as a few others and to avoid duplication of time-lines, analysis, re-programming, member communication needs, actuarial expense and CMS approval periods.
5. OHA is aware that DCOs are seeking written approval from all 16 CCOs to waive the 60 day review window. This is based on the understanding that this is a partial restoration of a pre-ACA 2009 dental benefit and not an expansion of dental services. If all 16 CCOs are willing to agree in writing to waive the rate amendment 60 day review window, OHA will press the time-line forward with a projected April 1 start date.

Cc: CCOs
DCOs
CCO Government Relation Stakeholders

Pre-Authorization and Referrals for Endodontic Treatment

When submitting pre-authorization and referral requests for endodontic treatment, it's important to include notes about the restorative treatment plan. The Oregon Health Plan limits endodontic treatment to teeth that are restorable under the member's dental plan. Cast crowns are only covered for children and pregnant women and are limited to teeth numbers 6 through 11 on the upper arch and numbers 22 and 27 on the lower arch. A note indicating whether or not the tooth can be restored with a composite or amalgam (at least on an interim basis) will help speed up processing. If a crown is the only restorative option, it should be clearly noted in chart notes or on the form.

Oregon Health Plan (Medicaid) Provider News

Advantage Dental Services, LLC
The Advantage Community

September 10, 2015

TO: Advantage Dental Services, LLC Primary Care Dentists (PCDs)

FROM: Thomas Tucker, DMD
CEO

RE: 2015/16 CCO Metrics

Please read the entire memo for it has potential money gained or lost to it and an important meeting update!

If you are a staff member who opens your doctor's mail, please bring this to your doctor's attention as soon as possible.

As you all know, the Oregon Health Authority (OHA) is using quality health metrics to show how well Coordinated Care Organizations (CCOs) are doing at providing care. As previous memos have explained, because dental is now integrated into the CCOs, Advantage is required to assist the CCO in meeting these measures. As you will recall, the outcome metrics are; 1) to have children in foster care seen for an evaluation or screening within their first 60 days in foster care, and 2) to increase dental sealants in children ages 6-14. Advantage Dental has recently been notified that these will be the metrics for 2016 as well.

The metric goal for DHS Foster Children is to have 90% of these children seen within 60 days of the CCO being notified that they are in foster care. One of the issues we are seeing is that you are scheduling these children for their assessments but then they are moved to a different foster home or sent back to their parents and the appointment information is not being passed on, this is resulting in missed appointments. This means you are losing time you could have used for another patient and our Case Management Department has to restart the process and contact the foster parents again to try to get this child in still within these same 60 days.

In order to do meet this metric's goal, other dental plans have been encouraging their dental offices to accept these kids in as "walk-ins" for their dental assessments. Advantage Dental would request that you do the same. Allowing them to come in as a walk-in will ensure that we meet this metric which is for the child to have a dental assessment and that you don't have to schedule out a time in your already busy schedules.

In July, Advantage Dental was notified of the metric goal for increasing sealants in children ages 6-14. This goal will be to increase sealants by 20%. As indicated in March, Advantage Dental has added a viewer on the secure provider portal that allows you to see what children assigned to you in this age range do not have dental sealants reported. Many of you have pointed out that a lot of the children you see in your office already have sealants placed when you see them, even though the website indicates that they have not been reported. At this time, there is no way for this to be indicated to Advantage Dental, the CCO, or OHA. Advantage Dental understands the effect this has on the denominator for the metric. Other than taking care of toothaches and managing the patient complaints, the most important thing you can do is get the kids in and get them sealed. It potentially could be worth $2.67 million to Advantage most of which goes back to you.

