

California ORTHODONTIST

Impact of Prop 65 Warnings Required in Ortho Offices

Orthodontists using nickel and chromium brackets may be required to post a hazardous materials sign in their offices due to new legal activity on a 1985 law. Nickel and chromium are the materials identified by the state that appear to be most prevalent in orthodontic offices.

Proposition 65 was passed by voters in 1985. It requires some businesses, including dentists, to post warning signs if one or more materials specified in the law as hazardous are present at the business site. The posting is similar to signs in restaurants warning pregnant women of the dangers of consuming alcohol. Despite the fact that amounts of either nickel or chromium in brackets are nominal, a recent lawsuit indicates that orthodontic offices should comply with the

hazardous warning posting requirements. Penalties for failing to post the warning may reach as high as \$2,500 per day.

Last year, an attorney sued several dental offices and orthodontic manufacturers for failure to post the required sign. As a result of these actions, some manufacturers now place warning labels on their products.

As CAO currently reads the law, the posting requirement applies only to businesses with 10 or more part- or full-time employees in the past four years and that have any of the identified hazardous materials present. Details of these requirements are being explored with the State Attorney General's Office.

CDA has taken the lead in addressing this issue. In addition to clarifying requirements for posting, CDA is also negotiating with the state over the actual language required on the warning sign. When finalized, the language will be communicated by CDA to all CDA members. CAO will also notify its members through its website (www.caortho.org) and in the next newsletter.

For the latest information, check both the CAO and CDA (www.cda.org) websites. At this time, CDA has posted a summary at www.cda.org/member/news/alertprop65.html (you'll need your CDA membership number), which includes proposed language for the signage. The state Office of Environmental Hazardous Health Assessment has posted a summary of the regulations at www.oehha.ca.gov/prop65/background/p65plain.html.

Practice Management in Honolulu

CAO offers enthusiastic and humorous Joan Garbo as the speaker for the Annual Meeting in Honolulu, scheduled on Monday, October 1, from 7:30-9:00am.



Joan Garbo

It will be held in conjunction with PCSO's Annual Session in Honolulu. CAO's regular luncheon format changes to a breakfast meeting to allow attendees to enjoy the morning-only educational sessions and afternoon-off format established by PCSO.

Ms. Garbo has consulted with orthodontists and other professionals for the past 15 years. She has spoken at several PCSO and AAO meetings, regularly receiving high marks on attendee evaluations.

Her topic is, "You Are Your Staff." According to Garbo, "The typical patient judges his or her orthodontic experience on interaction with the orthodontist and staff, not just the orthodontist's technical competencies. How do you insure that your staff's interactions throughout the day truly represent *you*?" She will explore the basic principles that empower staff to operate as one with your vision and mission and transform their jobs into careers.

In addition to this practice management program, CAO will recognize exceptional volunteer leaders, review the past year's accomplishments, and offer a glimpse of important issues facing the profession in 2002.

Registration may be completed on the PCSO Hawaii 2001 Annual Session registration form, scheduled for mailing in early June. See the website (www.caortho.org) for further information.

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Norm Jacobson, DDS, Salinas

President's Message

Many issues have been considered by CAO's Board of Directors since my last letter in January. We have actively discussed challenges that result from Prop 65, a volunteer recruitment program, strategic plan, continuing education, sterilization, CCS, and COMDA regulations – just to name a few. And we do that while evolving into a new model of governance that fosters more electronic communication, more efficient methods of handling issues, and less actual meeting time. Lots of things are happening that I believe are for the betterment of our members, leaders, and organization.

Projects and Programs

Our "Making a Difference" campaign involving CCS has been a major effort (see page 6). We've met with state dental health administrators in Sacramento, sent surveys to all 58 county CCS offices as well as to CAO members who returned earlier postcard queries, and discussed the project with CDA representatives. Although the wheels turn slowly, I do think we will make improvements in the present systems and eventually see more CCS-sponsored children in treatment. We will Make a Difference.

As you know, volunteers are the heart of an organization like CAO. Our board has approved the concept of establishing a systematic method for getting people involved. A consultant leads this effort. Following her initial assessment, we were shocked to realize we need 221 members to fill our present needs. How did we come up with such a huge number, almost a fourth of our total active membership? We have peer review committees in each dental society, a liaison member in each county, standing committees like advocacy and strategic planning – the list goes on. Many of you would like to be more involved, and we would be delighted to incorporate your talents and develop your leadership skills for the future. Please contact any of the officers or directors listed on the back cover to express your interest – and do it now!

