

**KENTUCKY DENTAL ASSOCIATION  
EXECUTIVE BOARD MEETING**

KDA Headquarters Building  
Louisville, Kentucky  
November 1, 2014  
10:10 A.M.

1. **CALL TO ORDER.** **Dr. Bill Lee** called the meeting to order at 10:10 a.m. The following members of the Board were present:

Dr. Garth Bobrowski  
Dr. Barry Curry  
Dr. Ansley Depp  
Dr. Dennis Price  
Dr. H. Fred Howard  
Dr. William Lee  
Dr. Ted Logan  
Dr. Julie McKee

Dr. Robert Millay  
Dr. Matt Milliner  
Dr. BJ Moorhead  
Dr. Karen Nation  
Dr. Nancy Mussetter (representing Dr Ralph Beadle)  
Dr. John Roy  
Dr. John Sauk  
Dr. Greg Zeller (representing Dr Sharon Turner)

Staff members present were Mr. Todd Edwards, Mrs. Melissa Nathanson, Mrs. Janet Glover and Mr. Richard Whitehouse KDA Executive Director. Guest included Ms. Veronica Cecil of the KY Medicaid Department.

2. **INVOCATION.** **Dr. Ted Logan** gave the invocation.
3. **APPROVAL OF MINUTES.** The minutes of the September 27, 2014 meeting of the Executive Board were approved.
4. **SPECIAL PRESENTATION.** **Dr Ken Rich** introduced **Ms. Veronica Cecil** to the KDA Executive Board. She is Chief of Staff, Director, Division of Program Integrity, Department of Medicaid Services. She presented a summary of requirements to become a Medicaid provider. They include application, provider enrollment, provider maintenance and credentialing. Ms. Cecil agreed to make similar presentations across the state upon request.
5. **EXECUTIVE SESSION.** The Executive Board moved into Executive Session for the purpose of discussing personnel matters.
6. **REPORT OF THE TREASURER.** **Dr. Theodore Logan, Jr.** presented the Report of the Budget and Finance Committee.

## KDA BUDGET AND FINANCE COMMITTEE REPORT

October 22, 2014

Conference Call

Members present: Drs. John Roy, Karen Nation, Barry Curry, Bill Lee, Dennis Price, Ted Logan, John Thompson, Mr. Rick Whitehouse, and Mr. Todd Edwards.

1. The committee reviewed the KDA retirement plan. The current levels of contributions are out of line with current best practices.

**MOTION:** The committee moves to reduce the contribution to the KDA retirement plan from 12% to 4%. Employee salaries will be increased by 8%. The contribution and salary changes will begin January 1, 2015. This does not apply to the salary of the Executive Director.

2. **MOTION:** The committee moves that each employee (excluding the Executive Director) be given a 1.5% raise beginning January 1, 2015.

3. **MOTION:** The committee moves that the 2016 KENTUCKY DENTAL ASSOCIATION GENERAL FUND REVENUE AND EXPENSE BUDGET be approved and sent to the 2015 House of Delegates with a recommendation to adopt.

4. The KDA vehicle is a 2010 Nissan Murano. It has more than 90,000 miles on it. The Executive Director is extremely allergic to the smoke odor which cannot be removed from the vehicle.

**MOTION:** The Committee moves that the Executive Director explore options to replace the current KDA vehicle as soon as possible. A vote of the Board shall be held by e-mail.

5. It may be possible to reduce General Fund expenses by reducing the allotment for the KDA delegates to the ADA Annual Session.

**MOTION:** The committee moves that the Executive Director of the KDA evaluate the ADA delegation expense allocation in the budget with a goal of reducing the amount. A report shall be presented to the Executive Board at the February meeting.

# 2016 Proposed KDA Budget

	<b>Adopted Budget 2015</b>	<b>Year to Date 6/30/2014</b>	<b>Proposed Budget 2016</b>
<b>REVENUES</b>			
KDA Dues	364,536.00	360,513.33	378,814.00
KDA Assessment	104,000.00	98,993.63	101,000.00
Annual Session	60,000.00	64,225.28	50,000.00
Interest Income	2,500.00	810.35	2,500.00
Rental Income-Lou Dental Soc	4,725.00	4,588.00	4,866.00
Frost Arnett	500.00	0.00	0.00
ADABEI (ADA)	30,000.00	10,253.56	25,000.00
KDA Insurance Services	50,000.00	12,500.00	35,000.00
ADA Dues Rebates	500.00	228.49	500.00
Non-Budgeted Revenue	3,000.00	1,102.26	3,000.00
Officite	6,000.00	4,231.78	6,000.00
Rental Income	55,000.00	30,365.26	62,400.00
<b>TOTAL REVENUES</b>	680,761.00	587,811.94	669,080.00
<b>Journal Fund Contribution</b>	19,898.00		64,150.00
	700,659.00	587,811.94	733,230.00

	Adopted Budget 2015	Year to Date 6/30/2014	Proposed Budget 2016	
<b>EXPENSES</b>				
<b>A. Fixed disbursements over which the House has no control but must have approval</b>				
Utilities & Maintenance:				
Telephone	7,500.00	3,749.00	7,500.00	
Gas, Electric & Water	20,000.00	12,979.00	25,400.00	
Rent	84,630.00	42,314.00	84,630.00	
Maintenance Expenses	20,000.00	15,651.00	20,000.00	
Janitorial Expenses	3,000.00	1,665.00	5,000.00	
<b>Total Utilities &amp; Maintenance</b>	<b>135,130.00</b>	<b>76,358.00</b>	<b>142,530.00</b>	
Accounting & Audit Services	13,000.00	12,375.00	13,000.00	
Attorney Fees	4,000.00	4,966.00	4,000.00	
Insurance	13,000.00	22.00	13,000.00	
Printing and Postage	3,000.00	2,150.00	3,000.00	
Miscellaneous	500.00	30,943.00	2,500.00	*temp services
<b>A. TOTAL</b>	<b>168,630.00</b>	<b>126,814.00</b>	<b>178,030.00</b>	

**B. Items Controlled by the House Of Delegates**

General Administrative Expenses:				
Equipment Maint & Rent	12,000.00	7,847.00	12,000.00	
Technological Support	10,000.00	3,674.00	10,000.00	
Membership Dues & Subs	750.00	55.00	750.00	
Support Staff Expenses	4,500.00	2,853.00	4,500.00	
Office Supplies	5,000.00	2,607.00	5,000.00	
Executive Board Expenses	2,000.00	1,058.00	2,000.00	
President's Expenses	5,000.00	1,210.00	5,000.00	
1st Vice President Expenses	2,000.00	1,410.00	3,000.00	
ADA Delegates Expenses	34,000.00	0.00	30,000.00	
Leadership Conference	4,500.00	0.00	0.00	
KDHC Membership		500.00	1,000.00	
Ex. Dir. Discretionary Expenses	750.00	0.00	750.00	
Auto Expenses	3,000.00	2,780.00	4,000.00	
<b>Total General Administrative Exp.</b>	<b>83,500.00</b>	<b>23,994.00</b>	<b>78,000.00</b>	

	<b>Adopted Budget 2015</b>	<b>Year to Date 6/30/2014</b>	<b>Proposed Budget 2016</b>
<b>Council/Committee/Work Group Expenses:</b>			
Council on Annual Session	0.00	0	0.00
Budget & Finance Committee	0.00	0.00	0.00
Long Range Planning Committee	0.00		0.00
Membership Steering Work Group	2,000.00	3,766.00	7,500.00
Work Group to Study Future of Oral Health			
in KY	1,000.00		1,000.00
New Dentist Committee	3,200.00	0.00	3,200.00
General Council Expenses	250.00		250.00
UK-UL KSDS Student Support	1,000.00	600.00	1,000.00
<b>Total Council/Committee/Work Group Expenses:</b>	7,450.00	4,366.00	12,950.00
<b>B. TOTAL</b>	90,950.00	28,360.00	90,950.00

	<b>Adopted Budget 2015</b>	<b>Year to Date 6/30/2014</b>	<b>Proposed Budget 2016</b>
<b>C. Staff Compensation</b>			
Executive Directors Expenses	12,000.00	5,533.00	12,000.00
Secretary - Treasurer Expenses	5,000.00	0.00	5,000.00
Salaries-Staff	345,000.00	123,149.00	355,000.00
Staff Benefits	28,079.00	10,671.00	40,000.00
Retirement Plan Contributions	13,000.00	14,085.00	13,250.00
Payroll Taxes	32,000.00	10,100.00	33,000.00
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<b>C. TOTAL</b>	<u>435,079.00</u>	<u>163,538.00</u>	<u>458,250.00</u>
<b>D. Fund Contributions</b>			
Reserve Fund Expenses	0.00	0	0.00
Capital Expenditures	5,000.00		5,000.00
<b>D. TOTAL</b>	<u>5,000.00</u>		<u>5,000.00</u>
<b>E. Non-Budgeted Expenses</b>			
Investment Fees	1,000.00	352.00	1,000.00
<b>E. TOTAL</b>		<u>352.00</u>	
<b>TOTAL EXPENSES</b>	<u>700,659.00</u>	<u>319,064.00</u>	<u>733,230.00</u>

## **2016 BUDGET NARRATIVE**

The revenue section lists the areas of revenues the Association anticipates for the fiscal year 2016.

Dues - reflects the dues income for all categories of membership. This reflects a \$10.00 dues increase for 2016.

Annual Session - reflects net revenue from all sources generated by the Annual Session.  
(Exhibit, Continuing Education fee courses and miscellaneous income).

Interest Income - reflects interest earned on Association investments.

Rental Income-Louisville Dental Society – reflects annual rental income received from the Louisville Dental Society.

Frost Arnett Income - reflects royalty income received from KDA endorsed collection services.

ADABEI (Formerly Finco) (ADA) Royalties - reflects endorsement income received for credit card purchases and other endorsed products and services.

KDAIS Income - reflects endorsement income received from Kentucky Dental Association Insurance Services Company.

ADA Dues Rebate - reflects revenue received from ADA for timely processing of dues payment.

Label Sales - reflects income from sale of KDA Membership labels.

Non-Budgeted Revenue - reflects any revenues not classify under the listed revenue categories.

Rental Income – income from the rental of the first floor of the headquarters building.

Officite – endorsement income from officiate web page services.

## **EXPENSES**

A. Fixed disbursements over which the House has no control but must have annual approval.

Utilities and Maintenance - reflects the cost of maintenance, janitorial, telephone, gas, electric and water for the operation of the KDA Executive Office.

Rent- debt reduction\mortgage paid to Kentucky Dental Foundation

Accounting Services - reflects cost of the Association's annual audit, accounting software support and related tax services.

Attorney Fees - reflects the cost of the Association's legal counsel.

Insurance - reflects cost of insurance on Association property and contents.

