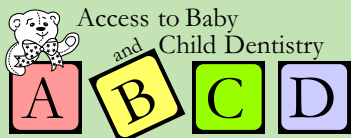




Growing up without cavities - we care for little smiles

FALL/WINTER 2009

ABCD and ABCD“E” Programs



Spokane County Oral Health Coalition

The Spokane Regional Health District hosts the quarterly Oral Health Coalition meetings. We invite you to attend!

2009: October 15
2010: January 21
April 15
July 15
October 21

Room 320/321 (3rd floor)
5:15 - 6:15 pm

For more information, please call **324-1550**.

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A stick a day may keep decay away

You've seen the claims on sugarless gum wrappers. Orbit says that chewing gum might help strengthen the teeth. Trident gum contains xylitol that helps prevent cavities. So are these claims solid? Oral health experts say the popularity of sugar-free gums has been one step in the improvement of children's oral health. Since consuming lots of sucrose (table sugar) can lead to cavities, there's a benefit simply in taking it out of the gum. Pediatric dentists say it's important to remember that xylitol is not a magic bullet in fighting tooth decay. Parents need to stay on top of all the other known preventive methods. "Control of the diet, regular use of fluoride toothpaste and good ongoing supervision by a dentist are all important", says Dr. Burton Edelstein of the College of Dental Medicine at Columbia University.

Secondhand smoke harms children's teeth

- Children are vulnerable to the effects of secondhand smoke. Exposure to secondhand smoke increases the risk for SIDS, respiratory illness, asthma, middle ear infections, and even tooth decay. Almost 60% of U.S. children 3 -11 years old (almost 22 million) are exposed.
- Exposure to secondhand smoke can be measured by the level of cotinine in the body. Cotinine is a by-product of nicotine found in tobacco. Children living in homes where smoking is allowed have higher levels than those who live in smoke-free homes. Some research has shown that children with higher cotinine levels have a greater risk for cavities.
- If untreated, cavities can cause pain and dysfunction, alter a child's appearance, and lead to absences from school – problems that can greatly affect a child's quality of life.

CDC Recommends H1N1 Vaccine for Healthcare Workers

The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices announced July 29th that it is recommending that Influenza A (H1N1) vaccine be prioritized for 5 key populations when the first vaccine becomes available – possibly in October.

The H1N1 was first detected in the United States in April, and has since spread to 70 countries and infected more than 130,000 worldwide. In the U.S., the virus has infected more than 43,000 people, resulting in over 300 deaths and these numbers continue to rise.

For now, the CDC Advisory Committee is recommending the vaccine efforts focus on these 5 groups, which account for 159 million people in the U.S.

- Pregnant women
- People who live with or care for infants younger than 6 months

- Healthcare and emergency medical workers
- Everyone from 6 months to 24 years of age
- People from 25 to 64 years of age with health conditions that put them at higher risk of complications from the flu.

The CDC believes many healthcare workers are at risk of exposure to and possible transmission of H1N1 because of their exposure and contact with possibly infected patients. To protect workers, the H1N1 vaccine is an essential part of prevention and infection control.

Initially, the H1N1 vaccine may be available in limited quantities. The committee said current studies indicate the risk for infection among persons 65 years and older is less than the risk for younger age groups. The CDC also stressed that people over the age of 65 receive the seasonal flu vaccine.

For local Pandemic H1N1 Flu info. visit:
<http://www.srhd.org/topics/h1n1.asp>

TOOTH TALK

Should I brush or floss first?

Makes no difference as long as you do a thorough job. Products should have the ADA seal of approval.

Your mouth can tell a lot about your overall health

A Washington Post article by Michael Bienbaum notes that a good dentist sees more than teeth. Your mouth can tell a lot about your overall health. Troubled teeth and gums aren't always just a dental problem. Sometimes they indicate deeper issues, and dentists are increasingly picking up the clues. Dentists look at the mouth for color changes, certain smells, and spots on the gums. Such signs and symptoms of oral infection can indicate general health status and act as a marker for other diseases:

- ♦ **Heart disease:** gums that turn a bright, beefy red or purple. Check blood pressure.
- ♦ **Type 2 Diabetes:** Gums that bleed at the slightest touch even with no plaque evident.
- ♦ **Kidney disease:** A sweet ammonia on a patient's breath, detectable even from behind a dentist's surgical mask.
- ♦ **Acid reflux:** Teeth that look worn and pitted, as if dipped in battery acid. Not all teeth are affected, depends on where the acid settles during a person's typical sleeping position.
- ♦ **Oral cancer:** White spots on gum tissues lasting 2 weeks or more.
- ♦ **Leukemia:** Fiery-red swollen gums that won't heal, distinguishable from diabetes symptoms with a blood test.
- ♦ **Osteoporosis:** Certain black spots on tooth x-rays, indicating air pockets and dead bone.
- ♦ **Stress:** Gums pulled away from teeth, or teeth themselves that are fractured. All sorts of fungal, bacterial and viral infections can enter the body through cracked teeth.
- ♦ **Sleep apnea:** Enlarged tongue and inflamed gums in the part of the mouth through which air passes.
- ♦ **Pregnancy:** Deeply swollen gums can indicate hormonal changes.
- ♦ **Bulimia:** Upper front teeth can be paper thin with the enamel almost completely worn away, and teeth that hurt. To be distinguishable from acid reflux because different teeth are involved.

Legend of the Tooth Fairy

Woman's World magazine relays that the legend of the Tooth Fairy may have originated from an 18th-century French fairy tale, in which a fairy helps defeat an evil king by knocking out all of his teeth. Or perhaps her roots go back even further to the Vikings, who had a "tooth fee" that they paid to children. As for American "tooth fees": The going rate is almost \$2, up from just 10 cents just 25 years ago.



Redheads may need more local anesthetic during intense dental care, according to the ADA. If you were born with red hair and often squirm during dental procedures, it may be because redheads are twice as susceptible to pain at the dental office than those with brown or blonde hair. It is believed that the melanocortin-1 receptor gene that gives redheads their hair and eye color may also cause these individuals to be more sensitive to painful stimuli.

The ADA advises that oral piercings pose potential health care risks! Like clothing and hair styles, oral piercings give teens and adults a way to express themselves. Some potential complications include:

- ♦ **Swelling of the tongue.** A severely swollen tongue may close off the airway and prevent breathing.
- ♦ **Prolonged bleeding** if a blood vessel is punctured while piercing.
- ♦ **Damage to the sublingual salivary glands** (which produce 5% of the saliva entering the mouth) if the tongue piercing is improperly placed.
- ♦ **Choking hazard** if jewelry becomes loose in the mouth while aspirating (choking).
- ♦ **Plaque** may build-up on the piercings, requiring more frequent cleaning.
- ♦ **Damage** may occur to the teeth and gums if jewelry clanks against them, causing chipped or cracked teeth or gum recession.
- ♦ **Allergic reactions** may occur if the jewelry contains certain metals.
- ♦ **Nerve damage** may occur if a piercing strikes a nerve, leading to numbness or loss of sensation at the piercing site.
- ♦ **The wound** from the piercing, coupled with teeming bacteria in the mouth, may create an increased risk of infection.

Whether a piercing is through the cheek, lip or gum, proper oral hygiene measures are critical and may help reduce the risks of some damaging side effects of oral piercings. Dentists may provide an antimicrobial rinse to keep the pierced site and jewelry clean.

Brush up on toothbrush smiles!

When choosing a toothbrush, Delta Dental recommends the following:

- ♦ **Bristle surface** should be a combination of flat and multilevel
- ♦ **Bristle shape** should be rounded (blunt-cut bristles can damage delicate gum tissue).
- ♦ **Bristle firmness** should be soft (hard bristles can damage gums and wear away enamel).
- ♦ **Head shape** – Compact angled heads are better for people with smaller mouths. Otherwise choose rectangle or diamond or polygon shapes or the size and shape most comfortable for you.
- ♦ **Handle design** – Straight or angles, all handle shapes seem to work equally well. The more comfortable you are using your toothbrush, the more likely you will use it.

Electric toothbrushes can be effective when used consistently. They use a variety of motions: back and forth, up and down, and rotation. However, you can achieve similar results with proper use of a manual toothbrush. Studies have shown that only one type of power brush, the rotating oscillation design, is consistently better at removing plaque and reducing gingivitis than a manual tooth brush.

Electric toothbrushes can be particularly helpful for people who have trouble reaching all areas of their mouth. For example, power brushes are useful for people with braces, parents brushing their youngster's teeth, and individuals with mental or physical disabilities that impair dexterities. The thicker handle on power models is also a plus for some older patients and people with arthritis who have difficulty grasping the thinner shaft of a manual brush.

Continued on page 4

ProviderOne Information

By now, most offices are aware of the new DSHS payment processing system, ProviderOne, to be implemented December 6, 2009. There's been much communication from DSHS HRSA about the new system. Anything new is always approached with trepidation by those of us settled into a routine. Here's a little news that should be of help.