Work of the Organization

CAO's Strategic Planning Committee, headed by Steve Dugoni, will set goals and plan for the future. We see many needs in the changing environment of private practice orthodontics, and we want to position our members for the coming years. We also established an Ad Hoc Legislative Strategy Committee to study our future

role in governmental affairs. We hope to work more effectively with CDA and the powers in Sacramento. Proposition 65 is another issue that could have a profound effect on us all. This is further discussed on the website and on page 1. It is an example of legislation that needs CAO attention so our members can practice efficiently and effectively. Our Continuing Education Committee under the guidance of Steve West is committed to delivering staff education to give us well-trained and well-motivated employees (see page 3).

CAO's Leadership Team, Part II

Following Part I in the last newsletter, I'd like to introduce you to the remainder of CAO's leadership.

Bill Barton, our past president, has not faded into the background. Bill is active on the COMDA Task Force, making sure there is orthodontic input for RDA/DA tasks. So far, they have been positive to all of our recommendations. Our three new board members – Mike Payne, Kathy Nuckles, and Ron Jawor – are eager to contribute and we look forward to their participation. They have already brought new insight and vision to the two Board meetings they have attended. Mike Payne practices in Sacramento and serves on our Legislative Strategy Task Force. Kathy Nuckles practices in West Los Angeles. Kathy is on the faculty at UCLA and also serves as a trustee to CDA. Ron Jawor, a previous PCSO Director, is not so new to the Board because he has been the PCSO liaison to CAO for two years; he practices in Irvine.

In addition to the three new voting directors, we have other people making significant efforts for CAO. Our new *California Orthodontist* editor is Robert Keim of the Ortho Department at USC.

Bob brings extensive editing experience to our newsletter. Tommy Thompson received the Distinguished Service Award for 2000 and heads the Delta Dental Task Force which is still very active. Cleland "Butch" Ehrler is in charge of the Peer Review Committee, insuring that orthodontists are reviewed within the CDA system by orthodontists, not general practitioners (see page 4). Steve West heads our Continuing Education Committee and recently coordinated the successful CAO Reno "hands on" sessions. Last issue I also mentioned Bob French and Greg Johnson; it's interesting to note that Thompson, West, French, and Johnson are all past presidents and continue to serve CAO.

Dedicated leaders are working hard to benefit our membership. Please feel free to communicate with any of them to voice your interests or concerns. We are always looking for more volunteers interested in serving CAO. Please let us know if you have any interest in serving our dynamic organization.

PresidentNorman Jacobson
 EditorRobert Keim
 Executive DirectorPhillip Rollins

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MEMBER
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 DENTAL EDITORS

Peer Review Update

Ortho Peer Review Becomes Local Responsibility

CDA's Council on Peer Review recently agreed with CAO's recommendation that specialty peer review is best conducted at the component dental society. This is a new policy for CDA and its peer review process, a result in part from the work CAO undertook with CDA to improve the orthodontic peer review process.

In the past, CDA had no clear policy for selecting specialty peer review committees. Therefore, at the request of CAO representatives, CDA determined that the selection of specialty peer review committee members is the responsibility of each component dental society.

As in the case of CAO, specialty societies were often asked to assist in the process of selecting specialty representatives for peer review committees for component dental societies. CAO has agreed to assist those component dental societies that have difficulty obtaining orthodontic representation in peer review. CAO members interested in participating in local peer review committees should contact their respective country society.

CAO also requested that CDA videotape orthodontic peer review training sessions that they recently offered to a number of CAO members who are already involved in peer review. CDA has agreed to take the recommendation under consideration.

New Support for Staff Education

CAO is now a participating partner in the continuing education programs offered by the Orthodontic Assistant's Association (OAA) in Southern California. For several years, OAA has sponsored staff CE programs concurrently with PCSO regional meetings in the South. Dr. Paul Ganges joined Lori Garland Parker on March 2 at the Sheraton Universal Hotel to become the first CAO-sponsored speaker in this new relationship.



