

SPECIAL EDITION



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ONLINE FEE FILING

Delta Dental of Nebraska (Delta Dental) has implemented a new option for dentists to use when filing their fees. Effective March 19, 2008, dentists are able to file their fees via the internet. Simply go to www.deltadentalne.org and select the Pre-filed Fees Sign In under the Dentists tab. After you sign in, it will bring you to the Pre-filed Fees option.

Submitting your pre-filed fees online is a quick and easy way to file your fees. You can file individually or, if there is more than one dentist under a Tax Identification Number (TIN) you can file for some or all of the dentists under that TIN.

Although Pre-filed fees can be submitted at any time, they must be approved. For the process to be completed, you need to print the completed Fee Schedule and Signature Page, obtain the dentist signature(s), and mail the page to Delta Dental. Fees will become effective within one to two days from the time we receive both the submission and the completed Signature Page, or on a future date that you specify.

Remember, Delta Dental recommends that you submit your pre-filed fees once a year.

METH & ORAL HEALTH: A GUIDE FOR ORAL HEALTH PROFESSIONALS

Today, your office may face a public health challenge that no one could have predicted a decade ago—the devastating impact of methamphetamine (meth) use on a patient's health and oral health. To address this issue, Hazelden Foundation, one of the nation's most highly respected drug rehabilitation centers, collaborated with Delta Dental to create the informational guide, *Meth and Oral Health: A Guide for Dental Professionals*.

The guide offers information about methamphetamine, user profiles, and can assist public and dental health care professionals deal with the following questions:

- How can you talk to a patient who shows signs of meth use?
- What ethical obligations do you have to report a suspected meth user?
- What causes decay from meth use?
- How can you motivate patients who have decay due to meth or other drug use?
- How can you help an addicted patient find an appropriate drug and alcohol treatment facility?

Interested individuals may download the guide in its entirety at www.deltadentalne.org, under the Oral Health Information section.



CHECK BACK SOON...

The authors are currently developing two free PowerPoint presentations on meth mouth for community, public health and professional audiences. A script to frequently asked questions will accompany each presentation. These online presentations will be available later this summer at www.deltadentalne.org.

PATIENT PRIVACY

Patient privacy is becoming increasingly important, which includes protecting all patient data including the patient's Social Security number (SSN). A range of state laws restrict the use of Social Security numbers, which is why Delta Dental is moving away from using a patient's SSN as a member ID. We're now convinced that further restrictions are appropriate to protect patients' Social Security numbers from inappropriate uses.

In the near future, Delta Dental of Nebraska will be eliminating any reference to Social Security numbers in our provider EOBs. Once the date is established, you will be notified.

THE ORAL/MEDICAL CONNECTION

Although research is ongoing, scientific evidence has emerged in recent years linking oral disease to medical conditions, such as cardiovascular disease, respiratory illnesses, diabetes, and to pre-term/low birth-weight babies.

There is a growing body of evidence that suggests a link between an individual's oral health and overall health, but additional research is needed to determine if there is a cause and effect relationship.

As findings continue to emerge, new guidance will be needed about how such information can best be translated into dental and medical

practice and what role practitioners should play in patient management. Payers have also become increasingly interested in the oral-medical health connection, as they seek to identify new ways of preventing the onset of costly chronic illnesses.

We believe it is our corporate responsibility to continually monitor the most recent scientific studies to ensure our members have access to appropriate dental benefits based on cutting edge research. We will continue to keep you updated on the ongoing research, our efforts and how this may affect you and your patients.

INCREASE IN UTILIZATION OF CROWN BUILD-UPS AND CHANGES IN UTILIZATION FOLLOWING AN AUDIT

Claim Data Results

This study utilized ten years (1997 - 2006) of claims data from an average of nearly 533,000 commercially insured patients, ages between 21 and 65. This dental claim review has revealed an increase in the utilization of crown build-ups in relationship to crowns, while demonstrating a stabilization of crown utilization.

During the ten-year period, crown utilization, in terms of number of crowns per 100 patients, remained stable ranging from 20.2 to 20.9 with 20.8 in 1997 and 20.2 in 2006, down 3% in 10 years (Figure 1). The utilization of crown build-ups in relationship to crowns, measured as the percentage of crowns with build-ups, has steadily increased from 18.8% in 1997 to 24.1% in 2004, up 28.3% in 10 years (Figure 2). The utilization of crowns and crown build-ups are age-dependent: crowns utilization increased with age (Figure 3), while the utilization of crown build-ups in relationship to crowns decreased with age (Figure 4). For the three age cohorts in this claims review, the utilization of crown build-ups in relationship to crowns all showed increases with 23.7%, 18.8%, and 16.9% in 1997 increased to 32.7%, 24.4%, and 21.9% in 2006 for patients age 21 through 35, 36 through 50, and 51 through 65, respectively.