Printing and Postage - reflects cost of printing and postage not associated with Journal.

Miscellaneous - reflects cost of miscellaneous expenses not attributable to existing expense accounts.

Temporary Services - It has become necessary to utilize temporary employees in the KDA building.

B. Items controlled by the House of Delegates

General Administrative Expenses:

Equipment Maintenance and Rental - reflects cost of general maintenance and rental of office equipment.

Membership Dues and Subscriptions- reflects cost of various professional staff dues and subscriptions to publications.

Technological Support - reflects cost for the computer network, also maintenance for computers.

Support Staff Expense - reflects cost of continuing education, travel and miscellaneous expenses for KDA Staff.

Office Supplies - reflects cost of Executive Office supplies.

KOHC – membership in Kentucky Oral Health Coalition

Executive Board Expense - reflects cost of conducting Executive Board Meetings as necessary.

Presidents Expense - reflects expenses incurred by the President on behalf of the KDA.

1<sup>st</sup> Vice-President's Expense - reflects costs of the 1<sup>st</sup> First Vice-President to attend ADA sponsored conferences.

KDA Leadership Conference- reflects cost of KDA Leadership Conference.

ADA Delegates Expenses - reflects expenses for the Kentucky Delegates and Alternate Delegates to attend the ADA House of Delegates Meeting.



Ex. Director Discretionary Expenses - reflects expenses incurred by the Executive Director which do not fall under expense account.

Auto Expense - reflects cost of operating and maintaining the association automobile.

Council and Work Group Meeting, Travel, Lodging, Telephone, Printing and Postage

Membership Steering Work Group - monies for a membership survey.

General Council Expense - reflects expenses that occur during Council Day meetings.

UK-UL-KSDS Student Support - reflects cost of booth space during meeting. Also, monies are specified for KSDS support for flag football game, spring basketball tournament, Lunch n learns, fall retreat for new officers and student lobby day.

Executive Directors Expense - reflects expenses incurred by the Executive Director related to travel, meals and entertainment, including the ADA and 6<sup>th</sup> District meetings.

Secretary-Treasurer Expense - reflects expenses incurred by the Secretary-Treasurer related to travel, meals and entertainment, including the ADA and 6<sup>th</sup> District meetings.

Salaries - reflects salaries for KDA Staff.

Staff Benefits - reflects cost of employee health and other insurance programs.

Retirement Plan Contributions - reflects the Association's annual contribution to the employee program.

Payroll Taxes - reflects the Association's contribution to social security taxes and the cost of Kentucky and federal unemployment taxes.

Reserve Fund Expense – the contribution to the Reserve Fund.

- **MOTION:** The committee moves that the 2016 KENTUCKY DENTAL ASSOCIATION GENERAL FUND REVENUE AND EXPENSE BUDGET be approved and sent to the 2015 House of Delegates with a recommendation to adopt.

**ACTION: ADOPTED**

- **MOTION:** The Budget and Finance Committee moved to reduce the contribution to the KDA retirement plan from 12% to 4%. Concurrently, Kentucky Dental Association employee salaries will be increased by 8%. The contribution and salary changes will begin January 1, 2015. The salary change does not apply to the Executive Director.

**ACTION: ADOPTED**

- **MOTION:** The Budget and Finance Committee moved that each employee receive a 1.5% raise in salary beginning January 1, 2015. This raise does not include the Executive Director.

**ACTION: ADOPTED**

- **MOTION:** Dr. John Roy moved to direct the Executive Director to complete a lease agreement with Star Ford at Oxmoor for a new vehicle. The vehicle will be a Ford Explorer. The lease will be for 24 months and the mileage allowance will be 39,035. The monthly payment will be \$330.93. The motion was seconded by Dr. Fred Howard.

**ACTION: ADOPTED**

- Dr. Logan reported on how we are doing in regards to our performance under the budget as of September 30, 2014. There are no areas of concern.

KENTUCKY DENTAL ASSOCIATION  
GENERAL FUND REVENUE & EXPENSE  
BUDGET PERFORMANCE REPORT  
For the Nine Months Ending September 30, 2014

	Year to Date Actual	Annual Budget
<b>REVENUES</b>		
<b>Budgeted Revenues</b>		
KDA dues	368,065.43	369,486.00
KDA Assessment	100,033.63	109,200.00
Annual Session net revenue	64,960.86	60,000.00
Interest Income	1,197.53	2,500.00
Rental Income-	44,716.12	55,000.00
Rental Income-LDS	4,588.00	4,588.00
ADABEI (ADA)	16,216.95	35,000.00
Officite	4,231.78	0.00
KDA Insurance Services	12,500.00	50,000.00
ADA Dues Rebates	228.49	0.00
Label Sales	520.00	0.00
Other Revenue	7,796.73	3,500.00
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Total Budgeted Revenue	625,055.52	689,274.00
Non-Budgeted Revenues		
Gain/Loss on Investments	20,909.00	0.00
Journal Fund Expenses	0.00	40,673.00
ADA Grants	7,443.79	0.00
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Total Non-Budgeted Revenue	28,352.79	40,673.00
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	\$	\$
<b>TOTAL REVENUE</b>	<b>653,408.31</b>	<b>729,947.00</b>
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	Year to Date Actual	Annual Budget
<b>EXPENSES</b>		
<b>Budgeted Expenses</b>		
<b>A. Fixed disbursements over which the HOD has no control but must have approval</b>		
Utilities & Maintenance:		
	\$	\$
Telephone	5,843.61	7,500.00
Gas, Electric & Water	17,734.87	20,000.00
RENT	63,471.96	84,630.00
Maintenance Expense	21,809.88	20,000.00
Janitorial Expenses	1,665.52	3,000.00
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Total Utilities & Maintenance	110,525.84	135,130.00
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Audit & Accounting Services	13,075.00	12,500.00
Attorney Fees	4,966.20	4,000.00
Insurance	8,934.55	12,500.00
Printing and Postage	2,695.16	3,000.00
Miscellaneous	43,779.37	500.00
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	\$	\$
<b>A. TOTAL</b>	<b>183,976.12</b>	<b>167,630.00</b>
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#### **B. Items Controlled by the House Of Delegates**

##### General Administrative Expenses:

	\$	\$
Equipment Maint & Rent	8,977.73	12,000.00
Technological Support	4,044.18	10,000.00
Membership Dues & Subs	500.00	750.00
Support Staff Expense	4,456.35	4,500.00
Office Supplies	5,346.65	5,000.00
KOHC Membership	500.00	0.00
Presidents Expense	1,718.37	5,000.00
1st Vice President's Expenses	1,547.09	2,000.00
Executive Board Expense	2,605.17	2,000.00
ADA Delegates Expense	9,642.39	30,000.00
Ex. Dir. Discretionary Expense	43.57	750.00
SMILE KY program expense	244.90	0.00
Auto Expense	3,476.81	3,000.00
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<b>Total Administrative Exp.</b>	<b>43,103.21</b>	<b>75,000.00</b>
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	Year to Date Actual	Annual Budget
<b>Council/Work Group Expenses:</b>		
Council on Ethics, Bylaws		
Council on Governmental Affairs		
Budget & Finance Committee		
Long Range Planning Committee		
Membership Steering Work Group	2,768.86	2,000.00
Telephone, Print & Postage	998.52	0.00
Work Group, Study Future Oral	0.00	1,000.00
New Dentists Committee	3,127.40	3,000.00
General Council Expense	0.00	250.00
UK-UL-KSDS Support	1,000.00	1,000.00
<b>Total Council/Committee/Work Group Steer</b>	<b>7,894.78</b>	<b>7,250.00</b>
	\$	\$
<b>B. TOTAL</b>	<b>50,997.99</b>	<b>82,250.00</b>

Year to Date	Annual
Actual	Budget

**C. Disbursements Annually Approved and Controlled by the House of Delegates**

	\$	\$
Executive Directors Expense	11,041.70	12,000.00
Secretary - Treasurer Expenses	1,387.07	5,000.00
Salaries-Executive Staff	198,286.60	360,706.00
Executive Staff Benefits	13,498.46	28,079.00
Retirement Plan Contributions	16,574.27	40,282.00
Retirement Medical Benefits	0.00	0.00
Personal Payroll Taxes	15,984.74	28,000.00

	\$	\$
<b>C. TOTAL</b>	<b>256,772.84</b>	<b>474,067.00</b>

	\$	\$
<b>Total Budgeted Expenses</b>	<b>491,746.95</b>	<b>723,947.00</b>

**D. Fund Contributions**

	\$	\$
Capital Expenditures	0.00	5,000.00

	\$	\$
<b>D. TOTAL</b>	<b>0.00</b>	<b>5,000.00</b>

**E. Non-budgeted Expenses**

	\$	\$
ADA Grant Expenses	11,817.33	0.00
Investment Fees	574.00	1,000.00

	\$	\$
<b>E. TOTAL</b>	<b>12,391.33</b>	<b>1,000.00</b>

	\$	\$
<b>TOTAL EXPENSES</b>	<b>504,138.28</b>	<b>729,947.00</b>

- Dr. Logan reviewed the Investment Account balances.

KENTUCKY DENTAL ASSOCIATION  
INVESTMENT ACCOUNT BALANCES  
SEPTEMBER 30, 2014

GENERAL FUND

General Cash Operations	126,563.58	
Stifel Nicolaus Money Market	20,785.86	
Stifel Managed Funds	<u>100,142.61</u>	
Total General Fund		247,492.05

