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Affordable Care Act Update

The results of the recent election are likely to significantly affect the Affordable Care Act (“ACA”). This holds true at both the federal and the state level. Following the recent announcement of exchange plan premium increases, and coming in the middle of the Open Enrollment Period for 2017 Plans, the continued existence of the ACA is now uncertain.

At the federal level, Republicans maintained their majorities in the House and Senate and won the presidential election. Republicans in Congress have already voted over sixty times to repeal the ACA and the president elect campaigned on doing the same. “Repeal” has often been paired with “replace,” but there is no indication that a replacement law is ready to be introduced. Over twenty million people could lose health insurance coverage if the ACA is repealed without a replacement. As a result, it is unclear whether Republicans will indeed move to repeal the ACA before they have agreed on a replacement.

The doubtful future of the ACA also affects pending legislation of interest to dental insurers. Northeast Delta Dental has participated in an effort coordinated by Delta Dental Plans Association to support the passage of the Aligning Children’s Dental Coverage Act, a bipartisan bill to clarify the way pediatric dental coverage is offered outside the public Exchanges. That Act is currently pending in Congress, but Congress may be unwilling to fix a law it intends to repeal.

Unless and until the ACA is repealed, Northeast Delta Dental will continue to follow the rules and regulations on the books. For example, Northeast Delta Dental has successfully implemented a program to comply with the Nondiscrimination in Health Programs and Activities rule pursuant to 1557 of the ACA. Subscribers may begin to see notices of nondiscrimination and the availability of language assistance in significant communications, including Explanations of Benefits, from Northeast Delta Dental.

At the state level, Maine saw the least amount of change in this election cycle. Accordingly, state election results are likely to have little

effect on ACA implementation in the state. Maine remains the only state in the northeast not to have expanded Medicaid and has the highest uninsured rate in the northeast. For those purchasing insurance on Maine’s federally facilitated exchange, the average benchmark premium for a plan will increase by 15%, less than the 22% national average.

New Hampshire’s governor elect, Chris Sununu, campaigned in opposition to the ACA and accompanying Medicaid expansion. With Republicans holding their majorities in the Senate and House and on the Executive Council, Sununu will likely have the support to follow through on his campaign platform. Whether he will do so remains to be seen. Due to the passage of House Bill 1696 last March, Medicaid expansion under the ACA in New Hampshire is funded through the end of 2018. In September, Community Health Options announced that it would exit the New Hampshire market at the end of 2016 to focus on its Maine business. Despite that departure, the average benchmark premium for a plan on New Hampshire’s federally facilitated exchange will increase by 2%, the second-lowest increase in the nation.

Vermonters elected a Republican, Phil Scott, who campaigned on a platform of abandoning the state’s health benefit exchange, Vermont Health Connect, due its well-publicized technological and operational problems. Both houses of the Vermont Legislature retained Democratic majorities, however, potentially limiting Scott’s ability to act. The legislature is also likely to work towards an All Payer Accountable Care Organization under which the state would aggregate Medicare, Medicaid and private insurer dollars to pay a consortium of health care providers on a capitated basis. At the moment, dentists are not included in this All Payer Accountable Care Organization model. Vermonters seeking coverage from plans offered on Vermont’s state-run exchange, Vermont Health Connect, will see individual health plan premiums rise by 5.5% in 2017, well below the national average.

CDT 2017 Changes Are Coming January 1, 2017!

The American Dental Association (ADA) has published the new procedure codes set for 2017. Be sure to order your new book! We noted there are 56 changes associated with CDT 2017: 11 new codes, one deletion, and 44 revisions. Many of the revisions made to specific codes are editorial in nature and do not change the meaning of the procedures or impact our current processing policies. The following lists the new codes and related standard National Processing Policies, as well as the updated standard Policies for existing procedure codes.

The one deleted code — D0290 Posterior-anterior or lateral skull and facial bone survey radiographic image — has no replacement. It was very seldom submitted or covered under Delta Dental benefit plans.

