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An illustration of three children is positioned on the left side of the central text. It features a boy in the foreground wearing a baseball cap, a girl behind him with a ponytail, and another boy to the left. All three are smiling. The illustration is rendered in a simple, high-contrast black and white style.

Take Five

Access to Care Program
Sponsored by Pennsylvania Orthodontists

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Take Five Program Highlights:

- 1) There is a problem with access to orthodontic health care in Pennsylvania. There are not enough participating providers in many areas of the state.
- 2) The problem has been brought to the attention of our elected state representatives. The PAO and WPSO believe that we should act proactively to address this issue rather than leave it in the hands of our legislature.
- 3) The Department of Public Welfare does not want pediatric dentists or general dentists providing orthodontic care to patients. They want board certified or board eligible orthodontists providing the care.
- 4) The “Take Five Program” is an initiative from the Department of Public Welfare (DPW) asking orthodontists across the state of Pennsylvania to accept 5 or more qualified patients that are eligible for orthodontic benefits through the state’s ACCESS Program.
- 5) Orthodontists are in a position to help meet the needs of this underserved population if we are each willing to take on a few patients in need.
- 6) To review: 1) In rural areas in Pennsylvania such as Central PA and Northeast PA, patients on medical assistance are covered through the Pennsylvania ACCESS Program. **There is an urgent need for orthodontists in these areas.** 2) In large metropolitan areas such as Philadelphia and Pittsburgh, the vast majority of patients on ACCESS have been assigned by the state or have chosen a private Medicaid sponsored HMO to provide their dental, medical, and pharmacy benefits. For the Southwest region, these HMO’s are: Unison (formerly Med Plus), Gateway, and UPMC for You (formerly Best Health Care). For the Southeast region, these HMO’s are: AmeriChoice, Health Partners, and Keystone Mercy. These patients will present to your office with both an ACCESS and their HMO card. In many of these areas, access to orthodontic care is also a problem.
- 7) The “official” Take Five Program includes only ACCESS patients. The PAO and WPSO have elected to expand the concept of the Take Five Program to include those patients covered by the Southwest Region HMO’s. This will allow those orthodontists in areas without many ACCESS patients to do their part to help serve the underprivileged.
- 8) In some cases, these Medicaid HMOs have elected to hire a separate insurance company as a third party administrator (TPA) for their dental claims only. Unison processes its own dental claims. Gateway’s dental claims are handled through Dental Benefit Providers, and dental claims for UPMC for You are handled by Doral Dental. Please see attached spreadsheet for details.

- 9) Steps needed for the orthodontist to become involved:
- a) Obtain a National Provider Identifier (NPI) number. This number is required by the Federal Government for any office that files and processes electronic health care claims. For those without an NPI number, an application can be obtained from the following website: www.nppes.cms.hhs.gov A link is provided on the PAO website.
 - b) Apply for a Pennsylvania State Medicaid Provider Number. This is now called a PROMISE™ Number. The application is available for download from the following website: http://www.dpw.state.pa.us/omap/promise/enroll/omap_individ_baseapp.pdf A link is provided on the PAO website. Mail completed application to: DPW Enrollment, PO Box 8044, ATTN: Dr. Fike, Harrisburg, PA 17105-8044. Please write on your application “Take Five Program”.
 - c) Apply for one or more Medicaid Sponsored HMO’s in the Southwest Region:

Unison

[www.unisonhealthplan.com/ layouts/Enrollment/EnrollProviderNoState.aspx](http://www.unisonhealthplan.com/layouts/Enrollment/EnrollProviderNoState.aspx) A link is provided on the PAO website. You will be asked to give some preliminary information and a representative will contact you. Contact person is Diane Gerard. Her number is 412-856-5246. Her email address is diane.gerard@unisonhealthplan.com Be sure to tell them you are applying for the Take Five Program.

Dental Benefit Providers

www.dbp.com/presence/imagespdf/ClientCustomImages/DBPStandardDentistApplication.pdf Mail completed application where indicated and be sure to write “Take Five Program” on the application.

Doral Dental

www.doralusa.com The application is not available on their website. A link for their application is available on the PAO website. Please call Hillary Kessler at 412-928-3235. Be sure to tell them you are applying for the Take Five Program.

