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September 23, 2014

David J. Beyer Kentucky Board of Dentistry 312 Whittington Pkwy Ste. 101 Louisville, KY 40222

Dear David,

I am an ADA member and a 1974 graduate of the UCLA School of Dentistry. I am writing to you in order to familiarize you and your members with my in-school dental program. My program, Big Smiles, has been operating in schools since 2008. It is part of a national program in twenty-one states that provides dental care to more than 400,000 underserved children annually.

At Big Smiles, our mission is to bring quality preventive or comprehensive in-school dental care to students in the most comfortable and effective way possible. Each year our nation's children miss over five million school days due to oral health issues and almost one million children are taken to hospital emergency rooms because of dental pain. School nurses report that the economic hardship caused by taking time off from work and transportation difficulties are the reasons most cited by parents as to why they do not take their children to a dentist. Many school districts, because of unmet health needs, are actively pursuing school based health programs.

My goal is to help these at-risk children with their dental problems. I set up my program to serve as a safety net for children who are not taken to a fixed site dental office. All children deserve the opportunity to attend school free from dental pain. The children seen in my program are the least likely to receive orthodontic care. Big Smiles provides them the opportunity to have a lifetime of good oral health. A lifetime that is not handicapped by poor dentition while they attend school and after graduation. As described below, my program is designed to ensure that the school dentists do not see or treat patients of traditional dental offices. On average, my in-school dentists see less than 10% of the children in schools served by the program.

The following measures are taken to safeguard against seeing children who are currently being treated by or have recently seen a dentist:

- 1) The top of every Big Smiles enrollment form states, in bold and underlined, Children who are receiving regular dental care or have visited the dentist in the last 6 months should continue to receive care from their current dentist. In addition, the parent must answer the question, "Has your child been to a dentist in the last 6 months? Yes* No (*If YES, please note that we will be unable to see your child. They should continue to receive care from their current dentist.)
- 2) The verbal enrollment scripts, used, for example, when a parent calls to enroll their child in our program, includes the question, "Does<child's name> have a dentist that they see every 6 months" as well as "Has <child's name> seen a dentist in the last 6 months"? If the answer to either of these questions is "Yes", the child is not seen by my program's dentists.
- 3) Prior to every school visit, the parent/guardian is called and asked if the child has seen a dentist in the past 6 months. If there is no answer, a message is left asking them to call us back. The in-school dentist does not see any child that we learn has seen a dentist in the past 6 months.
- 4) During our billing verification process, we review each child's claim history for recent dental visits. If a child's claim history shows he/she has been seen by a dentist in the past 6 months, that child is not seen by the in-school dentist.



5) As a final safeguard, at the time of service, a member of the clinical team asks the child if they have seen the dentist recently. To ensure compliance, there is a reminder to ask this question on the top of each Patient Chart and a member of the clinical team must initial that the question was asked.

Big Smiles has also developed a network network of referral dentists for times when treatment is required outside the scope the program. Outlined below is our process for identifying referral dentists and disseminating this information:

- Each summer, we obtain a list of all dentists who accept Medicaid near the schools that Big Smiles serves. Based on geography around the schools we serve, dentists are contacted about being a referral site for our in-school dental program. Those that agree sign and return a letter of agreement, verifying that they will be a referral site. Only dentists who have returned a signed form are included on the lists.
- 2) The lists are divided geographically to ensure they are appropriate for where the children live.
- 3) We actively work with the parents, local dental offices and schools to help each child who urgently needs dental treatment to receive care.
- 4) Every child seen by a program dentist is given a take home "Report Card". The Report Card, which is attached to the dentist referral list, advises the parents if their child needs follow-up care, the urgency of that care, and asks that they call our office if they have any difficulty in making an appointment for their child.
- 5) The take home "Report Card" includes information on how the referral dentist can obtain a copy of the patient's x-rays and/or charts, as well as receiving reimbursement for x-ray or examination fees that have already been billed.

In addition to referrals, Big Smiles uses an after-hours call service. Our clinical staff responds to the calls, and, if required, our office works to get the child to one of our referral offices as soon as possible. Big Smiles does not have a financial interest in any of the referral offices.

Dental disease continues to be the #1 chronic childhood illness. I am proud of the work the dedicated dental clinicians of Big Smiles do every day and the role they play in serving our nation's underserved children. One of Big Smile's principal goals is to work cooperatively with the families of the children we serve and dental community to increase the awareness of, and the access to, regular dental care.

As always, I welcome any questions you may have.

