UNDERSTANDING MEDICAID AND TIPS TO MAKING IT WORK IN YOUR PRACTICE

JESSICA MEESKE, D.D.S., M.S.
SOUTH DAKOTA DENTAL ASSOCIATION
MARCH 23, 2018
OVERVIEW

• What is the Dental Medicaid Program and What it Covers
• Medicaid Integrity
• Practical Tips for Your Practice
• Being an Advocate for Your Patients with Medicaid and Your Practice
WHY EVEN TALK ABOUT MEDICAID?
WHY DENTISTS DON’T SEE MEDICAID

• 1st job is in a clinic that doesn’t see it
• See too many barriers to providing ideal care
• See too many barriers to getting paid decent fee
• Too many barriers with factors inherent to low SES popul
• See audits as too cumbersome or risky
• Patient population has too many health/behavior issues that make it non-profitable
• Can’t make changes for the good of my patients
ALL CAN BE OVERCOME WITH UNDERSTANDING POVERTY, HOW TO BEST SERVE THIS POPULATION, AND HOW TO WORK WITH THE MEDICAID PROGRAM
WHY DENTISTS DON’T SEE MEDICAID

• 1st job in a clinic that doesn’t see it Lack of a mentor
• See too many barriers to providing ideal care Lack understanding of what “medically necessary care” is
• See too many barriers to getting paid decent fee Lack of understanding the “Money ball theory”
• Too many barriers with factors inherent to poor population Lack of understanding poverty as a social science
• See audits as too cumbersome or risky Lack of knowledge how to document and fight back
• Can’t affect positive change Lack of understanding how to advocate for your patients and making the program better or the will to do it
2017 Federal Poverty Guidelines

Federally facilitated marketplaces will use the 2016 guidelines to determine eligibility for Medicaid and CHIP.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>100%</th>
<th>133%</th>
<th>150%</th>
<th>200%</th>
<th>250%</th>
<th>300%</th>
<th>400%</th>
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<tbody>
<tr>
<td>1</td>
<td>$12,060</td>
<td>$16,040</td>
<td>$18,090</td>
<td>$24,120</td>
<td>$30,150</td>
<td>$36,180</td>
<td>$48,240</td>
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<td>2</td>
<td>16,240</td>
<td>21,599</td>
<td>24,360</td>
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<td>48,720</td>
<td>64,960</td>
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<td>3</td>
<td>20,420</td>
<td>27,159</td>
<td>30,630</td>
<td>40,840</td>
<td>51,050</td>
<td>61,260</td>
<td>81,680</td>
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<td>4</td>
<td>24,600</td>
<td>32,718</td>
<td>36,900</td>
<td>49,200</td>
<td>61,500</td>
<td>73,800</td>
<td>98,400</td>
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<tr>
<td>5</td>
<td>28,780</td>
<td>38,277</td>
<td>43,170</td>
<td>57,560</td>
<td>71,950</td>
<td>86,340</td>
<td>115,120</td>
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<td>6</td>
<td>32,960</td>
<td>43,837</td>
<td>49,440</td>
<td>65,920</td>
<td>82,400</td>
<td>98,880</td>
<td>131,840</td>
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<tr>
<td>7</td>
<td>37,140</td>
<td>49,396</td>
<td>55,710</td>
<td>74,280</td>
<td>92,850</td>
<td>111,420</td>
<td>148,560</td>
</tr>
<tr>
<td>8</td>
<td>41,320</td>
<td>54,956</td>
<td>61,980</td>
<td>82,640</td>
<td>103,300</td>
<td>123,960</td>
<td>165,280</td>
</tr>
</tbody>
</table>

SD Medicaid Eligibility
$24,600/yr family of 4

CHIP Eligibility is 209% of FPL or about
$49,200/yr family of 4
WHAT ARE SOME OF THE REASONS YOU HEAR DENTISTS TALK ABOUT NOT WANTING TO SEE
WHAT ARE THE CHALLENGES IN TREATING LOW-INCOME POPULATION AND MEDICAID?