CAPITAL PROJECTS FUND

Stifel Managed Funds	<u>38,876.21</u>	
Total Capital Projects Fund		38,876.21

JOURNAL FUND

Stifel Managed Funds	<u>128,152.83</u>	
Total Journal Fund		128,152.83

LEGISLATIVE FUND

Stifel Managed Funds	<u>87,071.12</u>	
Total Legislative Fund		87,071.12

RELIEF FUND

Stifel Managed Funds	<u>34,761.74</u>	
Total Relief Fund		34,761.74

RESERVE FUND

Stifel Managed Funds	<u>306,213.87</u>	
Total Reserve Fund		306,213.87

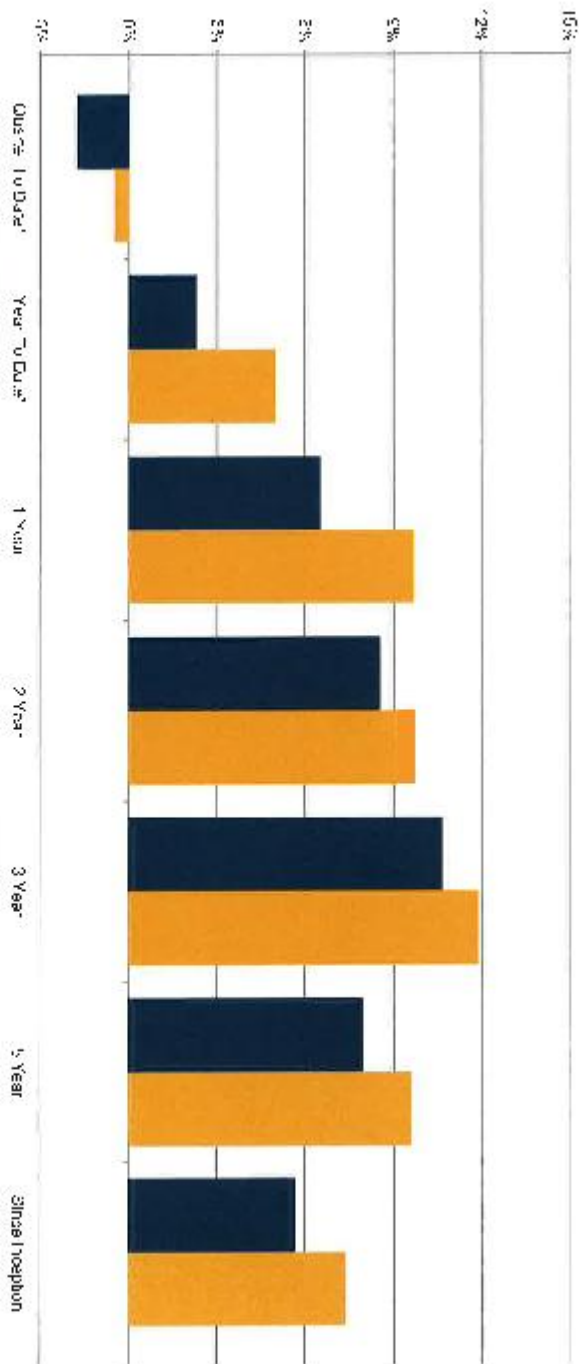
WILLIAM MARCUS RANDALL MEMORIAL FUND

Stifel Managed Funds	<u>41,703.67</u>	
Total William Marcus Randall Memorial Fund		41,703.67

Total Investments		<u>884,271.49</u>
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**Portfolio Performance (Annualized)**  
 Kentucky Dental Association (XXXX-6712) - Performance Period: 7/24/2000 to 6/30/2014  
 Mutual Fund Portfolio Moderate 2

**STIFEL**



	Quarter to Date <sup>1</sup>	Year to Date <sup>1</sup>	1 Year	2 Year	3 Year	5 Year	Since Inception
<b>XXXX-6712 - Mutual Fund Portfolio Moderate 2</b>	<b>-1.76%</b>	<b>2.29%</b>	<b>6.51%</b>	<b>8.55%</b>	<b>10.65%</b>	<b>7.97%</b>	<b>5.66%</b>
<b>Barclays Aggregate Bond 50/50 Fund 13000 40/60 MSCI EAFE 10/1</b>	<b>-0.4%</b>	<b>4.98%</b>	<b>5.60%</b>	<b>8.73%</b>	<b>11.88%</b>	<b>9.58%</b>	<b>7.36%</b>

<sup>1</sup> Performance data point measuring less than one year may not annualized.  
<sup>2</sup> See Disclosure page for a description of the Blended Benchmark.



7. **REPORT OF THE PRESIDENT. Dr. Garth Bobrowski** submitted the following report:

President's Address

Nov. 2014

We officially have a new Executive Director, Mr. Rick Whitehouse. After working on the contract and final consultation with our KDA attorney, the contract was signed at the ADA meeting in San Antonio. I personally want to welcome Rick to the KDA.

Rick has been soaking up information while attending meetings in the state and at the ADA meeting. His professional energy is refreshing to see. Rick attended several meetings and courses at the ADA and even went out on the exhibit floor and sat in on some of the "mini-courses" presented there. We even got our picture made in front of the US Capitol in Washington , DC for next year's ADA meeting. (We were teleported there like Capt. and Mr. Spock.) It was great that Rick got to meet all of the Kentucky delegation to the ADA meeting. We purposely took Rick around — introducing him to people, making those contacts that will prove beneficial in the future. Rick even sat in with the Delegates at the ADA House of Delegates in the Convention Hall.

At the ADA meeting it was reported that \$512,000 was collected there from donations to the ADPAC. It was reemphasized how important it is to learn the legislative paths and our legislative efforts have to be CONTINUALLY worked on.

Speaking legislatively, the South Central Dental Society has had two "Legislative Meet and Greets" during the month of Oct.: one in Somerset and one in Greensburg. What great learning events for us and our legislators! One surprising comment by one legislator was, "I have been a legislator for over 5 years and I have NEVER had a dentist talk to me. " Wow! Have we got some work to do! Now I am personally not much of a political person, but that doesn't mean we can't get out of our comfort zone and learn how to politically advance our profession.

Here are some ways that we can get involved: 1. donate to our ADPAC, KDPAC, (a donation can be set up to give on a monthly basis, if you don't want to give a lump sum); 2. let the KDA know if you personally know a legislator or one of their family members; 3. be a messenger from the KDA to present PAC MONEY to a specific legislator or legislative trust; 4. attend a legislative 'Meet and Greet'; 5. plan a legislative 'Meet and Greet'; 6. invite your legislator to your office to discuss dental related issues that affect your business or your ability to see your patients; 7. learn the talking points of the KDA issues; 8. help develop these talking points; 9. offer to attend a meeting where policy is being discussed; 9. learn the strengths of your politician and the legislative committees he/she serves on; 10. If you want more to do, call Rick or me.

I want to thank Dr. B.J. Millay and Libby Milligan, our KDA lobbyist in Frankfort, for helping South Central Dental Society for setting up our Legislative 'Meet and Greets'. I want to challenge each society to have a Legislative Day once a year. Dr. B. J. Millay, Libby or I will help you set it up and get you started. It is really easier than you think. I want to commend Ky. Mountain Dental Society because I was at a one of their monthly meetings and they had one of their legislators at that meeting.

Here are a few more things we learned from the legislators or comments they made: 1. if we have a problem, bring a plan and possible solutions; 2. they don't have time to look through every bill into every "nook and cranny" (so we need to know each bill backwards and forwards that affects us); 3. tell us (the legislators) what we need to do; 4. we, as dentists, need to be THE LOUD VOICE IN THE ROOM—BE VOCAL AND BE ORGANIZED; 5. meet with new legislators immediately; 6. simplify our message —be brief, and highlight our main points; 7. build trust with our legislators—do not "burn me" with bad information; 8. we are doing the right thing by having these planning sessions (meet and greets).

Now, for a Medicaid update. As I reported earlier, our Medicaid workgroup met with Sec. Audrey Haines, Commissioner Larry Kissner and other policy makers in July in Frankfort. We tried to let them know many of the problems that we as practitioners are having on a day to day basis in the operations of our dental practices. We gathered information from other practitioners. But what made our meeting different from other Medicaid provider groups was that we offered some solutions. Sec. Audrey Haines invited us back to meet with her and her staff in October. Our Medicaid workgroup was well attended. In one of her first statements she thanked us for taking the time to visit with her and bringing this information to their attention. She then said, "They really want to be accommodating to us and our profession". A few take-aways from this meeting was that she wants us to continue to provide input to them by forming smaller groups to work on more details on handling the day-to-day paperwork, credentialing, enrollment, business plans, and the last thing that kinda surprised me was: she asked us to work with our legislators on providing funding for their programs. The legislators cut \$30,000,000 from the Medicaid budget, which the Feds match with \$70,000,000 so the state is out \$100,000,000. So here we go again, we have to be the LOUD VOICE IN THE ROOM legislatively. If the state is going to have or offer these programs, they have to be properly funded, or, in my opinion, don't have the program if you can't do it correctly. The new Managed Care Organization (MCO) contracts are up June 30, 2015. We are under the gun to get things done and we have a great opportunity for offering input to Sec. Haynes and her staff. The contracts have to be given to the MCO's 90 days before June 30, 2015. So we basically have Nov., Dec. 2014, and Jan. 2015 to get a report back to her and I think there are one or two Holidays in there somewhere. We need some help. Please call me or email me or members of our Medicaid work group with ideas for solutions.

As our editor Dr. John Thompson says, "Things are moving fast". Well, as you can see from above, things are moving "Faster than fast". On Dec. 2, 2014 there is a meeting of the Dental Quality Alliance associated with the Governor's Association Policy Academy. Do you know what is one of the topics? Dental Workforce Policy and the Future of Dentistry. Do you think we need to be at that meeting.....Well, Yes. We were at the Bluegrass Dental Society meeting the other night and our KDA Lobbyists told the group, "We either need to be at the table or we will be on the menu. " Like I said before, we need your help. We need interested dentists to go to meetings like this. We do plan to have representation at this meeting.

At our last KDA Exec. Board meeting on Nov. 1, 2014 Ms. Veronica Cecil, from the Medicaid Program Integrity Dept. made a great presentation to the board. I want to think that some of the work and solutions that our Medicaid Workgroup has done is paying off now. She reported that they are diligently working on improving how dentists get enrolled to be a Medicaid provider. She reported that they want to "make it easier on the dentists". Hopefully by March 2015 they will have a Provider Portal for online enrollment along with online areas to do our maintenance documents like the Federally/State mandated ADO form (Annual Disclosure of Ownership). The new forms are ONLY 14 pages long instead of 80 pages. The AFFORDABLE CARE ACT is the entity that

requires the revalidation every 5 years. So if you are a Medicaid Provider, you have State Laws and Forms and Federal Laws and Forms to complete.

Please stay in touch. Oh, I have to tell you! Rick Whitehouse didn't even know he came up with a great catch phrase when he was talking with the Bluegrass Dental Society. The sharp mind that I have and the fact that I was listening to his comments proved to be valuable. HAHA. He was rambling on ... You know how EXECUTIVE DIRECTORS are, and he was talking about how valuable membership is. He said, "We, the KDA, is only as strong as our membership." He was talking about plans he has for member value. Then in one of his long sentences he said, "Dues Do Something"! What a great Catch Phrase for us! DUES DO SOMETHING! Our dues do work for us in all kinds of ways. Our Scientific Chair for the KDA Spring Meeting, Dr. B.J. Moorhead, and that committee will soon present some ideas on member value for recent graduates. So watch your KDA Today Journal.

