

Carrie Orn, DDS

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### Newsletter

#### **Greetings, NDDA Members!**

Each day we are closer to warmer weather and melting snow. Well, that's what I keep telling myself after every snow event that occurs!

I realize sometimes it's hard to **stay up-to-date** with what is happening at your local and state NDDA level, but know there have been lots of things going on behind the scenes. Here are some NDDA highlights: **Why Membership continues to be So important, Legislative Session, and Workforce.** 

We really appreciate your *loyal membership!* Each of us also, can help our goals, by continuing to make sure our non-member/new colleagues are invited to our local district meetings and stay up to date with membership. It really takes each of us to *invite* those colleagues to local meetings or out for a cup of coffee. WHY? There are a few reasons.

Over the last thirteen years, I have made some of my closest adult friendships with these wonderful men & women that love this profession, as much as I do! The second, important reason to gain continued membership, is highlighted every 2 years during our *Legislative Session*. It continues to be show me why our *membership voice is needed*. We are the ones that help our Representatives decide how to vote on the issues affecting our day-to-day practices & patient care.

Did you realize that if we didn't have NDDA members and our ED at the Capital as a united front, ONE of the amendments that was trying to be passed, added late into a Senate Bill (and now going to the House), would have hurt our profession and patients dearly- whether you were insurance based or non-insurance-based practice. But this amendment was stopped. To be honest, my membership dues for the last 10 years was worth that one....

A Bill the NDDA is excited about, but also **need your help** with, is the **SB 2135 Assignment of Benefits bill.** This Bill gives patients the right to have their insurance benefits be paid/signed over to the dental office, even if the provider is out of network. This will be a huge win for patients and dentists! Email or call your senators and thank them! NOW, we need you to reach out to your Representatives (the House), and let them know the importance of why this Bill will help patients and providers. The House will see SB2135 at the end of March and we want them to understand the importance of it.

If we expect *our profession* to keep being the BEST, then each of *you can help*. We give our BEST to patients, our teams, and our families. Help us by contacting your local Representatives and Senators. *Help the NDDA*, by being active and communicate with your *local dental and legislative leaders*. This helps us continue to be the dental voices in the state! This keeps our membership active. So, stay involved and help.

Finally, don't forget, we are really excited about the new Hygiene and Assistant program starting out West. We know this takes a little time to see the benefits in our own offices, but WOW, what a great way to get more young people interested in the profession and a part of our workforce in western and central ND in the next 2 years!

Again, please stay in touch with your local NDDA leaders. We are in a wonderful profession! And we are blessed to have such a great community! We want it to stay that way  $\theta$  look forward to your help!

Carrie Orn, DDS

NDDA President

#### - OUR VISION -

"We will be the voice that protects the interests of dentistry to uphold the highest standards of our profession."

## EXECUTIVE DIRECTOR'S MESSAGE



William Sherwin

#### Well I guess we will call it Spring...

We've had quite the fall, winter and spring this year, but let's just call it winter and find the fun in snow and breaking records, I guess!!! While mother nature doesn't seem to cooperate or want to change this year, things are still moving forward and getting done at the NDDA.

The 2023 North Dakota Legislative Session is upon us and in full swing. We are now past the midway point and in the home stretch for the session. Now more than ever we need your help and support with our important NDDA legislation. **Our bill, SB 2135 – Dental Assignment of Benefits**, would allow out-of-network dentists to file claims on behalf of their patients directly with/to Dental Insurance Companies and **MANDATES that the Dental Insurance Company DIRECTLY reimburse the dental provider filing the claim regardless of whether the dental provider is in or out of network with the Dental Insurance Company. The NDDA has been focusing on the PATIENT protections and** 

rights in this public policy and we have emphasized:

- 1. **Patients pay the premium and it is THEIR benefit** that they should be able to use how they wish. "Puts patients in control of their benefits."
- 2. **Patients should be able to see the dentist they want** and dental insurance companies should not be able to dictate or strong arm where North Dakotans receive dental care. Dental Care, as with all medical care, is a very private and personal choice to be made by each individual, allowing patients to see the dental provider best suited for them.
- 3. We already have Assignment of Benefits laws in ND protecting patients in the medical space and these protections should be expanded to dental.