- Keeping dental appt’s and being compliant with tx recommendations is a low priority
- Patients/parents aren't always compliant
- They don’t value prevention of disease
- Often late to appointment or don’t show
- Patients may be culturally different from us
- Dealing with the Medicaid System can become difficult

Why?
GO BACK TO PYSCH 101…

Maslow's Hierarchy of Needs

- Physiological: breathing, food, water, sex, sleep, homeostasis, excretion
- Safety: security of: body, employment, resources, morality, the family, health, property
- Love/belonging: friendship, family, sexual intimacy
- Esteem: self-esteem, confidence, achievement, respect of others, respect by others
- Self-actualization: morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
THOSE WHO RELY ON MEDICAID
WHAT DOES THE ADA HAVE TO SAY ON THE TOPIC?
PRINCIPLE ETHICAL CONSIDERATIONS IN HEALTH CARE

• **Justice**
  • Quality of being impartial and ensuring equity in health care

• **Autonomy**
  • Informed consent, being truthful, protect confidentiality, moral obligation to the patient

• **Beneficence**
  • Obligates us to help those in need and give the highest quality of care possible

• **Non-malfiance**
  • Do no harm
A Dentists’ Dilemma of How to Practice

Primarily Fee for Service
- Better chance they will show up
- Likely to have fewer problems socially, medically, dentally
- Get a higher fee for less time and effort
- More likely to comply with tx plan
- Easier to refer to specialists

Willing to See Medicaid
- Higher rate of no-showing
- Likely to have more problems socially, medically, and dentally
- Get paid about 1/3 of your fees
- Can’t find a specialist when you need help
- Greater risk of audits
- Less likely to comply with treatment plan
MY PERCEPTION…

• The reason most dentists don’t see Medicaid is they just aren’t comfortable with the population or don’t understand how it works (how to take good care of patients with limited resources, make a profit, and work with the program).
Definition of Medically Necessary Care

Originating Committee
Clinical Affairs Committee

Review Council
Council on Clinical Affairs

Adopted
1997

Revised
2005, 2009, 2015, 2018

Reaffirmed
2014

Medically necessary care (MNC) is the reasonable and essential diagnostic, preventive, and treatment services (including supplies, appliances, and devices) and follow-up care as determined by qualified health care providers in treating any condition, disease, injury, or congenital or developmental malformation. MNC includes all supportive health care services that, in the judgment of the attending dentist, are necessary for the provision of optimal quality therapeutic and preventive oral care. These services include, but are not limited to, sedation, general anesthesia, and utilization of surgical facilities. MNC must take into account the patient's age, developmental status, and psychosocial well-being, in addition to the setting appropriate to meet the needs of the patient and family.

Dental care is medically necessary to prevent and eliminate orofacial disease, infection, and pain, to restore the form and function of the dentition, and to correct facial disfigurement or dysfunction.
ANALYSIS OF THE MONEY

- Medicaid patients have more dental disease and generate the higher reimbursed restorative and surgical services
- You can add procedures on same date of patient’s appt (extract over-retained tooth, sealants, fillings)
- In expanded duty states, you can delegate quite a bit
- If you’re good, you can get more done/time unit/patient
- Waste little time on reviewing the cost with patient/parent since most basic services are covered
# Analysis of the Money (Ex: 5 Y/O with Nebraska Medicaid Fees)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Time</th>
<th>Full Fee</th>
<th>Medicaid Fee</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recall Exam</td>
<td>1-2 min</td>
<td>$47</td>
<td>$22</td>
<td>Dentist</td>
</tr>
<tr>
<td>2 Bitewings</td>
<td>1-2 min</td>
<td>$45</td>
<td>$13</td>
<td>Staff takes, dentist reads</td>
</tr>
<tr>
<td>Prophy</td>
<td>1-8 min</td>
<td>$56</td>
<td>$26</td>
<td>Staff</td>
</tr>
<tr>
<td>Fl Varnish</td>
<td>5 sec</td>
<td>$34</td>
<td>$20</td>
<td>Staff</td>
</tr>
<tr>
<td>Counselling</td>
<td>5 min</td>
<td></td>
<td></td>
<td>Staff or dentist</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8 - 17 min</td>
<td>$182</td>
<td>$81</td>
<td></td>
</tr>
</tbody>
</table>
# Analysis of the Money: Restorative

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Time</th>
<th>Full Fee</th>
<th>Medicaid Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 pulps</td>
<td>10 min</td>
<td>170 x 2</td>
<td>70 x 2</td>
</tr>
<tr>
<td>2 crowns</td>
<td>10 min</td>
<td>257 x 2</td>
<td>116 x 2</td>
</tr>
<tr>
<td>2 glass ionomer</td>
<td>3 min</td>
<td>202</td>
<td>75</td>
</tr>
<tr>
<td>Nitrous oxide</td>
<td></td>
<td>104</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13 min of work</strong></td>
<td><strong>$1160</strong></td>
<td><strong>$475</strong></td>
</tr>
</tbody>
</table>
SUCCESS AT MEDICAID