- 10) If you are concerned about your practice name or information being listed in publications or websites as a participating provider, please contact each HMO that you apply for individually. It may be possible to exclude your name from the general list. This will reduce the number of extraneous phone calls to your office.
- 11) Once the completed application is submitted and the credentialing process is also completed, you will be receive a welcome letter/packet from each insurance company and are eligible to treat patients.
- 12) Please follow the attached spreadsheet for particulars in evaluating, taking records, and submitting cases for approval. The spreadsheet will cover fees, submission codes, addresses to send the records, and all claims information.

- 13) **What does the fee include?:** Each HMO considers this fee to include: consult/Salzman exam, records- pre and post, appliances as necessary, treatment, emergencies, debanding, retainers and retention. You cannot charge more for CHG/functionals/RPE. You can collect additional money from the patient/parent for ceramic braces. If your practice normally charges for missed appointments and/or excessive breakage, you can charge these patients directly. The key is you must treat all your patients the same, you cannot add extra charges to these patients simply because the fee is low or they are on Medicaid.
- 14) **Limiting Appointment Availability:** You cannot limit access to these patients to your normal schedule. Everyone must agree to use their normal appliances, treatment methods and availability.
- 15) **Financial Contracts:** Each participating doctor will need to amend their financial contact for these patients. Have each Medicaid patient sign a financial contract that explains their fees if the patient was to be terminated on their plan and wished to continue treatment on a self pay basis. An example would be charges of \$99/month with a \$200 retainer/deband fee at the end of treatment.
- 16) **Phase I/Interceptive Treatment:** Most Orthodontists are under the assumption that the state or HMO's will not cover for early treatment. This is **not** correct. The state approval guidelines, which the HMO's adopt, do not include the possibility for coverage for mixed dentition cases. However, each plan including the state can, thru money available thru a Federal program (EPSDT) approve these cases on a case by case basis. If approved the insurer can set how much of the normal fee to approve for, they sometimes call this an alternate benefit. So, you do not have to wait for all the primary teeth to be out and adult teeth erupted to submit a case to these plans. However, if approved for early treatment, be prepared to be paid a very low fee...so low you may not wish to treat the case. If approved for Phase I, it does not automatically mean they will be approved for Phase II and if they are the insurer may only have to pay the difference between a full fee and what you had been paid for Phase I.
- 17) **Switching Medicaid HMO's:** The HMO's will honor each others approvals, so if your patient is terminated on one plan and becomes eligible on another, you can submit for a transfer of coverage/approval, but this takes time and effort resulting in a delay in payment.

ORTHODONTIC SERVICES

- **Orthodontic services must be preformed by a board eligible or board certified orthodontist.**
- **Orthodontic treatment is only covered for recipients 20 years of age or younger. Recipients must have a fully erupted set of permanent teeth.**
- **Diagnostic models, panoramic or full mouth x-rays, a treatment plan and completed claim form must be included with all orthodontic preauthorization requests.**
- **Cases will be approved if they meet the criteria for handicapping malocclusion as determined by the state of Pennsylvania or score 25 points or higher on the Salzmann evaluation.**
- **The initial billing date for comprehensive orthodontic treatment is defined as the date when brackets, bands, or appliances are placed in the member's mouth.**
- **A member must be eligible on the date of service billed for the Provider to receive payment for services. If the member becomes ineligible during the course of treatment the member is responsible for treatment rendered during that time period. If the member becomes eligible again, Unison will provide compensation for orthodontic care for the time period that the member is eligible.**
- **Orthodontic retention services (retainers) are included in the fee for comprehensive orthodontic services.**

Regular Salzman is to be used for: Unison,
Doral Dental, and ACCESS

ORTHODONTIC SERVICE
SALZMANN EVALUATION INDEX

Commonwealth of Pennsylvania
Department of Public Welfare
MEDICAL ASSISTANCE PROGRAM

PATIENT'S NAME - LAST, FIRST, MIDDLE INITIAL					County	Record Number	Cat.	Ctr. Dig.	Line No.
REFERRING DENTIST									
ORTHODONTIST'S NAME				PROVIDER TYPE	M.A.I.D. NO.		DATE OF ASSESSMENT		

HANDICAPPING MALOCCLUSION ASSESSMENT RECORD

A. Intra - Arch Deviation

SCORE TEETH AFFECTED ONLY		MISSING	CROWDED	ROTATED	SPACING		NO.	POINT VALUE	SCORE
					Open	Closed			
MAXILLA	ANT.							X2	
	POST.							X1	
MANDIBLE	ANT.							X1	
	POST.							X1	
TOTAL SCORE									