Audit Results

Also shown in Figures 1-2, are the utilization of crowns and crown build-ups of a clinic, which was audited by Delta Dental at the beginning of 2004. This clinic performed significantly

more crowns compared to all other dentists, with a spike in 2003. This clinic also displayed higher utilization of crown build-ups in relationship to crowns during the seven-year period from 1997 through 2003. The audit of this clinic found this office performing crowns and build-ups routinely. Further review of pre-operative radiographs, along with patient records, by Delta Dental's outside dental consultant, revealed in many cases no evidence of decay, lost tooth structure or endodontic therapy to support either the crown placement or the necessity for a crown build-up. Post-audit utilization of this clinic demonstrates a drastic decline in both crowns per 100 patients and the percentage of crowns performed with crown build-ups, as noted in Figure 1 and Figure 2.

Crown Build-Ups Defined

Coverage for crown build-ups is allowed under most Delta Dental plans when there is documentation of extensive loss of tooth structure from dental caries or fracture. In the April 2000 issue of the Journal of the American Dental Association, Dr. Gordon Christensen discusses crown build-ups. Dr. Christensen stated that crown build-ups are appropriate if more than one-half of the coronal tooth structure is gone, and there is not a 2-3 mm collar of sound tooth structure remaining around the gingival portion of the tooth. He further acknowledges that while crown build-ups are often necessary, they are needed less than past years.

This study was conducted by Peilei Jiang (Ph.D., M.S., M.S.) Director, Oral Health Analytics and Karen Haarala (RDH) Manager, Compliance Audit and Investigation at Delta Dental of Nebraska.

FREQUENTLY ASKED QUESTIONS

Q. If I participate in the Delta Dental Premier Network, doesn't that mean I am a "preferred provider"?

A. No. Preferred Provider is a term that is often misunderstood. In the Delta Dental networks, the term "preferred provider" actually means a dentist who participates in the Delta Dental PPO Network, as PPO stands for Preferred Provider Organization. Many employer groups are adding the PPO option to their dental benefit package as an alternative to Delta Dental's traditional programs. For general dentists, Delta Dental PPO requires a separate agreement between Delta Dental of Nebraska (Delta Dental) and the dentist to be a participating provider in the Delta Dental PPO network. The agreement states that participating Delta Dental PPO dentists will accept payments based on the Delta Dental PPO fee maximum, rather than the Delta Dental Premier standard customary fee maximum. A dentist must participate in the Delta Dental Premier Network to participate in the Delta Dental PPO network.

If a dentist only participates in the Delta Dental Premier network, they are considered a "participating" dentist for the Premier network and not for the Delta Dental PPO network.

Q. Do I need to update my fees with Delta Dental of Nebraska?

A. Yes. When fee changes occur in the dental practice, it is important the new fees are submitted to Delta Dental, since

all claim payments and Estimate of Benefits are automatically adjudicated on the basis of the dentist's most recent filed fee. Delta Dental requires the actual form to be completed rather than submitting a computerized print out of your fee(s). A confidential Filed Fee Schedule can be obtained by calling Delta Dental's Network Administration Department at **1-800-328-1188** extension 4170, or by going to Delta Dental's Web site. Effective March 19, 2008, dentists are now able to file their fees via the internet. Simply visit **www.deltadentalne.org**, under the Dentist tab, select Pre-filed Fees Sign In. After you have signed in, the Dentist Connection page should bring you to the Pre-filed Fees option.

Q. Why can't I get a full fee schedule?

A. There are legal principles underlying the need for Delta Dental to maintain the fee maximum reimbursement level as confidential information. Publication of maximum fee reimbursement data could lead to a concentration of providers all charging the same price (presumptively at the maximum reimbursement level). This, in turn, could lead to fixing the price at which dental services are delivered in the relevant market in which Delta Dental sells its prepaid group contracts and possible violation of state and federal Anti-Trust laws. A Delta Dental network representative can assist you in determining how your filed fees generally compare to the fee table maximums.