Respectfully submitted  
Dr. Garth Bobrowski  
KDA President

**8. REPORT OF THE FIRST VICE PRESIDENT. Dr. Dennis Price** submitted the following report:

Having attended the 2014 ADA meeting in San Antonio as an Alternate Delegate from the KDA, I continue to be impressed that the most talked-about issue (across the country) in any group of dental leaders seems to be membership in our tripartite organization. There were some interesting numbers provided in the ADA Budget Report, besides the welcomed news that there will be no dues increase at the ADA level for the second year in a row. It was reported that there has been a decrease in ADA member market share from a high in 2006 of 71.8% to a 2013 number of 65.5%. In Kentucky, our number was reported earlier this year around 62%. The number of ADA member dentists (by years of graduation) were reported as : 1980's (31,000), 1990's (23,000), and 2000's (20,500). As 1980 dental school graduates begin to retire, ADA revenue may start to decline. So, from a budgetary standpoint, we must figure out a way to attract and engage the newer generation of dentists into our organization.

In her address to the House of Delegates in San Antonio, ADA Executive Director, Dr. Kathleen O'Loughlin described dental students and new dentists as "wise and very capable", and encouraged us to "trust new dentists and dental students with responsibility". She described the "millennial dentists" as much more diverse (with nearly 50% of all dental schools comprised of females) and a generation that is committed to things like volunteerism and technology. Only about 5% of new dentists are solo practitioners. Large group practices are now comprised of 35% new dentists. I could go on and on with statistics, but the bottom line (to me) is that we need to continue working hard to attract any and all dentists into the ADA, KDA, and our local societies.

Along those lines, I would like to report updates on two membership recruitment initiatives that were begun in 2014. First, as a follow up to the meetings which we conducted at the Annual Session in March with representatives of three Large Group Practices, we have recently had contact with leadership of the Mortenson Dental Group. In fact, Mr. Whitehouse and I are planning to meet with that group in November 2014, and hopefully "close the deal" by accepting most (if not all) of their employee-dentists as new members of the ADA, etc. We also plan to follow up with Heartland and Aspen Dental representatives to re-encourage their participation in our membership efforts for 2015. If any Board members or KDA members at-large have interest or potential influence with any of these groups, please make yourselves heard by contacting Mr. Rick Whitehouse or me.

The second membership recruitment effort, the First Annual ? Women Dentists Forum, held August 15, 2014, was considered a huge success. As a result of that, I have asked (and she has accepted) Dr. Beverly Largent to chair the Second Women Dentists Forum. She and Janet Mosely have already begun discussing plans for an August 14, 2015 meeting, and the new ADA President-Elect, Dr. Carol Summerhays (California) has already been offered a personal invitation to attend and she has tentatively accepted. Earlier planning and more publicity will hopefully make the 2015 event even more relevant and successful for women dentists in and around Kentucky!

Respectfully submitted, Dennis R. Price, DMD

**9. REPORT OF THE EXECUTIVE DIRECTOR. Mr. Richard Whitehouse** submitted the following report:

**MEMORANDUM**

TO: KDA Board Members

FROM: Richard A. Whitehouse, Executive Director

RE: Executive Director's Report

DATE: October 20, 2014

Attached, is the Executive Director's Report for activities during the month of October 2014. During my oral report to the KDA Executive Board at the November 1, 2014 meeting, I would request that board members also engage in brief discussion and possible action on the following items:

- Corporate Governance (information only)
- Strategic planning (possible action)
- Membership Steering Committee
  - Large group practices (information only)
  - Annual Component Board Leadership Conference (possible action)
  - Women's Conference 2.0 (possible action)
  - New Dentists Conference (possible action)
  - Student Initiatives (information only)
  - KDA-TV (information only)
- Advocacy Initiative (information only)
  - Non-covered services
  - Dentist "ratings" by insurance companies
  - Medicaid

## Executive Directors' Report 10.20.2014

### Activities

- I participated in two staff meetings since coming on board. I plan to continue the practice of regular weekly group meetings with staff.
- Staff and I participated in a day and a half of training regarding the ADA Aptify software that will be deployed in our office in November. Staff additionally spent three days in D.C. for more extensive training.
- I engaged in several opportunities to gain insight into the day-to-day function of a dental practice by spending time with dentists in a variety of practice settings. So far, I have visited Dr. Garth Bobrowski (Greensburg/10.2), Dr. Chad Street (Pikeville/10.15), and Dr. Beverly Largent (Paducah/10.28).
- I attended legislative receptions for the South Central Dental Society in Somerset (10.16) and in Greensburg (10.30).
- My wife and I along with Dr. Price and his wife attended the Doctor's Ball in Louisville as guests of McCarthy Strategic Solutions (10.18).
- Dr. Thompson and I had meetings with our lobbyists at McCarthy Strategic Solutions LLC. The first meeting was during a regular conference call (10.6). Later, we had a breakfast meeting to meet the team in-person (10.16). Most recently, I toured their office in Frankfort as part of a meeting with the KDA Medicaid Workgroup (10.22).
- The ADA Meeting was conducted in San Antonio and I attended four days of meetings and events with board members (10.10 thru 10.13). I met with colleagues from the Sixth District and around the country. I also met key staff members and leaders of the ADA. The experience gave me greater depth and context in my understanding of the practice and politics of dentistry as we wrestle with change in the dental business model and challenges in the ability of dentists to deal with judicial, legislative, and bureaucratic issues regarding the profession.
- I attended a meeting with KY Cabinet for Health & Family Services Secretary Haynes as part of a delegation with the KDA Medicaid Workgroup (Dr. Thompson, Dr. Bobrowski, Dr. Mullins, Dr. Riley, and Dr. Caudill) (10.22).
- I participated in a conference call regarding the KDA budget (10.22)
- I met with David Beyer of the Kentucky Board of Dentistry (10.27).
- I attended the Kentucky Society of Association Executives Leadership Conference in Frankfort (10.30).

Respectfully submitted,  
Richard A. Whitehouse, KDA Executive Director

**10. REPORT OF THE UNIVERSITY OF KENTUCKY COLLEGE OF DENTISTRY. Dr. Greg Zeller**  
submitted the following report:

**KDA Update  
University of Kentucky College of Dentistry  
October 2014**

Finance and Administration

Human Resources

A new Performance Evaluation system debuted in December 2013. Performance evaluations were done online for the first time for the college in January. There were four (4) training sessions offered on the new system by the college and six (6) open labs for staff and faculty to come in and work hands-on in the new system.

In June 2014 a new online employment system for the University was launched

UKCD had 84 hires and 79 separations in the 13-14 fiscal year

UKCD will be focusing on work-life balance and team building for staff in 2014.

Facilities

A new Employee Portal system was implemented at the start of the fiscal year 2014-15 which has greatly improved efficiency in maintenance management and documentation. Through this system, we have resolved nearly 90 maintenance/facilities related requests for Faculty and Staff. This system also provides us with a new COD Key Inventory System to better manage key holder tracking and total inventory.

Facilities is coordinating and overseeing the installation of nearly 250 Bien Air electric hand piece conversion kits for every clinical and training cubicle in the College.

Thus far, Facilities has overseen nearly a dozen renovation projects in both Faculty & Staff offices and patient service areas to improve daily operations and aesthetics.

Billings and Collections

FY2014 Key Financial Statistics

Gross Charges and Billings:

Gross Charges were \$19,869,656, which represents a 3% increase over prior year.

Payer Mix changed from FY2013 as follows:

Commercial: -.1% (29%)

Medicaid: 1.65% (27%)

Medicare: .13% (4%)

UKDC: -.01% (17%)

Uninsured:-1.67% (23%)

Count of claims submitted (125,591) was up 5% over prior year with the split between dental vs. medical claims being 89% vs. 11%. 91% of claims submitted were submitted EDI vs. paper.

Collections and Accounts Receivable:

UKCD collected 96.86% of Net Revenue. Collections were \$13,421,322 which represents a 2.4% increase over prior year.

Days in A/R at 06/30/14 were 41.47, which is a reduction of 4.09 days from 06/30/13. The Days in A/R average throughout FY2014 was 39.30 days compared to 42.84 days the prior year.

Accounts Receivable at 06/30/14 was \$2,257,265, which is a reduction of \$149,026 from 06/30/13 (6%).

UK College of Dentistry Continuing Education News:

The University of Kentucky College of Dentistry recently conducted an all-day continuing education program in Erlanger, Kentucky on Friday, September 19, 2014. The all day program on "Points on Piercing: Oral and Systemic Health

Considerations of Orofacial Piercings and Mugs and Drugs: A Look at Today-s Counter Culture Trends”, was presented by Betsy Reynolds, RDH, MS, a nationally known hygienist. The program was well received and there were 70 dental professionals in attendance.

In addition, the University of Kentucky College of Dentistry scheduled an all-day continuing dental education program in Huntington, West Virginia on October 10, 2014. The all day program on “A Tour of Forensic Dentistry: An Introduction to the Fascinating World of Dentistry and the Law” is being presented by Dr. Frank Wright. Dr. Frank Wright is a graduate of the University of Kentucky College of Dentistry. There were 94 dental participants in attendance and the program was well received.

#### Future Programs

UK College of Dentistry is sponsoring an all-day continuing education program, “Stats, Facts, Myths and Downright Lies: Answering Patient’s Questions About Their Health and What’s Bugging Your Patients – An Overview of Infectious Diseases of the Mouth” in Lexington, Kentucky on November 7, 2014 featuring JoAnn R. Gurenlian, RDH, PhD , a nationally known hygienist.

UK College of Dentistry is jointly sponsoring an all-day continuing education program with the Blue Grass Dental Society, “A Day With Terry Donovan: Practical Pearls for Clinical Use” in Lexington, Kentucky on November 21, 2014 featuring Terry E. Donovan, DDS.

#### Alumni Affairs

On August 16, we held the Annual UKCD Alumni Association Golf Tournament for Alumni and Friends. In the past, this event was held in June but we felt moving it to late summer would help attendance. We had 6 more teams play in the tournament at the University Club.

The 3<sup>rd</sup> Annual John Mink Legacy Conference was held on August 23. Dr. Dennis McTigue, from the Ohio State University College of Dentistry, was the speaker.

We held the 38<sup>th</sup> Annual Fall Symposium and Alumni Weekend October 2-4. The weekend included a Welcome Reception on Thursday night; a continuing education course with Dr. George Kushner, Keeneland, and a reception and dinner on Friday; and our weekend concluded with a tailgate and football game on Saturday, where the UK football team defeated the University of South Carolina. During the weekend, 4<sup>th</sup> year dental student, Grant Heward, received the UKCD Alumni Association Scholarship, Dr. Rob Kovarik (’82) received the Dean’s Award and Dr. Raynor Mullins (’68) received the Distinguished Alumni of the Year Award.

A new UKCD Alumni Association Executive Board was voted in at the Symposium. They are: Dr. Michael Day (’03) president; Dr. Louis Beto (’81) vice president; Dr. Adam Thompson (’04) secretary; and Dr. Cliff Lowdenback (’03) treasurer.

On October 11 we held a reception together with the University of Louisville School of Dentistry for alumni and friends at the ADA meeting in San Antonio.

