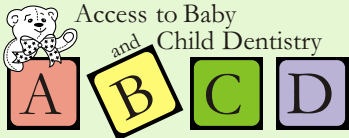




SUMMER 2010

ABCD and ABCD“E” Programs



Welcome New ABCD & ABCDE Associates

ABCD:

- Dr. Victor Law (SFFC)
- Dr. Jason Woolf (SFFC)
- Dr. Jake Ridl (HERO)

ABCD “Expanded”

Deer Park Family Care Clinic

- Derek Hennessy, PA-C
- Basil Griffin, MD
- Randi Carter, PA-C
- Daniel Stoop, MD
- Edgar Figueroa, MD
- Joe Nadeau, PA-C

Spokane Falls Family Clinic (SFFC)

- Ed Gruber, ARNP

Pediatric Associates of Spokane

- Shane Carson, DO
- Kari Holman, PA-C
- Melissa Weight, PA-C
- Kristi Rice, MD

In this Issue:

- Key Facts: Childhood Decay 2
- Doctors + Dentists = Success 3
- Defeat the Sugar Bug 3
- Tooth Trivia 4

Happy Anniversary ABCD!

This article appeared in the Spring issue of WDS Foundation News:

Spokane County’s ABCD Program – the program that began it all – is 15 years old. Spokane is the birthplace of Washington’s ABCD program and the prototype for other counties that have subsequently adopted the program to serve Medicaid-insured children from birth through age 5.

Dr. Jim Sledge, who was among the first ABCD-trained dentists in Spokane when the program was established in 1995, notes collaboration between public and private sector partners was critical in addressing the lack of dental access for high-risk preschool children. “The work of Spokane dentists Robert Shaw and Dale Ruemping, the Spokane District Dental Society, the Spokane Regional Health District the University of Washington’s Drs. Peter Domoto and Peter Milgrom, and the Department of Social and Health Services – all were instrumental to the program’s success,” Dr. Sledge recalls.

In 1999, WDSF recognized the Spokane program’s success and committed to taking this program statewide and working with local programs and the statewide partners to ensure long-term success. “Based on our Spokane County experience, we recognized that a strong local program and skilled staff – usually at the health department or other local agency – were essential,” said Dr. Sledge.

Today, 32 of 39 Washington counties have local ABCD programs. “It’s amazing that something we started that long ago is still alive, doing what we want it to do and is now being emulated across the United States and in Canada,” Dr. Sledge stated.

*Note: Spokane also serves Stevens, Pend Oreille, Lincoln, and Ferry counties which at this time have no ABCD program.



White House Summary Lists Oral Health as Key Benefit for Children

In a recently released document summarizing the benefits of Health Care Reform for children, the White House listed oral health coverage as a key revision stating that the new law requires coverage of not only basic pediatric services under all new health plans, but also oral and vision needs starting in 2014. While the document lists numerous provisions in Health Care Reform that will improve the lives of America’s children, the mention of dental coverage as a key benefit is evidence that oral health is finally becoming a priority for policymakers at the highest levels.

Now That ProviderOne is Launched...

It has been forever in the making and now ProviderOne is in full operation. You are to be commended for working diligently to prepare for the use of the system! Change is not easy but you rose to the challenge: CONGRATULATIONS!

Note: ProviderOne has a new website up and running.
Go to: <http://www.dshs.wa.gov/providerone/providers.htm>

This will assist in clarifying questions and providing tips. The DSHS staff is working very hard to help all providers.

There are some changes to note:

- ♦ Must use ADA forms 2006 or newer
- ♦ Claims are now electronically processed, so all required information must be in correct boxes or the claim will be processed incorrectly and will be denied:
 - ♦ Box 2: Preauthorization/ pre-determination number (if applies)
 - ♦ Box 15: Enter the new ProviderOne client ID number (example: 123456789WA)
 - ♦ Box 24-30: Enter billable services with procedure dates, codes, description, for each line, etc.
 - ♦ **Box 29: Pay specific attention to D9999 (Family Oral Health Education): EPA# is no longer required and must not be entered.**
 - ♦ Box 48-52A: Practice/Billing (group) provider information
 - ♦ Box 49: add Practice/Billing provider NPI number
 - ♦ Box 52A: add the Practice/Billing provider Taxonomy code
 - ♦ Box 53-58: Individual treating/rendering dentist information
 - ♦ Box 54: add treatment/rendering dentist information
 - ♦ Box 58: add the treating/rendering information Taxonomy number
 - ♦ If solo practice, the billing number and treating dentist might be the same
 - ♦ Box 35 (Remarks): Only enter comments in this box that are required to process your claim. Adding unnecessary comments will slow down processing time
- ♦ ProviderOne has an electronic option to correct previously paid claims by using the claim adjustment feature.
- ♦ **ProviderOne also allows you to revive a denied claim and fix an error that caused the initial denial (if fixable). No need to re-bill again.**
- ♦ **October 2010 is the change date to mandatory Electronic Funds Transfer.**

Key Facts About Childhood Decay

Childhood tooth decay is a significant chronic disease.

