



**IOWA
DENTAL
ASSOCIATION**

A Constituent of the American Dental Association

P.O. Box 31088
Johnston, IA 50131
(515) 986-5605 or (800) 828-2181
(515) 986-5626 (Fax)
info@iowadental.org (e-mail)

Health and Human Services Subcommittee on Proposed Health Care Bill

Senator Hatch, Representative Foege, Committee Members, Ladies and Gentlemen:

Thank you for the opportunity to appear today to discuss Division III of this proposal - the provisions related to providing a "Dental Home" for all Medicaid-eligible children in the state.

The Iowa Dental Association leadership has asked me to begin my presentation by saying that Iowa's dentists applaud the initiative your committee is undertaking with this bill, as we fully recognize not only the challenge of assuring access to quality dental care for all Iowans, but also the several significant factors that we must overcome in order to make that happen.

And I would like to say, on behalf of our member-dentists, that we share with you the goal of bringing quality, affordable oral health care to all Iowans.

Iowa currently has about 1,500 dentists. Our association estimates that there are about 1,400 of those who actually are in practice. The number of dentists and their distribution throughout the state can affect the availability of dental care in some rural communities (See attached Iowa maps). For comparison purposes, there are approximately 6,000 practicing physicians in the state.

Iowa dentists are not ideally spread throughout the state; there are a number of areas in which shortages are obvious and other areas where the dental services are stretched thin.

One of the concepts of this bill that we strongly support is the "dentist recruitment - revolving fund" provision. State-funded programs like this one have been in place for several other types of Iowa health care professionals for a number of years, and have proven to be effective and useful.

Despite the fact that there is a geographical distribution challenge among the dentists serving Iowa, I believe Iowa's dentists – and their allied staffs – are working very hard to meet the oral health needs of Medicaid-enrolled patients. According to a recent report from Iowa Medicaid Enterprise, during fiscal year 2006, over 1,100 Iowa dentists served almost 160,000 Medicaid recipients. Iowa Medicaid patients received care in every county, and by dentists from virtually every type of practice and specialty. 160,000 patients divided among 1,100 dentists averages about 145 Medicaid-enrolled patients each. That's a significant portion of each of those dentists' practice, considering that Medicaid limits the treatment options which dentists may use in the care of adult patients; Medicaid payments tend to range from about 30 to 60 percent of the normal fees dentists charge (depending on the procedure and location); and the process of filing claims through Medicaid remains cumbersome (see email from Dr. Downs). I only mention these issues because they reflect the daily challenges of Iowa dentists. My members - those who served 160,000 Medicaid-enrolled patients last year - tell me they certainly don't do so in order to make a profit, but rather they do so because they are committed to providing quality oral health care to every one of their patients.

I recognize that there may be those who might have difficulty accepting that statement at face value. Yet I believe if you think about it for just a second you might be more inclined to agree. Dental offices, by and large, are independent businesses - there are very few large groups, most are individual practices or small, two or three person partnerships. They must pay their overhead, meet their payroll, and purchase supplies. They can't meet their overhead when they're compensated at such a low level and are further burdened with administrative struggles. They are committed professionally to serving the needs of the people in their area.

Our association recently sent out a survey, asking member doctors if they would be willing to share information about the donated, charitable and discounted services they provide to their patients. And while we have not completed the survey of all our members, we have a good sampling of the 14 members of our board of trustees and officers. In that group, according to their records, the average amount of donated and discounted services for 2006 totaled \$42,000. Iowa's dentists are very committed to serving all Iowans and we believe that your actions, through this bill, will help us continue to fulfill that commitment.

I'd like to take a minute to discuss two special programs on which Iowa's dentists are working to further reach out to the underserved in the state. The first is a program called "Mission of Mercy". This program, which is currently being developed in cooperation with Iowa's dental hygienists, dental assistants, lab technicians, industry suppliers, the Department of Public Health and others, involves setting up a large temporary clinic to provide free services for anyone who comes to the event. We are planning to stage our first Mission of Mercy clinic in 2008. Preliminary plans call for several hundred volunteer professionals, working out of 50 or more operatories, with the capacity to serve about 1,500 patients a day. The program, which is similar to ones that have successfully run in several other states, would have a budget - not including the volunteers' time, but just for supplies, transportation and coordination - in excess of \$200,000. Our goal is to generate enough donations in money, goods and services to meet that budget.