As members, we encourage you to join us in advocating for your profession and the future of dentistry. While we may be the face of dentistry at the Capitol Building, on task force groups, and with legislators; YOU, our member dentists, are the face of dentistry in your communities everyday you go to work changing the lives of North Dakotans. We want to thank you for your hard work to change the oral health of our citizens and challenge you to communicate with your community leaders and legislators the great work you, your peer doctors, and the NDDA are doing across the state. North Dakotans deserve the best quality and continuum of care from their dentist.

In addition to SB 2135, we have a busy legislative session working on: Medicaid, Medicaid Expansion, Dental Medicaid Funding, Teledentistry Policy, Case Management Policy, Screening & Assessment Policy, Dental Workforce, Higher Education(Dental) Funding, State Loan Repayment Funding, Federal Loan Repayment Programs, WICHE/PSEP Tuition Support, NDBODE Reform/Restructure, Dental Licensure, Dental Licensing Reciprocity, In-office Dental Plans, Association Health Plans, Health Benefit Plans, Dental Managed Care, COVID Liability/Small Business Protection, Vaccine Mandates, CareMobile Funding, Donated Dental Services Funding and many other pieces of legislation.

To see a more in-depth writeup on our legislative agenda and developments please review our mid-session legislative update letter. We take great pride in advocating for you, our member dentists, your patients, and oral health in North Dakota. Please let us know if you have any specific concerns or concerns regarding any of the included legislation or other legislation that you would like clarification.

Over the past year we have not only been working proactively on our legislative pieces for this session, but also on the enforcement of our historical legislative work. We are extremely excited and proud of our work and partnership with North Dakota Insurance Commissioner Jon Godfread and his Division Director of Life/Health/Medicare, Chrystal Bartuska. Commissioner Godfread, Director Bartuska and their team are excited to work directly with NDDA members having issues and complaints with Dental Insurance Companies not following current and future(proposed) North Dakota Insurance Laws for the protection of North Dakotans. As you can remember, we at the NDDA offices have worked judiciously to pass and provide protection for you, your offices, your business and patients in the areas of:

### William Sherwin, NDDA Executive Director

## EXECUTIVE DIRECTOR'S MESSAGE (CONTINUED)

- Non-covered Services
- Retroactive Denial Fairness in Claim Payment Refund Requests
- Prior Authorization Claim Payments Guarantee
- Network Leasing Fair and Transparent Network Contracting
- \*Proposed Assignment of Benefits(Tentative if passed in 2023)
- \*Proposed Any Willing Provider(Tentative if passed in 2023)
- \*Virtual Credit Card(Planned for 2025)
- \*Downcoding Limitations(Planned for 2025)
- \*Medical/Dental Loss Ratio(Planned for 2025)
- \*Coordination of Benefits (Planned for 2025)

For any complaints, concerns or clarification on North Dakota Dental Insurance laws please contact Ms. Chrystal Bartuska the Division Director of Life/Health/Medicare in the North Dakota Insurance Department. We at the NDDA, through you our members, need to hold Dental Insurance Companies accountable and ensure they are following the laws/protections we have passed for ND patients and our practices. \*ALL formal complaints requiring or requesting action against a Dental Insurance Company MUST be filed in writing via mail or by email to Ms. Bartuska. Any other questions, comments, concerns or requests for clarification can be handled telephonically.