ANT = Anterior Teeth (4 incisors)
POST = Posterior Teeth (Include canine, premolars and first molars)
NO. = Number of teeth affected

B. Inter - Arch Deviation
1. Anterior Segment

SCORE MAXILLARY TEETH AFFECTED ONLY EXCEPT OVERBITE*	OVERJET	OVERBITE	CROSSBITE	OPENBITE	NO.	PT. VALUE	SCORE
						X2	
TOTAL SCORE							

*Score Maxillary or Mandibular Incisors
No. = Number of teeth affected

2. Posterior Segment

SCORE AFFECTED TEETH ONLY	RELATE MANDIBULAR TO MAXILLARY TEETH				SCORE AFFECTED MAXILLARY TEETH ONLY				NO.	POINT VALUE	SCORE
	DISTAL		MESIAL		CROSSBITE		OPENBITE				
	Right	Left	Right	Left	Right	Left	Right	Left			
CANINE										X1	
1ST PREMOLAR										X1	
2ND PREMOLAR										X1	
1ST MOLAR										X1	
TOTAL SCORE											

GRAND TOTAL	
--------------------	--

Back Side of Salzman Form

PLEASE COMPLETE THE FOLLOWING IN DETAIL:

DESCRIPTION OF PATIENT'S CONDITION AND DIAGNOSIS:

DIAGNOSTIC PROCEDURES:

TREATMENT PLAN:

REMARKS:

C. SPECIAL FORMS AND DIAGNOSTIC AIDS

1. SALZMANN EVALUATION INDEX (MA 301)

SIDE 1 HANDICAPPING MALOCCLUSION ASSESSMENT RECORD

INTRA-ARCH DEVIATION INSTRUCTIONS

Anterior teeth are described as upper and lower central and lateral incisors. Posterior teeth are described as upper and lower canines, first and second bicuspid, and first molars.

Each deviation of UPPER ANTERIOR TEETH RECEIVE TWO POINTS.

Each deviation of LOWER ANTERIOR TEETH AND ALL POSTERIOR TEETH receive ONE POINT.

*******IMPORTANT*******

.....
 An individual tooth can be either CROWDED, CLOSED OR ROTATED.
 A tooth CANNOT be assessed as CROWDED, AND CLOSED.
 CROWDED AND ROTATED, CLOSED AND ROTATED,
 OR CLOSED, CROWDED, AND ROTATED.

.....
 Example: A central is rotated = 2 points only.

Missing anterior and posterior teeth are assessed by actual count. A missing tooth is assessed as missing only—NOT AS MISSING AND OPEN SPACE.

Open spacing of ANTERIOR TEETH refers to INCISOR TOOTH SEPARATION that exposes to view the CREST OF THE INTERDENTAL PAPILLAE. Record the number of papillae visible from the mesial of right canine to mesial of left canine. DO NOT COUNT THE NUMBER OF TEETH INVOLVED.

Open spacing of the POSTERIOR TEETH refers to the INTERPROXIMAL TOOTH SEPARATION that exposes to view the CRESTS OF THE ADJACENT MESIAL AND DISTAL INTERDENTAL PAPILLAE of a tooth. RECORD THE NUMBER OF TEETH INVOLVED (NOT THE PAPILLAE).

Inter-Arch Deviation

1. Anterior Segment

Measure from the incisal edge of the maxillary incisor to the incisal edge of the corresponding mandibular incisor. **Do not** score overjet if distance is less than nine (9) millimeters.

Overbite refers to the occlusion of the maxillary incisors on or opposite the labial gingival mucosa of the mandibular incisors, or the mandibular incisors occlude directly on the palatal mucosa back of the maxillary incisors.

Do not score overbite unless the lower incisors impinge on the palate or the upper incisors impinge on or are opposite the lower gingiva.

Cross-bite of incisors refers to the maxillary incisors that are in lingual relation to their opposing teeth in the mandible when the maxillary and mandibular dental arches are in terminal occlusion.

Open-bite of incisors refers to the vertical interarch dental separation between the maxillary and mandibular incisors when the posterior teeth are in terminal occlusion. Open-bite is recorded in addition to overjet if the incisal edges of the labially protruding maxillary incisors are above the incisal edges of the mandibular incisors when the posterior teeth are in terminal occlusion.