The second program, called Donated Dental Services, began in Iowa in 2005. Through this program, aged and handicapped people with serious dental problems who cannot afford needed treatment are matched with volunteer dentists throughout the state. These dentists provide all needed oral health care services for these patients, without fees. Since it's inception in the state, 100 volunteer dentists have provided close to \$250,000 worth of treatment to more than 125 people in dire need of care. Nationally this program generated nearly \$15 million worth of donated treatments during its 2006 fiscal year.

Delta Dental of Iowa provided a grant to help start the program in Iowa. Their funds were used to underwrite the initial cost of a part-time referral coordinator, for some administrative costs associated with operating a statewide referral and monitoring system, and to pay those few laboratory bills for dentures, crowns, and bridges that exceeded what volunteer labs contributed.

The Iowa Dental Association respectfully requests that this committee provide \$31,000 to continue this Donated Dental Services program in the 2007-2008 fiscal year. This funding would cover the coordination and referral costs previously mentioned and would allow the program to generate \$195,000 worth of donated services for at least 112 individuals, generating approximately \$6.30 for each dollar spent.

We have four additional points that I'd like to present related directly to provisions of this bill.

The first has to do with the shortage of oral health care providers in the state. There are approximately 1,500 licensed dental hygienists in Iowa. There are, however, about 3,500 registered dental assistants in Iowa, many of whom are already employed in rural Iowa. We believe any legislation addressing solutions to oral health "access" in Iowa should include registered dental assistants as an integral part of the solution. We suggest that any reference in Division III to dental hygienists could include equal reference to properly supervised registered dental assistants including Section 12, #7, Section 13, #2 and Section 18, #1a (including dentists) among others.

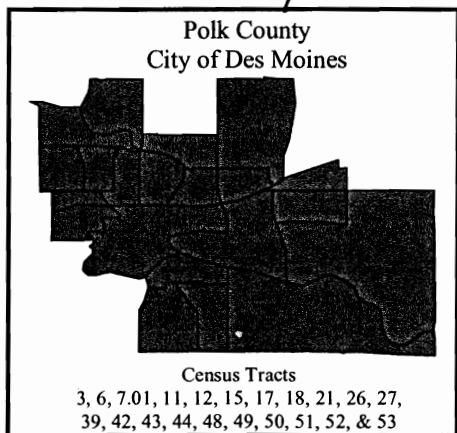
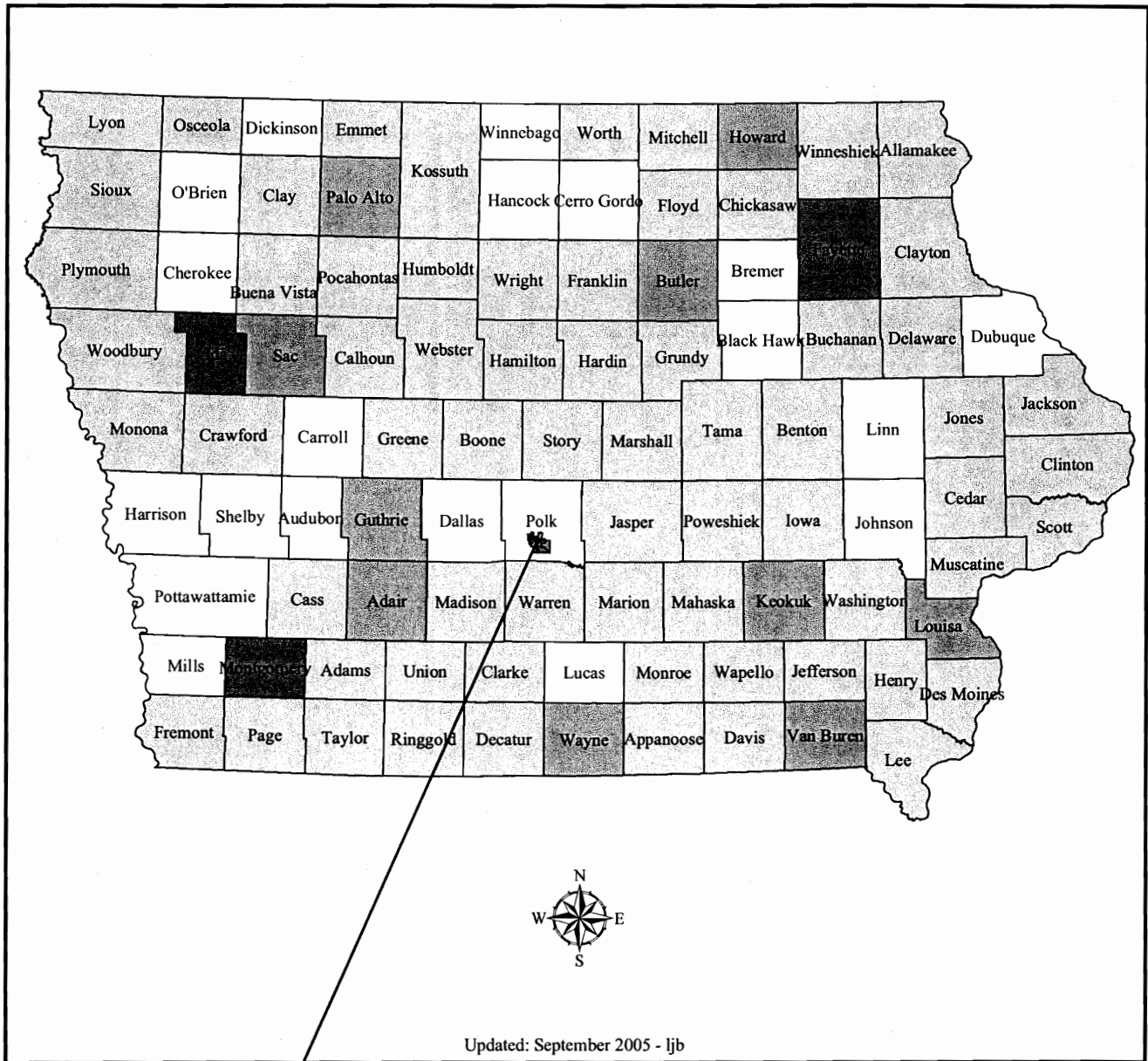
The second has to do with training for non-dental providers. We suggest that it is important that "non-dental" providers be adequately trained before they are asked to conduct oral health screenings. We would ask that funding for appropriate training should be considered for inclusion in the bill.