Sincerely yours,

Elliot P. Schlang, DDS

Mist P. Whong

President Big Smiles

P 691

Ded: mobile dental clinic/vans

Mrs. Turner, I appreciate the phone call today. The explanation below is regarding the subject of mobile dental clinics/vans that will be on the agenda for the board meeting tomorrow.

clinics create for dental offices. I obviously don't want to be a part of something that's causing me more headaches & costing me revenue. I have no idea why there are 3 mobile dental clinics in a rural county such as out they are charging students \$10 or running services through medicaid for those that are eligible. I used to be associated with the Barren River Health District (that serve 8 counties I believe) that went to schools to perform cleanings, sealants, exams, & flouride so I'm very familiar with this situation. I have distanced myself from this situation, along with some other dentists that I know, because the problems that these mobile River mobile clinics were initially solely funded by grants. As time progressed, they were running services through medicaid for those students that were eligible & getting reimbursed. Now that those grants have ran am a dentist in Horse Cave, KY which is Hart County. This is a very low socio-economic area where medicaid is prevalent. There are 3 separate mobile dental clinics/operations that serve Hart County school They are Barren River Health District, Big Smiles (I believe that is the company), & Cumberland Health (I believe that is the name). The names may be a little off but should be close. I know that the Barren

A couple of examples of the problems we deal with on a weekly basis:

- cleaning at school & we get denied claims. This issue has cost our office a lot of money over the last 3-4 years. How efficient is this system & who likes losing revenue???? denied because of "duplicate services." Even though the website doesn't list these procedures, these mobile clinics (once services are sent in) date of service trumps our dates of services & gets denied. So we lose cleaning at school. If we see that no procedures are listed, that is what we've been told by medicaid to go by. On numerous occasions we have done a deaning, exam, xrays, flouride, & sealants only to get these claims rendered. Sometimes there are procedure codes listed & sometimes there are not. We ask the child & parents about what was done at school & they never know. Sometimes the parents don't even realize they had a 1) When we get a new medicaid pt or one that has been "referred from school" we check the medicaid websites (multiple have to be checked because there are several MCO's) to see what services have been revenue on a regular basis even though we go to great lengths to check all avenues to see about services rendered. There are some kids that come to our office every 6 mths like & come to find out that they had a
- she had taken her kids out of school for a dental visit that was actually a waste of time. How does a dentist with clinical AND radiographic evidence explain this to a parent??? no clinical explorer sticks & nothing that showed up on xrays. The mobile clinics do not take xrays & therefore have no additional ways to confirm or not whether decay is there or not. The mother was upset because 2) This example happened twice this morning. 2 patients came in that needed restorations. Exam & xrays were done by my dad & he found no decay anywhere. There were some minor stained areas in some pits but
- tigure out all the details was done or what needs to be done. I believe someone at the school tells the parent they need to take their child to a dentist & that's as far as it goes. Huge communication problem that leaves the dentist trying to treatment I've only seen a few papers showing what teeth need work or what actually was done & needs done. This creates a huge problem because most of the time the parents never get papers nor have a clue what 3) These mobile clinics supposedly give the kids papers of what was done & what needs to be done & if they need to see a dental office for further work. In the hundreds of kids that have come to us for further

addressed. I've been on both sides of the fence with these mobile clinics at schools because I've worked them & also see the problems they cause from dealing with this at my office. Any help is greatly appreciated shouldn't be in the business of healthcare. The parents should be responsible enough to take their kids to an MD or Dentist or whatever the need is. If the parent is not meeting the need then that issued should be situation in & of itself but when you add another layer of difficulty on top of it with mobile clinics, it's too much. There is no reason for Hart Co to have 3 mobile clinics visiting schools. I personally believe that schools There are 3 examples that show how difficult mobile clinics make it for a dental office. We have to do so much homework to see what has been done or when or by whom & still get claims denied. Medicaid is a tough

Les Neville DMD

Board Member Payment Totals Travel and Per Diem

Fiscal Year 2014-15 (July 1 – October 31)

total		travel		per diems
34,820	Sid Brantley DMD	\$1,820	Sid Brantley DMD	\$3,000
3,760	Kathy King DMD	\$1,760	Kathy King DMD	\$2,000
33,317	Mary Ann Burch RDH	\$1,717	Mary Ann Burch RDH	\$1,600
2,980	Mara Beth Womack RDH	\$1,580	Mara Beth Womack RDH	\$1,400
32,600	Robert Zena DMD	\$0	Robert Zena DMD	\$2,600
1,622	Byron Owens DMD	\$622	Byron Owens DMD	\$1,000
1,400	Adam Rich DMD	\$0	Adam Rich DMD	\$1,400
1,393	Jason Ford DMD MD	\$193	Jason Ford DMD MD	\$1,200
\$400	James K Hargan DMD MD	\$0	James K Hargan DMD MD	\$400