• Follow the rules
• Set clear expectations for patients and parents. Understand their situation.
• Have well defined practice policies
• Know what are money makers and losers
• Document what you did and why. Use photos (staff driven).
• Stop looking at what you’re not getting paid for and look at what you could be getting paid for
• Success doesn’t have to be measured in only financial ways
A smooth sea never made a skillful sailor.
DENTAL MEDICAID: MAJOR CHANGES NATIONALLY

- CHIP
- ACA
- More managed care running Dental Medicaid Programs
- More accountability for the money spent
- Who knows what’s next?
WHAT'S HAPPENING THAT'S GOOD IN SD MEDICAID?

• You have a Delta Dental working as the ASO in SD. The people at DD Medicaid have real world experience working for SD Medicaid. They have an excellent working relationship.

• You are a small state with small numbers of beneficiaries.

• Your fees are high as compared to other states.

• Your Dental Medicaid Director is also your overall Medicaid Deputy Director. That's unique!

• SD Dental Medicaid personnel have received RAC audit exemptions 3 different cycles with is saving YOU big headaches of responding to them.
EVERY KID HAS A STORY
Doctors are like everybody else...

We have good meaning ones that do it right.

We have good meaning ones that do most right and unaware of when they are doing it wrong.

We have a group that's just clueless.

We have a small percent of “bad apple” dentists who are taking advantage of patients, the program, and just about everybody else.
WHAT ABOUT AUDITS?

- As long as we have dentists both abusing and over-using the program, we will see audits.
- Those at higher risk are practices that see more Medicaid or have had a history of abuse or over-utilization as compared to their peers.
WHO’S WHO IN THE DENTAL MEDICAID AUDIT WORLD?

• State
  • Medicaid Integrity Units (MIC’s)
  • Attorney General’s Office (AG)
  • Medicaid Fraud Unit (MFCUs)

• Federal
  • Office of Inspector General (OIG) with HHS
    • To protect the integrity of HHS programs and the health and welfare of program beneficiaries
  • AG
QUESTIONABLE BILLING MEASURES

Ave payment/child served
Ave number of services/visit
Ave number of services/day
Proportion of children who received fillings
Proportion of children who received extractions
Proportion of children who received stainless steel crowns
Proportion of children who received pulpotomies
Proportion of children who received advanced behavior management, e.g. restraints
IDENTIFYING QUESTIONABLE BILLING

Example: Outliers for Medicaid Payment Per Beneficiary

![Distribution of Payment Per Beneficiary for General Dentists with 50 or More Medicaid Beneficiaries]

- Number of Obs: 719
- Minimum: 51.49204
- Maximum: 1113.805
- Mean: 205.8392
- Median: 190.449

Outliers
DENTISTS WHO ARE AT RISK FOR AUDITS

- Have a high number of Medicaid patients in their practice
- Provide high number of procedures per day and per patient
- Dentists who work for chains where a quota is expected
- Practices who don’t have good staff training both on charting and billing
- Sloppy charters
- Solo practitioners and those not active in organized dentistry
RAC audits focus on prophy codes

"Targeting $22 visit" in Nebraska

July 10, 2014

By Craig Palmer

Washington—Some 300 Nebraska dentists received letters this spring from the state Medicaid Recovery Audit Contractor, IMS, requesting charts containing adult and pediatric billing codes for prophylaxis. Dr. Jessica Meeske told a U.S. Senate-convened panel July 9.

"Three hundred dentists in my state were hit with their first Medicaid RAC audits," Dr. Meeske said in testimony presented for the Association and describing her experience with audits, including one RAC audit. Dr. Meeske, a pediatric dentist with Medicaid patients, chairs the Nebraska Dental Association’s Medicaid Committee.
Program Integrity: Medicaid Compliance for the Dental Professional

The Medicaid Compliance for the Dental Professional materials review the basic elements of a compliance program and how to facilitate compliance at the practice level. The products explain good documentation expectations and using dental software as a tool for good documentation practices.

