



DENTAL PROVIDER MANUAL

Connecticut Dental Health Partnership (The dental plan for HUSKY Health)

The Connecticut Department of Social Services

BeneCare Dental Plans



Welcome to the Connecticut Dental Health Partnership

Dear Doctor:

We are pleased to announce that the State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C (Traditional Medicaid Title XIX Fee For Service) and HUSKY D (Medicaid For Low Income Adults-formerly State Administered General Assistance "SAGA"), now have been combined into one dental plan with a new name: the **Connecticut Dental Health Partnership (CTDHP)**. CTDHP oversees the dental plan for the Department of Social Services (DSS) dental care programs which cover more than 750,000 residents in Connecticut. Participants in the program include the aged, blind and disabled, low income families and adults as well as the state sponsored insurance plan known as SCHIP. The number of beneficiaries is approximately evenly split between children and adults.

DSS is the lead agency for the State of Connecticut which provides a broad range of services to the elderly, people with disabilities, families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. DSS administers over 90 legislatively authorized programs and operates on one-third of the state budget. DSS also administers the Medical Assistance Program which includes the Connecticut Dental Health Partnership.

BeneCare Dental Plans was selected by DSS, in 2008, as the Administrative Service Organization (ASO) to manage the Connecticut Dental Health Partnership for the State of Connecticut. BeneCare is a dental benefit management company that operates dental benefit programs for fully insured and self-insured clients in the Northeast and Mid-Atlantic regions under a wide array of State, County and Municipal government, multi-employer welfare fund and commercial employer sponsored plans.

Please review the material in this manual carefully. The manual is an addendum to the contract you have with the state of Connecticut Medical Assistance Program. Item 10 of the Provider Enrollment Agreement states in part: "To abide by the DSS' Medical Assistance Program Provider Manual(s), as amended from time to time, as well as all bulletins, policy transmittals, notices and amendments that shall be communicated to the Provider, which shall be binding upon receipt unless otherwise noted". Please pay particular attention to the section entitled Connecticut Dental Health Partnership Policy/Standards of Care which contains information on marketing guidelines as well as appointment scheduling guidelines and other important information. The CTDHP will be sharing a variety of programmatic updates and notices with you in the future, so please be on the look-out for communications from the CTDHP and place them in your manual which has been provided in a three ring binder for your convenience.

Thank you for your continued participation in the CTDHP programs and support of Connecticut's neediest residents.

Sincerely,
Connecticut Dental Health Partnership

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**Chapter 5 Connecticut Dental
Health Partnership
Policy/Standards of Care**

Our Mission

The Connecticut Dental Health Partnership's mission is to improve the oral health of our clients by quality focused collaboration with our provider, community and government partners. We look forward to working closely with you to accomplish this goal.

Dental Home

*"The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. Establishment of a dental home begins **no later than 12 months of age** and includes referral to dental specialists when appropriate." by the American Association of Pediatric Dentistry (AAPD) and the American Dental Association (ADA); both of which provide further information regarding services that constitute a dental home. The key features of a dental home are as follows:*

- Provides comprehensive care (restoration of cavities, root canal therapy and extractions) including prevention and emergency services;
- Care should be accessible, have a fixed location for follow up services, close to the client's home and have regular appointment hours available by week;
- It should have a plan for providing emergency care available 24/7, other than providing a referral to the local emergency room;
- It should have the capacity to make referrals to specialists if needed (and within the client's network);
- Completes a disease risk assessment for each patient and uses it to design an individualized treatment plan;
- Improves or maintains the patient's oral health to a functional level;

Appointment Scheduling

The CTDHP has established the following scheduling standards:

- Emergency cases shall be seen within twenty four hours, referred to another dentist or dental specialist or if necessary, referred to an emergency facility for immediate treatment;
- Urgent cases should be seen within 48 hours of contact and is not dependent upon convenience for the client;

- Preventative and non-urgent or emergent care visits shall be scheduled within eight weeks of contact;
- Specialists will provide treatment within the scope of their practice and within professionally accepted standards of care and promptness standards for providing such treatment;
- Waiting times at primary care offices shall be kept to a minimum
- Per Federal regulations, Medicaid clients cannot be charged for missed or cancelled appointments

In order to ensure the best possible client service, the CTDHP asks that all provider offices make use of an answering machine and/or answering service during any hours that the office staff is unavailable to take calls. There must be a method available to clients to contact the provider in the event an emergency occurs; it is not sufficient to refer the client to the local emergency room.

Opening and Closing Panels

Provider offices may contact the CTDHP at any time to open or close panels to new client referrals or limit participation based on program, location or age. CTDHP encourages all general dental offices to consider accepting families, including the parents of children who are clients of the office, which promotes the model of a "dental home." This approach encourages regular visits which improves the oral health of the family. To change your panel status, please contact the Network Development Assistant at 860-507-2307 for assistance.

Patient Record Sharing

According to Connecticut General Statutes, Section 20-7d, a copy of the patient's record, including but not limited to, x-rays and copies of laboratory reports, prescriptions and other technical information used in assessing the patient's condition shall be furnished to another provider upon the written request of the patient. The information provided should be readable and in the case of radiographs, of diagnostic quality. The written request shall specify the name of the provider to whom the record is to be furnished. A reasonable fee charged to the client is allowed. We ask that the fee be waived for our clients.

Charging for Goods or Services Provided to Clients

A provider shall not charge an eligible Medical Assistance Program client, or any financially responsible relative or representative of that individual, for any portion of the cost of goods or services which are covered and payable under the Connecticut Medical Assistance Program. If a client or representative has paid for goods or services and the client subsequently becomes eligible for the medical assistance program, payment made by or on behalf of the client shall be refunded by the provider. The provider

may then bill the medical assistance program for the goods or services provided. The provider shall obtain appropriate documentation that the payment was refunded prior to the submission of the claim and shall retain said documentation.

Providers may not charge for medical goods or services for which a client would be entitled to have payment made, but for the provider's failure to comply with the requirements for payment established by state regulations.

Providers shall only charge an eligible Medical Assistance Program client, or any financially responsible relative or representative of that individual, for goods or services which are not coverable under the Medical Assistance Program, when the client knowingly elects to receive the goods or services and enters into an agreement in writing for such goods or services prior to receiving them.