Ms. Chrystal Bartuska
Division Director, Life/Health/Medicare
North Dakota Insurance Department
600 E Boulevard Ave.
Bismarck, ND 58505
P: 701-328-2441

E: cabartuska@nd.gov

Last and most importantly, I would like to thank our Trustees and Central Office staff for their dedication and guidance while we navigate all of the different projects this spring. Specifically, I would like to thank our Assistant Executive Director, Camie Mosbrucker, for her expertise running the Central Office and helping prepare materials for testimony while we are at and busy with the Legislature. Her commitment to you, our members, is unmatched and the professional manner in which she runs our day-to-day operations does not go unnoticed. Our Midwinter Meeting and other gatherings run flawlessly thanks to her fine eye, attention to detail, hard work, and more than anything else fun positive attitude. It is with great pleasure that Camie and I work for you. Please let us know if you have any questions, concerns, or issues you would like us to address.

For our members that have renewed their 2023 dues, Thank You!!! For those of you that have as of yet not renewed or have peers that would like to join, there is still time! Please contact Camie in our Central Office at 701-223-8870 or <a href="mailto:cmosbrucker@smilenorthdakota.org">cmosbrucker@smilenorthdakota.org</a>.

Thanks for your commitment to North Dakota Dentistry!

Respectfully Submitted,



NDDA Executive Director



The demand for same day conversions has grown tremendously. Now more than ever, you need to partner with a competent lab to assist in treatment planning and to give your patients the smile they deserve.



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### WHAT IS YOUR WHY?



Scott L. Morrison, DDS, MS

Happy belated New Year to all. I hope everyone has had an equally Happy Holiday Season and had time to spend with family and friends. It is at this time, the beginning of a new year, that we often make resolutions and predictions for the things we would like to accomplish and improve upon for the coming year.

Instead of looking forward, I would like to look backwards for now, looking at the last year, and perhaps cumulatively on our careers. My career has spanned 37 years. Many of your careers have been shorter, a few longer. I would like to ask you and have you contemplate about what is your why? What do I mean by your why? Why do you get up 200 to 300 mornings per year and engage in the profession of dentistry? The answer can be found through a process of self-assessment to more fully understand our true motivation. The answer should be at its purest, most elemental form.

Why? The typical answer, and the one I hear most often, is for the money. Sure, we all need to make money. We need to make payments on our student loans, mortgages and car loans. We need to provide for our loved ones. Dentistry makes for a good, if not a very good, life. However, there are many ways to make money. As a group, dentists are smart people. Thus, we all have the potential to create a

good life. In my opinion, money as the why is much higher on the hierarchy of needs than the answer I think we need to get to.

Another possible answer to the question of what is your why is that one experiences gratification for the work performed. That statement always reminds me why I envy general dentists; not just because they need to be very good at everything, but because they receive immediate gratification from their patients: for the anterior composite that one cannot even tell is there, for the veneers that look perfect, for the posterior crown that is anatomically perfect, fits like a glove and functions even better. In addition, the patient leaves the office with something; a filling, a veneer, a crown. As a periodontist, my patients left with less calculus, longer teeth, less gum tissue, maybe oozing. Sure, there was eventual gratification, but it was always 4 weeks to 6 months later. Truly, I love being a periodontist. Gratification as the why is still a bit self-serving, but we are getting closer to what I believe is the true answer.

Identifying the true answer to why we get up each day and engage in the profession of dentistry requires a paradigm shift to the perspective of our patients. Isn't the answer to why we all do what we do is, simply put, to make people healthy? Our patients do want to be healthy even if they don't always admit it or sometimes take the most circuitous route to get there. In my opinion, making people healthy is the purest and most elemental calling of our profession and the why behind doing what we do.

This is the perspective we need to view as the DNA of our profession. Can we be satisfied knowing that 50 percent of our country's citizens have access and the means to seek true oral health and blatantly ignore the other 50 percent? This begs the question, do we truly believe that oral health is essential, as we shouted so loudly when we were shut down through the early days of the COVID pandemic; or was that only convenient rhetoric at the time?