- Medicaid Compliance for the Dental Professional (presentation - updated July 2016)
- Medicaid Compliance for the Dental Professional (presentation handout - updated July 2016)
- Medicaid Compliance for the Dental Professional (resource guide - updated July 2016)
- Getting the Best Dental Care For Your Child (booklet - updated July 2016)
- Adding Value to Your Dental Practice (fact sheet - updated July 2016)

Please direct questions or requests to Medicaid Provider Education.

Follow us on Twitter at #MedicaidIntegrity

Page last Modified: 07/12/2016 10:50 AM
Help with File Formats and Plug-Ins
Maintaining Your Sanity and Practice Viability as a Medicaid Provider: Embracing Program Integrity

Author(s): Dr. Charles S. Czerpak; Dr. Sidney A. Whitman; Dr. Allen L. Finkielstein

Member Price: $0.00  CE Credit(s): 1
Retail Price: $0.00  Course Created on: 01/11/2016

Description:
Members of the CAPIR Medicaid Provider Advisory Committee will share insights, opportunities and challenges regarding program integrity, compliance, fraud, advocacy and how better to safeguard your practice while providing care to this growing population.
HOW DO WE MAKE SURE WE’RE DOING IT RIGHT ALL THE TIME?

Have a Medicaid Compliance Plan
BENEFITS

A well-designed compliance program can:

• Speed and optimize proper payment of claims;

• Minimize billing mistakes and educate your staff;

• Reduce the chances that an audit will be conducted;

• Avoid conflicts with the self-referral and anti-kickback statutes
SEVEN COMPONENTS

1. Conducting internal monitoring and auditing;
2. Implementing compliance and practice standards;
3. Designating a compliance officer or contact;
4. Conducting appropriate training and education;
5. Responding appropriately to detected offenses and developing corrective action;
6. Developing open lines of communication; and
7. Enforcing disciplinary standards through well-publicized guidelines.
Medicaid Compliance Program for Pediatric Dental Specialists of Greater Nebraska

February 1, 2017

Medical Compliance Officers:

Medicaid compliance officers are Tamika Ruder, Business Office Manager, and Jessica Klaask, pediatric dental. Tamika is responsible for maintaining the Medicaid Compliance Notebook for the Practice, SOP’s, education, and audits are conducted in a timely manner. Jessica is the subject-matter expert and will monitor all outside resources on Medicaid compliance as well as develop auditing tools.

Provider Training:

To ensure all providers who see Medicaid are appropriately credentialed and are excluded from the Medicaid program, Tamika will verify this and keep information in her Medicaid Compliance Notebook. Important to not hire anyone who has been excluded previously from Medicaid as a provider.

Dental Team Education:

1. At least once per year conduct CE on proper chart documentation, Medicaid coding and billing with entire team. Some or all of team will participate in all IAPD and ADA webinars on Medicaid. (We are already doing this).
2. Tamika to conduct business office training multiple times a year to ensure correct coding.
3. All staff will annually read the Nebraska Dental Provider Manual. All new hires must read it as part of their orientation.
4. Develop small quizzes for team to assure they understand information.
5. Encourage to participate in reading newsletters, journals, and online information as well as attend meetings pertinent to Medicaid.
6. Dave, Tamika, and QL to attend meetings or online training as it relates to Medicaid compliance.
7. When each team member becomes aware of a coding problem, they will discuss it at both department and team meetings so all can learn and message is repeated. Tamika will send a follow-up email that same week again repeating the message.
8. Keep a log of all training and feedback given.

Written SOP’s for Medicaid:

1. To be included in our practice SOP’s.

Internal Audit Process:

2. Daily Audit

Each dentist’s QD’s review daily charts for a quick audit. Need to develop a one-page guide for the dentists to look for. Have a significant sheet each day with the patients listed for the day where charts they reviewed. They will sign that daily form and it will be scanned into an electronic database. If an error is found, QL will alert staff making the error, the treating doctor, and Tamika to error can be corrected and staff educated on the error. At first, may want to do this with Medicaid only patients.

3. Annual Audit

Team will set aside a time to review random sample of Medicaid charts and conduct a more lengthy and thorough audit.

External Audit Process:

1. Bring in a consultant to review Medicaid charts and protocols to identify any shortcomings approximately every 3-5 years. Identify staff who are poor charters and correct any common coding/billing problems.