Annual Provider Surveys

Each year, the CTDHP will contact providers to ensure that the information on file for each office remains accurate. The annual survey will be available on line for providers to complete. Offices which do not use the online tool will be contacted by CTDHP to complete the survey via fax or mail. The survey takes approximately five minutes to complete. Your cooperation with completing the survey is greatly appreciated and will ensure that the referrals that are sent to you are appropriate to your current practice policies on age, geographic restrictions and special needs. A sample of the survey form is shown below.

Providers are encouraged to contact CTDHP with any updates to address, phone numbers, and languages spoken or special accommodations at any time of the year.

Sample Survey



PROVIDER SURVEY

Person providing information: _____

Date: _____

Federal Tax ID#: _____ NPI#: _____

Name of Provider or Practice: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Type of Practice: Group Solo Other

Specialties in Office: General Practice Orthodontic Oral Surgery Endodontic
 Pediatric Clinic FQHC

Plans Accepted: HUSKY A HUSKY B HUSKY C HUSKY D

Minimum Age Seen: _____ Maximum Age Seen: _____

Please list all Associates in practice:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have other offices serving CTDHP clients? (If so list addresses) _____

DAY	OFFICE HOURS	
	FROM	TO
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

QUESTIONNAIRE

	YES	NO	MORE INFO
Are you still participating in the CT Medical Assistance Program?			
If so, are you accepting new patients at this time? If you are not accepting new patients now, when would you like to start receiving referrals?			
Are any languages spoken in the office other than English? If so please list.			
Is the office wheelchair accessible?			
Will your practice see clients with special health care needs?			
Does your practice provide Nitrous Oxide in the office?			
Does your practice provide IV Sedation in the office?			
Does your practice provide Conscious Sedation in the office?			
Does your practice provide assistance transferring into the dental chair?			
Does your practice help with coordination or movement difficulties?			
Will your practice provide treatment for a patient in a wheelchair who cannot be transferred to a dental chair?			
Will your practice see patients with developmental disabilities or those with mental impairment?			
Will your practice see patients with anxiety disorders or mental health issues?			
Will your office treat patients at hospital facilities under general anesthesia? If so, what hospital is the dentist affiliated with?			
Will your office see patients with speech or communication difficulties?			
Will your practice see patients with Autism?			
Will your practice see patients with ADD or ADHD?			
Will your practice see patients with Cystic Fibrosis?			

Will your practice see patients who are visually impaired?			
Will your practice see patients with epileptic or seizure disorders?			
Will your office see patients who are hearing impaired?			
Will your practice see patients with Cerebral Palsy?			
Does your office operate or participate in any Mobile Dental program?			
Will your practice provide preventive services for pregnant women?			
Will your practice provide restorative services for pregnant women?			
Will your practice provide Urgent Care for pregnant women?			
Will your practice provide Emergency Care for pregnant women?			
Will your practice treat pregnant women in their First Trimester?			
Will your practice treat pregnant women in their Second Trimester?			
Will your practice treat pregnant women in their Third Trimester?			
Will your office use anesthesia to treat a pregnant patient?			
Will your office take x-rays on a pregnant woman if medically necessary with a lead apron?			
Do you require a letter from OB/GYN or Midwife to treat a pregnant woman?			
Will your practice contact OB/GYN or Midwife before you treat a pregnant woman?			
Other, specify:			
Other, specify:			

On Site Visits and Assessments

From time to time offices will be visited by a representative of the CTDHP as we partner with you to ensure that your office is up to recent industry standards of sterilization, charting and patient safety. After a visit is completed, results and any improvement opportunities will be shared with you. A sample assessment form is shown below.



FACILITY/RECORD REVIEW
Part A

Date: _____

Rep: _____

TIN: _____ PRACTICE TYPE: _____ PHONE: _____

DENTIST/PRACTICE NAME: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CROSS STREETS/TRAVEL INFO: _____

COUNTY: _____ EMAIL: _____ FAX: _____

FACILITY: PROFESSIONAL BLDG STORE FRONT HOUSE APARTMENT W/C ACCESSIBLE # OF OPS _____

HOURS: SUN _____ MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____

SPECIALISTS:

ENDODONTIST _____

ORAL SURGERY _____

ORTHODONTIST _____

PEDODONTIST _____

PERIODONTIST _____

GENERAL DENTISTS:

OFFICE MANAGER: _____

HYGIENIST: YES NO

LANGUAGES: SPANISH RUSSIAN CANTONESE MANDARIN KOREAN HINDI ARABIC OTHER _____

SPECIAL SERVICES: TTY/TDD BRAILLE LARGE PRINT MATERIALS OTHER _____

SECTION	DESCRIPTION	YES	NO	N/A	WEIGHT	SCORE
A.	GENERAL OFFICE INFORMATION (30)					
01.	Office sign easily identifiable				1	
02.	Well marked exits				1	
03.	A No Smoking policy is maintained				3	
04.	After hours answering mechanism in place				5	
05.	Overall appearance neat and clean				20	
B.	RECEPTION/WAITING ROOM (15)					
06.	Courteous receptionist				3	
07.	Entertaining/education material is available				1	
08.	Adequate seating is available				1	
09.	Area is neat and clean				10	
C.	RADIOLOGY (40)					
10.	Current inspection and certification is displayed				5	
11.	Lead apron in satisfactory condition and used routinely				30	
12.	Thyroid collar available				5	
D.	OPERATORIES (44)					
13.	Ability to treat patient in a wheelchair				0	
14.	Chair and light barrier changed between patients				3	
15.	Prescription pads are not patient accessible				2	
16.	Sterile/disposable products used appropriately				3	
17.	Waste cans have lids				1	
18.	Equipment appears clean and in good order				10	
19.	Operatories are free of clutter				5	
20.	Operatories are free of dust/dirt				10	
21.	Operatories are organized for safety				10	
E.	STERILIZATION/DISINFECTION (150)					
22.	Autoclave/Chemiclave/Dry Heat is used on appropriate materials				50	
23.	Instruments are scrubbed before sterilization				3	