Edge-to-edge occlusion is **not** assessed as open-bite.

2. Posterior Segment

Relate mandibular to maxillary teeth:

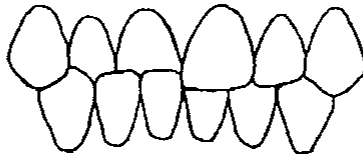
Distal pertains to a Class II relationship of the teeth.

Mesial pertains to a Class III relationship of the teeth.

If teeth are in a Class I relationship, **do not** score teeth as mesial.

CROSS-BITE OF INCISORS refers to the maxillary incisors that are in lingual relation to their opposing teeth in the mandible when the maxillary and mandibular dental arches are in terminal occlusion.

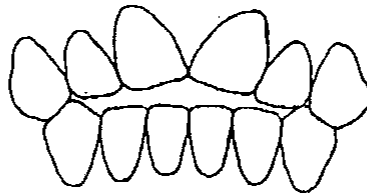
Fig. 3.



OPEN-BITE OF INCISORS refers to vertical interarch dental separation between the maxillary and mandibular incisors when the posterior teeth are in terminal occlusion. Open-bite is recorded in addition to overjet if the incisal edges of the labially protruding maxillary incisors are above the incisal edges of the mandibular incisors when the posterior teeth are in terminal occlusion.

EDGE-TO-EDGE OCCLUSION IS NOT ASSESSED AS OPEN-BITE

Fig. 4.



2. Posterior Segment

Relate mandibular to maxillary teeth:

**DISTAL PERTAINS TO A CLASS II RELATIONSHIP OF THE TEETH
MESIAL PERTAINS TO A CLASS III RELATIONSHIP OF THE TEETH**

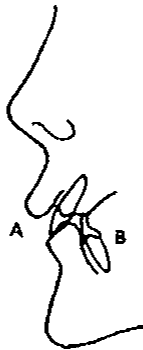
**IF TEETH ARE IN A CLASS I RELATIONSHIP
DO NOT SCORE TEETH AS MESIAL**

INTER-ARCH DEVIATION

1. Anterior Segment

DO NOT score OVERJET if distance is less than NINE (9) MILLIMETERS.

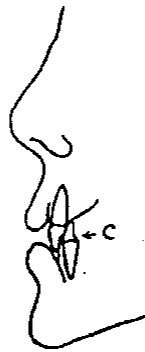
Fig. 1.



OVERBITE refers to the occlusion of the maxillary incisors on or opposite the labial gingival mucosa of the mandibular incisors, or the mandibular incisors occlude directly on the palatal mucosa back of the maxillary incisors.

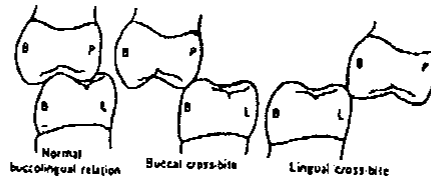
DO NOT score OVERBITE unless the LOWER INCISORS IMPINGE ON THE PALATE or the UPPER INCISORS IMPINGE ON OR ARE OPPOSITE THE LOWER GINGIVA.

Fig. 2.



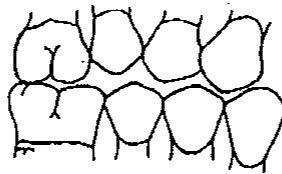
CROSS-BITE OF POSTERIOR TEETH refers to teeth in the buccal segment that are positioned lingually or buccally out of **ENTIRE OCCLUSAL CONTACT** with the teeth in the opposing jaw when the rest of the teeth in the dental arches are in terminal occlusion. **EDGE-TO-EDGE OCCLUSION IS NOT ASSESSED AS CROSS-BITE.**

Fig. 5.



OPEN-BITE OF POSTERIOR TEETH refers to the vertical interdental separation between upper and lower canines, bicuspid, and first molars when the rest of the teeth in the dental arches are in terminal occlusion. **CUSP-TO-CUSP OCCLUSION IS NOT ASSESSED AS AN OPEN-BITE.**

Fig. 6.



SIDE 2 DESCRIPTIVE INFORMATION

Complete the reverse side of the Salzman Evaluation Index.