Corrective Action:

1. As we do now, Tamika will contact Medicaid with any billing errors and keep a log of such communication and the outcome.
OUR MEDICAID COMPLIANCE PLAN

• Appoint a Medicaid Compliance Officer (Tenille)
• Make sure all docs & hygienists have not been excluded from Medicaid when hired
• Regular CE for our dental team
• Include in our SOPs
• Audit our own charts
• Self report any errors in payment to Medicaid
• Correct our own mistakes and learn from them
TIPS ON BEING SUCCESSFUL IN YOUR PRACTICE

• Hire the right staff
• Educate your staff on Poverty and the Dental Medicaid Program
• Teach them how to solve the problem if a claim is not getting paid
WHAT DO WE KNOW ABOUT POVERTY AND KIDS?

Individual brings to an organization 3 things:

Resources
Connections
Hidden rules
## Hidden Rules Among Classes

<table>
<thead>
<tr>
<th></th>
<th>POVERTY</th>
<th>MIDDLE CLASS</th>
<th>WEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POSESSIONS</strong></td>
<td>People</td>
<td>Things</td>
<td>One-of-a-kind objects, legacies, pedigrees.</td>
</tr>
<tr>
<td><strong>MONEY</strong></td>
<td>To be used, spent</td>
<td>To be managed</td>
<td>To be conserved, invested.</td>
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<tr>
<td><strong>PERSONALITY</strong></td>
<td>Is for entertainment. Sense of humor is highly valued.</td>
<td>Is for acquisition and stability. Achievement is highly valued.</td>
<td>Is for connections. Financial, political, social connections are highly valued.</td>
</tr>
<tr>
<td><strong>SOCIAL EMPHASIS</strong></td>
<td>Social inclusion of people he/she likes</td>
<td>Emphasis is on self-governance and self-sufficiency.</td>
<td>Emphasis is on social exclusion.</td>
</tr>
<tr>
<td><strong>FOOD</strong></td>
<td>Key question: Did you have enough? Quantity important.</td>
<td>Key question: Did you like it? Quality Important.</td>
<td>Key question: Was it presented well? Presentation important.</td>
</tr>
<tr>
<td><strong>CLOTHING</strong></td>
<td>Clothing valued for individual style and expression of personality.</td>
<td>Clothing valued for its quality and acceptance into norm of middle class. Label important.</td>
<td>Clothing valued for its artistic sense and expression. Designer important.</td>
</tr>
<tr>
<td><strong>TIME</strong></td>
<td>Present most important. Decisions made for moment based on feelings or survival.</td>
<td>Future most important. Decisions made against future ramifications.</td>
<td>Traditions and history, most important. Decisions made partially on basis of tradition and decorum.</td>
</tr>
<tr>
<td><strong>LANGUAGE</strong></td>
<td>Casual register. Language is about survival.</td>
<td>Formal register. Language is about negotiation.</td>
<td>Formal register. Language is about networking.</td>
</tr>
<tr>
<td><strong>FAMILY STRUCTURE</strong></td>
<td>Tends to be matriarchal.</td>
<td>Tends to be patriarchal.</td>
<td>Depends on who has money.</td>
</tr>
<tr>
<td><strong>WORLD VIEW</strong></td>
<td>Sees world in terms of local setting</td>
<td>Sees world in terms of notional setting.</td>
<td>Sees world in terms of international view.</td>
</tr>
<tr>
<td><strong>LOVE</strong></td>
<td>Love and acceptance conditional based upon whether individual is liked.</td>
<td>Love and acceptance conditional and based largely upon achievement.</td>
<td>Love and acceptance conditional and related to social standing and connections.</td>
</tr>
<tr>
<td><strong>DRIVING FORCES</strong></td>
<td>Survival, relationships, entertainment.</td>
<td>Work, achievement.</td>
<td>Financial, political, social connections.</td>
</tr>
<tr>
<td><strong>HUMOR</strong></td>
<td>About people and sex.</td>
<td>About situations.</td>
<td>About social faux pas.</td>
</tr>
</tbody>
</table>

Pediatric Dentist Toolkit for Seeing Patients with Medicaid:

Changing Children's Lives
One Smile at a Time
SEE AS MANY UNDERSERVED AS YOU CAN MANAGE

- Ok to set limits
  - Age
  - Geographic location
  - Special needs (Nursing home bound)
- By day of the week or times of day
- By referral (the sickest most challenging patients)
- By educational/social program
TIPS FOR SUCCESS IN WORKING WITH MEDICAID

• Strong office policies balanced with compassion
• Understand what the program covers and what it doesn’t
• Build into your schedule back-ups
• Treatment plan considering the WHOLE patient, not just their teeth
WAYS WE MAKE IT WORK

- We know exactly how many Medicaid patients in a day and the types of procedures that are money makers/losers
- Balance the mix between higher and lower profit visits to maximize production
- Use text messaging to confirm appts
- Listen to patients/care givers
- Accept that some appt’s will be a “no go” due to behavior, ineligibility, etc. We overbook those areas.
MAKE THE DENTAL VISITS FUN!
RECOGNIZE WHO YOU CAN AND CAN’T HELP
(DON’T TRY TO SAVE THE WORLD!)