24.	Instruments wrapped/process indicators used				4	
25.	Handpieces are sterilized after each use or disposed				50	
26.	Burs/files sterilized after each use or disposed				20	
27.	High level disinfection used on all items that cannot be heat sterilized				10	
28.	Clean/Dirty areas are separate				3	
29.	Spore testing is done weekly and log is available				10	
F.	SAFETY (20)					
30.	Eye wash station is operational				3	
31.	Material Safety Data Sheets are kept in a file				1	
32.	OSHA labeling requirements adequate				3	
33.	Puncture resistant container used for discarding needles and sharps				3	
34.	Hazardous waste is marked and stored properly				3	
35.	Office is using a certified/bonded carrier to remove hazardous waste				2	
36.	Needles are recapped				3	
37.	Eye protection is offered to patient				2	
G.	INFECTION CONTROL (32)					
38.	Surgical gloves worn routinely and changed for each patient				15	
39.	Antimicrobial soap is used in operatories				3	
40.	Face masks worn by all patient care personnel				3	
41.	Headrest covers used				3	
42.	Hepatitis B Virus (HBV) vaccination is offered to all staff or waivers signed				3	
43.	EPA approved solutions are used to wipe down surfaces				5	
H.	EMERGENCY PREPAREDNESS (13)					
44.	Fire extinguisher is accessible				2	
45.	Portable oxygen tank is present				2	
46.	Basic medical emergency kit is present and medications are current				3	
47.	Dentist's CPR certification is current				3	
48.	Office has documented emergency protocol				3	
I.	ANESTHESIA/SEDATION					
49.	Nitrous oxide and/or GA is available				0	
50.	Nitrous oxide has a scavenger system				3	
51.	Oxygen and nitrous tanks are chained				2	
52.	Inhalation masks sterilized if not disposable				5	
J.	LABORATORY (15)					
53.	Clean and uncluttered				5	
54.	Disposable or sterilized impression trays				5	
55.	Wheel disinfected/pumice changed between patients				5	
K.	PATIENT RESTROOM (7)					
56.	Restroom is handicap accessible				1	
57.	Waste can has lid				1	
58.	Restroom is clean and well maintained				5	

Total Score of Facility Review _____

Total Points **376**

Less Not Applicable Points _____

Total Points Available _____

(Total points less Not Applicable Points) _____

Facility Review Percentage _____

(Total Score/Total Points Available) _____

SCORING	
A minimum of 300 points is required to pass this section.	
PERCENTAGE	
Excellent	100-96
Good	95-90
Fair	89-80
Fail	Below 80

FACILITY/RECORD REVIEW - Part B

		YES	NO	N/A	WEIGHT	SCORE
L.	RECORDS MANAGEMENT (14)					
59.	Confidentiality, security and physical safety of records is maintained				3	
60.	Individual records for each patient				3	
61.	Each page record is labeled				2	
62.	Consent forms maintained in patient record, signed by patient/Resp. Party				3	
63.	Records are retained at least 7 years				3	
M.	RECORD STRUCTURE (62)					
64.	Patient medical history annual update(min) documented & signed by pt				5	
65.	Health history signed by dentist upon review				5	
66.	Medical conditions prominently noted				5	
67.	Medication(s) allergies and adverse reactions prominently noted in pt record				5	
68.	Periodontal evaluation documented				3	
69.	Intraoral cancer screening noted				5	
70.	Appropriate types(s) and number(s) of current radiographs maintained in record				3	
71.	Physical/oral findings are documented				3	
72.	Every entry is dated				3	
73.	Entries are legible/recognized by staff				3	
74.	Each entry signed/initialed				3	
75.	Entries in ink				3	
76.	No spaces or white-out				3	
77.	Local anesthesia or drug name and dosage noted				3	
78.	Notation of broken appointments and follow-up are included in patient record				3	
79.	Treatment plans are noted				2	
80.	Treatment plans are completed				2	
81.	Adherence to proper plan billing (profiles)				3	
N.	PREVENTIVE DENTAL SERVICES (10)					
82.	Patient education is documented				3	
83.	Recall system documented				4	
84.	Sealants routinely applied as appropriate				3	

Total Score of Record Review _____

Total Points **86**

Less Not Applicable Points _____

Total Points Available _____

(Total points less Not Applicable Points) _____

Record Review Percentage _____

(Total Score/Total Points Available) _____

SCORING	
A minimum of 65 points is required to pass this section.	
PERCENTAGE	
Excellent	100-96
Good	95-90
Fair	89-75
Fail	Below 75

Facility Review Pass Fail **Record Review** Pass Fail TIN: _____

OVERALL RESULT PASS FAIL (A passing grade is required in both sections)

Comments: _____

Follow-Up: 1 month 3 months 6 months 1 year Other _____

Reviewer Signature: _____

Date: _____

Dentist Signature: _____

Date: _____

Quality Assurance Review Supervisor: _____

Date: _____

Thank you for participating in our Quality Assurance Program. In an effort to assist your office in achieving the highest practice standards, our Quality Assurance representative has reviewed the following standards with you and/or your office staff.