Upcoming events and activities include:

Reception honoring Dr. Carrie Brown ’80, who was installed as the president of the National Dental Association – December 5, 2014

Bourbon and Beer Tasting and Silent Auction benefiting the UKCD Alumni Association Scholarship – February 6, 2015

Alumni Reception at the KDA – March 6, 2015



## Alumni Reception at the Hinman – March 27, 2015

### Development:

On October 4, 2014, a celebration was held for the donors who made possible the renovation of the UKCD Simulation, Ceramics and Wet Labs. Plaques that recognized their contributions were unveiled. Two grant applications were submitted in support of dental outreach program.

The number of sponsorships for the UKCD Alumni Association Golf Tournament was increased this year to a total of 19.

The Development Director made visits to alumni in Lexington, Bowling Green, Nashville and San Antonio.

### Student Affairs:

#### Admissions Status:

Our admissions cycle is well underway, we will again plan for 40 Kentucky and 25 Non-Residents for the incoming class.

#### Student Updates:

The AAWD Fall Fashion Show “Strut your Smile” was held October 18th, 2014 10:30 am – 2:30 pm University of Kentucky’s Grand Ballroom in the Student Center. Funds raised support oral health care for individuals staying at Greenhouse17, the domestic violence shelter in Lexington.

The UKCD White Coat Ceremony was held Friday, September 19<sup>th</sup> to welcome our new first year student dentists into the profession.

11. **REPORT OF THE UNIVERSITY OF LOUISVILLE SCHOOL OF DENTISTRY. Dr. John Sauk**  
submitted the following report:

**Executive Board Kentucky Dental Association  
November 2014**

**Continuing Education Report (Dr. Daniel Fadel)**

Alumni Day Friday September 19, 2014 was held at Shelby Campus. The speaker was Dr. Dean Morton BDE. 160 people and 29 vendors registered to attend Alumni Day on September 19, 2014 at Shelby Campus.

Discussions remain in progress for “On-Line” Courses/Lectures through ULSDCE-need to confirm that it is and Payment Card Industry (PCI) compliant with ULSD.

***“ Clause #1: Software Payment Application Provider, Gateways***

*Contractor represents and warrants that the software and services used for processing transactions shall be compliant with all applicable laws and regulations and the standards established by the PCI Security Standards Council (<https://www.pcisecuritystandards.org/index.shtml>) and such other standards reasonably established by the University. **Contractor must provide proof of compliance at the signing of contract or agreement, by submitting a compliance document such as a PCI DSS Attestation of Compliance or another similar compliance document.** Contractor shall maintain PCI compliance as stated above throughout the life of the established contract/agreement and promptly notify the University of any Non-compliance Issues as required. Furthermore contractor agrees, as needed, to assist University in determining the extent and/or the nature of the loss of credit card or identity information, should University need to notify customers and/or the processor entity of such loss of credit card or identity information. Contractor shall promptly provide notice to the University of any Non-compliance or breach of this term and shall undertake immediate remediation of such.”*

Preparations continue for the ULSD/UKCD co-sponsored Southern Conference of Dental Deans and Examiners meeting to be held in January, 2015.

A Joint effort was established between Alumni Affairs and CE with Alaskan Cruise in June 2015.

**Community Services Report (Dr. Lee Mayer)**

Smile Kentucky screenings begin this month for the treatment day is February 6, 2015. Jefferson County Public Schools are not participating this year. The annual oral cancer screenings at the Kentucky State Fair continued this year as a LASDA/Kentucky Cancer. The DMD students have completed their extramural clinical rotations. State support for AHEC program has been cut by 30%. The HSC Cultural Competency Symposium will be held on November 4, 2014.

**Public Relations/Marketing Report-Julie Heflin**

Thank you to everyone who attended the Mortenson gift press conference. The next edition of *InciDentals* will be published in October.

Dr. William Scarfe’s “Image Gently” campaign which deals with children’s radiology was received lauded by many.

## **Student Admission/Affairs (Ms. Dianne Foster)**

Student Affairs/Student Admissions quarterly report-The 2014-2015 AADSAS application cycle is in full swing with ULSD receiving over 2,980 so far. The DMD ULEAD program continues to be a good program with great students participating. Twelve members of the ULEAD Class of 2022 began their fall semester here at UofL. Barbara Dagnan has been advising student who are finalists for the National Health Services Corps to explain the billing and awarding process. Four students have reported that they were awarded one of these scholarships and six D1 students received military scholarships.

## **Student National Dental Association ULSD chapter wins again...1st place scrapbook at the National Conference in New Orleans! Hispanic Student Dental Association is thriving!**

Recently the HDA granted the Colgate-Palmolive National Advisor of the year Award to Dr. Ricardo Caicedo during the 2014 Annual Convention at The Cosmopolitan of Las Vegas, NV (August 21-24), for his contribution with the UofL HSDA chapter since its foundation. The UofL Chapter of HSDA also won the Crest-Oral-B sponsored ORGULLO 2014 award for their dental education video and community service outreach programs throughout the year. The competition was among 20 other schools.

It is clear that UofL Chapter of the Hispanic Student Dental Association has served as a great resource for the dental school and its students, as well as the Hispanic community in Louisville. Its membership grew from less than 10 members in the 2012-2013 year to nearly 40 active members in the 2013-2014 year. This school year they are looking at 80 chapter members already, with a promise to grow even more since it has created a presence within the school.



Dr. Ricardo Caicedo  
ULSD's Dr. Caicedo, Dr. Rozo,  
Paulette Andrade-Soto and Denise Ceron



**White Coat Ceremony:**

The 2014 White Coat Ceremony and reception was another huge success! Saturday, August 23 was the first formal recognition of our 120 DMD Class of 2018 doctoral students, 30 upper division dental hygiene Class of 2016 and 2 Advanced Standing Placement students who joined the D3 class last January. The reception held at the ULSD was well attended by the students, families and their guests following the ceremony. ULSD faculty provided information in the second floor clinic and simulation clinic of the many features of our facilities to new students and guests.

**Book in Common Event:**

The Book In Common Event was held on Wednesday, August 27, 2014 from 1:00 PM- 5:00 p.m. in Kornhauser Auditorium. 180 DMD/DH students participated in discussions centered around the book “This I Believe”. Dr. Baughman and a large committee of faculty and staff coordinated the event and President Ramsey opened the event with his “This I Believe” statement. The session, aimed at improving cultural competency, was engaging and interactive with participants from the School of Dentistry and many other parts of the HSC and Belknap campuses.

**Student Report**

LASDA representatives brainstormed with UCLA regarding their student convention and how they run it. ULSD’s student convention is scheduled for January 22, 2015 on the first floor of the CTR building with a vendor fair. Details will be communicated as they are finalized. The students requested having that date off if possible so they could attend the convention. ULSD won both the men’s and women’s flag football games against UKCD. A student engagement gift account will be opened to be in compliance with the University’s conflict of interest policy. As a result, the student Lunch and Learns will be also be revised to be compliant with University policies.

## **Dean's Report**

### **The 21<sup>st</sup> Century Initiative:**

Dr. Ramsey outlined some of the key recommendations that more than 300 faculty, staff and students developed through their participation on the 21<sup>st</sup> Century workgroup discussions. As Dr. Ramsey extolled us to do, we now need to begin the process of reviewing those recommendations and developing the tactical plans and prioritizations that will move the accepted ideas forward.

The strongest outcome from the committee discussions is a reaffirmation that our vision of becoming a premier metropolitan research university is the right one for us. You'll remember that we began with four committees, and those committees were formed from our identification of areas that needed to be strengthened if we were to keep moving forward. Those included setting academic and research priorities; developing strategies and budgeting systems that would ensure our financial health; working to create an inclusive culture of excellence; and looking at some key areas that affect the learning environment, including the growth of technology, the increasingly diverse and global world, the demographics of our students and the engagement role of a metropolitan university.

The groups looking at shared services models, the learning environment (technology, demographics, engagement and internationalization), the university's culture and student concerns were able to come up with very concrete plans and recommendations. So our discussion of those will be around specific recommendations coming forth from the committees.

Our task this year, however, will also include further discussion of areas where the committees have a good start but now really need the voices of the larger community to weigh in. Those two areas are the academic and research priorities, and the budget model.

The academic and research priorities group identified several key areas that weave through multiple schools -- in some cases all the schools -- and that meet crucial criteria including community need, student interest, existing excellence and potential partnerships. I've also asked all the deans to work with you to identify key areas of excellence within your schools, areas of multidisciplinary, collaborative interest, and emerging areas within the disciplines that we might want to explore. In early November, we'll bring all those ideas together and begin the process of deciding which have support and how we might choose which to move forward first.

Some areas that we've been building for years -- such as cancer and advanced manufacturing -- are already emerging as exemplars of what a multidisciplinary collaborative effort might look like. But, different from our early thinking on this, there is room for multiple initiatives, and I'm looking forward to exploring this area further.

The committee developing a new budget model did a lot of research and developed some principles of budgeting. But no clear model or recommendations emerged, and we need a new model that will help us withstand strains on our finances and better support our key initiatives and academic units. So we will need more discussion about this in the coming few weeks, also.

### **Policy on Visiting Students/Scholars:**

The policies on visiting students and scholars were refined to be compliant with HIPAA and infection control issues. Assistant University Counsel has reviewed and approved the documents