The concept of oral health care for all, or universal oral health coverage, will require a significant shift in our present thinking, but should we not at least have the discussion? What if private dental insurance was oral health "insurance" and not just a "dental benefit". What if there was no maximum yearly benefit and you were able to perform the treatment needed 'to make people healthy? What if you did not have to wait until next year to perform the next needed procedure identified on the treatment plan? What if Medicare had a dental benefit that reimbursed at a fair rate and had limited administrative burden? Wouldn't such changes allow us to make people (age 65) and older healthy?

Many would contend that these kinds of thoughts are dental heresy and that we should never get involved in Medicare. I have heard the many reasons dampening these thoughts. Some say that getting involved in Medicare will change the practice of dentistry as we know it. Wait a minute; it is already changing and we are lagging behind. We need to start thinking outside of the box that legislators and insurance companies have put us in so that we can "make people healthy". Give your "Why" some thought and keep making people healthy.

Respectfully submitted,

Scott L. Morrison, DDS, MS

Scott L. Morrison, DDS, MS 10th District Trustee morrisons@ada.org

## NDDA Annual Session



### **MARK YOUR CALENDARS!**

for **September 14 & 15, 2023**. The NDDA Annual Session will be held at the Delta Hotels in Fargo, ND. The agenda has not been finalized but will be soon. Please continue to check the NDDA website – www.smilenorthdakota.org for more information and updates. The website will also include changes the NDDA is hoping to make to the Annual Session Registration process.

### **SNEAK PEEK AT NDDA ANNUAL SESSION SPEAKERS**

\*\*\*\*SPEAKERS AND LECTURE TOPICS ARE SUBJECT TO CHANGE

#### THE ROLE OF ENDODONTICS IN INTERDISCIPLINARY CARE

Presented by Dr. Richard Schwartz

Dr. Schwartz will conduct an interactive, case-based session on decision-making and treatment planning in endodontics. Emphasis will be on the role of endodontics in multi-specialty care and how endodontic treatment can improve the outcomes in other areas of dentistry, including implants. He will present case histories and lead the audience through the thought process of diagnosis, case selection, endodontic considerations, restorative considerations and execution of the treatment. He will show how he treated the patients, discuss his rationale and discuss the importance of the "patient conversation". He will also discuss the use of "decision points" in treatment planning, risk/benefit/cost analysis, and "special situations" such as resorption, management of trauma and teeth with root fractures. Many long-term recalls will be presented.

#### LEARNING OBJECTIVES: At conclusion, participants should be able to discuss:

- 1. Management of a wide variety of every day endodontic scenarios and some scenarios that are not so common.
- 2. How the execution of the endodontic treatment influences the success or failure of the restorative treatment, & vice versa.
- 3. A logical, organized approach to endodontic treatment planning.
- 4. How Cone Beam CT has changed the decision-making process in endodontics.

### RENEW YOUR 2023 MEMBERSHIP

It's a new day for dentistry and you have the power to influence what's next. Your voice and perspective are essential to the work we do -- from creating new wellness, financial and career programming, to advancing legislation and moving patient care forward.

LET'S BUILD OUR NEW DAY TOGETHER. RENEW TODAY.

## DDA Annual Session (cont.)

#### A HANDS-ON COURSE: TREATMENT OF PULP EXPOSURES DUE TO TRAUMA

Presented by Dr. Lance Kisby

Epidemiological studies have shown that 30% of children and 20% of all US teens have sustained dental trauma. 5 million teeth are avulsed yearly at a cost of \$500 million in repairing the problem. This session will discuss the contemporary concepts in the biology, diagnosing, treatment, and prevention of common pediatric dental injuries. Also, when to not treat will be discussed. At the conclusion, the learner will be able to properly assess and treat the myriad of dental injuries the practitioner may face in practice.

#### LEARNING OBJECTIVES: At conclusion, participants should be able to discuss:

- 1. Describe 2 types of periodontal dental trauma and its treatment.
- 2. Describe 2 types of dental (teeth) trauma and its treatment.
- 3. Compare treatment for avulsion vs intrusion.