The following new codes are not standardly covered. Fees are **Denied**, which means Delta Dental doesn't pay, but the patient can be charged. **Disallowed** means Delta Dental doesn't pay and the participating dentist agrees not to charge the patient.

- D0414 - Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report
- D0600 - Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum
- D6085 - Provisional implant crown. However, fees are **disallowed** if this is billed on the same date of service by the same dentist/office that is providing the permanent crown.

These are new codes that are not standardly covered and may be **denied** or **disallowed**:

- D9311 - Consultation with medical health care professional **and**
- D9991 - Dental case management - addressing appointment compliance barriers **and**
- D9992 - Dental case management - care coordination. Fees for all three are **disallowed** as part of the overall patient management.
- D9993 - Dental case management - motivational interviewing **and**
- D9994 - Dental case management - patient education to improve oral health literacy - Fees for both are **denied**. However, fees for both are **disallowed** if billed on the same date of service by the same dentist/office as nutritional (D1310) and/or tobacco counseling (D1320) and/or oral hygiene instructions (D1330).

New Codes that are standardly covered:

- D1575 - Distal shoe space maintainer - fixed - unilateral: Benefits are limited to children 8 and

younger. Fees for repairs and adjustments by same dentist/dental office providing the space maintainer are **disallowed**.

- D4346 - Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation. D4346 is covered under the Diagnostic and Preventive benefit, usually at 100% with no deductible, and included in frequency for prophylaxis (D1110, D1120) and/or periodontal maintenance (D4910).
- D6081 - scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure. Fees are **disallowed** when performed with D1110, D4341/D4342 or D4910. Covered under Major.

Existing codes with new standard National Processing Policies:

- Fees for additional radiographs taken by the same dentist/office within 60 days of vertical bitewings (D0277) are **disallowed**.
- Fees for panoramic image (D0330) for a child under the age of six are **denied**.
- Caries risk assessments (D0601, D0602, or D0603) will be now covered once every three years for patients over the age of 3 (previously was not covered after age 19). Fees are **disallowed** for patients under age 3.
- Incomplete endodontic procedure due to inoperable or fractured tooth (D3332) may be covered at 50% of the fee for a completed endo therapy, subject to consultant's review of radiographs and clinical notes.
- Benefits for all covered periodontal surgeries (D4000 series) are limited to natural teeth. ADA now states the bone graft procedures, D4263 and D4264 are limited to natural teeth.

If you have any questions, please feel free to contact Eleanor Vien, Director of Professional Relations at 603-223-1305 or by email evien@nedelta.com.

Holiday Closures

Northeast Delta Dental will be closed for the following holidays. Our website, nedelta.com, will continue to be available. We wish you a happy and healthy holiday season!

Thanksgiving Day	Thursday, November 24, 2016
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Day after Thanksgiving	Friday, November 25, 2016
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Christmas Holiday	Monday, December 26 and Tuesday, December 27
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New Year's Day	Monday, January 2, 2017
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Medicare and Medicare Advantage

Effective **January 1, 2019** (was February 1, 2017, but deadline was extended recently), all providers — including dentists — who treat Medicare or Medicare Advantage patients, send cases to labs, write prescriptions or make referrals under Medicare Part D are required by the federal government to either:

- Enroll in Medicare; or
- Opt-in to Medicare Part D **and** take the compliance training

Currently, Northeast Delta Dental has one group that is a Medicare Advantage plan with limited dental benefits — Martin’s Point Health Care. Not all programs offered through Martin’s Point have dental coverage — only the Generations Advantage Prime program offers dental benefits at this time. For you to receive payment after January 1, 2019, you must enroll with Medicare or opt in to Part D **and** the dentist and appropriate staff must complete compliance training. However, there is no requirement that you do so, nor will any dentist be “kicked out of the Premier or PPO networks” because s/he does not participate with Medicare. Northeast Delta Dental simply cannot reimburse you for treatment provided to your Martin’s Point or future Medicare Advantage patients, and dentists cannot charge those patients without having a signed agreement prior to completing the treatment. Additionally, your patients’ labs, prescriptions and referrals will not be covered by Medicare.