# UNIVERSITY OF LOUISVILLE SCHOOL OF DENTISTRY - VISITING STUDENTS/SCHOLARS POLICY

Rev. July 21, 2014

<b>VISITING STUDENT/SHADOWING OBSERVATION (no patient treatment)</b>	<b>VISITING STUDENT/EXTERNSHIP (patient treatment)</b>	<b>VISITING SCHOLAR (no patient treatment)</b>	<b>DENTAL FELLOW/VISITING SCHOLAR (patient treatment )</b>
<b>Who:</b> those applying for DMD Program/Dental Hygiene Program, and those interested in applying for a residency program	<b>Who:</b> dental students enrolled in ADA-accredited dental schools who have completed at least the first semester of the third or fourth year of dental school	<b>Who:</b> a dentist or faculty member from another academic or research institution that come to ULSD to pursue a course of research or teaching for a limited period of time	<b>Who:</b> a dentist who wants to further training as a non-degree seeking student and rotate through a specialty clinic, such as the ITI Scholar.
<b>Length of observation:</b> 1-2 days and no longer than one week	<b>Length of rotation:</b> determined by specific program director and student	<b>Length of visit:</b> determined by specific program director/chair and person requesting visit	<b>Length of visit:</b> determined by specific program director/chair and person requesting visit
<b>Involved in treatment of patients:</b> no, students may observe the patient treatment process, but they should never be allowed to actually participate in patient treatment	<b>Involved in treatment of patients:</b> yes, depending upon the specific program director's approval. The level of treatment activity, such as assisting, should be determined before permission for the rotation has been granted	<b>Involved in treatment of patients:</b> no, although they may interact in the patient treatment process, they should never be allowed to actually participate in patient treatment	<b>Involved in treatment of patients:</b> yes, depending upon the specific program director's approval. The level of treatment should be determined before permission for the rotation has been granted
<b>Process: for those interested in applying to the DMD/Dental Hygiene program:</b> <ul style="list-style-type: none"> <li>• Contact Office of Admissions</li> <li>• Sign the Release of Liability &amp; Confidentiality Agreement</li> <li>• Office of Student Affairs will maintain a record of those visiting the clinics</li> </ul> <b>For those interested in applying to a postgraduate program:</b> <ul style="list-style-type: none"> <li>• Contact specific program director</li> <li>• Complete a Visiting Student/Shadowing Observation Application                             <ul style="list-style-type: none"> <li>• Provide CV</li> </ul> </li> <li>• Sign the Release of Liability and Confidentiality Agreement</li> <li>• Provide proof of medical health insurance                             <ul style="list-style-type: none"> <li>• Office of Postgraduate Education will maintain a record of those visiting the clinics</li> </ul> </li> </ul>	<b>Process:</b> <ul style="list-style-type: none"> <li>• Contact the specific program director                             <ul style="list-style-type: none"> <li>• Complete a Visiting Student/Externship Application                                     <ul style="list-style-type: none"> <li>• Provide CV</li> </ul> </li> <li>• Provide evidence of meeting immunization requirements</li> <li>• Provide proof of malpractice insurance</li> </ul> </li> <li>• Provide proof of medical health insurance                             <ul style="list-style-type: none"> <li>• Copy of CPR Card</li> </ul> </li> <li>• Signed copy of the Release of Liability and Confidentiality Agreement                             <ul style="list-style-type: none"> <li>• Office of Postgraduate Education will maintain a record of those visiting the clinics</li> </ul> </li> </ul>	<b>Process:</b> <ul style="list-style-type: none"> <li>• Contact the specific chair/program director</li> <li>• Sign a Memorandum of Understanding for Visiting Scholars (no patient treatment)                             <ul style="list-style-type: none"> <li>• Provide CV</li> </ul> </li> <li>• Signed copy of the Release of Liability and Confidentiality Agreement</li> <li>• If axiUm access is required, visiting scholar must complete appropriate HIPAA training</li> <li>• Office of Postgraduate Education will maintain records of visiting scholars.</li> </ul>	<b>Process:</b> <ul style="list-style-type: none"> <li>• Contact specific program director</li> <li>• Provide same information as postgraduate student/resident (i.e., limited Kentucky dental license, immunizations, etc.)                             <ul style="list-style-type: none"> <li>• Office of Postgraduate Education will maintain records of visiting scholars</li> </ul> </li> </ul>

A signed copy of the Release of Liability and Confidentiality Agreement and an appropriate visiting student/scholar application, etc., when applicable, must be on file in the Office of Postgraduate Education before access to the clinics can be granted. If applicable, copies of immunizations and malpractice insurance will be given to the Compliance Office by the Office of Postgraduate Education. A copy of the Release of Liability and Confidentiality Agreement will also be given to the Compliance Office.

**12. REPORT OF THE DENTAL DIRECTOR, DEPARTMENT OF MEDICAID SERVICES. Dr Ken**

**Rich** submitted the following report:

Medicaid report

1). CDHC

Community Colleges in Eastern KY have been in conversation with the ADA regarding a Community Dental Health Coordinator. (CDHC). This individual, as defined, is a culturally competent, community health worker, with oral health skills. This model may include community outreach, teledentistry, oral health education, and preventive services.

It is suggested that the ADA be allowed to come to KY and present the pros and cons of this program to stakeholders. Possible Attendees would include. Educators, KDA, AGD, MCOs, Medicaid, Department of health

2). ADA is developing a credentialing warehouse for dentists

3) Veronica Cecil's presentation

13. **REPORT OF THE DENTAL DIRECTOR.** Dr. Julie McKee submitted the following report:

**Kentucky Dental Association Report**

*November 1, 2014*

*Update on Public Health Activities as Reported by Dr. Julie McKee*

**Community Fluoridation:**

*Ongoing:* In January of 2011, the federal Health and Human Services Secretary announced that federal regulations that recommend the optimal level of community water fluoridation are undergoing revision to lower the amount from a range of .8 to 1.4 parts per million (Kentucky water systems target and adjust systems for .9 to 1.0 parts per million) to a single concentration recommendation of .7 parts per million. After three and a half years, the final recommendations have still not been issued. Although HHS's target date for finalization was mid-June of 2011, nothing has been published yet CDC contacts shared a proposed finalization date of December, 2014. When and if this happens, Kentucky will change its regulations to reflect the new federal recommendations. Continued support by the Kentucky Dental Association is greatly appreciated and will be counted on when the new state regulations change for compliance with federal recommendations.

**Kentucky Oral Health Coalition:**

*Continuing:* The Kentucky Oral Health Coalition continues to look for more dentist members. (Translation: the *few* dentist members of the coalition are looking for *more* dentist members.) Interested dentists can log on to [www.kyoralhealthcoalition.org](http://www.kyoralhealthcoalition.org) for more information, including membership information. The Coalition's annual meeting was July 25<sup>th</sup> in Louisville. Currently, they are setting priorities for the coalition's work and through a DentaQuest Foundation grant, and are developing a strategic plan for oral health literacy. They have granted several Early Childcare Councils funds to bring "Train-the-Trainer" sessions to the recipients to improve interaction with parents that will result in higher oral health literacy—thus making better decisions for their children. Access to Medicaid-participating dentists remains a focus of their work. They have heavily supported the work to establish the public health dental hygienist programs.

**Kentucky Public Health Dental Hygiene Program:**

Through the Budget Bill (HB 235) passed in the 2014 Regular Session of the General Assembly, through a competitive application process, five dental hygiene programs were established under the new sections of KRS 313.040 and associated regulations. Jessamine County (also serving Mercer County), Lawrence County (also serving Martin County), Lincoln Trail District Health Department, Pike County and Purchase District Health Department (also serving Calloway and Graves County) were awarded funds to establish a dental hygiene program under the laws of the Board of Dentistry and the protocols of the Department for Public Health. Many of them are up and running and all will be in full implementation by January of 2015. For the next fiscal year (ending June 30, 2016), five more health departments will be awarded funds to expand the footprint of the public health registered dental hygienist program. The Kentucky Department for Public Health has worked with the MCOs and the DBAs to secure a stream of funding for their services to add to their sustainability beyond the life of the start-up funding.

**Teledentistry:**

The Department for Public Health as well as the Department for Medicaid Services is working to implement more Telehealth services throughout the state and this includes 'teledentistry.' It is an emerging focus at this point, but work is being done to expand dental services through remote methods that will increase access to care as well as reduce the time that it takes from discovering a problem to taking care of that problem.

**Dental Presentations in Hospitals' Emergency Departments:**

Part of Public Health Commissioner Stephanie Mayfield's direction from the Governor's Office is to reduce the number of inappropriate cases in Kentucky hospitals' emergency departments. Out of that focus was developed the ED SuperUtilizers Project. It brings multi-disciplinary partners together to look at the types of utilization found in emergency rooms across the state and how to work through these partners to reduce them. Although the focus is on examining those Medicaid patients that present to EDs from ten to over 120 times a year, there is also an interest in reducing the dental presentations to the hospitals because of the limited services an emergency room physician can provide for non-traumatic dental problems. The KDA is also



working on this issue through Dr. Bob Henry's committee; I look forward to being a part of it. Data for dental problems in the ED are sketchy and hard to pin down, not only in Kentucky, but across the U.S. as well. The Association of State and Territorial Dental Directors has applied for a grant to collect currently available data, determine the best practices of such data (and its collection) and develop a tool that all states and data collection agencies can use to have a standardized and sustained data base when looking at how to address this issue.

**KyHealthNow:**

KyHealthNow is an initiative of the Beshear Administration to improve general health status of all Kentuckians. Efforts are underway to address each over time including improvement in oral health. See excerpt below from the kyhealthnow.ky.gov website: <http://governor.ky.gov/healthierky/kyhealthnow/pages/default.aspx>

**Goal: Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.**

Kentucky's dental problems have long been a source of ridicule, and have real and detrimental impacts on schoolchildren, the workforce and families. In fact, Kentucky ranks 41st in annual dental visits, 45th in the percentage of children with untreated dental decay (34.6%), and 47th in the percentage of adults 65+ missing 6 or more teeth (52.1%). Gov. Beshear proposes to tackle this problem with a number of strategies, including:

- Increase pediatric dental visits by 25% by the end of 2015.
- Partner with Managed Care Organizations to encourage increased utilization of dental services.
- Create public-private partnerships to increase to 75% the proportion of students in grades 1-5 receiving twice yearly dental fluoride varnish application.
- Increase by 25% the proportion of adults receiving fluoride varnish during an annual dental visit.
- Increase by 25% the percentage of adults receiving medically indicated dental preventive and restorative services, including fillings and root canals, in accordance with evidence-based practices.
- Partner with stakeholders to increase the number of dental practitioners in Kentucky by 25%.

The KDA has been an active partner in addressing these objectives. The oral health objectives involve multiple agencies and partners including government and non-government entities. As such, the CHFS Office of Health Policy is serving as coordinator.

I welcome comments and questions before and during the upcoming meeting. Thank you for the opportunity to have a seat at this table.

Respectfully submitted,

Julie Watts McKee, DMD  
State Dental Director

## **Public Health Hygienist Standardized Protocols**

A dental hygienist licensed by the Board of Dentistry may practice as a public health hygienist and provide dental hygiene services in accordance with KRS 313.040(8) and 201 KAR 8:562, Section 15. All services rendered by a public health hygienist must be provided as part of a dental health program operated through the Department of Public Health or a governing board of health. In accordance with 201 KAR 8:652 Section 15 (5), a public health hygienist shall perform dental hygiene services only under the supervision of the governing board of health.

Pursuant to KRS 313.040(8)(c), a public health hygienist is permitted only to perform services that are contained within the scope of practice of dental hygiene as defined by the Dental Practice Act, KRS Chapter 313 et seq., as well as by the administrative regulations promulgated by the Board of Dentistry under the authority granted to it pursuant to KRS 313.021 and in accordance with KRS Chapter 13A. Therefore, any dental hygiene practice protocols adopted by the Department of Public Health or individual health departments that are in conflict with the provisions of the Dental Practice Act, KRS Chapter 313 et seq., or the administrative regulations promulgated by the Board of Dentistry are null and void.