SECTION	ITEM	STANDARD	CORRECTIVE ACTION PLAN
A. GENERAL OFFICE INFORMATION	01.	The dental office can be identified for patient accessibility.	Post an identifiable sign on the building and/or at street side.
	02.	All exits must be marked with a sign of such size, color, and design that is clearly visible to assist personnel in its location. (OSHA)	A sign must be posted at each facility exit. The sign must be distinctive in color and provider contrast from decorations.
	03.	A written NO-SMOKING policy is in place.	Implement a written NO-SMOKING policy.
	04.	An answering machine or service is available for patients to get instructions in case of an emergency or to leave a message.	Install an answering machine with appropriate instructions on emergency.
	05.	Outside and inside appearance of office demonstrates facility is maintained in a safe and clean condition.	Establish routine housekeeping function policy and assure that these are performed on a regular basis.
B. RECEPTION/ WAITING ROOM	06.	A courteous, professional staff member should greet patients.	Receptionist /staff should be trained to properly welcome and address patients.
	07.	Wait area should be comfortable and offer reading material. If younger patients are routinely seen, appropriate materials should be available for their age.	Add current reading material and music or TV for patient entertainment.
	08.	Adequate seating should be available to accommodate waiting patients and companions.	Additional seating accommodations are to be provided.
	09.	Wait area appearance demonstrates facility is maintained in clean and neat condition.	Establish routine housekeeping function policy and assure that these are performed on a regular basis.
C. RADIOLOGY	10.	X-ray equipment should have current registration. (CTDHP)	Contact the State to obtain current registration and inspection.
	11.	Proper shielding of patients should include a full size lead apron.	Purchase and utilize the necessary lead shield.
	12.	Proper shielding of patients should include a thyroid collar.	Purchase and utilize the necessary collar.
D. OPERATORIES	13.	Operatories should be accessible to patients with disabilities. (Americans with Disabilities Act)	At new construction or remodeling, wheelchair accessibility and treatment should be considered.
	14.	All chair and light coverings should be changed between patients. (CDC)	Establish routine policy to change chair and light barrier coverings between patients.
	15.	Prescription pads should not be patient accessible.	Store all prescription pads in area that is not accessible by patients.
	16.	Disposable products must be disposed of after use on a patient. Disposables may not be reused or sterilized. (CDC)	Purchase sufficient supplies and implement a policy so that all disposables are properly disposed of after use on a patient.
	17.	Waste cans should have lids so discarded items are not readily available to patients or companions.	Provide a covered waste container.
	18.	All equipment must be in good working order and wiped clean between patients.	A policy for cleaning equipment routinely must be implemented and equipment must be repaired or replaced or discarded.
	19.	Patient supplies should not be stored on counter tops or on the floor.	All patient supplies are to be removed from the floor and counter tops in patient areas..
	20.	Area must be clean. (ADA)	Establish routine housekeeping function policy and assure that these are performed regularly.
	21.	Area should be free of hazardous conditions (ie, hanging wires, broken floor tiles, easily accessible solvents). (CTDHP)	Repair and/or reorganize room, equipment and supplies for greater safety.
E. STERILIZATION & DISINFECTION	22.	Instruments are to be sterilized by autoclave. (ADA, CDC)	Autoclave is to be used..
	23.	Prior to sterilization instruments must be scrubbed in order to remove debris. (CDC)	Instruments are to be scrubbed and placed in ultrasonic prior to sterilization.
	24.	Instruments should be wrapped and marked with the date of sterilization and used within 6 months. (CDC)	Wrap, date and sterilize all loose instruments.
	25.	Handpieces should be wrapped and heat sterilized between use on patients. (CDC, ADA)	Wrap and sterilize handpieces. Handpieces are to be stored in wraps until use..
	26.	All cutting burs and files must be sterilized or disposed of after use. (CDC)	Burs/files must be sterilized or disposed of after use.
	27.	A cold sterilization solution must be used to disinfect any items that cannot be heat sterilized and are not disposable. (CDC)	A high level disinfection sterilization solution must be used.
	28.	Dirty equipment should not be cleaned and processed in the same area that is used for clean instruments due to infection control concerns. (CDC)	Signs should be posted to separate clean and dirty areas to prevent cross-contamination of materials or equipment.

	29.	Weekly spore testing on the autoclave or chemiclave is mandatory to ensure proper conditions for sterilization. Logs must be maintained for spore testing dates and test results. (ADA)	Implement weekly spore testing. A log of test results must also be maintained.
F. SAFETY	30.	Provisions for emergency eye wash are available. The office eyewash station should be maintained in proper working order. (OSHA)	Eye wash station must meet OSHA criteria Eye wash station sign must be posted and visible.
	31.	MSDS need to be available for all chemical products used in the office. These should be maintained in a binder and updated annually. MSDS can be obtained through the product manufacturer.	MSDS need to be current and available for reference.
	32.	All chemicals are appropriately labeled so that they may be easily identifiable and warnings are apparent for poisonous material. (OSHA)	All chemicals are to be labeled as per OSHA requirements.
	33.	A puncture resistant container is used to discard sharps. (CDC)	Puncture resistant container must be used for discarding sharps.
	34.	A large biohazard container with a lid is used to store biohazard materials. These must be disposed of properly and in accordance with OSHA and State regulations.	Designate and label properly containers for biohazard materials in accordance with State regulations and OSHA. Red bags or red sharps containers may be an acceptable practice per local requirements.
	35.	A certified/bonded carrier is used to remove infectious waste. A log is maintained of infectious waste removal. (CDC)	Contract with a certified/bonded carrier to remove infectious waste.
	36.	Needle must be recapped during treatment and disposal to avoid contamination and puncture accidents.	Implement a policy to recap all needles during treatment and disposal.
	37.	Safety glasses with side shields are provided for all clinical staff and patients. (CDC, OSHA)	Purchase safety glasses with side shields for all clinical staff and patients.
G. INFECTION CONTROL	38.	Appropriate personal protective equipment (PPE) and gloves must be utilized. A new pair of gloves must be worn for each patient and remain in the treatment area only. (CDC, OSHA)	Purchase gloves for use by dentist and staff. Implement a policy that new gloves be worn for each patient.
	39.	Antimicrobial soap used in operatories. (CDC)	Hands should be washed with an antibacterial, antimicrobial soap before gloving and after each patient.
	40.	Masks should be used with each patient when splatter is anticipated. (CDC, OSHA)	Purchase masks for use by dentist and staff. Implement a policy that masks should be changed between each patient or when soiled.
	41.	Headrest covers are to be used. (CDC)	All protective coverings should be changed between each patient.
	42.	Each employee with potential exposure must be offered immunization against Hepatitis B at the employer's expense. Employees may refuse vaccination but must sign an informed consent of declination.	Provide all appropriate staff with employer paid immunization against Hepatitis B immediately. Maintain signed informed consent for refusals.
	43.	Equipment surfaces should be sprayed between each patient with an antimicrobial agent using the spray-wipe method. (CDC)	EPA approved solutions shall be purchased and used as indicated.
H. EMERGENCY PREPAREDNESS	44.	Office should be equipped with current fire extinguisher. (CTDHP, OSHA)	Fire extinguishers should be mounted in easy-to-reach areas, fully charged and operational at all times and inspected regularly.
	45.	Emergency oxygen tank must be available and monitoring documented.	Purchase a portable oxygen unit and place in an accessible area. The unit must have an expiration date tag attached.
	46.	Office should have emergency first aid kit with life sustaining drugs. Emergency drug kit should be kept inaccessible to patients. (OSHA)	Emergency first aid kit should be obtained and emergency drug kit checked regularly for expired drugs.
	47.	CPR certification is required by dentist and/or full time employee. (OSHA)	At least 1 full time staff member will be CPR certified.
	48.	Office has documented emergency protocol. (OSHA)	Create and document emergency protocol.
I. ANESTHESIA / SEDATION	49.	Office should have appropriate monitoring equipment if anesthesia is available.	Anesthesia/analgesia monitoring equipment is to be used.
	50.	If nitrous oxide analgesia is used, a scavenger system must be used; it is the law. Tubing must be free of cracks or perforations.	A nitrous oxide scavenger system must be installed.
	51.	Tanks must be mounted securely to prevent an accident.	Tanks must be secured.
	52.	Masks are to be sterilized for each patient. (CDC)	Sufficient masks must be available to allow for sterilization between patient uses.
J. LABORATORY	53.	Laboratory should be clean and well organized. (CDC)	Establish routine housekeeping function policy and assure that these are performed regularly.
	54.	Impression trays must be sterilized between patient use or disposable trays may be used. (CDC)	Impression trays are to be sterilized and stored in bags or purchase disposable impression trays to be used appropriately.
	55.	All materials used in the laboratory that come in contact with dental prosthesis must be disinfected after each use. (CDC)	Ragwheels and brushes should be disinfected or heat sterilized after each use.