1. Include in **DESCRIPTION OF PATIENT'S CONDITION & DIAGNOSIS**
 - a. — all preliminary dental services completed.
 - b. — clinical description of patient's general oral condition.
 - c. — classification of malocclusion.
2. Include in **DIAGNOSIS PROCEDURES**
 - a. — list diagnostic aids to be used
3. Include in **TREATMENT PLAN**
 - a. — list your projected treatment plans including the techniques to be used.
 - b. — tooth extraction(s), if any.
 - c. — indicate active treatment time: _____ months.
 - d. — indicate retention time: _____ months.
 - e. — special treatment(s) required (i.e., surgical exposures, surgery, etc.).
4. Include in **REMARKS**; this section may include any conditions relating to the handicapping malocclusion.

Take Five Program
Access to Care from the PA Orthodontists

A Partnership Opportunity
PAO Board Meeting
June 14, 2007

PAO Newsletter Insert September 2005

Special Article Insert

Orthodontic Services Initiative with PAO under DPW ACCESS Program

For the past several years, the Pennsylvania Department of Welfare (DPW) has been working to improve access to care for low-income residents. One of the ways this is being done is through the ACCESS program, which allows certain low-income residents to receive certain services, including orthodontic services, through a managed care program. The Pennsylvania Orthodontic Association (PAO) has been working with the DPW to develop an initiative to provide orthodontic services to these residents through a managed care program. This initiative is a partnership between the PAO and the DPW, and it is a significant step towards improving access to care for low-income residents.

Pay and Billing Adjustments

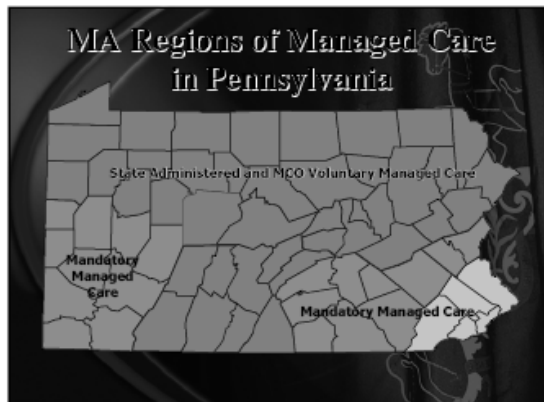
The DPW has agreed to pay for orthodontic services provided to ACCESS program participants at a rate that is comparable to the rate paid for similar services provided to other low-income residents. This is a significant improvement over the previous situation, where the DPW was not paying for these services at all. The DPW has also agreed to adjust its billing procedures to accommodate the needs of the PAO and its members. This includes providing more timely payment and reducing the number of billing errors.

Member Agreement to Care

Members of the PAO who are participating in the initiative must agree to provide orthodontic services to ACCESS program participants. This agreement is a key part of the partnership between the PAO and the DPW, and it is essential for the success of the initiative. Members who agree to participate in the initiative will receive additional support from the PAO, including training and resources to help them provide the best possible care to their patients.

Access to Care for orthodontic services

Members of the PAO who are participating in the initiative will be able to provide orthodontic services to ACCESS program participants. This is a significant improvement over the previous situation, where these services were not available to these residents. The DPW has agreed to pay for these services at a rate that is comparable to the rate paid for similar services provided to other low-income residents. This is a significant step towards improving access to care for low-income residents.



Health Choices Physical Health Plans

Southwest

- o UMPC For You Health Plan
- ✓ Gateway Health Plan
- ✓ Union Health Plan (Three Rivers/medPlus)

Lehigh/Capital

- o AmeriHealth Mercy
- ✓ Gateway Health Plan
- o Union Health Plan (Three Rivers/medPlus)

Southeast

- o AmeriCharm
- o Health Partners
- o Keystone Mercy

MA ACCESS ACCESS Plus Program Submission Process for Case Consideration

Complete Form
The MA ACCESS ACCESS Plus Program is available for complete consideration of cases from 10/1/2013 to 9/30/2014. The program is available for consideration of cases from 10/1/2013 to 9/30/2014.

Program Eligibility Requirements
Eligible patients must meet the following requirements:

Submission:
Please submit the completed form to the Department of Public Health, Division of Health Care Regulation and Enforcement, 100 State Street, Room 3000, Providence, Rhode Island 02903. Fax: (401) 277-1000. For more information, please contact the Department of Public Health, Division of Health Care Regulation and Enforcement, 100 State Street, Room 3000, Providence, RI 02903. Fax: (401) 277-1000.