Dr. Paul Ganges, CAO-sponsored speaker

CAO members have long contended that quality, on-going education for staff is a top organizational priority. Partnering with OAA gives CAO a stronger role in meeting that goal for its southern members.

Programs by OAA are designed for orthodontic auxiliaries by orthodontic auxiliaries. But because the organization

wanted to keep both annual dues and meeting registration fees low, they found they had few resources to offset speaker expenses. This limited their selections to local speakers who were willing to address the group for free. To expand their educational opportunities, CAO has agreed to support speaker honoraria, travel expenses, and hotel costs in turn for a voice in the program development.

Future Program

The next CAO/OAA program is Friday, June 4 at the Hilton Hotel, Costa Mesa (formerly the Doubletree Hotel there.) Ellen Grady will speak on "Time Management: A Key to Treatment Quality and Effectiveness." Chester Wang of Dolphin Imaging will



A packed house for staff speaker Mr. Ken Alexander

**M E E T I N G S
C A L E N D A R**

CAO STAFF EDUCATION

Friday, June 1, 2001

Hilton Hotel, Costa Mesa (formerly the Doubletree Hotel) Staff Session co-sponsored by OAA and CAO

Monday, June 4

South San Francisco Conference Center, South San Francisco Staff Session sponsored by CAO

PCSO MEETINGS

Central Region

Monday, June 4, 2001

South San Francisco Conference Center, South San Francisco

Southern Region

Friday, June 1, 2001

Hilton Hotel, Costa Mesa (formerly the Doubletree Hotel)

Annual Session

September 29-October 3

Hilton Hawaiian Village, Honolulu, HI

Post Meeting

October 3-6

Mauna Kea Resort, Kona, HI

present "Going Digital" that same day. Both speakers are supported by CAO. Registration materials were mailed to member offices in April. For additional information on the program, visit the website at www.caortho.org or contact CAO by phone.

Guest Editorial

We (Orthodontists) Really Do Need New ADA Codes

By **Ken Fischer, DDS**

Dr. Fischer is a member of the CAO Board of Directors and practices in Villa Park.



Ken Fischer, DDS

Trying to ethically deal with third party payors is running neck-and-neck with the shortage of good employees as the biggest frustration in today's orthodontic practice. While some ortho practices are completely fee-for-service and some are completely compensated by insurance benefits, most practices in California make an attempt to help their patients receive the maximum of the allowable insurance benefit. However, due to the eclectic manner in which submitted fees are considered and approved, there is a growing disregard among many orthodontists to submit charges honestly and ethically. This article suggests that if the orthodontist's fees were "procedure based" and the

ADA CDT codes were modified to more accurately represent orthodontic treatment procedures, a better relationship could exist between orthodontists and third party providers.

For example, consider the possibilities if orthodontists utilized separate 'orthopedic' treatment procedures while assimilating their treatment fees. If the patient's treatment plan required actual orthopedic correction (e.g. maxillary expansion or skeletal class II therapy) in addition to the orthodontic (movement of the teeth) treatment, in the majority of today's insurance plans, the orthodontic treatment would be covered by the orthodontic treatment benefit and the orthopedic treatment should be a "non-covered procedure" and part of the patient's co-payment. However, first the ADA CDT-3 codes need to include the orthopedic treatment procedures that are routinely being performed in orthodontic practice.

When the name of the orthodontic specialty was changed from "Orthodontics" to "Orthodontics and Dentofacial

Orthopedics," the profession acknowledged the distinction between *orthodontic treatment of the teeth* and *orthopedic treatment of the face*. It is time the insurance industry be given guidelines — specific ADA CDT codes — to clearly address the issue of whether or not to provide benefits for orthopedic treatment procedures as well as orthodontic treatment procedures.

It is important that this appeal is not to influence providers to assign benefits to orthopedic treatment procedures but to encourage them to acknowledge the difference between orthodontic vs. orthopedic treatment procedures. Currently, most providers erroneously claim orthopedic procedures are inclusive with orthodontic procedures. Certainly these are completely different types of treatment and should be considered as such. Unfortunately, there are even some individuals within the governance of our own AAO who do not acknowledge a separation between orthodontic and orthopedic treatment procedures.