There are many other Medicare Advantage plans across the country with dental benefits administered by other carriers and Delta Dental member companies. We are therefore developing a Medicare Advantage network for this type of dental benefit plan. Northeast Delta Dental will be inviting current and future PPO dentists to join the new Northeast

Delta Dental Medicare Advantage network after they enroll in Medicare, so claims for covered services provided can be approved and paid, and patients’ labs, referrals and prescriptions can be paid by Medicare. Again, Medicare Advantage patients cannot be charged for covered or non-covered treatment unless they sign an agreement prior to completion of the treatment.

Note: PPO network will likely be accepted until January 1, 2019.

To enroll as a Medicare provider the dentist must complete CMS form 855I at:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Part-D-Prescriber-Enrollment-Dentists.html>

OR the dentist and his/her staff can complete the compliance training at:

https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/2016_Compliance_and_-FWA_Training_Requirement_Update.pdf

And the dentist MUST opt into Medicare Part D at:

<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/cms855o.pdf>

Please note: the form number in the link above, cms855o, looks like it has a typo, but it is actually correct as cms855o for accessing the website; letter o, not numeral zero (0). Once you are in the website, the form is shown as 8550 (numeral zero).

Medicare Part D Enrollment and Compliance Requirements

Action in Relation to Part D	Form	Part C and D Compliance Training Required*	Medicare Services Covered?	Part D Drugs, Labs, and Referrals Covered?
**Enroll in Medicare	Form 855I (28 pages)	No. Requirement satisfied by certification requirements in Medicare enrollment	Yes	Yes
**Opt-in to Part D	Form 8550 (8 pages)	Yes	Yes	Yes
Opt-out of Part D	1-page affidavit (CMS) does not have a standard affidavit	No	No. Neither the physician nor the beneficiary may bill Medicare. Nor will Northeast Delta Dental reimburse the provider for treatment. The provider may not bill the beneficiary unless the two have signed a contract prior to treatment.	Yes
Neither Opt-in nor Opt-out	No form or affidavit to CMS	Yes	Yes	No
Do Nothing	No form or affidavit to CMS	No	No	No

*By dentist and appropriate staff

Notify Northeast Delta Dental When Joining or Leaving Practice

Northeast Delta Dental requires immediate notification when a dentist joins or leaves a practice so we can update our records accordingly and so claims will be processed in a timely and accurate manner. **Please do not continue to submit claims under the name and license number of a dentist who is no longer in the practice.** To do so is a violation of the American Dental Association's (ADA) Code of Ethics. Please refer to: http://www.ada.org/-/media/ADA/Publications/Files/ADA_Code_of_Ethics_2016.pdf?la=en

Pertinent sections of the ADA Code of Ethics read:

- *Section 2C: Dentists shall be further obliged to prescriber and supervise the patient care provided by all auxiliary personnel working under their direction.* Dentists cannot supervise, either directly or indirectly, the work of auxiliary personnel if the dentists have left the practice or the state.
- *Section 5.A: Dentists shall not represent the care being rendered to their patients in a false or misleading manner.* Dentists who are not physically present in the office cannot physically provide treatment to patients.

The Administrative Rules of the New Hampshire Board of Dental Examiners incorporate the ADA Code of Ethics. See Den 501.01(a) ("administrative rules regarding ethical duties are "in addition to those obligations of dentists under the American Dental Association Principles of Ethics and Code of Professional Conduct"). Statutes in Maine and Vermont similarly prohibit dentists from misrepresenting the care provider when collecting fees. See 32 M.R.S. § 1077(2)(F) ("the obtaining of any fee by fraud or misrepresentation" constitutes unprofessional conduct); 8 V.S.A. § 584 ("permitting one's name, license, or registration to be used by a person, group, or corporation when not actually in charge of or responsible for the treatment given" constitutes unprofessional conduct).