K. PATIENT RESTROOMS	56.	Restrooms should be equipped for patients with disabilities. (Americans with Disabilities Act)	Upon remodeling or new construction, restroom should be made handicap accessible.
	57.	A covered waste container should be located in the restroom.	A covered waste container must be provided.
	58.	Restroom is clean and well maintained. (CDC, OSHA)	Establish routine housekeeping function policy and assure that these are performed regularly.
L. RECORDS MANAGEMENT	59.	All dental records should be maintained and secured at your facility in a place that assures confidentiality and physical safety. These records should not be stored in a place where visitors or patients have accessibility. (HIPAA)	Store patient records in an area that is not readily accessible to patients and inappropriate staff members.
	60.	Individual records for each patient. (CTDHP)	Each patient should have an individual dental record that is clearly labeled.
	61.	Each page of the dental record should be clearly labeled with patient identification. (CTDHP)	Place patient identification on each page of the patient's dental record in order to maintain the records in the appropriate chart.
	62.	For risk management purposes, signed consent forms should be maintained in the dental record and updated on an annual basis.	Develop consent forms and maintain in dental record. Update the consent forms on an annual basis.
	63.	A policy for retaining charts at least 6 years after the last date of service.	Retain dental record for a minimum of 6 years after the last date of service.
M. RECORD STRUCTURE	64.	Medical history is updated and signed on annual basis.	Update the medical history at least annually.
	65.	Health history is signed by dentist upon review. (CTDHP)	Dentist shall review sign and date medical history.
	66.	Medical conditions/treatment requiring specific attention relating to dental treatment is flagged in the record. (CTDHP)	Prominently display medical alert conditions.
	67.	Medications, allergies and adverse reactions are prominently noted in the record. (CTDHP)	Prominently document allergies, adverse reactions and medications.
	68.	A periodontal evaluation is usual practice to establish baseline oral conditions. (ADA)	Document complete periodontal charting of pocket depths as part of the initial baseline data.
	69.	An intraoral screening is done to fulfill basic requirements of a complete examination. (ADA)	Document examination of intraoral structures and tissues.
	70.	Appropriate type(s) and number(s) of current radiographs are evident to fulfill basic requirements for a complete patient examination. (CTDHP)	Utilize the guidelines published by the Dept. of Health and Human Services, Center for Devices and Radiological Health.
	71.	Objective data and physical/oral examination findings are documented as related to the patient's chief complaint. (CTDHP)	Document symptoms, onset, duration, frequency and/or severity of the chief complaint(s).
	72.	Entries made in the dental record are dated with month, date and year of entry. (CTDHP)	Document the date, month and year of all dental record entries.
	73.	Dental records must be legible, documented accurately in a timely manner, and readily accessible to health care practitioners. (CTDHP)	Document in a legible manner. Staff and other health care providers should be able to read the documentation.
	74.	Chart entries made by the dentist or the staff must be signed and dated. (CTDHP)	Sign or initial and date each chart entry.
	75.	Entries should be made in ink to ensure complete, legible and accurate record keeping. (CTDHP)	Use ink when making entries on patient chart/record.
	76.	Spaces or use of white-out in record keeping is not acceptable. (CTDHP)	Do not use white-out or leave spaces in patient records.
	77.	Type and dosage/amount of local anesthetic used must be documented in the record. (CTDHP)	Document the type and dosage/amount of local anesthetic used.
	78.	If patient fails to keep appointment, there should be a notation in the dental record of the follow-up that was done.	Document missed appointments in the dental record.
	79.	A written treatment plan, including treatment options discussed must be documented in the record. (CTDHP)	Document treatment plan and options, if applicable.
80.	Follow-up care for completion of treatment plan including consultations, referrals and return to office dates should be documented. (CTDHP)	Document the time intervals, purpose for the next appointments and completion of treatment plan in patient record.	
81.	Follow plan guidelines related to billing members for covered services.	Adhere to proper plan billing profiles.	
N. PREVENTIVE DENTAL SERVICES	82.	Any form of patient education, such as literature, brochures, verbal instruction or demonstration should be documented.	Document all forms of patient education.
	83.	A complete oral exam should be offered to each established adult or pediatric patient on an annual or biannual basis. (ADA)	Document recall interval and efforts to schedule an appointment.
	84.	As appropriate, sealants should be routinely applied. (ADA)	Apply sealants as appropriate.

References: CDC: Center for Disease Control, Department of Health & Human services, "Practical Infection Control in the Dental Office", October 2003; ADA: American Dental Association, ADA Council on Sci. Affairs & ADA Council on Dental Practice, "Infection Control Recommendations for the Dental Office & the Dental Laboratory", October 1999; OSHA: Occupational Safety & Health Administration; American with Disabilities Act of 1990; CTDHP: Connecticut Dental Health Partnership recommendation

Marketing Guidelines

All marketing materials used for CTDHP clients must be reviewed and approved by the CTDHP and Department of Social Services prior to use. Please submit a copy of your proposed materials for review to:

Connecticut Dental Health Partnership
Director of Operations
PO Box 486
Farmington, CT 06032-0486

The CTDHP and the Department of Social Services (DSS) will review materials submitted for approval and respond to review requests within sixty (60) days. If DSS does not respond to materials submitted for approval within sixty (60) days, the provider, provider group, facility or its representative(s) (referred to as "Providers" going forward) may use the materials as presented. The CTDHP or DSS reserves the right to request revisions or recall any materials that advertise or represent State or Departmental program(s) in advertisements or specific materials at any time.