Figure 1. Crowns per 100 Patients

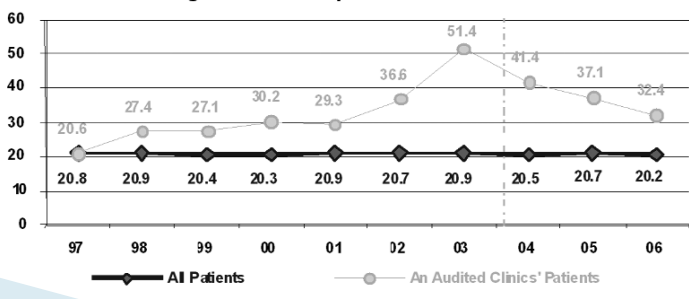


Figure 2. Percentage (%) of Crowns with Build-ups

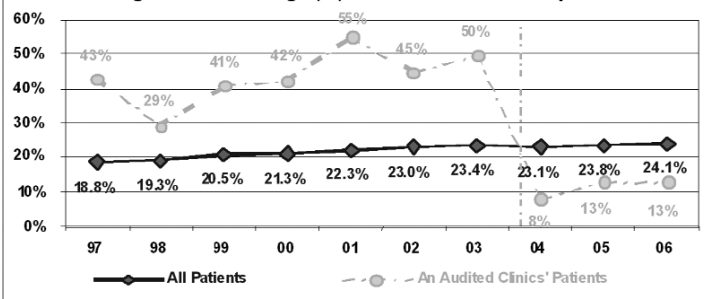


Figure 3. Crowns per 100 Patients

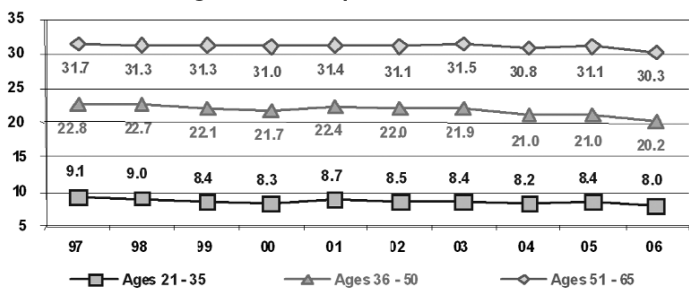
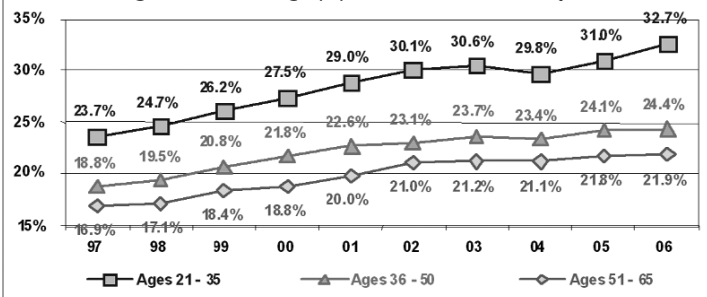


Figure 4. Percentage (%) of Crowns with Build-ups



NETWORK STAFF

Meet the Network Staff. We are here to help you with issues related to network membership, contract terms, reimbursement, and contract compliance. In addition, we recruit, contract and administer the contracts for each network.

Our goal is to visit every dental office in Nebraska – both participating and non-participating. To date we have visited over 400 dentists. If your office has not received a visit, we do plan to visit you in the near future. In the meantime, we are available to assist you with questions regarding participation, adding or changing a location, adding or losing a dentist, or reimbursement.

All four members of the Network Staff assist dentists and their staffs on the phone, but the majority of the office visits are done by Bernie Johnson and Laura Burandt.

Bernie Johnson, Network Representative, has been with Delta Dental for over five years and has spent her entire career working in the health care industry. Bernie's experience has provided her with the expertise needed to ensure dentists

and their staffs understand the details of the dental plan, their responsibilities, and their various networks.

Laura Burandt, Manager of Network Recruitment and Retention, has been with Delta Dental for over 30 years. Laura, along with her staff, is responsible for developing and maintaining all networks administered by Delta Dental of Nebraska. Laura works closely with many departments within Delta Dental allowing her the opportunity to be the liaison between participating dentists and Delta Dental.

Feel free to contact us at 1-800-328-1188 ext. 4170.



*Your Network Staff.
Pictured L-R:
Amanda Schollmeier,
Bernie Johnson,
Julia Osthimer and
Laura Burandt.*

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