442 SW Umatilla Ave., Suite 200 • Redmond, OR 97756 • p 866.268.9631 • f 866.268.9618
www.AdvantageDental.com

CDC Report: Drug Overdose Fatalities Reach Record Highs in 2014

From ADA Science in the News, December 21, 2015

A report in the Centers for Disease and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) describes an increase in drug overdose death rate of 137% since the year 2000, including a 200% increase in overdose deaths involving opioids (i.e., opioid pain relievers and heroin). In 2014, there were 47,055 drug overdose deaths in the U.S., representing a 1-year increase of 6.5% compared with 2013; the 2014 drug overdose fatality rate exceeds the death rate from motor vehicle accidents by 1.5 times. The authors called for strengthening of efforts to encourage safer prescribing of opioid pain relievers.

It has been estimated that dentists write approximately 10% of all prescriptions for immediate-release opioids in the U.S. A 2014 registry study from the Utah Controlled Substance Database estimated that dentists were responsible for writing 8.7% of opioid prescriptions in Utah from 2002 through 2010 and that 4.9% of all opioid fatalities (comprising 0.64% of opioid prescriptions) during that same time frame could be linked back to a dental prescription. In 2011, a paper in JADA by Denisco et al. reported findings from a March 2010 meeting regarding the role of dentists in preventing opioid abuse. The authors suggested that dentists, along with other prescribers, "take steps to identify problems and minimize prescription opioid abuse through greater prescriber and patient education; use of peer-reviewed recommendations for analgesia; and, when indicated, the tailoring of the appropriate and legitimate prescribing of opioids to adequately treat pain." In terms of implications for practice, the authors encouraged dentists "to incorporate practical safeguards when prescribing opioids, consistently educate patients about how to secure unused opioids properly, screen patients for substance use disorders and develop a referral network for the treatment of substance use disorders."

Factors associated with decreases in dental opioid prescribing include use of mandatory prescription drug monitoring plans (PMDPs) and adoption of evidence-based prescription practices for acute postoperative dental pain (i.e., combination ibuprofen/acetaminophen for acute postoperative dental pain management).

Billing for the use of Silver Fluoride

Use code D1354 (interim caries arresting medicament application) when applying silver diamine fluoride to arrest caries in cavitated lesions. The CDT description for D1354 is: Conservative treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament and without mechanical removal of sound tooth structure.

When silver diamine fluoride is applied to sound tooth structure for the purpose of prevention, the recommended code is D1208 (topical application of fluoride – excluding varnish)

Tobacco Counseling Recommended for all Adults and Pregnant Women

The U.S. Preventive Services Task Force has issued a final recommendation statement about the effectiveness of tobacco smoking cessation in adults and pregnant women.

The USPSTF Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women applies to all adults ages 18 and older and all pregnant women. The recommendation advises health professionals to ask all adult patients, including pregnant women, whether they smoke, advise them to quit if they do and provide interventions to help them quit.

The statement also urges adults who do smoke to undergo behavioral interventions such as counseling to help them quit and for those who aren't pregnant to try Food and Drug Administration-approved smoking cessation medications. In regards to electronic nicotine devices, the USPSTF noted that more well-designed, randomized controlled trials are needed before any recommendation can be made about these devices as an option for quitting conventional smoking.

PacificSource News

PacificSource and Legacy Health – A Partnership to Build a Healthier Future for Northwest Communities
10/26/15 - We're proud to announce that PacificSource Health Plans and Legacy Health are pursuing a partnership to bring together complementary capabilities. Our shared vision of healthcare focuses on improving the experience of care, reducing healthcare costs, and improving the health of our communities.
Ultimately, this partnership was driven by both organizations' commitment to serve both members and patients.
Important Things to Know about this Partnership

- We will maintain all our provider partnerships. We will continue to work with all our existing provider partners throughout Oregon, Idaho, and Montana. We will also continue to pursue future relationships with other healthcare providers.
- No change to existing provider contracts, processes, policies, programs, or staff. Please be assured that our processes, such as preauthorization and claims payment, will continue as usual. In addition, our name and brand will remain the same.
- For members, nothing has changed. Members will continue to receive the same outstanding benefits and unmatched customer service that have been hallmarks of PacificSource since 1933.
- As we move forward, the partnership will provide the foundation for improvements and enhancements. This includes increased access to care for communities, the creation of new and unique health plan offerings, and industry-leading stability in a volatile health insurance market.