The following guidelines apply to marketing your services to clients of the CTDHP. Please read them carefully.

Outreach Materials

All providers (individual providers, groups, facilities or programs) that provide dental services to Connecticut Dental Health Partnership (CTDHP) clients must obtain prior approval from the Department of Social Services for all marketing activities, health education and all other materials.

Marketing materials that contain outreach information which targets clients of the CTDHP (HUSKY A, HUSKY B, HUSKY C (formerly Fee for Service Medicaid) and HUSKY D (formerly Medicaid for Low Income Adults)) are subject to the following guidelines:

Annual marketing plans and revisions to these plans as they concern CTDHP clients are subject to review. Submissions should include a description of the proposed marketing approaches and marketing procedures.

The State of Connecticut, Department of Social Services or any program logos and names in private marketing materials which target clients of the CTDHP are conditionally permitted. The program logo may be used in conjunction with and must be placed in the vicinity of the provider/provider's office name. The font size for the state-wide program phone number must not be smaller than the facility or provider's office phone numbers.

Any alternative language including non-English translations must be prior approved by the Department of Social Services

Corporate marketing materials that include the Department of Social Services' programs do not require prior approval if the materials exclusively promote the corporate brand and do not mention any State of Connecticut or Departmental programs.

Truthful and Accurate Materials

All marketing materials must be truthful and accurate. Providers may not promote their offices through misleading, inaccurate or deceptive electronic, audio, printed or artistic materials. The Department of Social Services will not allow any information that it determines to be misleading or exaggerated. This includes inaccurate statements regarding an individual's eligibility, enrollment or program benefits, the positive attributes of the office/facility, or disadvantages of competing providers or facilities.

Providers or their representatives must not present misleading or exaggerated claims about themselves, their offices or facilities' positive attributes. Misleading references include advertisements that a provider's services are free to any state, "Medicaid" or CTDHP client. Prospective clients could conclude from advertisements of this nature that only this particular provider/facility providers services or free services to CTDHP clients. Providers/facilities may distinguish themselves by promoting their legitimate positive attributes. Providers may not present false or misleading statements that any of their products are endorsed by the Department of social Services or the Center of Medicare and Medicaid Services (CMS) or any other government entity. Providers are also restricted from engaging in deceptive, fraudulent or abusive practices for any purpose including enticing a client to become a patient and change their dental home.

Providers may not discriminate against any eligible individual on the basis of race, sex, age (including pediatric practices or facilities in the circumstances of older patients with special cognitive needs), creed, oral health status or the need for future oral health care services.

Marketing Staff

The provider must not compensate marketing staff whether they are employees, independent contractors or marketing representatives through the use of a per client/patient incentive or a similar bonus type of reimbursement. Policies and procedures must be implemented to manage actions of the marketing staff to ensure compliance with these marketing guidelines. These guidelines must be distributed to all of a provider's offices and must require that the guidelines be followed at all offices located in Connecticut or in offices deemed to be "border town" offices or "out of state" practices. Providers may display DSS approved materials and brochures in their offices. All unapproved materials are mandated to be retracted.

Recruitment or Solicitation of New Patients

Providers or their representatives may not actively solicit new clients at other provider sites, offices or facilities. Marketing and solicitation materials may not be distributed at DSS eligibility offices, including those in hospitals or other facilities for the purpose of marketing or solicitation. Providers may provide their materials to the DSS Central Office which will distribute the materials to regional offices for display purposes.

Providers may not market or promote their services through any means of telemarketing, mass mailings or any other means by which they may establish unsolicited personal contact with potential clients of the CTDHP. Providers are permitted to respond with allowed information to unsolicited phone calls from potential clients or patients and may return calls to them when they request a return call. The provider may also provide DSS approved materials when requested by a potential patient. Providers may distribute marketing materials to its service area, but may not conduct personal, small group or face-to-face marketing meetings except as provided below.

Recruitment or Solicitation of New Patients through Events

Providers may not conduct promotional group meetings or individual solicitation with potential clients at provider offices or group offices, private clubs, private residences or employer sites. Providers may conduct outreach or market their services at events and meetings which are open to the general public including those held at public facilities, churches, health fairs, other community sites and those organized or sponsored if the provider notifies DSS in advance of such meetings by submitting to DSS on a monthly basis the schedules of educational and marketing events for the following month. The schedules must contain enough information to allow DSS to attend events and monitor for compliance. Providers must utilize DSS approved materials in the presentations and comply with DSS's marketing guidelines. Providers may only request name, address, phone number and family size from potential clients. Providers are not allowed at any time to request Social Security Number, date of birth, Client identification number, children's names, family member names that are related to family members or future potential clients.

Gifts, Tokens and Incentives to Clients

The provider must not under any circumstances request or require personal contact information of potential clients in return for any gift item. Providers may distribute promotional token gifts of nominal value (toothbrushes, sample dental floss, magnets, pens, bags, etc.) at approved events and with approved materials to potential clients when DSS has approved the materials in advance of the distribution and the unit cost value of each item is less than **two dollars (\$2.00)** and the aggregate cost per potential client shall not knowingly **exceed four dollars (\$4.00)** per occasion.

Providers may provide the following materials to clients who are patients of record when DSS has approved the items and criteria for distribution:

- Token gifts to members including magnets, phone labels, and other nominal items that promote the dental providers services to reinforce “good” dental practices or behaviors
- Welcome packets sent to new patients of record
- Oral Health education materials which include but are not limited to podcasts, videos, CDs, DVDs, cassettes and other media

Providers must not provide or sponsor incentives unless explicitly approved by DSS. Such incentives include but are not limited to:

- Cash or gifts, including gift certificates or cards, to clients, patients of record or potential patients
- Gifts of any kind to agencies including DSS or its designee that hosts meetings with clients or potential clients
- Raffles in association with marketing related activities or for the purpose of collecting information for future marketing activities for potential clients
- Offering free screening and/or examinations and/or other dental services to potential or future clients or soliciting referrals from patients of record

Providers are encouraged to remind patients to utilize benefits including regular examinations and cleanings which are available and designed to promote good oral health at periodic regularly scheduled appointments. The provider may disseminate information solely regarding general oral health information materials to their patients of record without prior approval from DSS.