• Treat who you can manage
• Refer those you can’t
• Make a difference!
• Get over the “I can only provide ideal treatment or I won’t do it” attitude!
• Think about military readiness
• Use appropriate tx protocols for a high risk population
CARDINAL RULES FOR MEDICAID (FEDERAL)

• Always check that all dentists and hygienists are not on the “CMS Excluded Provider List.” If they bill for Medicaid, you will pay it all back.

• Do not ever bill under another dentist’s name or Medicaid number. That’s fraud. You can go to jail.

• Do not charge out under a different code than what you did.

• Sign all charts.

• Do not charge patients for missed appointments

• Do not balance bill patients
CARDINAL RULES FOR MEDICAID (FEDERAL)

• Do not accept kickbacks from referring doctors or facilities
• Do not discriminate against any population covered by Civil Rights Act
• Provide reasonable access to care for your Medicaid patients (reasonable time to schedule appt, cover emergency care timely, etc.)
• Make arrangements for translation services (Rule 1557)
• Choose lowest cost option for tx or explain why you didn’t choose that
“DON’TS” WITH MEDICAID

• Don’t hold down kids if you can avoid it
• Don’t expect parents to miss a lot of work; they can’t afford it
• Don’t file claims for procedures they don’t cover
• Don’t start lengthy tx plans if family situation is unstable
• Don’t judge
“DO’S” FOR TREATING MEDICAID

- Do take pride in helping people who need it and are least likely to get it
- Do relieve pain and suffering first
- Do file claims correctly and electronically to get paid within 10 days
- Do remember that often Medicaid staff do not have all the resources they need
“DO’S FOR TREATING MEDICAID”

• Do take lots of pictures to document cases
• Do use technology that speeds up treatment time
• Do delegate everything you feel comfortable with as a way to minimize overhead
• Do accept that some will only seek care in emergency situations
• Do a cost analysis of your dental materials
COMPETENT COMPASSIONATE STAFF
GET CREATIVE!
<table>
<thead>
<tr>
<th>Group them in Company/Vendor</th>
<th>Product Name</th>
<th>Size of Container or Amount</th>
<th>Cost per Container</th>
<th>Bulk Rate</th>
<th>Number of Applications/ Product</th>
<th>Cost/ Application</th>
<th>Shelf Life</th>
<th>Photo</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultradent</td>
<td>Vit-re-sequence Syringe A2 Refill</td>
<td>10g</td>
<td>$29.49</td>
<td>30</td>
<td>1 application (120 applications)</td>
<td>$0.33</td>
<td>3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultradent</td>
<td>Diamond Polish Mint 0.5 micron Refill</td>
<td>200g</td>
<td>$20.49</td>
<td>20</td>
<td>1 application (120 applications)</td>
<td>$0.33</td>
<td>3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultradent</td>
<td>PG1 Refill</td>
<td>27</td>
<td>$79.99</td>
<td>27</td>
<td>1 application (120 applications)</td>
<td>$2.92</td>
<td>3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultradent</td>
<td>Li-Sol XT Hydro Erosion OP Whitewax</td>
<td>500g</td>
<td>$501.99</td>
<td>500</td>
<td>1 application (120 applications)</td>
<td>$1.60</td>
<td>3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultradent</td>
<td>Inspiral Brush Tips 500pk</td>
<td>100</td>
<td>$0.34</td>
<td>35</td>
<td>1 application (120 applications)</td>
<td>$0.01</td>
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<td>$0.19</td>
<td>90</td>
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<td>625</td>
<td>$36.62</td>
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<td>8</td>
<td>$88.39</td>
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<td>Opalescence GO 15% Mint Patient Kit 6pk</td>
<td>12</td>
<td>$0.40</td>
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<td>Ultradent</td>
<td>Viscostat Indispense Refill</td>
<td>30</td>
<td>$30.17</td>
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<td>1 application (120 applications)</td>
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<td>Ultradent</td>
<td>Condensol Indispense Refill</td>
<td>10</td>
<td>$28.39</td>
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<td>2:1mll H mascot Syringe 100pk</td>
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<td>Alk about the Untek</td>
<td>Transbond Primer</td>
<td>6 mL</td>
<td>$72.34</td>
<td>289</td>
<td>1 application (120 applications)</td>
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<td>Untek</td>
<td>Multi-Care GI Powder</td>
<td>25g</td>
<td>$110.84</td>
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<td>SML</td>
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<td>SmartPractice</td>
<td>GLV LE Soothe Sapphire Polychlor PF Exam SAP SM*100 84pk</td>
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<td>Patterson/PATTER</td>
<td>HRC 10 30 Fabricated 500pk</td>
<td>10</td>
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<td>671</td>
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<td>Patterson/PATTER</td>
<td>Slugbuster Powder</td>
<td>10</td>
<td>$37.95</td>
<td>40</td>
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<td>$0.95</td>
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<td>Patterson/PATTER</td>
<td>Imprint 4 Prelim Refrenta Super Quick</td>
<td>8 tubes</td>
<td>$324.00</td>
<td>80</td>
<td>1 application (120 applications)</td>
<td>$4.05</td>
<td>3 months</td>
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<td>Patterson/PATTER</td>
<td>FOCARE Balm 160/160</td>
<td>80</td>
<td>$0.19</td>
<td>11.10</td>
<td>1 application (120 applications)</td>
<td>$0.02</td>
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<td>Patterson/PATTER</td>
<td>FOCARE 3.4% glutaraldehyde W/ACTIV Galli</td>
<td>100</td>
<td>$31.95</td>
<td>100</td>
<td>1 application (120 applications)</td>
<td>$0.32</td>
<td>3 months</td>
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<td>Patterson/PATTER</td>
<td>Every month new bottle x3</td>
<td>100</td>
<td>$31.95</td>
<td>100</td>
<td>1 application (120 applications)</td>
<td>$0.32</td>
<td>3 months</td>
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</table>
### Glass Ionomer