Looking for more information? You're welcome to read the news release or our FAQ for providers to learn more about Legacy Health and this partnership.

# # #

About Legacy Health

Legacy Health is Oregon's only locally-owned nonprofit healthcare organization with over 10,000 employees. Legacy includes Legacy Emanuel Medical Center, Randall Children's Hospital at Legacy Emanuel, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, Legacy Laboratory Services, and Legacy Research Institute. Legacy also includes over 100 Legacy Medical Group primary care and specialty care clinics.

About PacificSource Health Plans

PacificSource Health Plans is an independent, not-for-profit community health plan serving the Northwest. Founded in 1933, PacificSource is based in Eugene with local offices throughout Oregon, and in Idaho and Montana. The PacificSource family of companies employs 700 people, serves more than 280,000 individuals, and has 3,900 employer clients throughout the Northwest. PacificSource Community Health Plans is a subsidiary of PacificSource Health Plans and markets Medicare Advantage products under the name PacificSource Medicare. PacificSource Community Solutions is a subsidiary of PacificSource Health Plans and provides Medicaid coverage in Oregon through the Oregon Health Plan. For more information visit PacificSource.com.

Newly Contracted Providers
From September 2015-December 2015

Riley Adams	DDS	Caldwell, ID
Justin Anderson	DDS	Cave Junction, OR
Justin Anderson	DDS	Grants Pass, OR
Carolyn Ash	DDS,MS	Central Point, OR
Melissa Beadnell	DMD	Portland, OR
Henry Bumstead	DDS	Eugene, OR
Morgen Bybee	DDS	Pocatello, ID
Susanna Cammann	DDS	Nampa, ID
Paul Clawson	DDS	Nampa, ID
Bo Crofoot	DDS	Rexburg, ID
David Dickinson	DMD	Medford, OR
Robert Fackrell	DDS	Pocatello, ID
John Hardy II	DMD	Eugene, OR
Jeremy Hixson	DMD	Meridian, ID
Dustin Hopkin	DDS	Meridian, ID
Daniel Howard	DDS	Meridian, ID
James Iamsurey	DDS	Gold Beach, OR
Juan Kim	DDS	Cave Junction, OR
Juan Kim	DDS	Grants Pass, OR
Brett Lancaster	DMD	Burley, ID
Robert Larson	DDS	Springfield, OR
Wilson Lee	DDS	Happy Valley, OR
Wilson Lee	DDS	Hillsboro, OR
Wilson Lee	DDS	Portland, OR
Wilson Lee	DDS	Sherwood, OR
Wilson Lee	DDS	Tigard, OR
Douglass McArthur	DDS	Coeur d'Alene, ID
Meredith McClay	DMD	Medford, OR
Hallie McNaughton	DMD	Bend, OR
John Mumford	DMD	Boise, ID
Holly Nichols	DMD	The Dalles, OR
Patrick Niland	DDS, MS	Meridian, ID
Ashley Palladino	DMD	Bend, OR
Jeffrey Phelps	DMD	Albany, OR
Jeffrey Phelps	DMD	Eugene, OR
Kaveendra Ranasinghe	DMD	Woodburn, OR
Dan Shaer	DDS	Portland, OR
Alison Shisler	DMD	Medford, OR
Scott Thompson	DDS	Meridian, ID
Crystal Thompson	DDS	Medford, OR
William Trevor	DDS	Keizer, OR
David Uchida	DMD	Ontario, OR
Melissa Wages	DDS	Coos Bay, OR
Melissa Wages	DDS	Portland, OR
Scott Wilkes	DDS	Rexburg, ID
Brian Wilson	DMD	Corvallis, OR
Larry Wogman	DDS	Union, OR

ADVANTAGE DENTAL REPORTING HOTLINE

Advantage Dental is committed to maintaining high integrity. If you are aware of incidents, issues, or concerns regarding the organization, please consider reporting them to management. Anonymous and confidential reports can be submitted using our independent third-party anonymous and confidential reporting service.