Each provider should have the right to determine which treatment procedures they choose to provide benefits for; however, they must not be allowed to falsely define orthopedic treatment as orthodontic treatment and deny the orthodontists' right to charge for these procedures. As with all other 'non-covered' procedures, if they choose not to provide benefits for orthopedic treatment procedures, these should be considered part of the patient's co-payment.

Ethical orthodontists who try to cooperate with their patients and insurance companies to acquire allowable benefits fight a continually frustrating battle. CAO believes that the development of ADA CDT-3 codes for orthopedic treatment procedures will allow all parties the opportunity to resolve these problems fairly and honestly.

CHECK IT OUT

CAO's website: www.caortho.org

Take a look at CAO's website. View periodic news updates or past issues of the *California Orthodontist*. Link to other orthodontic sites and information on *You and Your Orthodontist* and *Bite Down Early* brochures. Use an online version of *Bite Down Early* that you can link to your own website. Participate in the CAO member forum where you can discuss a variety of issues with your fellow members including sterilization, CCS "Making a Difference Campaign," practice management, technology and more.

To join in a forum,

1. Click on the "Forums" tab at the top of the CAO home page.
2. Click on "login page for members" halfway down the page.
3. At the login screen, type in the user name "caomem" and the password "sacto."
4. After you are logged in, locate the light blue box on the far right side of the screen. This will guide you towards setting up your own user name and password. It is important that you do this before participating in the member forum.
5. If you have difficulty or have questions, contact Jay Donato at CAO headquarters 415-441-4697.

CAO Display Available

Members looking to "put on a good face" to the public at health fairs, school events, or other public-minded functions may want to take a look at CAO's table top exhibit display. (See photo).

This display serves as a platform to promote the orthodontic profession and your practice. It can be shipped directly to your office and comes with 100 free Bite Down Early kits which can be distributed to the public. There is no charge for its use other than shipping fees.

No tools are needed to assemble the display unit, and it requires approximately 30 minutes set up time. For details call Jay Donato at CAO at 415-441-4963 or email him at jay@prollins-associates.com.



President Norm Jacobson shows members Dick Ellis and Burt Greenberg CAO's portable display booth

One Man's Locum Tenens Experience



by **David T. Grove, DMD, MS, MSED**

Have you ever wished you could take a two or three week

vacation? Without

the stress of having to push all the patients into the week before or the week after that vacation? Without losing production and paying continuing overhead?

I practiced orthodontics for thirty years and only took one or two 2-week vacations. I wanted to take some time off and "smell the roses" a bit. For two years I looked in vain for a locum tenens or an associate/partner. Since I could not find either one, I decided to sell my practice, semi-retire, and offer my own services as a locum tenens.

You might be skeptical about having someone come into your practice. What will the patients think? Will I lose patients? How will the staff react? Can patients be started or debonded? Will the locum tenens say something to patients that will cause problems? These are all legitimate questions.

When I decided to offer locum tenens services myself, I asked the same questions – only in reverse. However, my first experience produced only positive results. The production in four days was as follows:

- 11 patients started – full bondings
- 10 debonds
- 13 new patient exams
- 8 appointments to start (records taken on the majority)
- 2 recalls (not yet ready)
- 2 cancellations and reappointments
- 1 undecided (this patient started two weeks later)

The cost for locum tenens services was approximately 10% of the four-day production. But production and cash flow continued during the vacation week.

In my opinion, the keys to a successful locum tenens experience are preparation of the staff and communication with the patients. Here are some basic steps if you are considering a locum tenens in your office.

- Contact the locum tenens orthodontist as far ahead as possible to arrange for dates of coverage, as everyone's calendar does get booked ahead.
- Contact your malpractice carrier immediately as locum tenens coverage must be done in writing. The locum tenens is unable to work without this endorsement from your insurance carrier. A copy of the additional endorsement should be provided to the locum tenens orthodontist.
- I recommend a simple, signed contract between the two doctors.
- Communicate doctor-to-doctor regarding diagnosis and treatment.

- Notify your patients and parents as soon as possible so they can become comfortable with the idea that another orthodontist will temporarily substitute for you. I recommend sending a letter to all active patients as well as posting one at the front desk for patients to see.
- Coordinate an early meeting with the staff to introduce the locum tenens doctor. Use this time to acquaint him with both your office layout and your staff.
- Staff should tell the patient and parent in person that the locum tenens doctor will see them at their next appointment, especially new exam patients.
- To make the experience enjoyable for everyone, the staff should be prepared to guide the locum tenens where he is needed during the day to maintain excellence and efficiency.
- Remind the staff to introduce the locum tenens doctor to each patient.