**Department of Public Health
Division of Health Care Regulation and Enforcement
100 State Street, Room 3000
Providence, RI 02903**

The Salzmann Index Evaluation Form

**REPORT AND CHECK FOR BONDING MATERIALS
TENSILE STRENGTH**

THIS FORM IS TO BE FILLED OUT BY THE DENTIST OR OTHER PERSON QUALIFIED TO DO SO. IT IS TO BE FILLED OUT FOR EACH BONDING MATERIAL USED IN THE RESTORATION. IT IS TO BE FILLED OUT FOR EACH BONDING MATERIAL USED IN THE RESTORATION. IT IS TO BE FILLED OUT FOR EACH BONDING MATERIAL USED IN THE RESTORATION.

A. BONDING MATERIAL

BONDING MATERIAL	TOOTH	CLASS	AREA	AREA	AREA	AREA	AREA	AREA	AREA

B. BONDING AGENT

BONDING AGENT	TOOTH	CLASS	AREA	AREA	AREA	AREA	AREA	AREA	AREA

C. FILLING AGENT

FILLING AGENT	TOOTH	CLASS	AREA	AREA	AREA	AREA	AREA	AREA	AREA

REPORT BY: [Name] DATE: [Date] TIME: [Time] PLACE: [Place]

**UNIVERSITY OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
HEALTH AUTHORIZATION SECTION**

ORTHODONTIC DECISION CHECKLIST

I. PERMANENT DENTAL RESTORATIONS ...YES ...NO

A. CROWN
- Is the crown prepared for the tooth? ...YES ...NO
- Is the crown prepared for the tooth? ...YES ...NO

B. BRACKET
- Is the bracket prepared for the tooth? ...YES ...NO
- Is the bracket prepared for the tooth? ...YES ...NO

C. BAND
- Is the band prepared for the tooth? ...YES ...NO
- Is the band prepared for the tooth? ...YES ...NO

D. PARTIAL
- Is the partial prepared for the tooth? ...YES ...NO
- Is the partial prepared for the tooth? ...YES ...NO

E. FULL
- Is the full prepared for the tooth? ...YES ...NO
- Is the full prepared for the tooth? ...YES ...NO

F. BRACKET
- Is the bracket prepared for the tooth? ...YES ...NO
- Is the bracket prepared for the tooth? ...YES ...NO

G. BAND
- Is the band prepared for the tooth? ...YES ...NO
- Is the band prepared for the tooth? ...YES ...NO

H. PARTIAL
- Is the partial prepared for the tooth? ...YES ...NO
- Is the partial prepared for the tooth? ...YES ...NO

I. FULL
- Is the full prepared for the tooth? ...YES ...NO
- Is the full prepared for the tooth? ...YES ...NO

J. BRACKET
- Is the bracket prepared for the tooth? ...YES ...NO
- Is the bracket prepared for the tooth? ...YES ...NO


K. BAND
- Is the band prepared for the tooth? ...YES ...NO
- Is the band prepared for the tooth? ...YES ...NO

L. PARTIAL
- Is the partial prepared for the tooth? ...YES ...NO
- Is the partial prepared for the tooth? ...YES ...NO


M. FULL
- Is the full prepared for the tooth? ...YES ...NO
- Is the full prepared for the tooth? ...YES ...NO

PHOTOGRAPH


RIGHT VIEW



FRONT VIEW



LEFT VIEW



PHOTOGRAPH BY: [Name] DATE: [Date] TIME: [Time] PLACE: [Place]

WPSO Initiative 2007

- *Ongoing discussion/interaction between DPW/MCOs, WPSO leadership and MCO-participating WPSO members*
- *WPSO President, Dr. Spokane, enrolled and becoming credentialed with 3 SW HealthChoices MCOs*
- *Anticipated recruitment activity with WPSO membership for "Take Five"*

PAO Board Initiatives 2007?