Our third request is that you consider adding full adult endodontic services along with the addition of periodontal care.

And lastly, we would suggest that any reference to dental or non-dental providers be non-specific. Language such as "qualified dental or non-dental providers" would be more appropriate and much more inclusive of all qualified personnel including dental assistants.

I'd like to thank you for your time and for the opportunity to speak on behalf of the Iowa Dental Association and its 1300+ practicing member dentists.

Dental Health Care Health Professional Shortage Areas 2005 Review - Pending Approval



Legend

- State & County Boundaries
- Geographic 10
- Low Income Population 3
- Medicaid Eligible Population 66
- Census Tract Low-Inc 1

Carl Kulczyk, 515 281-7223
ckulczyk@idph.state.ia.us

Lloyd Burnside, 515 242-6879
Lloyd.Burnside@idph.state.ia.us

-----Original Message-----

From: Richard Downs DDS [mailto:rdowns@mchsi.com]

Sent: Saturday, February 03, 2007 6:09 PM

To: Larry Carl

Subject: Title 19

Larry:

I have recently had an issue with the title 19 administering company with payment for periodontal root planes on eligible recipients who are 21 years of age and younger. I also found out this is affecting other dentists too.

For many years we have been required to submit and prior authorization for root plane. The way they do it is they make us prior the code D4341 and then the total fee for the mouth with that one code or about \$672 of which they pay about \$399.00

Most insurers require us to list the code four times, once for every quadrant

D4341 UR \$168

D4341 UL \$168

D4341 LL \$168

D4341 LR \$168

In the past when we submitted these claims we then sent the prior authorization code to show them it was authorized and the fee was billed exactly as they requested with one code and the total fee of \$672 of which they paid us about \$399.

Now however they have begun to pay us for just one quadrant or about \$99 for an entire full mouth treatment and when we call they do nothing about it. We have tried to then resubmit claims for the other three quadrant but they reject them. This has resulted in the other dentist I talked with doing no more periodontal root planes on people who need them.

It is intolerable and would not be so bad if my accounts receivables manager could find any way to correct this problem but she has run into a wall on this.

We hope you can do something about this. Please let me know.

Sincerely,

Richard Downs DDS
3430 Dodge Street
Dubuque IA 52003