You will need to reference our Company ID when reporting incidents or concerns: ADVANTAGE

Reports can be submitted at www.FRAUDHL.com 24-hours a day using the secure online reporting form or by calling or faxing to the toll-free number 1-855-FRAUD-HL

Member Benefit Vendors

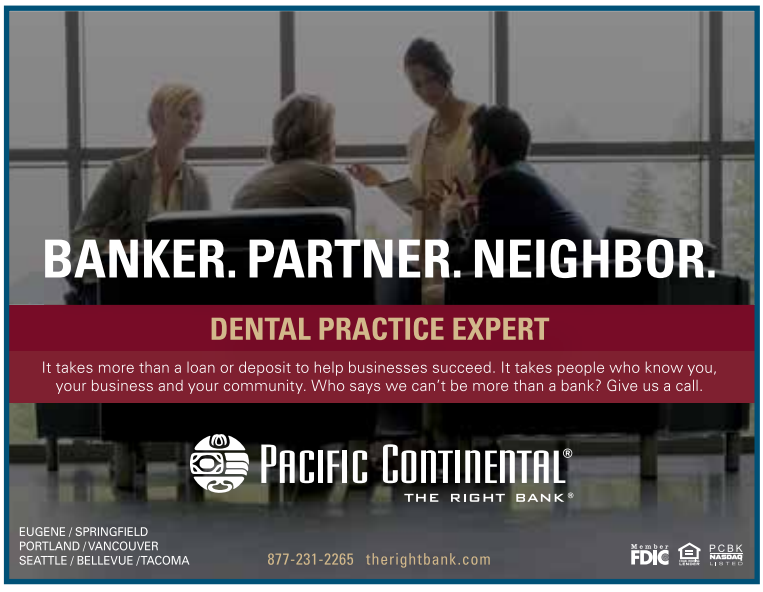
DON'T FORGET TO TAKE ADVANTAGE OF THE MEMBER BENEFITS AVAILABLE TO YOU!

Advantage Dental negotiates with many dental vendors to save money on supplies, technical services and professional services. Advantage Dental is committed to helping your practice become the most successful by providing you with professional services and savings.

Here is a list of dental vendors who participate in the member benefits program:

- Computer Habits
- Crest Oral B
- CDW
- Continu
- Trend Micro
- Tesia
- Local Fresh
- Physician's Resource
- Advantage Credit Services
- EnviroShred NW
- Coriant Workflow Solutions
- Dentsply Tulsa Dental
- Pacific Continental
- Watkinson Laird Rubenstein, P.C
- Unum
- D.A. Davidson
- Henry Schein
- Patterson Dental
- Byotrol (Integrated Resources International)

For more information contact marketing@advantagedental.com



ASK CHILD UPDATE MEET ANTHONY

BEFORE BRACES

"So many kids make fun of me that it makes me want to give up on life. The only thing that keeps me going is my family and friends."

AFTER 5 MONTHS IN BRACES

"Thank you for paying for my braces... I'm hopefully going to be socially active now, and talk to and make friends at school. I'll be able to get out of my comfort zone and finally be able to take family photos without being embarrased. I love knowing that I'll be able to smile happily soon."

CARING PROFESSIONALS PROVIDING ORTHODONTICS FOR AT-RISK YOUTH THROUGHOUT OREGON

ASK Facts

- 83 children were approved for treament in 2015
- Up to 90 children will be approved in 2016
- 206 ASK kids are performing 1145 hours of community service per month

A big thank you to the 56 orthodontists that partner with ASK and the dental professionals below that donated their services in 2015:

- Advantage Dental Clinic dentists
- Dr. Neil Walle, Klamath Falls Dental Specialists
- Dr. Juliana Panchura, Smile Central Oregon
- Dr. Andrew Dow, Eugene Periodontics
- Plastic & Maxiofacial Division, Children's Hospital Shriners-Chicago
- Associates for Oral and Maxillofacial Surgery, Grants Pass, Medford & Klamath Falls
- Dr. Kyle House, A KidZ Dental Zone and Advanced Pediatric Dentistry

And the discounted services of more than 56 orthodontists currently partnering with ASK.