CAO maintains a list of orthodontists who are willing to serve in locum tenens positions. Dr. Grove is one of those listed. To receive the complete list, contact Jay Donato at CAO by phone or email jay@prollins-associates.com. Dr. Grove may be contacted directly at 360-671-0152 or dgrove@bigfoot.com.

Impressive Support for CAO Campaign

Nation and State Making Oral Health a Priority

Jane Rollins, CAO Staff

Two landmark reports are likely to boost significantly CAO's "Making a Difference" campaign. Launched in January, CAO's new project seeks to make a difference in the lives of needy children by increasing the number of orthodontists who provide services to those children who are qualified to receive California Children's Services (CCS) treatment. CAO hopes to encourage more orthodontists to provide care in two major ways: by working with CCS to reduce the "hassle factors" in providing care and by actively recruiting more members to service on CCS county panels. CAO has made progress with both the California

State Department of Health Services, the administrative home for CCS, and CAO members. (See sidebars.)

Attention to dental health issues couched in two important studies help put CAO's project in the right place at the right time for positive action.

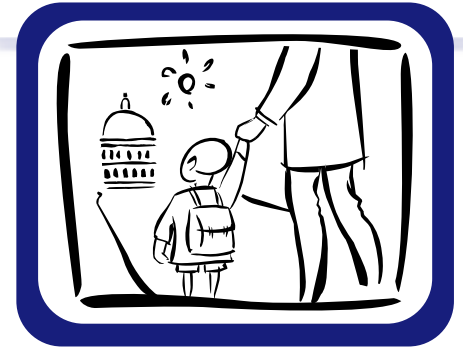
First Ever Surgeon General's Report on Oral Health

Self-proclaimed as the "first-ever Surgeon General's Report on Oral Health," conducted by the National Institutes of Health and the National Institute of Dental and Craniofacial Research, "Oral Health in America: A Report of the Surgeon General" was published last year. It declares dental and oral health an important component of wellness in the nation's populace. It also recognizes that dental health has been something of a stepchild in health policy considerations in the past and declares a new, almost primary care status for dental health considerations. The report proclaims,

"Damage to the craniofacial complex, whether from disease, disorder, or injury, strikes at our very identity. We see ourselves, and others see us, in terms of the face we present to the world. Diminish that image in any way and we risk the loss of self-esteem and well-being." Executive Summary, p. 4.

The full report examines five major questions and concludes with, among other things, recommendations for a national public health plan for oral health. Part of that plan includes improvement in barriers of low reimbursement rates and "administrative burdens for both patient and provider." Executive Summary, p. 9.

CAO's "Making a Difference" project focuses on precisely those same issues and is likely to gain wider recognition from legislators, the Governor's office, and state administrators because of this national focus. Clearly, the report sets new emphasis on dental care and oral health. It is important reading for members interested in health trends and policy-making. Both



the Executive Summary and the full report can be found on the Internet at www.nidcr.nih.gov/sgr/oralhealth.htm.

State Study Places California Children as Most Needy

From the Dental Health Foundation of California comes a different report, "The Oral Health of California's Children: Halting the Neglected Epidemic." It too gives timely support to CAO's efforts to increase the number of orthodontists providing services and improving administrative aspects of CCS.

Citing that California's children have twice as much dental disease as the national average, "Halting the Neglected Epidemic" calls for a broad based partnership to tackle the problem of insufficient dental care for children. The coalition includes dental organizations, health professionals, advocacy groups, philanthropic organizations, government agencies, dental insurance agencies, and community organizations. Dr. Donald Poulton, former residency program chairman at University of the Pacific and past president of the AAO, has agreed to serve as

Continued on page 7

Successful Session with CCS Administrators

Maridee Gregory, MD, Chief of the Children's Medical Services Branch of the Department of Health Services, met with CAO staff recently to discuss CAO's objectives in the "Making a Difference" Campaign. Dr. Gregory is the top administrator statewide of the CCS program in Sacramento. She and two of her top associates, Jean Whittiker and Karlette Winters, lauded CAO's goals and offered important assistance. They have provided CAO with data about the number of orthodontists currently participating in the program, an important benchmark to measure success and advocate for change. They also helped design an assessment of CCS orthodontic programs by county that will give a more detailed picture of individual county CCS administrative issues. And they responded positively to re-establishing a statewide orthodontic advisory panel to provide on-going input into the CCS program. This panel may prove invaluable at keeping CCS orthodontic care "provider-friendly."