Kentucky Board of Dentistry Financial Report MONTHLY TOTALS FOR OCTOBER

YEARLY TOTALS FISCAL YEAR 2014-15

(July 1, 2014 - June 30, 2015)

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REVENUE	ACTUAL	ACTUAL	BUDGETED	OVER/(UNDER)	Fiscal Year		
	October 1st-31st	July-October	July-October	BUDGET	TOTAL BUDGET		
	1 42222	100000		July-October	July 2014-June 2015		
License Application Fees	\$20,555	\$98,230	\$55,334	\$42,897	\$166,000		
License Renewal Fees	\$22,290	\$24,535	\$109,666	(\$85,131)	\$329,000		
License Reinstatement Fees	\$0	\$1,455	\$2,000	(\$545)	\$6,000		
Verifications; Licensee Lists	\$11,585	\$33,254	\$30,000	\$3,253	\$90,000		
Fines	\$10,500	\$12,500	\$0	\$12,500	\$0		
TOTAL REVENUE	\$64,930	\$169,974	\$197,000	(\$27,026)	\$591,000		
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EXPENDITURES	ACTUAL	ACTUAL	BUDGETED	(OVER) /UNDER	Fiscal Year		
	October 1st-31st	July-October	July-October	BUDGET	TOTAL BUDGET		
				July-October	July 2014-June 2015		
Regular Salaries & Wages	\$21,797	\$94,460	\$101,734	\$7,274	\$305,200		
Seasonal Salaries & Wages	\$0	\$0	\$0	\$0	\$0		
Employers FICA	\$1,898	\$7,824	\$7,300	(\$524)	\$21,900		
Employers Retirement	\$8,450	\$34,301	\$38,433	\$4,132	\$115,300		
Employers Health Insurance	\$1,806	\$7,143	\$8,033	\$890	\$24,100		
Employers Life Insurance	\$7	\$29	\$34	\$5	\$100		
Workers' Compensation	\$0	\$190	\$33	(\$157)	\$100		
Unemployment Compensation	\$0	\$0	\$0	\$0	\$0		
Investigator	\$4,510	\$18,764	\$20,000	\$1,236	\$60,000		
Well Being Committee	\$0	\$25,000	\$20,000	(\$5,000)	\$60,000		
Per Diem - Board Members	\$4,600	\$14,600	\$19,200	\$4,600	\$57,600		
Board Member Liability Insurance	\$0	\$4,277	\$0	(\$4,277)	\$0		
Legal	\$1,600	\$4,100	\$0	(\$4,100)	\$0		
Personnel - Other	\$0	\$0	\$0	\$0	\$0		
Temporary Manpower Services	\$0	\$2,172	\$6,667	\$4,495	\$20,000		
Rent/Utilities	\$449	\$19,286	\$13,333	(\$5,953)	\$40,000		
Printing/Mailing	\$48	\$1,009	\$3,034	\$2,025	\$9,100		
Dues/Subscriptions	\$991	\$7,990	\$4,000	(\$3,990)	\$12,000		
AADB \$5,460, AADA \$300 , CITA \$945, SCDDE \$200, CRDTs \$50, KY BAR \$310 ea, CLEAR \$240, WESTLAW \$197 mo							
IT/Phone/equipment supplies	\$2,610	\$10,548	\$17,333	\$6,785	\$52,000		
Office Supplies	\$209	\$1,811	\$300	(\$1,511)	\$900		
Fairs/AV Equipment	\$0	\$0	\$0	\$0	\$0		
Travel	\$5,483	\$12,461	\$23,333	\$10,872	\$70,000		
online credit card processing Bank Fee		\$40	\$1,333	\$1,293	\$4,000		
Record Storage Fees	\$0	\$0	\$0	\$0	\$0		
Operating-unassigned	\$327	\$1,927	\$14,000	\$12,073	\$42,000		
TOTAL EXPENDITURES	\$54,809	\$267,932	\$298,100	\$30,168	\$894,300		