#### ORAL CANCER SCREENING: "IT'S MORE THAN GRASPING THE TONGUE"

Presented by Susan Cotten BSDH, RDH

Dental professionals are pressed for time in the busy day of serving patients and want to ensure optimal care is provided for each patient, that includes the early detection of oral and oropharyngeal cancers. It is often reported by dentists and dental hygienists they want to feel more confident when performing that gold standard of screening, the visual and tactile, extraoral, and intraoral evaluation.

Join oral cancer coach Susan Cotten BSDH, RDH, OMT, for this content rich program on oral and oropharyngeal cancer. This course covers in depth the four science based pillars of screening in the "Cotten Method". 1. The etiologies of disease with an emphasis on HPV. 2. Additional risk factors for oral cancer. 3. The signs and symptoms of oral and oropharyngeal cancer. 4. The components of a comprehensive screening.

Susan will utilize her screening videos to demonstrate a comprehensive visual and tactile, extraoral, and intraoral, evaluation and techniques for optimal positioning and visualization. Tonsil grade and Mallampati score will be discussed and their importance in the oropharyngeal evaluation. Also discussed are the side effects the cancer patient experiences, the important role dental providers have in the patient's oncology team, and treatment considerations when a survivor returns to the office for dental treatment.

#### LEARNING OBJECTIVES: At conclusion, participants should be able to discuss:

- 1. Discuss the Human Papillomavirus.
- 2. Name additional risk factors for oral cancer.
- 3. Recognize signs and symptoms associated with oral and oropharyngeal cancer.
- 4. Describe components of a comprehensive visual, tactile, extraoral, and intraoral evaluation.
- 5. Articulate the importance of an oral cancer risk assessment.
- 6. List areas of liability in oral cancer for the dental professional.
- 7. Recognize side effects oral and oropharyngeal cancer patients experience.

## DDA Annual Session (cont.)

#### ATTITUDES FOR EXCELLENCE

Presented by Ryan Botner

Learn how to build life changing habits that will completely change your life. Find and create purpose in everything you do, make every action count, focus on things that matter, build better relationships.... BE INTENTIONAL! CHANGE YOUR MINDSET. CHANGE YOUR FUTURE.

Attendees will learn powerful goal achieving tools, motivational resources and life enhancing ideas to assist them in achieving greater happiness, and incredible success in both their personal and professional lives.

#### **BLOOD PRESSURE 101 FOR DENTAL PROVIDERS**

Presented by Nikki Medalen and Carolyne Tufte

Despite progress toward improving health in North Dakota, there are unmet needs in chronic disease prevention and management. In the state, 30.4% of adults are diagnosed with hypertension, unequally affecting some populations (e.g., low-income). Dental providers can help bridge this gap by working with medical partners on efforts to prevent cardiovascular disease (CVD). Blood Pressure 101 trains dental staff how to properly take a patient's blood pressure and correctly categorize the reading. Additionally, dental staff learn when it is appropriate and necessary to refer a patient to a primary care provider. This intersection of health care and dental care provides the opportunity to discuss the relationship between periodontal disease and heart complications and other systemic diseases.

#### LEARNING OBJECTIVES: At conclusion, participants should be able to discuss:

- 1. Describe the reasons why BP assessment is important in the dental office setting.
- 2. Summarize the goals of the Oral Health BP Program: who, what, when, why and how.
- 3. Demonstrate an accurate blood pressure reading and correctly categorize it as normal, elevated, high or crisis.
- 4. Anticipate how to handle a patient with a high blood pressure and make a referral.
- 5. Participate in conversations regarding integration of BP measurement into workflow

#### TOBACCO USE DISORDER TREATMENT

Presented by Stephanie Rieniets and Heather Austin

Course outline and learning objectives are currently being developed.

#### UNDERSTANDING ORAL HEALTHCARE DELIVERY IN MEDICAID

Presented by Mary Foley

Course outline and learning objectives are currently being developed.