- *PAO Board Resolution recommending membership participation in "Take Five" with ACCESS or an MCO*
- *PAO Board participation with "Take Five"*
- *PAO/DPW partnership on communication mechanism to increase access for children on MA*



Newsletter of the
**Pennsylvania
Association
of Orthodontists**



Summer 2006
Editor: Dr. David Spokane

Special Article Insert

Orthodontic Services Initiative with PAO under DPW ACCESS Program

by Dr. Paul R. Westerberg, Chief Dental Officer, DPW

Over the past three decades great strides have been made in the delivery of oral health services. Advances in technique and materials have continued to move dentistry forward into the twenty-first century. The specialty of orthodontics is no exception. Orthodontists in PA and across the country can offer the most innovative variety of services to their patients. However, with all the advancements that can be demonstrated in clinical delivery, there is arguably one area in which conditions have not improved over the same time period. That is in the availability of quality orthodontic care for the socio-economically disadvantaged portion of the population.

Access to care for underserved populations has reached the national "radar screen" of the profession. Oral Health in America: A Report of the Surgeon General, in 2000, and the National Call to Action to Promote Oral Health, in 2003, have precipitated much debate and related activity focused on the availability of care to all segments of our population. Recently, with the recognition of the changing climate in the provision of care, the AAO and its components have revisited the underserved socioeconomic populations. They have encouraged the establishment of programs nationwide to ensure that orthodontic treatment becomes a reality for those who may not have ordinarily received it.

To address perceived concerns that certain aspects of the Medical Assistance Program have contributed to the limited level of orthodontist participation in the ACCESS Plus Program, modifications have been

recently implemented, designed to demonstrate a collaborative partnership with the profession by the Pennsylvania Department of Public Welfare (Department), Office of Medical Assistance Programs (OMAP). An outline of these recent modifications will be presented in the following paragraphs.

It is hoped that such modifications will renew interest by orthodontists in PA in serving children who rely on government assistance for their dental benefits and have need for orthodontic care. Some details may have yet to be finalized, but the overall outline is presented for your consideration as to the viability of participation under the parameters as presented.

Fee and Coding Adjustments

As of January 1, 2006 the Department implemented a fee schedule increase for orthodontic services provided through the ACCESS Plus program. Payments for orthodontic comprehensive care over eight quarters of treatment now total \$2350. OMAP has also adopted the HIPAA compliant national code set (CDT 2005) for claim invoice submission, as of 1/1/06 as well. Specific details on both of these initiatives can be reviewed by obtaining a copy of MA Bulletin 27-06-03 available from the OMAP website at the following address: www.dpw.state.pa.us/General/Bulletins/003673169.aspx?BulletinId=1177.

Submission Requirements for Case Treatment Authorization Requests

The following items comprise the necessary submission materials for a Prior Authorization request for comprehensive orthodontic treatment under the ACCESS Program:

1. A completed ADA 2000 Claim Form,

Index is also completed as part of the case evaluation process by the OMAP Orthodontic Consultant. A score of 25 or above on the Salzmann will result in automatic approval of the case.)

3. A panoramic radiograph
4. Study models – the Department is moving to acceptance of diagnostic photographs to be substituted for study models in appropriate cases. (Study models may still be requested for cases where photographic documentation is insufficient to support a decision.)

From discussions concerning the options as to the initial evaluation of patients and submission of authorization requests, the most pragmatic process is to have the orthodontist who will ultimately accept treatment responsibility for the case be the professional who evaluates and requests authorization for treatment approval. Cases that may benefit from some level of orthodontic intervention but not deemed "handicapping malocclusion" qualified for state funding of the treatment, may still be accepted for treatment by the orthodontist as any other private pay patient would be, subject to an appropriate fee agreement between the family and orthodontist.

Miscellaneous Issues

Reimbursement for cases where eligibility is lost during the course of treatment: OMAP is currently investigating available options under CMS guidelines regarding compensation of the orthodontist for remaining treatment when MA eligibility is lost by the patient prior to completion of the case.

Limited Patient Case Load Option: This

Access to care for underserved populations

while not unduly burdening any one orthodontist. Orthodontists would be free to treat additional cases under ACCESS Plus according to their wishes, billing the ACCESS Plus Program, but would be under no obligation to treat any specific number of cases.

Ability to deal with non-compliant patients: OMAP is unable to ask orthodontists to forego any option legally open to them under PA State Dental Law. OMAP is also unable to permit orthodontists to commit acts that are in violation of PA statutes. Therefore, those actions available to any practitioner under PA statutes or other regulations pertaining to severing of the doctor-patient relationship may be appropriately followed by an orthodontist in releasing a patient for non-compliance without interference from the Department.