CCS Directory Available

CAO now has a complete listing of all county CCS offices with phone numbers and contact names. Members who need information about their county CCS may call Jay Donato at the CAO office for telephone and/or fax numbers. Call CAO at 415-441-4697 or email him at jay@prollins-associates.com.

Regional Networks of CCS Ortho Providers

CAO is now in the process of establishing regional networks of orthodontists who either are now providing services to CCS-eligible children or who are interested in doing so. The networks will be organized to meet specific needs of each community and will probably vary in focus from one community to the next. Their primary purpose across the board, however, will be to work with CCS administrators to alleviate specific problems and to share information with other orthodontists on how to work successfully with CCS. Hopefully, orthodontist networks will also encourage more CAO members to become providers.

If you are interested in participating at a local level, contact Jay Donato at the CAO office.
Phone 415-441-4697.
Fax 415-441-5683.
Email jay@prollins-associates.com.

Members Identify "Hassle Factors"

A resounding 71% of self-selected members responded to a brief survey, identifying the top "hassle factors" in dealing with CCS patients. The survey was mailed to 72 who had returned post cards included in the last two issues of this newsletter and who indicated they were or had been a CCS provider. Respondents made it clear that problems were different from one county to another. Individual offices' strengths and weaknesses also appeared to play a role in responses. But three priorities emerged and will be the initial focus of CAO efforts in making CCS a more provider-friendly system. They are to

1. Improve a confusing billing system
2. Improve processes to continue care when a patient is no longer CCS-eligible
3. Clarify the relationships between CCS- and DentiCal-eligible patients

Nation and State Making Oral Health a Priority

Continued from page 6

CAO's representative on the coalition, officially dubbed the Children's Dental Health Initiative Advisory Committee.

Again, CAO's "Making a Difference" campaign stands to gain significant support from such a spectrum of policy makers. In fact, the "Making a Difference" project may perhaps be the most important thrust for orthodontics in this statewide dental health initiative. It is clear that CAO will find easier success in improving bureaucratic obstacles to participation in CCS and in improving payment systems through collaborative efforts.

Members interested in accessing the Dental Health Foundation report should go to www.dentalhealthfoundation.org.

Invisalign Now a Billable Code

Delta Dental Plan of California (DDPC) is now accepting the cosmetic Invisalign treatments as a reimbursable modality. Since CAO members probably do not have fees filed for this new procedure, Tom Thompson, Chair of CAO's Delta Dental Committee, recommends members take the following steps to receive payment.

- Use code #08999. Indicate that Invisalign is the treatment modality and list your Fee and Treatment Time involved. Code #08999 is the critical factor in your Delta filing process.
- Delta should approve the patient's benefit, based upon your DDPC's approved fee for that Treatment Time. For example, reimbursement will be 50% up to the patient's maximum benefit.
- Delta considers the difference between your approved fees and the Invisalign fee to be cosmetic. Therefore your office can bill the difference separately back to the patient.

For more information, call members of CAO's Delta Dental Committee. See box on page 9.

Delta Dental Update

More of the Same

By **Tom Thompson, DDS**
Delta Dental Committee Chair

Delta Dental Plan of California (DDPC) continues in a "holding pattern" or delay for implementation of the ADA-CDT3 Code system that ends the "Time" based fee schedule we are using currently. The Health Insurance Portability and Accountability Act (HIPAA) requires that service corporations like DDPC and other insurance companies use a standardized coding system for electronic dental claims transactions. This will be the ADA-CDT3 system.

The deadline for complying with HIPAA is October 17, 2002. The opinion of CAO's Delta Dental Committee is that DDPC will not comply until the October 17 deadline. DDPC takes the position that the process will be expensive to adapt their entire processing system to HIPAA. Another reason is DDPC's ongoing legal involvement with ADA over the codes.