Utilization Management Programs

Utilization Management (UM) is a set of processes which seeks to ensure that eligible members receive the appropriate, least restrictive and most cost effective treatment to meet their identified oral health needs within the prevailing standards of care. Utilization Management as used in this context includes practices such as, prior authorization, concurrent claims review, retrospective medical necessity review and retrospective utilization review.

Prior authorization includes prospective and concurrent claims review to ensure that services are delivered in accordance with the programs coverage guidelines, benefit rules and prevailing community standards of care. Retroactive medical necessity review may include provider chart reviews to ensure

that documentation supports medical necessity and medical appropriateness of services and treatments rendered and that the documentation is consistent with the provider's claims. These chart reviews may be random or targeted based on information produced during the utilization management process.

BeneCare has developed a sophisticated proprietary, multi-variable statistical approach to utilization management which seeks to explain an individual dentist or practice's divergence from the average activity of all participating dentists by client group. The algorithm includes consideration of such factors as the age and gender mix of patients seen, the doctor's year of licensure, specialization or general practice, the socio-economics of the practice's location and other variables. Utilization reports are generated for each dentist or practice that compares the dentist's profile with the group norm. Expected procedure frequencies are tabulated for every category of care, against which each dentist is measured. The profile highlights instances of both under and over-treatment when compared to the expected norm for the group using standard statistical measurement techniques.

Utilization management analyses are conducted periodically. Practitioners average care costs per patient are compared to the average cost of care for all patients under each dental specialty to further inform service distribution and practice pattern profiles. When a dentist's utilization patterns are outside of the confidence interval limits calculated in the statistical model or their average costs per patient are in variance to the average costs per patient generally, a more detailed utilization management investigation may be conducted.

Based upon these findings communications from the CTDHP detailing the variance in practice patterns or care costs and detailing the areas of concern will be sent to practitioners requesting a response that either explains the variance from expected norms or affirms an understanding of the areas of concern and agreement to modify practice patterns which led to the observed outcomes.

Non-compliance with these communications efforts may lead to further corrective action being initiated, which may include:

- Random or selected chart audits;
- Referral to the Department of Social Services Quality Assurance Unit;
- Practitioner specific modifications to future prior authorization and claims review requirements.
- Terminating the dentist from the network.

Sample UM Reporting

SUMMARY UTILIZATION AND PROCEDURES REPORT
FOR PERIOD FROM 3/01/2010 TO 8/31/2010
SPONSOR NUMBER: XXXXXX
SPONSOR NAME: GROUP ABC

DR. DENTIST ID: 123456789 Specialty: Pediatric Avg. Care Cost Per Patient: \$239.88

	Number	Num of	Num	Num of	Patient Counts				Ave	Patient Counts				Ave	Median
	of	Patient	Married	Male	By Relationship				Family	By Age					
	Patients	Visits	Pats	Pat	Parts	Spouses	Child	Size	0-14	15-34	35-54	55+	Age		
Dr's Activity	4,278	5,503	0	2,145	4,278	0	0	1	3,785	492	1	0	8	8	
Sponsor's Activity	96,379	146,482	2	39,937	96,379	0	0	1	54,277	27,931	13,446	725	13	11	

Code	Sponsor's Actual Activity			Dentist Actual Activity			Dentist Estimated Activity				
	Number	Percent	Number	Number	Percent	Number	Range-	Expected	Range-	Factor	By
	of	of	Per 100	of	of	Per 100	Lower	Number	Upper	Which	Actual
Group	Procedures	Total	Patients	Procedures	Total	Patients	Limit	Procedures	Limit	Exp. Differ	Compared To
PERIODIC EXAM	57,874	47.61	60.04	3,240	15.72	75.73	66.00	75.00	84.00	0.00	WITHIN
LMT ORAL EVAL	18,749	80.21	19.45	250	1.21	5.84	6.00	9.00	12.00	0.64	UNDER
COMP ORAL EVAL	26,599	13.80	27.59	662	3.21	15.47	15.00	23.00	31.00	0.00	WITHIN
RE EVAL LMT'D	7	0.02	0.00	1	0.00	0.02	25.00	34.00	43.00		N/A
COMP XRAY SERIES	3,728	15.95	3.86	13	0.06	0.30					N/A
PERIAPICAL XRAYS	79,647	40.76	82.63	558	2.70	13.04	11.00	45.00	80.00	0.00	WITHIN
OTHER XRAYS	593	2.53	0.61	43	0.20	1.00	15.00	26.00	36.00	0.03	UNDER
BW XRAYS	46,973	0.97	48.73	1,488	7.22	34.78	30.00	37.00	45.00	0.00	WITHIN
PANORAMIC XRAY	15,864	67.87	16.46	408	1.98	9.53	7.00	11.00	14.00	0.00	WITHIN
ADULT PROPHY	18,263	78.13	18.94	38	0.18	0.88					N/A
CHILD PROPHY	63,742	72.71	66.13	4,012	19.47	93.78	79.00	91.00	102.00	0.00	WITHIN
FLOURIDES	60,903	60.56	63.19	4,152	20.15	97.05	78.00	90.00	102.00	0.00	WITHIN
SEALANT TOOTH	54,467	33.03	56.51	1,765	8.56	41.25	38.00	57.00	76.00	0.00	WITHIN
SPACE MAINTAINERS	1,172	5.01	1.21	123	0.59	2.87	1.00	4.00	7.00	0.00	WITHIN
AM 1 SURF	4,550	19.46	4.72	69	0.33	1.61					N/A
AM 2 SURF	6,709	28.70	6.96	415	2.01	9.70					N/A
AM 3 SURF	2,369	10.13	2.45	110	0.53	2.57					N/A
AM 4 SURF	467	1.99	0.48	8	0.03	0.18					N/A
COMP 1 SURF	4,049	17.32	4.20	105	0.50	2.45	2.00	4.00	7.00	0.00	WITHIN
COMP 2 SURF	3,296	14.10	3.41	85	0.41	1.98	2.00	4.00	6.00	0.49	UNDER
COMP 3 SURF	4,870	20.83	5.05	128	0.62	2.99					N/A
45 RSN COM	3,940	16.85	4.08	65	0.31	1.51	1.00	5.00	9.00	0.00	WITHIN
15 RSN COM POS	32,158	37.58	33.36	521	2.52	12.17	14.00	25.00	36.00	0.48	UNDER
25 RSN COM POS	31,790	36.01	32.98	403	1.95	9.42	16.00	26.00	36.00	0.36	UNDER
35 RSN COM POS	16,640	71.19	17.26	76	0.36	1.77	2.00	9.00	16.00	0.19	UNDER
45 RSN COM POS	4,598	19.67	4.77	8	0.03	0.18					N/A
CROWNS/STNLS	5,028	21.51	5.21	270	1.31	6.31					N/A
SEDATIVE REST	1,245	5.32	1.29	11	0.05	0.25					N/A
PULP CAPS	1,441	6.16	1.49	24	0.11	0.56					N/A
PULPOTOMY	3,282	14.04	3.40	249	1.20	5.82	2.00	11.00	20.00	0.00	WITHIN
PERIO SURGICAL	137	0.58	0.14	1	0.00	0.02					N/A
SIN TOOTH EXT	15,789	67.55	16.38	527	2.55	12.31	8.00	19.00	31.00	0.00	WITHIN
EMER TREATMENT	477	2.04	0.49	4	0.01	0.09					N/A
GENERAL ANESTHESIA	6,212	26.57	6.44	772	3.74	18.04	1.00	4.00	7.00	4.51	OVER