## SEEKING WELLNESS FOR DENTISTS AND FAMILY MEMBERS



Anne Morrison

Dentists are highly educated and intelligent people who seek to help their patients attain optimum oral health through education, routine examinations and cleanings, and advanced procedures when necessary. Dentists rely on patients to provide detailed health histories and work with patients to establish rapport and trust so that procedures are properly designed and performed. Dentists need to be at the top of their game when performing procedures on patients; where success or failure is measured in millimeters. How might outcomes be impacted should a dentist be impaired due to a physical, mental, or emotional health situation? Who helps the dentist, when he or she is struggling?

Dentists are generally thought of as problem solvers, and thus they may be tempted to try and solve their own problems. Or, they may be in denial as to the severity of a problem. Dentists may have concerns about seeking help; fearing patient knowledge of the challenges or impairments

they face or potential concerns related to their license to practice dentistry. Do you know what programs or resources are available for you or a family member to use within your local community, or offered through your State Dental Association or the American Dental Association (ADA)? Is there a Dentist Concerned for Dentists group in your State or a State Physicians Health Program that might include dentists? Attempting to identify available resources and help groups at the time a crisis ensues only adds to the stress of finding a path for getting help.

In September 2022, the ADA launched the Wellness Ambassador Program. Nine dentists and I were chosen to serve as the initial class of wellness ambassadors with a mission to expand awareness of the physical, mental, and emotional challenges faced by dentists and their family members; expand awareness of available resources to help cope with such challenges; and to help facilitate connections between dentists and family members with the appropriate resources to address the challenges faced. Why was I asked to serve? As an active member of the Alliance of the ADA, since 1991, I believe I was asked to serve to help represent the interests of spouses, partners, and family members. I believe that any physical, mental, or emotional health challenge faced by the dentist impacts the entire family. Similarly, any challenge faced by a family member impacts the dentist.

As a wellness ambassador, I am reaching out to the Executive Directors for the five dental associations that make up ADA District 10 (Iowa, Minnesota, Nebraska, North Dakota, and South Dakota) requesting to meet with the leaders of each dental association to talk about the wellness initiatives that each association has in place. And I am offering any help I can provide in furthering wellness initiatives for the dentists in each State. If you have ideas for wellness program offerings that you think will be of interest to and benefit colleagues, please bring them forward to your association leadership and consider getting involved in promoting wellness programs within your State. A second class of ADA Wellness Ambassadors will be brought on board in September 2023. Think about whether you might have a passion to help others by serving as an ADA Wellness Ambassador.

Today, we tell people that it's okay not to be okay. But do we ever actually ask people if they are okay? If we want colleagues and family members to open up and talk about the challenges they face and how they feel, are we willing to do the same? In the past, I was not open to talking about challenges I faced. Today, I think it is important to do so. Here is one part of my family story:

### STORY CONTINUED ON NEXT PAGE

In their early 20's, each of our two sons became addicted to using various types of illegal drugs. At different times, each boy was arrested and spent a few days in jail. Each boy completed an outpatient recovery program and was allowed to participate in a Drug Court Program which resulted in the felony charges for each boy being dismissed. Each boy is lucky to have been given a second chance to have a decent life. For several years, my husband and I kept this information private, thinking that we were protecting our sons reputations. We did not engage in any type of therapy aside from the family counseling sessions required by their recovery and drug court programs. It was extremely difficult to not talk about our sons; constantly deflecting questions from extended family members and friends. Not seeking therapy for ourselves was probably a mistake. Eventually, disclosures by dental friends in other States about similar challenges faced by their family members provided us with opportunities to share our experiences and to take some comfort in knowing that we were not alone. We cannot thank these friends enough for the courage they showed in opening up to us, and in turn listening to us. This is a very condensed version of events that transpired over a period of 8 years and in no way scratches the surface of the emotions experienced along the way. Focused on taking the steps necessary to save each boy's life, I realized that I had inner strength not previously realized. Despite finding such strength, I also felt that I had failed in my role as a mother.

