



Provider Newsletter

New Business

Great News.....Western Dental announces new Healthy Families Program

Western Dental Services, Inc. (“WDS”) is pleased to announce that WDS has been awarded a Healthy Families contract, which became effective July 1, 2005.

WDS is now one of the options available to the Healthy Families members. The Healthy Families Program provides benefits for over 700,000 children of families who are not eligible for Medi-Cal Benefits in California.

WDS is now providing services to members residing in the following counties: Orange, Los Angeles, San Diego, Riverside, San Bernardino, San Luis Obispo, Imperial, Alameda, Butte, Contra Costa, Fresno, Kern, Madera, Marin, Merced, Monterey, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Sutter, Tulare, and Ventura counties.

If you haven’t signed up for the Healthy Families program and are interested in joining, please call the Provider Relations Department at 1-800-811-5111.

WDS offers translation services at no cost to the providers or members. To obtain translation services for a WDS member please call 1-800-992-3366.



Encounter Data Submission

The California Knox-Keene Act requires all Dental HMOs to monitor plan member utilization. The WDS Utilization Management (UM) Committee meets on a quarterly basis to review utilization trends to ensure that Plan members are receiving services. WDS also uses the utilization data to develop new plans and review existing provider compensation for the managed care dental program.

Please submit your encounter data by the 10th day of the month for the previous month’s encounters. To submit monthly encounter data, you may use WDS pre-printed duplicate forms or submit your computerized encounter data report. Encounter forms are available by calling 1-800-811-5111.

Provider Dispute Resolution Process

As previously notified, providers have the right to utilize the WDS dispute resolution process which was developed to provide a fast, fair and cost-effective dispute resolution mechanism. WDS will not discriminate or retaliate against a provider (including, but not limited to, the cancellation of the provider's contract) because the provider filed a provider dispute. The dispute process is available at no cost to the provider. For additional information regarding the provider dispute process, please contact the Provider Relations Department at 1-800-811-5111



2004 Facility and Chart Audits

To ensure that it's enrollees receive quality dental services, WDS performs on-site audits of its contracted offices for compliance with the accepted professional standards for infection control, cleanliness, safety, chart documentation, treatment planning and treatment outcome. During 2004, over 150 such audits were performed. Although the overall results were favorable, need for improvement was most likely to be reported in the following listed audit items. Please review each item, and ensure that your office is in compliance. Should you require assistance in meeting compliance or should you have any questions, please contact WDS Provider Relations at 1-800-811-5111.

- *Medical emergency kit on site and current.* There must be a list of all drugs in the medical emergency kit, and all drugs must be current.
- *Sterilization protocols posted. BDE Infection Control Regulations posted.* By law, these items must be posted.
- *Health History includes follow-up to significant findings with doctor's initials.* The doctor should initial each positive entry noted on the health history to evidence that it was identified and discussed. It is recommended that notations of clarification also be made.
- *Medical Alerts posted where indicated.*
- *Blood pressure measured and recorded.* It is recommended that blood pressure should be taken on all adult patients at initial and recall examinations. It must be taken on all patients who report high blood pressure or other conditions where blood pressure elevation is a concern.
- *Occlusal/TMJ status documented.* A TMJ examination should be performed and documented for all patients at initial and recall examinations.
- *Soft tissue exam documented.* A soft tissue examination/oral cancer examination should be performed and documented for all patients at initial examinations, emergency initial examinations and recall examinations.
- *Open or overhanging margins/open contacts are diagnosed.*
- *Diagnosis of periodontal disease is recorded and is consistent with radiographs, etc.* For all patients, the periodontal case type should be recorded, and the case type should be supported by the clinical and radiographic findings.

- *Diagnosis of pathology or anomaly.* All radiographically visible pathology, including those for which no treatment is planned, should be documented in the patient record.
- *Treatment sequencing is present and appropriate.* Treatment plans should be sequenced in a manner that will address the patient's needs in a rational order.
- *Perio post-treatment follow-up/reprobe.* After initial periodontal therapy is completed, the patient should be appointed for a re-evaluation to determine the effectiveness of the treatment provided as well as to determine whether there is need for any surgical periodontal treatments.
- *Quality of restorative services acceptable (operative procedures).*
- *Crown and bridge services acceptable.*
- *Post-op instructions, care, and follow-up documented (oral surgery procedures).* Documentation for oral surgery procedures should include, whenever appropriate, post-operative instructions and when necessary, there should be documentation of post-operative care, such as suture removal.
- *Rubber dam used (endodontic procedures).* Use of rubber dam should be documented for all root canal therapy performed. In instances where rubber dam cannot be used, the documentation should indicate what factors prevented placement of the rubber dam.
- *Recall noted in progress notes with appropriate frequency.* The recall interval for maintenance (periodontal maintenance or prophylaxis) should be documented and should be appropriate for the needs of the patient.
- *Follow-up to incomplete treatment.* At least one attempt to re-appoint any patient who has not completed the recommended treatment should be made and documented.



Preventive News – Xylitol chewing gum

As early as the 1970s, the use of xylitol chewing gum was shown to decrease the caries incidence in study groups, demonstrating that there is a therapeutic caries inhibitory effect of xylitol. In their *Journal of Dental Research*, Volume 79, 2000, articles, “Influence of maternal xylitol consumption on acquisition of mutans streptococci by infants” and “Occurrence of dental decay in children after maternal consumption of xylitol chewing gum, a follow-up from 0 to 5 years of age,” P. Isokangas, E. Soderling, et. al., took that premise one step further when they reported evidence that habitual xylitol consumption by mothers was associated with a statistically significant reduction in the probability of mother-child transmission of mutans streptococci, (“MS”), and that the maternal use of xylitol gum can thereby prevent dental caries in their children. In the first article, the authors reported that there was a detectable level of MS at two-years of age in only 9.7% of the children of mothers who chewed xylitol chewing gum 2 to 3 times a day, starting three months after delivery, versus 48.5% in the control group of children whose mothers received fluoride varnish treatments at six month intervals, starting six months after delivery. In the second article, the authors reported that at 5

years of age, the children in the xylitol group showed a 70% reduction in dentinal caries compared to the fluoride varnish group. Note that these results were obtained in the children, who did not chew the gum themselves (the caries reduction of the subjects who chewed the xylitol gum was not reported in these studies, but has been reported in other studies). Thus, the cleansing effects of gum chewing alone did not influence the outcome of the study. If you are not currently prescribing xylitol chewing gum or other xylitol products to your patients, you might wish to read these articles and other xylitol research articles. Your patients may benefit should you incorporate xylitol into your preventive program recommendations for those who are at risk of dental caries as well as the new mothers in your practice. Xylitol chewing gum and mints may be purchased at most vitamin and health food stores. The above-referenced articles can be found at <http://jdr.iadrjournals.org>.