AREAS OF CONCERN:
1.) General Anesthesia at 4.5 times the frequency for the group.

SPONSOR CLAIM REVIEW: ABCDE
FOR CLAIMS PAID FROM 3/01/2010 TO 8/31/2010

PEDIATRIC DENTISTS

DENTIST ID	DENTIST NAME	NBR OF PATIENTS	NBR OF CLAIMS	TOTAL DOLLARS	AVE PER CLAIM	AVE PER PATIENT	ACCP Compared to Limits	AMT VAR From Average	PCT VAR From Average
983685596	DR. 983685596	1	2	\$960.00	\$480.00	\$960.00	Over	\$570.40	246.41%
780891724	DR. 780891724	5	9	\$2,365.00	\$262.77	\$473.00	Within	\$83.40	121.41%
922346852	DR. 922346852	33	57	\$7,611.00	\$133.52	\$230.63	Under	(\$158.97)	59.20%
499796318	DR. 499796318	50	129	\$21,773.26	\$168.78	\$435.46	Within	\$45.86	111.77%
438035974	DR. 438035974	64	123	\$105,557.64	\$858.19	\$1,649.33	Over	\$1,259.73	423.34%
198810596	DR. 198810596	68	114	\$14,397.00	\$126.28	\$211.72	Under	(\$177.88)	54.34%
642225734	DR. 642225734	86	161	\$28,165.00	\$174.93	\$327.50	Within	(\$62.10)	84.06%
968666039	DR. 968666039	101	154	\$28,481.52	\$184.94	\$281.99	Under	(\$107.61)	72.38%
245275678	DR. 245275678	164	264	\$63,462.80	\$240.38	\$386.96	Within	(\$2.64)	99.32%
669169897	DR. 669169897	207	408	\$47,801.00	\$117.15	\$230.92	Under	(\$158.68)	59.27%
799745975	DR. 799745975	248	410	\$63,327.04	\$154.45	\$255.35	Under	(\$134.25)	65.54%
753216082	DR. 753216082	255	387	\$87,048.91	\$224.93	\$341.36	Within	(\$48.24)	87.62%
287115402	DR. 287115402	280	583	\$116,323.17	\$199.52	\$415.43	Within	\$25.83	106.63%
533498461	DR. 533498461	284	400	\$59,281.00	\$148.20	\$208.73	Under	(\$180.87)	53.58%
485263065	DR. 485263065	287	466	\$87,194.00	\$187.11	\$303.81	Within	(\$85.79)	77.98%
801031574	DR. 801031574	369	554	\$89,397.30	\$161.36	\$242.26	Under	(\$147.34)	62.18%
776896610	DR. 776896610	385	570	\$81,277.95	\$142.59	\$211.11	Under	(\$178.49)	54.19%
796656311	DR. 796656311	568	878	\$154,344.70	\$175.79	\$271.73	Under	(\$117.87)	69.75%
477641548	DR. 477641548	576	862	\$135,601.07	\$157.30	\$235.41	Under	(\$154.19)	60.42%
201563419	DR. 201563419	580	822	\$125,859.00	\$153.11	\$216.99	Under	(\$172.61)	55.70%
222406485	DR. 222406485	585	927	\$188,704.00	\$203.56	\$322.57	Within	(\$67.03)	82.80%
925430083	DR. 925430083	648	1,231	\$287,522.80	\$233.56	\$443.70	Within	\$54.10	113.89%
841433100	DR. 841433100	838	1,457	\$254,795.80	\$174.87	\$304.05	Within	(\$85.55)	78.04%
495860242	DR. 495860242	928	1,475	\$348,505.56	\$236.27	\$375.54	Within	(\$14.06)	96.39%
112836448	DR. 112836448	1,080	1,551	\$492,117.18	\$317.29	\$455.66	Within	\$66.06	116.96%
759562509	DR. 759562509	1,520	3,023	\$761,534.68	\$251.91	\$501.00	Over	\$111.40	128.59%
397646964	DR. 397646964	1,541	2,517	\$546,141.68	\$216.98	\$354.40	Within	(\$35.20)	90.97%
267086699	DR. 267086699	1,614	3,135	\$978,216.39	\$312.03	\$606.08	Over	\$216.48	155.57%
278764809	DR. 278764809	1,757	3,137	\$663,195.00	\$211.41	\$377.45	Within	(\$12.15)	96.88%
145947747	DR. 145947747	2,363	3,593	\$490,371.60	\$136.47	\$207.52	Under	(\$182.08)	53.27%
326585986	DR. 326585986	4,338	6,261	\$1,040,636.49	\$166.20	\$239.88	Under	(\$149.72)	61.57%

PARTICIPATING DENTISTS SERVICES	21,823	35,660	\$7,371,969.54	\$206.73	\$337.81
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Standard Deviation	\$279.08
Number of Providers > +/-1SD	2
Mean(Average)	\$389.60
Sample Size	31
Lower Limit (95% CI)	\$287.23
Upper Limit (95% CI)	\$491.96