Pursuant to 201 KAR 8:562, Section 15(4), a dental hygienist registered as a public health hygienist is permitted to practice only at local health departments, in public or private educational institutions that have an affiliation agreement with the health department of jurisdiction, under a mobile and portable dental health program under contract with a governing board of health, and at a public or private institution under the jurisdiction of a federal, state, or local agency. Furthermore, and in accordance with 201 KAR 8:562, Section 15(5)(b), a public health hygienist may only perform preventative services and may only treat patients classified as ASA I or ASA II.

In rendering preventative services, a public health hygienist must act in accordance with the Dental Practice Act, KRS Chapter 313 et seq., as well as with the administrative regulations promulgated by the Board of Dentistry. Finally, and pursuant to 201 KAR 8:562, Section 15(c), a public health hygienist is required to obtain the informed consent of every patient, which shall include:

- (1) the name of the public health entity, including the name of the dentist, that assumes responsibility and control of the patient;
- (2) an inquiry into the patient's current dentist; and
- (3) a statement that services are provided by a dental hygienist without the direct supervision of a dentist.

14. **REPORT OF THE COUNCIL ON MEMBERSHIP.** Dr. B. J. Moorhead reported on behalf of Dr. Jonathan Rich.

Membership report November 1, 2014:

Projects completed to date since last report:

New Dentist Outing at the Cincinnati Reds.  
Students attending Local society meetings.  
A VERY successful women's conference.  
Dr. Thompson has spoken to dental students  
Continued interest from large group practices to join  
Excellent write up in the KDA showing member value  
New Dentists attended the New Dentist Conference in Kansas

Future Projects:  
KDA new dentist social  
Local society socials  
programs at schools  
Student Signing Day

Opportunities to help promote membership:

MPG grants are being written for New Dentists and Students by Dr. Willoughby. Dr. Morehead sent out an e-mail requesting some other programs be submitted.  
Continued transition of graduated students to members  
Continued work with Large Group Practice  
Continued emphasis of membership value

While this is not probably a complete listing it is a good start. I would like to thank everyone who has helped promote and improve our membership.

Respectfully submitted,

Dr. Jonathan Rich, Chair

15. **REPORT OF THE COMMITTEE ON THE NEW DENTIST.** Dr. B. J. Moorhead reported on behalf of Chairman Dr. Lindsey Lonneman.

New Dentist Committee Executive Board Report  
October 2014

- Northern Kentucky social event at the Cincinnati Reds game on September 5<sup>th</sup> drew 30 attendees, including one nonmember who is interested in joining as well as two new dentists who are new to Kentucky.
- Grant money helped to sponsor over 40 fourth year female students in attendance at the Women's Forum in Louisville.
- Grant money also sponsored 2 students to attend a Bluegrass Dental Society meeting.
- Secured student liaisons at both UKCD and ULSD to help relay information and increase presence of KDA.
- Currently working on 11 graduates from the class of 2013 who did not renew membership this year with a goal to have them join back in 2015.
- Putting together an FAQ sheet to be posted on the New Dentist section of KDA website as well as Facebook regarding membership renewals, dues, etc. for the upcoming 2015 dues statements.
- Looking forward to some component society social events and the statewide event after the KDA Annual Meeting!

16. **REPORT OF THE COUNCIL ON GOVERNMENTAL AFFAIRS.** Dr. BJ Moorhead submitted the following report:

**Council on Governmental Affairs Report  
To the KDA Executive Board**

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October 2014

At our August Executive Board meeting, the Council on Governmental Affairs was charged with disseminating information to our members regarding the Board of Dentistry's updated Delegated Duties list. A Capwiz email was sent on 9/25/14 with a PDF copy of the KBD **delegated duties list**, plus the following information:

*Earlier this year, the Kentucky Board of Dentistry made changes to the delegated duties list. The original delegated duties list was created to help employees of the Board of Dentistry answer questions quickly when providers contacted them with questions. With changes in technology, though, the Board found that it was cumbersome to continually revise the list, since each time it involved a lengthy process with the regulation process.*

*The new delegated duties list, listed below in this email, no longer contains lists of items that are or are not allowed. Instead, it provides references to regulations that define areas that only a dentist or dental hygienist can perform, and also outlines areas that dental assistants are permitted to perform with additional training &/or certification. Mr. David Beyer, Executive Director of the Board of Dentistry, stressed that it is essential that a dentist thoroughly understand the duties that are restricted to dentists or dental hygienists. By understanding these defined duties, the dentist can interpret duties that may be delegated to auxiliary staff when new technologies become available. Most importantly, it is critical to understand that the responsibility for interpreting these guidelines falls squarely on the dentist.*

The Council on Governmental Affairs was also charged with monitoring developments on the scope of **utilization of the dental public health hygienists**. I have been in contact with Dr. Julie McKee on two occasions since the August meeting. Since the dentists that are monitoring the new public health hygienists are just getting started, Dr. McKee recommended I delay speaking with them for a few more months, to give them time as they lay out their protocols and evaluate their first results.

At the ADA Annual meeting, I was able to speak personally with a number of State Executive Directors and Presidents to gather information about **Non-Covered Service (NCS)** bills, and also about their utilization of ADA MPG (Membership Program for Growth) grants.

In order to pass legislation, most states have adopted "NCOIL" language. That language was developed by the National Coalition Of Insurance Legislators, and contains wording that allow insurance companies to still dictate that fee participating dentists can charge their patients for many services that are not actually covered. (Example – must accept their fee schedule during waiting periods before insurance goes into effect.) In 2013 when we were unsuccessful at passing legislation that would have defined a "covered service," our KDA officers unanimously agreed that we would not compromise and accept the NCOIL language in order to get the bill passed.

The most effective NCS legislation to date is in Iowa. The Iowa Dental Association spent around \$50,000 in legal fees to take their bill to the state supreme court. Their ED, Larry Carl, said that every insurance company in Iowa is honoring it except Delta Dental. Delta of Iowa's EOBs are written ignoring the law except for an added note that says the dentist "has the right to charge you a higher fee." IDA has already set aside an additional \$10,000 to fight this additional battle.

In states that passed legislation with the NCOIL language, insurance companies are honoring it, and Departments of Insurance (DOI) are enforcing it, but the ED for North Carolina stated “it hasn’t helped a lot.”

In speaking with this group about NCS, I was also made aware of another trend with dental insurance companies that we should be monitoring. Several states, including Colorado and Pennsylvania, reported that insurance portability is beginning to be a problem. Especially in Colorado, most PPO networks are all becoming closed panel. If a patient selects a dentist outside of their network, absolutely no dental benefits are available, even to be reimbursed to the patient. It would be wise for us to address this issue with our KDA lobbyists to take a proactive stance with our legislators.

One other issue that should be brought to the attention of the Executive Board was forwarded to me by Dr. John Thompson two weeks ago. CIGNA is creating a new program for their subscribers that rates dentists solely on the fees they charge – three stars for the lowest fees, one star for dentists with highest fees. The following information is copied from an email sent by the general counsel for the New York State Dental Association:

*Just had an excellent hour long conversation with Brant Campbell from the New York State Attorney General’s Office. All good news on the CIGNA issue. He agrees with our three points in the letter I sent him and said he will be contacting CIGNA within the week to request that they respond to these concerns and remove the idea of cost-effectiveness from their program. He also wants them to clarify what their Zip Code methodology will be and ensure that consumers are not given disparate information across geographic areas that lack comparability. He said to alert him if we have any indication that CIGNA is moving ahead with implementation of their plan before they respond to his requests of them. Of course, we were in agreement that a properly done, true price comparison would be unobjectionable, but he agreed that the current system proposed by CIGNA would appear to confuse and mislead consumers rather than help them. He also agreed that there is an antitrust concern that price transparency can raise and he wants to explore that idea more so that CIGNA doesn’t trigger a worse problem. Interestingly, he mentioned FairHealth out of the blue in that regard (they came up because they use a three digit Zip Code methodology and he wondered if CIGNA was trying to copy it somehow). He was familiar with the debate over whether price transparency is all it is cracked up to be, especially when done badly. He had another issue he wanted help with on whether we offered any victim compensation fund for patients who might be defrauded. I told him that we had a Peer Review program, an Ethics program, charitable care programs through our Foundation, and a program to help patients find member dentists who could care for them, but that we did not have a victim compensation’s fund like the lawyers did. He is going to ask more about that and see if we thought that might be a good idea. He’s got a case of an orthodontist who died and he is having trouble with the estate refunding monies collected up front for work not performed. He was hoping there might be other avenues to help the patients complete care. I so much prefer talking to that professional office instead of other state agencies.*

During the coming weekend (Saturday – Sunday, Oct. 25-26), RAM will be holding a clinic in Morehead, KY, without the help of UKCD, ULSD or Morehead State University. After the school facility (Rowan County Middle School) backed out, the clinic has been moved to a local church. Since the national RAM organization was pushing to conduct smaller clinics in Kentucky, we will be monitoring the results of this clinic.

Regarding the RAM clinics, you will recall that the KDA and both dental schools opted out of the Morehead RAM clinic because of concerns with professional liability insurance. Speaking personally, I recommend our Executive Board decide at the Nov. 1 meeting whether we will lobby for legislation, partnering with other

health care organizations, to pass a Good Samaritan act that avoids the flaws with the previous version, which was ruled unconstitutional by the Attorney General.

Respectfully submitted,  
B.J. Moorhead  
Chair

**17. REPORT OF THE TECHNICAL ADVISORY COMMITTEE TO KMAP. Dr Susie Riley submitted the following report:**

**KENTUCKY DENTAL TAC MEETING MINUTES  
Transportation Cabinet  
Mero Street  
Frankfort, Kentucky**

**September 24, 2014  
8:00 a.m. EST.**

The meeting of the Dental Technical Advisory Committee (TAC) was called to order by Dr. Susie Riley, Chair.

The TAC members in attendance: Dr. Susie Riley, Dr. Garth Bobrowski, Dr. Wayne Lose and Dr. Matt Akridge. Mr. Todd Edwards, representing the Interim Executive Director, Kentucky Dental Association.

Medicaid staff in attendance: Dr. Ken Rich, Ms. Carrie Anglin, Mr. Charles Douglass, Ms. Cindy Arlack, and Ms. Stephanie Bates. Dr. Julie McKee, State Dental Director, Kentucky Oral Health Program.

The Managed Care Organization (MCO) representatives in attendance were: Dr. Jerry Caudill and Ms. Emori Campbell with Avesis; Ms. Pat Russell with WellCare; Mr. Jason Trudeau with Passport; Ms. Lisa Sweeney and Mr. Craig Dalton with Scion Dental; Ms. Peg Patton with Anthem Kentucky; Ms. Christian Bowlin and Ms. Kim Howell with Humana – CareSource; Ms. Morgan Stumbo with MCNA; Mr. Russell Harper with CoventryCares. Also in attendance: Ms. Lisa Martin and Ms. Karen Ehalt with Commission for Children With Special Needs.