All Medicaid-eligible clients receiving the September Medical Assistance ID (medical coupon) will also receive an insert announcing the upcoming change to the new Services Card. This is the first of 3 client mailings that are scheduled within the next 90 days.

If questions are asked of your office personnel, please share the following talking points:

- The Services Card (that looks like a credit card) will be issued one time and not monthly.
- Each person eligible for services will have their own card, not just one for the family.
- The Services Card doesn't replace the EBT or Managed Care cards.
- The Services Cards will be mailed throughout November with instructions on how to use the card.
- The Services Card is free to the clients and is for Medicaid (medical, dental, vision) services and General Assistance Unemployable (GAU) program.

ProviderOne Readiness Team: Cards replacing coupons

With the new system, clients will have their permanent plastic Services Card that will replace the medical coupon. Because the Services Card will not show eligibility information, providers will need to check eligibility each time they deliver a service. There are free and low-cost options to check eligibility (on page 4).

A note from DSHS ProviderOne Readiness Team

Our apologies! We recognize that our response time to your ProviderOne requests is well exceeding our 48 hour commitment. In some areas like Security, we estimate our backlog has reached 2 weeks! We appreciate that providers are responding to our requests to prepare and recognize that our response time is unacceptable.

While we reallocate and train staff to help respond to your questions, please assist us by contacting DSHS staff via email (see the list below for topic-specific email addresses). To help us expedite your message to the staff who can assist you, please include specific information in the subject line. For example, if you are locked out, include that in the subject line. The message should include:

- Your Tax ID
- NPI
- Domain or organizational name
- User Name
- What the problem is

We also want you to know what we are doing to correct this problem.

1. We are reallocating current resources to areas where you need our support, including Security, Registration, and Testing for HIPAA batch submitted.
2. We are scheduling topic specific webinars that will begin September 29 and run through the month of October. During the webinars, you will have the opportunity to ask questions and we will have the subject matter experts on hand to answer you. Topics will include:
 - General Readiness and Cutover Schedule
 - Getting Started with ProviderOne Security
 - Getting Started with ProviderOne Registration
 - Using Taxonomy and Other Identifiers to Get Paid
 - HIPAA Batch EDI Testing

You should know that if you already left us a voicemail or email, a ticket has been logged and we are answering in the order received. Please do not leave additional messages on the same topic, it slows down our response time.

Once again, please accept our apology. Thank you for assisting us with our goal of implementing ProviderOne without interruption of services for our clients or payments to providers.

ProviderOne Response Team

It's important to us that you have access to staff who can answer your questions about ProviderOne. As mentioned above, while resources are being reallocated and trained, please use email whenever possible.

Security questions and login issues: provideronesecurity@dshs.wa.gov (1-800-562-3022, option 2,4,1)

Registration process, change an NPI or Tax ID number: providerenrollment@dshs.wa.gov (1-800-562-3022, option 2,4,2)

HIPAA EDI Gateway, setting up SFTP, or missing/bad 997 file: 1-800-562-3022, option 2,4,3

HIPAA testing issues: hipaa-help@dshs.wa.gov (1-800-562-3022, option 2,4,4)

ProviderOne general questions: providerone@dshs.wa.gov (1-800-562-3022, option 2,4, wait)

ProviderOne: Optional card reader website now available

The new Services Card has a magnetic strip on the back that gives providers the option to purchase a card reader and monthly subscription service as one method to access the most up-to-date client eligibility information.

To insure that providers would have at least one option for a reader compatible with the Services Card, the vendor to ProviderOne – Client Network Services, Inc. (CNSI) or a designee – is required to make readers available for purchase. CNSI has designated MedData to make card readers ranging from \$100 to \$400 available for purchase, as well as specifications on card readers that will work with ProviderOne. The Services Card uses a single track format that is readable by many commercial card readers. However, the software loaded on the device will need to be reconfigured to submit transactions and your vendor may charge you. Providers are encouraged to shop for the model and vendor that best meets their need. DSHS does not favor, endorse, or recommend any Magnetic Card Reader model or vendor over any other model or vendor.

For providers choosing the card reader option, you will need a card reader that is configured appropriately, and will be subject to a monthly subscription fee to access the secure network that connects to ProviderOne eligibility data. MedData is the designated secure network vendor for ProviderOne. If you choose to use the card reader technology to check eligibility, you will need a monthly subscription only available through MedData. The fee for this service is \$15 a month for each reader with unlimited transactions.