Tooth decay is the number one chronic childhood health condition and is on the rise nation-wide among young children for the first time in 40 years. (We are grateful for the ABCD/ABCDE program!)

Tooth decay impacts child health and development, self-esteem, and learning. Children who experience chronic tooth decay and related pain and infection can suffer from growth and development disturbances, speech problems, lost school days, poor self-esteem, unhealthy adult teeth and high cost for dental treatment throughout life.

Low-income children are disproportionately affected by tooth decay. Over three-fourths of untreated caries in permanent teeth are found in roughly 25% of children who are 5-17 years old, mostly low-income children. Nationally, most children experience little risk for dental caries and few cavities; however, low-income and minority children experience the highest rates of dental caries and the lowest rates of dental care.

Dental caries is preventable and manageable.

Cavities are the outcome of an infectious and transmissible disease called dental caries that is preventable early in life and can be managed without expensive interventions.



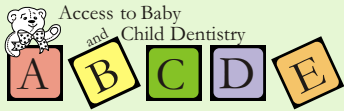
Untreated dental cavities are costly. Annual costs for dental services (all ages) were about \$95.3 billion in 2007 and are expected to increase in the next decade. The costs to Medicaid are disproportionately higher than those for children with private insurance coverage.

Proven prevention interventions can save costs. Dental costs for children enrolled in Medicaid for 5 continuous years who have their 1st preventive dental visit by age one are nearly 40% less (\$263 compared to \$447) than for children who receive their 1st dental visit after age one. For every \$1 invested in community water fluoridation, \$38 in dental treatment costs is saved. School-based dental sealant programs save costs when they are delivered to children at high-risk for tooth decay.

~ National Oral Health Policy Center April 2010

Thank You WDS Spokane Employees!

Our thanks to the Washington Dental Service Spokane employees who assembled, folded and labeled the ABCD/ABCDE "E" newsletters we send out. It is a very labor-intensive job and we do so appreciate their assistance. Hip-hip-hurray!



What is Childhood Dental Caries?

Dental caries is a chronic, infectious disease caused by bacteria that are found in the mouth and transmissible from caretakers, particularly mothers to children. The disease is typically established in the first few years of a child's life, with teeth being potentially susceptible to decay soon after their first appearance in the mouth. The occurrence of tooth decay before the age of 6 years – known as Early Childhood Caries (ECC) – is of particular concern because past caries experience, including having caries in childhood, is the best predictor of tooth decay across the lifespan. Dental caries is preventable and with appropriate early intervention and ongoing management, can actually be reversed. Preventive measures such as fluoride and dental sealants are instrumental in managing this disease and preventing cavities.

~ *Children's Dental Health Project, National Oral Health Policy Center 4/2010*

Thank You ABCD“E” Trainers

We must thank our ABCD“E” Trainers: DR. DALE RUEMPING, DR. ANDREW GARABEDIAN, and DR. JARED EVANS for their expertise in teaching physician offices the ins-and-outs of children's oral health. These pedodontists make sure physicians, PA-Cs and ARNPs are certified to provide oral health mouth assessments, provide oral health education, and apply fluoride varnish applications.

Doctors + Dentists = Success

In spite of the poor economic climate in states, 29 states now reimburse primary care providers for providing preventive oral health care to children; this number reflects an increase in states since 2008.

HRSA Reimbursement to ABCD“E” Certified Medical Providers

All certified providers can now receive reimbursements for delivering the following dental disease prevention services to Medicaid-enrolled children through age 5:

- ♦ Oral health screenings
- ♦ Educating families about good oral health practices
- ♦ Applying fluoride varnish

This means that for each office visit that includes these oral health services you can be reimbursed \$70.29 for a Medicaid client.