Refunds will be required for payments made on claims submitted under the name and license number of a dentist who is no longer in the practice, along with corrected claims showing the current treating dentist's name and license number. Compliance with this request will ensure that not only will your records and Northeast Delta Dental's records be accurate, but that the 1099s produced at the end of the year for tax purposes will be accurate.

Please contact our Provider Services department at 1-800-537-1715, extension 1100 notify us of these changes as well as any changes or updates to the practice name, physical or payment address, telephone numbers, tax information, NPIs, sale or purchase of a practice and any change to a license status.

Should you have any questions regarding this policy, please contact Eleanor Vien, Director of Professional Relations at evien@nedelta.com or by telephone at 603-223-1305. Thank you for your cooperation.

New Participating Dentists

We are pleased to announce that the following dentists have joined Northeast Delta Dental's networks in Maine, New Hampshire, and Vermont:

Maine

Jessica Hilburg, DDS
Terri Bell, DDS
Kevin Wilson, DMD
Alan Rich, Jr., DMD
John Elwell, DMD
Frank Lamothe, DDS
Jennifer Barton, DMD
Maegan Beinoras, DDS
Amar Mistry, DDS
Naomi La, DMD
Ali Rouhi Nozadi, DDS
Montessor Upshaw, DDS
Nicole Bollinger, DMD
David Haluska, DMD
Nicole Horton, DDS
Jesse Snow, DMD
Yu Wen Lin, DDS
Yaerin Lee, DDS
Taejoon Park, DDS
Waeil Elmisalati, DMD
Georgia Smith, DDS
Constantine Vlassopoulos, DDS

Vermont

Ryan Calvi, DMD
Christopher Wisniewski, DDS
Jevin Carruth, DMD
Brandon Vanasse, DMD
Priya Vasa, DMD
Charles Ullman, DMD
Jonathan Norris, DDS
Katherine Jerome, DMD

Martina Howe, DDS
Tyler Ludington, DMD
John Gentile, DMD
Sonia Yau, DDS
Oliva Ndoutoume, DDS
Marjan Mohajer, DDS

New Hampshire

Bhavya Patel, DMD
Camila Pineda Youniss, DMD
Alicia Gittleman, DMD
Jose Aviles, DMD
Eugene Sachakov, DMD
Landon Gamble, DDS
Janiris Lopez, DMD
Nicole Horton, DDS
Michelle Dressler, DMD
Jonathan Norris, DDS
Corey Decoteau, DMD
Vihangi Thakore, DMD
John Welnak, DMD
Layth Al Kaissy, DMD
Danielle Miskulin, DMD
Natalie Laucius, DMD
Brandon Jolley, DDS
Jeong Eun Park, DMD
Susan Lu, DDS
Tarek Shaib, DMD
William Pamplin, DDS
Kathleen Libby, DDS
Yelena Popkova, DDS
Jongbin Lee, DMD

Northeast Delta Dental Endowed Scholarship Fund for Tufts University School of Dental Medicine

Northeast Delta Dental and Tufts University School of Dental Medicine (TUSDM) are pleased to report the first student recipients of the new Northeast Delta Dental Endowed Scholarships for the fiscal year 2016. The students are: Timothy Ahern, D17; Jennifer Barton, D16, DG17; Meagan Bossie, D17; Christopher Ford, D16; and Darren Smith, D17.

This fund was established in 2015 by Northeast Delta Dental to provide annual scholarships for dental students from Maine, New Hampshire, and Vermont. Scholarship recipients are expected to have a strong connection to the region, a superior academic record, an externship experience in rural northern New England, and a commitment to practice in one of the three northern New England states upon graduation. Northeast Delta Dental in partnership with TUSDM hope this scholarship will help establish a pipeline of high-quality oral health practitioners to care for residents in rural northern New England for generations to come. Congratulations to these five outstanding students!