#### JAM
- Topical: $0.11
- Anes: $0.89
- Needle: $0.13
- Q-tip: $0.01
- Isolite: $2.00
- Cavity Conditioner: $0.76
- 2 Green brushes: $0.09
- GI Capsule: $6.25
- Cotton roll x2: $0.07

**Total:** $10.30

#### HAP
- Topical: $0.11
- Anes: $0.89
- Needle: $0.13
- Q-tip: $0.01
- Isolite: $2.00
- Cavity Conditioner: $0.76
- 2 Green brushes: $0.09
- GI Capsule: $6.25
- Cotton roll x2: $0.07

**Total:** $10.30

#### GML
- Topical: $0.11
- Anes: $0.89
- Needle: $0.13
- Q-tip: $0.01
- Isolite: $2.00
- Cavity Conditioner: $0.76
- 2 Green brushes: $0.09
- GI Capsule: $6.25
- Cotton roll x2: $0.07

**Total:** $10.30

### 2017 Procedure Price

#### Amalgam
- JAM: $2.80
- Fender wedge: $1.47
- Isolite: $2.00
- Cotton Roll x2: $0.07
- Anes: $0.89
- Q-tip: $0.01
- Needle: $0.13
- Topical: $0.11

**Total:** $7.46
WAYS TO BE EFFICIENT
DO MAKE THE EFFORT TO ADVOCATE TO CHANGES THAT IMPROVE PATIENT CARE AND THE PROGRAM

- SDDA
- ADA
- Through your managed care organization (Delta Dental)
- Through your state legislature
REMEMBER THESE THINGS HAVE TO BE IN BALANCE

- What you’re willing to pay in taxes with a Dental Medicaid Program that meets the needs of your population
- Dentists can’t have the attitude with law makers that, “We don’t want to see this population, but we don’t believe any non-dentists should either.”
- Is it time to consider more delegation with the dentists leading the team? Don’t find yourself where Kansas is going.
Make a Difference!
Hastings High’s Sophia Pankratz gets upended while fighting for the ball with Kearney’s Kelsey Stithem Tuesday in Hastings.
WE FIGHT FOR THESE KIDS.....

Because so many times no one but us sees the devastation they live in because it’s hidden inside their tiny mouths.
THANK YOU!