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A motion was made by Dr. Lose and seconded by Dr. Bobrowski to approve the meeting minutes of June 18, 2014, with the typographical errors noted by Dr. Bobrowski. Motion passed.

**NEW BUSINESS:**

**MEDICAID ROUNDTABLE:** There was a discussion of the Medicaid Roundtable held on July 28, 2014. Dr. Rich stated he felt it was a good meeting and there was good dialogue and that the next step would be for the Cabinet to come back with responses to provider suggestions. Dr. Bobrowski felt the providers conveyed the message of their willingness to work with the MCOs and DMS on developing policy and guidelines and at the same time trying to help dentists see patients. He noted that various groups may convene another meeting with Secretary Haynes in mid to late October. Dr. Rich will find out if this meeting will be open to any provider to attend and suggested that Dr. John Thompson of the KDA be asked this as well. Dr. Caudill stated there was discussion of the mobile and portable issue at the Roundtable meeting as well.

Dr. Bobrowski noted that Richard Whitehouse has accepted the position of Executive Director of the KDA, and Dr. Bobrowski will furnish Ms. Anglin his contact information.

**MEDICAID FORUMS:** Dr. Riley noted that there was very little dental participation in Region 3 or 31 and she attributed that to the lack of promotion and publicity. Dr. Rich noted he attended two forums and the dental participation was very light. Dr. Caudill attended seven of the eight forums, and in speaking with providers, he said they were unaware of these forums taking place.

**CREDENTIALING:** Dr. Riley stated that members of the KDA got an email blast stating there would be an extensive new application required for credentialing that's a CMS requirement and she had emailed Ms. Veronica Cecil inquiring about this but had not received a response. Dr. Rich said there will be a response from Ms. Cecil but that the information that went out is not accurate, and Ms. Cecil is making corrections and getting better information that will be disseminated.

Dr. Rich noted that DMS is on track to have a portal where credentialing can be done electronically and this may occur by the end of the year. Dr. Lose asked if this can be tied in with the CAQH. Dr. Rich stated that the MCOs can but the information that's on the CAQH is not necessarily the information that the State requires. He further noted that the ADA is in the process of trying to put together a state-specific CAQH lookalike.

**MCO'S/SUBCONTRACTORS:** Ms. Anglin stated that since these meetings are open to the public, it will not be necessary for attendees to leave the room. If the MCOs have proprietary information, it is to be forwarded to Dr. Riley.

**PASSPORT/AVESIS:** Mr. Trudeau noted that the Passport reports were not in the booklet that was distributed to the TAC, however, he did have copies of the reports to distribute. Dr. Riley asked about the success of the rollout and how oral surgeons are now being treated. Dr. Caudill stated that Passport is now expanding statewide due to the billing change concerning dental versus medical and more oral surgeons are signing on.

Dr. Riley asked if Passport has made a decision whether to send approval letters on EPSDT. Mr. Trudeau said he would follow up with this.

**HUMANA – CARESOURCE/MCNA:** Ms. Howell stated she has ordered detailed claims reports from IT and as soon as she receives them, she will forward them to the TAC. She did note that the other reports requested are contained in the booklet.



Dr. Lose and Dr. Akridge noted that there are some providers still listed on the Provider List who no longer are in the network. Ms. Howell stated she would look into this. Dr. McKee asked if CoventryCares only recognizes two types of dentists, and Ms. Howell will pull the number of NPIs that are participating and at the next TAC meeting will have a revised list.

Dr. Lose asked if the wisdom teeth issue was ever settled concerning prior authorization, and Dr. Riley asked if it was just third molars or any surgical extraction that needs to be prior- authorized. Ms. Stumbo stated that the Humana CareSource manual says that all surgical extractions when reported on primary teeth need to be preauthorized as well as the surgical extractions of third molars. Dr. Riley noted that the way it is currently being applied is across the board with a 7210 or above. Ms. Morgan will look into this and get back with the TAC.

Dr. Bobrowski discussed the paperwork involved with doing extractions and PA's, and Ms. Stumbo noted that their team is looking into this. Dr. Akridge noted that he is not a provider with Humana because of this issue. Dr. Riley asked if the provider manual does not say that every surgical extraction needs to be prior-authorized but only primary teeth and third molars, what is the provider's recourse other than to write an appeal. Ms. Howell stated she would get back with the TAC on this issue.

**ANTHEM/SCION:** Ms. Sweeney noted that all reports have been furnished to the TAC and that volumes have increased significantly from the first quarter to the second quarter. She reviewed the Powerpoint presentation in the booklet and explained the Claim Estimator which allows providers to know if a procedure will be paid for and what the payment will be before the procedure is rendered.

Mr. Dalton noted that at the last meeting, it was asked if Scion could query CAQH concerning the credentialing process. He stated all that is needed is the CAQH number and Scion can query the database and pull any information from there. Dr. Riley asked what the average turnaround time was for credentialing new providers and what other information is needed in order to expedite the credentialing package. Dr. Dalton stated that if everything is included in the CAQH outside of the Disclosure-of-Ownership information, that nothing else should be needed.

Dr. Lose asked about a new dentist who was trying to get signed up with Scion. The new dentist was on the web portal but he could not bill until certain forms were submitted. Mr. Dalton told Dr. Lose he would speak with him after the meeting to discuss this.

Ms. Patton disclosed that that effective January 1, 2015, Anthem's new dental vendor will be DentaQuest.

**COVENTRYCARES/AVESIS:** Dr. Caudill stated all the reports were provided in advance and he was available to answer any questions.

Dr. McKee asked about the data not being available on the percentage of pregnant women that receive a dental visit in a reported year. Mr. Harper noted that since this information is in two different systems, there was not enough time to pull this information together. Dr. McKee also asked about the percentage of Hospital Emergency Department presentations with a dental aspect. Dr. Caudill noted that he has put the ADA in touch with the Medical Directors and Dr. Langefeld to discuss how to integrate the two together. Dr. McKee asked about the significant jump in sealant services from the first to the second quarter, and Dr. Caudill noted that Avesis' mission is to increase sealant use across the state.

**General Discussion:** Dr. Riley asked about the quarterly reports that Dr. Sharpe was going to run to compare the ratio of extractions to restorative procedures. Dr. Caudill stated there is an explosion in extractions due to the Medicaid Expansion. Dr. Lose said the problem is that oral surgeons are either no longer taking Medicaid patients or are limiting their services to people under the age of 21. Dr. Caudill stated that part of the problem is due to the fee schedule and Avesis has gone to its partners with proposals on how to address this issue. Dr. Bobrowski noted that the KDA has sent a letter to DMS requesting a 25% increase in reimbursable fees across the board for all procedures.

Dr. Riley brought up the issue of credit card reimbursements. Dr. Caudill stated that the virtual credit card program provides a streamlined approach to the payment disbursement process and provides better security. He did note that the provider letter that went out could have been clearer in explaining the payment program. It was clarified that if a provider does not want to participate in the credit card reimbursement system, the provider can call a Provider Services' rep to opt out of the credit card payment.

**WELLCARE/AVESIS:** Dr. Caudill stated that the reports were provided in advance. Ms. Russell noted that the second quarter information did not appear on the reports in the booklet and she will supply this to the TAC.

Dr. Akridge stated that WellCare is the only MCO that requires multiple teeth to be impacted in order to get orthodontic approval. Dr. Caudill stated that the Kentucky Revised Statute reads teeth, not tooth, and Dr. Akridge wanted it noted in the minutes that he would prefer it say any impacted tooth in the mouth other than a third molar.

Dr. Bobrowski asked why fee reimbursements were reduced 17 to 22% for posterior composites. Ms. Russell said she did not have an answer but would get a response back to the TAC within seven to ten days. Dr. Bobrowski noted that on the grid, there were two categories of D0150 codes with different pay amounts. Dr. Caudill stated that was because the KAR does not address D0120, therefore, the D150 has to be submitted twice but the second one for each year will be paid at the 120 rate as a recall visit.

**OTHER GENERAL DISCUSSION:** Dr. Riley noted that the TAC had some reports from DMS but no one from DMS was present to address the reports. She requested that the TAC would like to have the utilization reports either by procedure code or by service type, and Ms. Anglin stated she has forwarded that request.

#### **ISSUES TO BE DISCUSSED:**

**NETWORK ADEQUACY:** Dr. Riley noted that this has been addressed by the MCOs.

**ORAL SURGEONS:** Dr. Riley noted that this has been discussed.

**NON-PAYMENT OF CLAIMS RELATED TO TAXONOMY:** Ms. Howell of CareSource stated that every provider enrolled with Medicaid needs to make sure the taxonomy on their claims is what is on file with DMS. She noted that CareSource will start administratively adjusting claims if there is a one-to-one match.

Ms. Howell informed the TAC that ADO's expire April of 2015 and NPI's expire October 30, 2014. Dr. Rich noted that there is most likely going to be legislation proposed to extend the time limit and he suggested that the KDA may want to advocate for this. Dr. Caudill stated that DMS approved a change form to allow providers to supply the information to Avesis who scrubs the information and then, in turn, sends it to DMS, and Ms. Howell stated that CareSource does this as well.

**NO SHOWS/FAILURES:** Dr. Rich stated the only places where there has been a reduction in this or any success has been areas where there is a community outreach person in place. Dr. McKee noted that the Department for Public Health and the Cabinet are applying for a State Plan Amendment to allow the State Plan to underwrite the services of a community healthcare worker that would include dental navigation.

Dr. Riley reported that her take-away from the MCO forums was that providers think that if MCOs now use gift cards to incentivize members to get their annual dental exams, they could also use the gift cards to motivate members to show up for a certain number of treatment appointments without fail. That incentive would improve healthy outcomes for members, decrease emergencies, and be a win/win for all.

A motion was made by Dr. Akridge and seconded by Dr. Lose to adjourn the meeting. No date was set for the next meeting.

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(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 8<sup>th</sup> day of October, 2014.

18. **UNFINISHED BUSINESS.** There was no unfinished business.

19. **NEW BUSINESS.**

- **MOTION: Dr Fred Howard** moved that the Executive Director work with Dr. Ken Rich to plan a program at the KDA Annual Session that focuses on the Community Dental Health Coordinator. Mr. Whitehouse is to report back to the Board electronically with his findings.

**ACTION: ADOPTED.**

- **MOTION: Dr Ansley Depp** moved that Membership Program for Growth grants, which were presented in the report of the Council on Governmental Affairs, be proposed to the ADA. The motion was seconded by **Dr. Garth Bobrowski**.

**ACTION: ADOPTED.**

20. **ADJOURNMENT.** **Dr. Barry Curry** moved to adjourn. The meeting was adjourned at 4:15 PM.

Respectfully submitted

Theodore E. Logan, Jr. DMD  
Secretary-Treasurer