All inquiries about the card readers, including reader specifications, compatibility questions, and subscribing to the eligibility service should be directed to MedData.

- MedData websire:
<http://www.meddatahealth.com/MedData/ProviderOne>
- Email support@meddatahealth.com
- Telephone 1-877-633-3282

FREE Options for client eligibility inquiries with ProviderOne

There are a number of free options to check eligibility, including:

- Online Web Inquiry – available 24/7
- 270-271 batch eligibility inquiry and response transactions – available 24/7
- Automated Telephone Interactive Voice Response System – available 24/7
- Calling DSHS Customer Service – available 7:00 am to 5:00 pm

If you use a Medicaid Eligibility Verification Vendor (MEV) today, you will have that option with ProviderOne. Your MEV vendor should contact MedData.

TOOTH TALK *continued...*

Change your tooth brush and stay healthier

It's not a pleasant thought: Your toothbrush that you put in your mouth a couple times a day, is like a convention center for thousands of microorganisms. Over 300 types of microbes thrive in your mouth, and consequently on your toothbrush. Luckily, most are harmless, the sort that exist in a normal mouth. But many harmful bacteria can make the brush and handle of your toothbrush their home, including:

- Cold and flu bacteria
- The herpes virus that causes painful cold sores
- Staphylococcus bacteria, responsible for many ear, nose and throat infections
- Candida, a parasitic fungus that causes thrush, an ulcerous condition of the mouth membrane
- Bacteria that causes periodontal infections of the gum, the leading cause of tooth loss in adults

Replace your toothbrush at least every 3 months or more, especially after illness. Toothbrush bristles wear down relatively quickly. Once they're frayed and bent, they can't slide under the tissues to clean under the gum lines, so they don't clean your mouth as well as they should. Additionally, old, frayed bristles hide more bacteria and other disease-causing microorganisms (Chicago Dental Society and the ADA).

See a dentist BEFORE cancer treatment

Physicians and dentists recommend patients see the dentist BEFORE starting cancer treatments. Why?

- Cancer treatment may be easier if you work with a dentist and hygienist.
- Dental treatment will help protect your mouth, teeth, and jaw

bones from damage caused by radiation and chemotherapy.

Children also need special protection for their growing teeth and facial and facial bones.

- Doctors may have to delay or stop your cancer treatment because of problems in your mouth.

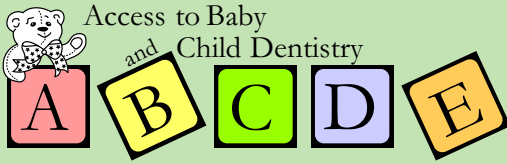
Bad Breath

Bad breath can be caused by tooth decay, gum disease, lack of saliva (xerostomia), certain foods and drinks, tobacco, medications or illness.

Treatment: Schedule a dental appointment to find out if your bad breath is being caused by tooth decay, gum disease, or a medical condition that should be treated by a physician. If it's a dental problem, your dentist will recommend a course of treatment to stop any infection, clean and restore your teeth, and improve the health of your gums. Your dentist may recommend that you take a hard look at your daily hygiene. Remember to brush twice a day and floss once a day. If your bad breath is not a dental problem, your dentist may suggest changes to your eating and drinking habits and refer you to your physician.

Floss for a healthier pancreas

Woman's World magazine published an article stating that you should floss for a healthier pancreas. According to the article, recent research has linked gum disease to a 63% increase in the risk of pancreatic cancer (compounds in oral bacteria, called nitrosamines, are proven cancer triggers). The good news: Brushing twice daily and flossing your teeth at least once a day is enough to sweep those germs from your mouth.



Dental decay...without teeth?

By Erin Johnson, DDS, Spokane Pedodontist

Health care providers have been told over and over that early childhood decay is the most common chronic disease in young children, and may develop as soon as an infant erupts their first tooth. Providers also know that this is 100% a preventable disease. However, the most efficient and effective preventive efforts must begin prior to inoculation with the bacteria that cause decay....which begs the question “How early can a child “catch” the caries bacteria?” We’ve always assumed that in order for the germs that cause caries to set up shop in the oral cavity, there had to be a hard surface - a tooth - for them to do so.

New research is showing us that this may be too late. In fact, these bacteria may colonize in the mouth before the first tooth begins to break through the oral mucosa. Several recent studies have shown that infants can become colonized with strep mutans as early as the time of birth. The bacteria can adhere to surfaces other than teeth, including the furrows of the tongue. Further, studies have shown that children who acquire these bacteria at a younger age will develop more severe decay when compared to children who did not acquire the bacteria until an older age.