If you are a participating member of DDPC, remember you can refile your fees every 12 months. Therefore, if you have recently changed the fees you charge in your practice, and it has been more than a year since you refilled last, refile NOW. You will be living with your accepted fees based on the "Time" system for approximately eighteen (18) more months.

Let us know
what you think
of our
new look.

CAO in Sacramento

by **Phillip Rollins, CAE**
Executive Director

It is April 4 and I have just returned from the annual CDA Legislative Day in Sacramento. Like many of you, I make assumptions about how the legislative process works, mostly based on what I read and hear from others. There is nothing quite like being in Sacramento and observing the process while rubbing shoulders with the decision makers and those who influence them.



Phillip Rollins, CAE

CDA does a fine job of bringing together a large group of CDA members (including a high percentage of specialists) for this once-a-year session to review legislative issues important to dentistry and to make personal visits with legislators. Here I offer a brief review of the items that are most critical to orthodontics during this current legislative session.

State Budget

I call your attention to finances at the outset because they will affect every proposed bill that requires funding this year. Diane VanMaren, Chief Consultant to the Senate Budget Committee, provided her evaluation of the state's financial situation. The energy crisis IS "finances," or so it seems. At present, she estimates the state is spending \$50 million PER DAY purchasing electrical power. In January, it was expected that a bond sale of about \$12 billion would cover the state's energy bill this year and repay the state's utility companies. Diane indicated that those estimates are proving far too low. She provided little hope for quick solutions.

2001 Denti-Cal/CCS Fee Increase Doubtful

California increased many Denti-Cal/CCS reimbursed fees last year, an average of about 8% for dentistry in general and for orthodontic procedures about 30%. CDA believes, as do we,

that the fees are still too low and has proposed an increase of 20% for selected procedures, including some for orthodontics. From information presented today on the state's budget woes, I think it highly unlikely we will see another fee increase this year.

Licensure by Credential (LBC)

Assemblyman and dentist Dr. Sam Aanestad and Dental Board Past President and current Board member Dr. Robert Christoffersen spoke at length about "licensure by credential".

Last year, the Dental Board voted down a proposal to allow dentists with licenses from other states to practice in California without passing our state Boards. Some state legislators, including Dr. Aanestad, have taken issue with that decision, and he has authored AB 1428. The bill would require the Dental Board of California to "issue a license to a person who is currently licensed to practice dentistry in another state without satisfying California examination requirements," with some conditions. Based on a model adopted by the American Dental Association (ADA), the 1998 CDA House of Delegates approved a resolution endorsing the concept; thus CDA supports the new LBC bill.

Drs. Aanestad and Christoffersen provided a number of reasons why they believe this bill to be important and the timing right for its approval. First, they believe it unfair for trained dentists who have passed out of state dental boards to be required to be re-examined. They cited a New York dentist whose husband was transferred to California, where she was required to take our exam, after practicing for over 15 years. In another case, an out-of-state dentist found it necessary to move to the state to care for elderly parents and, again, was required to take the California boards.

Second, they believe it unnecessary that specialists licensed in other states, who would practice their specialty here, be examined on general dental procedures they would not be using.

Third, they believe the 4 regional and 12 state exams are similar to California's and, in their opinion, fairly test the dentist. We in California should not feel our exam is superior to those used in other states.

Four, LBC may increase the number of dentists in California, which would probably help address the access to care issue here.

There are a number of questions as yet unanswered about how the new regulations would work, including if and how California licensed dentists would be licensed in other states. Important to California orthodontists and other specialists is how the law would license dentists from other states, perhaps without specialty training, to practice orthodontics here. And, of the approximate 31,000 licensed dentists in California, almost 5,000 are graduates of non-accredited dental schools. At present, they would be unable to practice in most other states.

Drs. Christoffersen and Aanestad firmly believe that the only way to work out solutions to these problems is to join the other 42 states that have adopted some form of LBC. From what I heard, it does seem likely that some legislation in this area will be approved this year. We will be working closely with CDA and others on the issue of specialty licensure.