Reliable Contact/Communication between OMAP and Orthodontists: OMAP is developing resources within the ACCESS Plus Program to provide a dedicated contact

point for orthodontic offices to use for obtaining accurate ACCESS Plus Program information and resolving issues that may arise concerning case authorization or payment of claim invoices.

In the 42 Counties that comprise the ACCESS Plus Program the Department is also contracted with a vendor (McKesson Health Solutions) who may assist in some management of the patient population, especially concerning compliance with keeping appointments during active orthodontic treatment. It is envisioned that the vendor would be available to assist the orthodontic office in initial referrals for evaluation, appointment reminders or follow up after missed appointments, and assistance with special needs to facilitate improved compliance.

It is also hoped that meaningful communication will continue between OMAP and the Pennsylvania Association of Orthodontists at the Association level. Maintenance of good inter-organizational communication linkages should help to insure that issues are dealt with in a timely fashion, proac-

tively when possible. Misunderstandings should be minimized and provider-program relations should remain strong and productive. Collaboration on strategic planning surrounding oral health issues of interest to both organizations will also be enhanced with mutual benefit.

We are hoping that many of you will respond to this invitation to voluntarily explore this opportunity accepting a limited portion of the challenge that meeting access to quality dental care for Pennsylvanians in need presents. The scope of your participation remains within your control, and we are committed to partnering with the Association and the individual specialist to make this work for all concerned. If you have questions, and would like to discuss the opportunity further with no obligation, please contact Dr. Paul R. Westerberg, Chief Dental Officer, DPW, at 717-772-7395 or pwesterber@state.pa.us. Thank you for your consideration of participation in working toward a solution.

Medicaid/ Medicaids HMOS

	Unison	Gateway	UPMC for YOU	Access (Dept of Public Welfare)
Third Party Administrator	None	Dental Benefit Providers (United Health Care Co.)	Doral Dental	None
Dental Director	Dr. David Pavasko	Dr. Robert Laurenzano	Dr. James Thommes	Dr. Paul Westerberg
Provider Relations #	1-888-874-7001	1-888-822-5353	1-800-417-7140, ext:2119	(717) 787-1870
Prov Relations Contact	Jody Snyder 412 856-5239	Sean McCardell 240 683-5358	Hillary Kessler 412 928-3235	
Benefits/Claims Dept Website	1-888 874-7001 www.unisonhealthplan.com	1-800-822-5353 www.uhc.com	1-800-294-9650 www.doralusa.com	www.dpw.state.pa.us/omap
Recs Needed for PreAuth	Pan (or fmx) and Models, Completed Salzman ADA Claim Form	Pan (or fmx) and Models, Completed Salzman ADA Claim Form	Pan (or fmx) and Models, Completed Salzman ADA Claim Form	Pan (or fmx) and Models, Completed Salzman or Decision Checklist ADA Claim Form Version 2000
Address to send records	UNISON Attn: Ortho Pre-Auths PO Box: 967 Monroeville, Pa 15146	Dental Benefit Providers 800 King Farm Blvd Suite 600 MD 051-100 Rockville, Md 20850	Doral Dental 12121 N. Corporate Prkwy Mequon, Wi 53092	Dept of Public Welfare Office of Medical Assistance Programs Orthodontic Prior Authorization Unit P.O. Box 8115 Harrisburg, Pa. 17105-8115
Consults/ Salzman Eval	Pay once/year Code: D8660	Pay once/lifetime Code: D8660	Do not pay	Pay once/year (see dpw fee schedule)
PreAuth Records	Pay Code: D8999	Pay Code:D8999	Pay only if case Denied Code: D8660	Do not pay
Payment Schedules Billing Codes	Initial/ Quarterly Initial Code: D8080 Quarterly Code: D8670	Initial/ Quarterly Initial Code: D8080 Quarterly Code: D8670	Initial/ Monthly Initial Code: D8080 Monthly Code: D8670	Initial/ Quarterly (see dpw fee schedule)
Total Amount Paid	\$2,300- \$2,500 (Negotiable with plan)	\$2,300-\$2,500 (Negotiable with plan)	\$2,300-\$2,500 (Negotiable with plan)	\$2,350 (Non-Negotiable)
Electronic Claims	Available	Available	Available	Available