2016 Sponsor A Smile Sponsors:

- Dr. R. Mike Shirtcliff
- Brenda Turner
- ASK Board of Directors
- Advantage Dental employee payroll deduction program

For information about sponsoring a child through the ASK program, contact ASK@AdvantageDental.com or Tracie at 541-504-3982.

ASK CHILDREN IN THE COMMUNITY

Zack helps at an animal shelter. Orthodontic treatment provided by Dr. Darren Ravassipour.

Brenden doing beach clean-up. Orthodontic treatment provided by Dr. Rachel Yamakawa.

Esther volunteers at the hospital. Orthodontic treatment provided by Dr. Tyson Buck

Advantage Smiles for Kids Update

DID YOU KNOW

- Since 2004, more than 430 children have received orthodontic treatment through the ASK program.
- Please consider becoming an ASK donor member by filling out the form below or calling Michael at 541-504-3912.

A July 2014 study revealed that 28% of students in grades 6-12 have experienced bullying, and that the number one physical feature leading to bullying was the appearance of the child's teeth.

[The American Academy of Orthodontics and Dentofacial Orthopedics, August 2014]

ASK Donor Membership Opportunity

This is an annual membership pledge. Members will be invoiced annually on their anniversary date. Tear off and return the bottom portion, along with a check or credit card information to set up your annual membership.

STAR MEMBERSHIP: $100 Annual Donation

Help ASK reach its 2016 goal to provide orthodontic treatment for 90 at-risk children.

SILVER MEMBERSHIP: $500 Annual Donation

Receive an ASK member certificate, and recognition in the Advantage Community Newsletter.

GOLD MEMBERSHIP: $1,000 Annual Donation

Receive an ASK member certificate and recognition in the Advantage Community Newsletter and at the 2016 Advantage Dental Summer Meeting.

PLATINUM MEMBERSHIP: $5,000 One-Time Donation

Receive an ASK member certificate and recognition in the Advantage Community Newsletter and at the 2016 Summer Meeting, plus *VIP seating at the 2016 Advantage Dental Summer Meeting and sponsorship of a child through the **Sponsor A Smile Program.

*VIP seating includes reserved seating for you and a guest, a champagne greeting, special recognition, a gift and first service for dinner.

**Sponsor A Smile: You will receive photos, a biography, updates and correspondence from a child in your community that has been approved for orthodontic treatment.

ASK is a 501(c)3 tax exempt organization.

Name _____

Address _____

City, St, Zip _____

Phone _____

Email _____

How to Give:

- Credit Card (Fill out the above information and the box to the right)
- On-line (www.AdvantageSmilesforKids.org, select the "Donate" tab)
- Mail check (payable to ASK) to 442 SW Umatilla Avenue, Suite 200 Redmond, OR 97756

☐ **I WOULD LIKE INFORMATION REGARDING DEFERRED GIVING.**

*Contact ASK for more information at ask@advantagedental.com or 541-504-3982

☐ **$50.00** ☐ **$100.00**

☐ **$500.00**

☐ **OTHER $** _____

Credit Card Information

Amount $_____ __VISA __MasterCard

_____

Name as it appears on card

_____ _____

Card Number Security Code

_____ _____

Signature Exp. Date

Advantage Dental
442 SW Umatilla Ave. Suite 200
Redmond, OR 97756

Would You Like More Information Regarding Member Benefits?

WIN A KINDLE

Email the Advantage Marketing Department to be entered into the drawing for a Kindle reader. Simply email:

Marketing@advantagedental.com

and let us know if you have any questions about information contained in this newsletter, or if you would like more information about any of the member benefits programs. ENTRY DEADLINE 5/02/2016