So how do we prevent this early colonization? Several factors may play significant roles in this process, including pre-term birth, and the presence of untreated decay in the mother or primary care giver's mouth. Counseling mothers on the importance of regular pre-natal checkups and maintaining their own optimum health to reduce the occurrence of pre-term delivery is crucial. Encouraging expectant mothers to know how and where to seek dental care during pregnancy is vital. The elimination of active carious lesions remains a simple yet definitive step towards reducing the spread of this bacteria. Finally, it is imperative that every child have an oral health evaluation before their first birthday to help identify potential risk factors, and counsel caregivers as needed. Every kiss between mother and infant, and every temperature check of a bottle becomes an “at-risk” activity for the mother with untreated decay.

Look what’s NEW with WIC

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is undergoing the most significant makeover in the 35 year history of the program. The USDA has new rules that will change the foods that families receive through the program. The new foods support WICS's commitment to exclusive breastfeeding and make it easier for families to make healthy choices. The new WIC foods will be lower in saturated fat and cholesterol, higher in fiber and will include fresh fruits and vegetables year round for all women and children. The infant and child formulas WIC provides will not change.

The new rules improve the program's ability to meet the nutritional needs of clients with medical conditions. They also include additional documentation requirements for medical providers. In order to make it easier to give WIC staff the needed documentation, WIC worked with a number of medical providers to develop new prescription forms.

Starting October 1st, WIC will accept prescriptions written only on WIC prescription forms. WIC will no longer accept prescriptions written on prescription pads.

What are medical providers required to document on WIC forms?

Federal rules require providers to document:

1. The client's specific medical diagnosis.
2. The foods the WIC program should give to the client and the foods from WIC that are medically contraindicated.
3. The name and amount of formula needed.
4. The number of months the special food/formula is needed.
5. The provider's signature and phone number and date.

Which formulas does WIC provide?

For infants up to age one without a prescription form:

- Similac Advance
- Similac Isomil Advance
- Similac Sensitive

Therapeutic formulas available with a WIC prescription form:

- Similac Sensitive R.S.
- Good Start Gentle PLUS
- Similac NeoSure
- Enfamil Enfacare LIPIL
- Similac Alimentum
- Nutramigen LIPL
- PediaSure

NOTE: A WIC prescription form is required for children over age one needing any of the formulas listed above.

Which medical diagnoses do federal rules allow for WIC prescriptions?

Accepted medical conditions that meet federal criteria

- Premature birth/low birth weight
- Failure to thrive
- Gastrointestinal disorders
- Malabsorption syndrome
- Immune system disorders
- Severe food allergies
- Metabolic disorders
- Inborn errors of metabolism
- Milk protein allergy
- Lactose intolerance
- Other (diagnosis required)

Medical conditions or reasons that DO NOT meet federal criteria

- Non-specific formula/food intolerance
- Fussiness
- Spitting up
- Constipation
- Weight management unless there is a related diagnosis meeting federal criteria
- Personal preference

NOTE: Clients with milk protein allergy will not receive milk or cheese from WIC.

TOOTH TRIVIA

- ◆ What is the favorite flavor of candy for American consumers? Chocolate, according to an industry. Berry flavors come in second.
- ◆ A tooth is the hardest substance found in the body.
- ◆ On land, we find only two groups of animals that experience tooth decay: human beings (and their domestic pets), and bears. Bears eat gallons of honey at a time, which is why they get cavities.
- ◆ People don't chew up and down; they chew side-to-side, just like cows chew.
- ◆ According to Jay Leno's humor: "The British government has asked people to conserve water. And today the entire country volunteered to give up brushing their teeth."
- ◆ A crocodile replaces its teeth over 40 times in a lifetime.



- ◆ Mammals need their teeth to do several different jobs – so mammal teeth evolved into different forms. Mammal teeth can grind, stab, scissor, dig, chisel, sieve, and lift.
- ◆ There is a name for the soreness you feel when you burn your mouth on mozzarella cheese: pizza palette!
- ◆ If you don't floss, you're missing 35% of your tooth surfaces.
- ◆ The CDC reports that 51 million school hours are lost each year due to childhood dental disease.
- ◆ The Surgeon General reports that more than 164 million hours of work each year in the U.S. are lost due to dental disease or dental visits.
- ◆ In Vermont, it is illegal for a woman to wear false teeth without the written permission of their husband.
- ◆ Your teeth are as unique as your fingerprints. Even identical twins have different “dental fingerprints”.
- ◆ A mosquito has 47 teeth.



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