Board of Dentistry	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
Expenditures							Budgeted	Budgeted
Regular Salaries & Wages	207,631	218,597	262,443	236,014	278,711	270,128	305.200	308.800
Seasonal Salaries & Wages	345	1,468	1,288	0	0	0	0	0
Comp Time-Block 50 Payments	1,234	0	0	0	0	C	· C	o c
Employers FICA	15,891	17,322	21,629	22,068	25,711	23.858	21.900	22 200
Employers Retirement	20,781	25,190	43,696	44,196	61,033	70,506	115,300	119,700
Employers Health Insurance	24,253	28,614	27,908	18,809	17,141	18,714	24.100	24.500
Employers Life Insurance	82	74	29	54	. 67	72	100	100
Workers' Compensation	70	70	130	130	130	130	100	100
Unemployment Compensation	0	6,840	2,320	0	10,443	415	0	0
Investigators & Well Being	129,455	148,522	136,961	138,880	143,963	121,056	120,000	120,000
Per Diem - Board Members	15,168	23,724	39,000	69,500	72,200	62,000	57,600	57,600
Legal	86,068	63,000	43,824	13,144	6,882	650	0	0
Personnel - Other	4,576	2,849	2,638	2,958	16,258	2,730	0	0
Temporary Manpower Services	13,371	2,990	7,182	17,647	26,387	29,046	20,000	20,000
Total Personnel Costs	518,924	539,258	589,084	563,400	658,926	599,305	664,300	673,000
Rent/Utilities	32,638	33,857	34,172	36,009	38,648	35,843	40,000	40,000
Printing/Mailing	24,395	25,647	30,583	10,163	11,103	9,529	9,100	9,100
Dues/Subscriptions	4,528	9,705	540	6,271	8,589	11,996	12,000	12,000
IT/Phone/equipment supplies	30,288	40,402	38,307	70,722	52,363	62,177	52,000	52,000
Furniture/Office Supplies	23,041	8,219	5,863	5,691	4,305	3,581	006	006
Fairs/AV Equipment	0	400	0	2,165	41,954	7.1	0	0
Travel	62,843	103,589	70,858	116,287	79,160	57,676	70,000	70,000
online credit card processing Bank Fees	0	0	2,658	12,649	3,583	18,134	4,000	18,000
Record Storage Fees	0	0	0	0	0	34,859	0	0
Operating-unassigned	843	3,198	5,035	4,066	5,316	8,011	42,000	28,000
Total Operating Costs	178,576	225,018	188,017	264,023	245,021	241,877	230,000	230,000
Total Expenditures	697,500	764,276	777,100	827,423	903,947	841,182	894,300	903,000
Revenue								
License Application Fees	49,185	88,786	24,062	83,174	141,580	65,240	166,000	155,100
License Renewal Fees	201,219	706,945	253,940	941,320	293,720	1,017,245	329,000	887,000
License Reinstatement Fees	5,895	27,885	2,195	8,250	5,640	5,860	000'9	2,000
Verifications; Licensee Lists	12,663	53,496	17,685	50,045	65,684	43,985	90,000	45,500
rines	50,726	162,337	185,031	29,417	25,778	7,297		
Total Revenue	319,689	1,039,450	482,914	1,112,206	532,402	1,139,627	591,000	1,089,600
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Kentucky Licensee Demographics Report November 12, 2014

DENTAL POPULATION: 11/12/2014		
dentists with an active KY license		2910
active specialty licenses		513
endodontists	44	
oral pathologists	8	
oral radiologist	3	
oral surgeons	119	
orthodontists	158	
pedodontists	110	
periodontists	55	
prosthodontists	16	
active sedation permits		327
deep sedation/general anesthesia	102	
minimum pediatric	4	
moderate enteral sedation	43	
moderate parenteral sedation	106	
moderate pediatric	21	
minimal pediatric & moderate enteral	6	
minimal pediatric & moderate parenteral	8	
moderate pediatric & moderate enteral	17	
moderate pediatric & moderate parenteral	20	
KY licensed dentists practicing in KY		2495
KY licensed dentists practicing out of state		415
active licenses issued since 7/1/14		12
active licenses issued since 1/1/14		63
REGISTERED DENTAL HYGIENIE POPULATION: 11/12/2014		
registered dental hygienists with an active KY license		2626
block & infiltration anesthesia & nitrous oxide analgesia certification	1347	
general supervision registration	1194	
laser debridement registration	329	
IV access line registration	3	
public health registered dental hygienists	34	
KY licensed registered dental hygienists who reside in KY		2247
active licenses issued since 7/1/14		31
active licenses issued since 1/1/14		121
REGISTERED DENTAL LABORATORIES: 11/12/2014		237