Because most children see a primary care provider up to eleven times for well-child care before their first visit to a dentist you can identify children at risk for cavities and help prevent this disease. **Experts now recommend that children receive their first oral health screening—at a medical or dental office—by a child's first birthday.**

Children's dental disease is a widespread and growing problem. In Washington, 45% of low-income preschoolers had dental decay in 2005 as compared to 38% in 1994. A child whose mouth is hurting can't sleep and may experience delayed speech development, have difficulty focusing in school, and be at risk of further health problems.

For more information about these Medicaid reimbursements, to schedule an initial or follow-up training, or for help in implementing these oral health prevention services in your office, contact Kay Cobb at kcobb@spokanecounty.org or (509) 324-1483.

We appreciate your interest in oral health and your help in delivering the message that good oral health is an important part of overall health.

Tooth Talk - Defeat the Sugar Bug

Each time you eat a snack containing sugar or starch (carbohydrates), the resulting acid attack on your teeth can last up to 20 minutes. Most snacks (pretzels, potato chips, fruit, popcorn) and drinks contain a lot of sugar. If you think natural sugar (like the sugar in raisins or other fruit) is better for your teeth, it's not. Sugar is sugar. People consume over 88 pounds of sugar each year.

How can you defeat the sugar bug?

- ♦ **Beat the clock** – foods that are eaten during a meal usually pose less of a threat to teeth because of the additional saliva produced during mealtime eating. Saliva helps wash the food particles from your mouth and lessen the damage from acid.
- ♦ **Brush & floss those teeth** – tooth-brushing is important, and you should brush twice a day. Did you know that if you don't floss, you miss cleaning up to 35% of each tooth.
- ♦ **Stock up on dairy products** – yogurt and cheese, milk and milk products contain things that are good for your teeth. Milk/milk products are a good source of calcium, an essential nutrient for the development of bones and teeth. Some scientific studies have shown that eating cheese might actually protect your teeth from cavities by preventing demineralization.
- ♦ **Not able to brush after a meal?** Take a big mouthful of water, swish it around in your mouth, and either swallow or spit it out. This helps clear the mouth of the acid attacking your teeth. We tell the kids to “swish and swallow”!
- ♦ **Candy – what's the best candy to eat?** Why chocolate, of course. Chocolate contains tannin which helps retard the growth of the bacteria that causes tooth decay.



TOOTH TRIVIA

- ◆ Expensive! Mick Jagger had an emerald chip put in the middle of his upper-right incisor tooth, but people thought it was spinach. He changed it to a ruby until he got tired of people discussing the drop of blood on his tooth. Jagger finally settled on a diamond.
- ◆ A picnic helper! The anteater's tongue can extend up to two feet and can catch up to 30,000 ants in a day. It does not have any teeth but its tongue is sticky and covered with tiny spines.
- ◆ Injured bald eagle gets time with dentist (Dr. Kirk Johnson) for beak rebuild... An Alaskan dentist has given a unique beak using a temporary crown, sticky poster putty and yellow highlighter! The bird was found in December with severe damage to its beak, apparently from fishing line that wrapped around it and started cutting into it. Dr Johnson thought of patching it up with the same material used to make temporary crowns for people. The "crown" is being held on with poster putty, colored it in using a highlighter to give it a yellow tint. The eagle is doing fine but will not be able to return to the wild.
- ◆ In 1994, an inmate in a West Virginia prison braided dental floss to scale the walls and escape.
- ◆ Internet dating in Florida: "WINNING SMILE: Active grandmother with original teeth seeking a dedicated flosser to share rare steaks, corn on the cob and caramel candy."
- ◆ Happy Birthday! The toothpaste tube will celebrate its 107th birthday this year, thanks to Washington W. Sheffield who came up with the idea of using a collapsible metal tube to squeeze out toothpaste. Prior to that, toothpaste came in porcelain jars.
- ◆ The canine teeth of a hippopotamus weigh 4 pounds each. No wonder these creatures, sometimes called river horses, are able to bite a crocodile in half when provoked. The teeth are made of ivory.
- ◆ Kissing can reduce the chance of cavities. Why? It stimulates saliva which helps reduce the incidence of cavities. Saliva washes out the mouth and helps remove the cavity-causing food particles that accumulate after meals.
- ◆ With that in mind, be careful whom you kiss. A person with clear dental neglect is 32 times more likely to have a partner with neglect.
- ◆ According to AmeriPlan, women smile an average of 62 times a day but men only smile an average of 8 times a day.



Oral Health Program

1101 West College Avenue, Room 240
Spokane, WA 99201
(509) 324-1478

509.324.1478 | TEL
509.324.3615 | FAX
509.324.1464 | TDD
www.SRHD.org