Dental Board (DB) Sunsetting

Every seven years, the legislature is required to review all state Boards (like the Dental Board or Accountancy Board) and consider their modification, elimination or continuance. In a show of displeasure with how the Dental Board has handled a number of issues, the legislature is holding hearings to learn from the public how the Dental Board has or has not met their needs. Today, I observed such a hearing. The testimony was, for the most part, scathing. Much was criticism about how the DB has failed to provide a path to serve future needs of the public and how it has mismanaged several important

To Participate or Not to Participate

In view of the delays with the Code and Nomenclature change and hassles of getting updates on your fees accepted by DDPC, many of you have asked, "What are the pros and cons of DDPC Participation Membership and Non-Participation Membership anyway?" We list the following concepts as you wrestle with the question for your own practice.

Advantages

Advantages of DDPC Participating Membership

1. Payment is made directly to the orthodontist, based on the group contract.
2. Your DDPC composite accepted fees are based on the 80th percentile for only orthodontists throughout the state. After your Composite Fee is compared to the state composite 80th percentile, then DDPC applies a "customary area factor" to adjust for level of fees charged by orthodontists in your region.
3. Your name is included in the Directory of Participating Dentists that is distributed to all subscriber groups.
4. Your name is on the DDPC website for patients using the Internet.

Advantages of DDPC Non-Participating Membership

1. Orthodontist does not file fees, doesn't abide by DDPC participating rules, and does not maintain an accepted list of fees with DDPC. You do not have to jump through any of DDPC "hoops."
2. Orthodontist does not have to agree to cooperate in DDPC quality assurance programs and refer selected cases to the DDPC Quality Review Committee.
3. No examination of records in your office of the fees charged all your patients by DDPC to verify your usual fees.
4. Orthodontist can bill patient for charges above the prevailing fee.

Disadvantages

Disadvantages of DDPC Participating Membership

1. Payment of claims is based on your accepted filed fees.
2. The secrecy surrounding the methodology used to develop utilization profiling is frustrating. It determines your accepted fees or criteria for reimbursement decisions.
3. Orthodontist agrees to abide by the DDPC rules without any input. We can't get DDPC to speed up the HIPAA compliance as others, like United Concordia, did on January 1, 2001, for instance.
4. Orthodontist cannot bill the patient for charges above his/her DDPC accepted fee unless DDPC gives special approval.

Disadvantages of DDPC Non-Participating Membership

1. Payment of claims will not be based on your accepted filed fee but rather the "prevailing fee" that satisfies the majority of participating members of both orthodontists and dentists who offer orthodontics as part of their practice. Prevailing fee is the 51st percentile, based on fees charged by all *dentists* and *orthodontists* in the last six months. This may result in a lesser benefit for the patient based upon your fees and the patient's DDPC contract.
2. Payment is made directly to the patient, based on the group contract.
3. Your name will not be included in the Directory of Participating Dentists distributed to all subscriber groups.
4. Your name will not be on the DDPC website.

Questions?

Should you have questions concerning any of these Delta issues, please call CAO Delta Committee members:
Dr. Bill Barton, San Diego (858) 450-1334 • Dr. Earl Johnson, Mill Valley (415) 388-2970
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CAO in Sacramento

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issues (like LBC). It seems likely to me that the DB will be re-constituted with a different make-up, hopefully with more dentists, although there is a possibility there may be fewer. CDA is providing important testimony.

Other Issues

Many other proposed pieces of legislation affect dentistry in general

—reduction of student debt to increase the number of dentists and thus increase access to care; severe restrictions on fluoride in public drinking water; new funding for the Children's Dental Disease Prevention Program, and several manpower issues, among others.

Summary

CDA staff and volunteers have their

hands full anticipating, monitoring, and influencing legislation important to dentistry. It was inspiring to spend the better part of a day with so many talented and committed CAO and CDA members and CDA staff. This year, CAO will take a closer look at how to strengthen orthodontic participation in Sacramento and to build upon our partnership with CDA in the legislative arena.

AAOF Institutes New Award

AAOF has just announced the creation of the Eugene E. West Memorial Fellowship Award. CAO members Robert Boyd of San Francisco, Harry Hatasaka of Palo Alto, George Payne of Santa Rosa, and Richard Savage of Anaheim Hills plus James McNamara of Ann Arbor, MI, combined their Regent-level pledges to the AAOF endowment campaign, A Case for the Future, to create this new program. It will be added to the AAOF's giving program beginning in 2002.

By the end of 2001, the AAOF will have contributed more than \$3.3 million to orthodontic research, orthodontic faculty development, and graduate orthodontic residency programs.

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