Life does not always turn out the way we planned. It is imperative that each of us have someone we can turn to when we feel overwhelmed or need help. If you are at a loss to identify someone to reach out to, then reach out to me at 402.669.6970 of slmorrison@cox.net. I am not a trained therapist, but I am a good listener. And together we will look to find the right person or program for you to connect with. Remember, you are not alone; there are people out there that want to help. Be open to asking for and accepting help. None of us have all of the answers, but together we can help each other navigate the challenges that life throws at us. Together we strive to be well.

Anne Morrison

ADA Wellness Ambassador



## NDDA ENDORSED PARTNERS



**BRAVERA** is comprised of **BRAVERA BANK, BRAVERA INSURANCE** and **BRAVERA WEALTH** which allows us the unique opportunity to offer a complete financial services package to NDDA members. Bank benefits include a 0.50% reduction on a practice loan interest rate along with flexible terms with customized repayment programs. Bravera Bank can also help you with working capital to help manage cash flow, debt refinancing and consolidation, start a revolving line of credit, or finance equipment purchases. When it comes to your home mortgage, Bravera will finance up to 100% of your home\*.

As an added benefit, Bravera will waive Visa Business Credit Card Scorecard Rewards' \$50 annual fee. For commercial real estate loans, NDDA members receive a 50% reduction on loan originations fees. Bravera Wealth offers NDDA members complimentary retirement planning consultation and 50% off financial planning fees. Wealth also has 401K and 403b retirement plan offerings. Bravera Insurance's experienced and local advisors have access to numerous companies to provide complimentary quotes from multiple carrier partners along with group employee benefit plans (medical, life, etc.). For more information regarding Bravera's exclusive NDDA member benefits, contact Julie Jeske at <a href="mailto:jieske@bravera.bank">jieske@bravera.bank</a> or call 701-330-3783.

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**DCI CREDIT SERVICES, INC.** is a North Dakota based collection agency. DCI offers a pre-collect rate of 5%, regular collect rate of 22% and Advanced/Legal collection rate of 33% to NDDA members. DCI will provide, free of charge, in-house accounts receivable training and strategies to office staff. DCI's recent technology enhancements have been developed through a partnership with the DAKCS software company and the Lexis Nexis Risk Solutions Group. This partnership has allowed DCI to increase recovery rates by 15% or more, which exceeds that National/Regional average. This means a higher rate of recovery at a lower negotiated service cost to NDDA members. We highly encourage you to see what DCI Credit Services, Inc. can do for you. Email their client care/sales team at <a href="mailto:contact@dcicredit.com">contact@dcicredit.com</a> or contact them by phone at 701-483-9111.



**BEST CARD** for your practice's credit card processing needs. Saving practices nationwide an average \$4,221 (28%) annually in credit card processing fees, Best Card offers a wide variety of processing options. From standalone terminals for as little as \$169 with NDDA discount, to online systems for website and recurring payments, Text-to-Pay and AutoPost to dental software programs. **NDDA MEMBERS WHO HAVE** 

**SWITCHED TO BEST CARD ARE SAVING AN AVERAGE \$9,986 ANNUALLY (MORE THAN 37%) OVER THEIR PRIOR PROCESSORS.** And that's just the average! See what Best Card could save your practice: fax/email a recent processing statement to 866-717-7245/compare@bestcardteam.com - receive a \$5 Amazon gift card and a detailed no-obligation savings analysis.

NDDA members currently enrolled in **BEST CARD** have saved an average of 37% over their prior processor. Largest savings equaled \$32,064 in a one-year period. Largest percentage of savings equaled 60.27%. (Numbers based on NDDA members currently enrolled with Best Card, this is not a true representation of the entire market or national averages.)



NDDA endorses **HAROLD DIERS AND COMPANY** for their Professional Protector Plan for Dentists, this plan includes Professional Liability, General Liability and Property coverage. NDDA members receive 10% off their professional liability policy premium. In addition to the Professional Protector

Plan, Harold Diers & Company offers life insurance, disability insurance, business overhead insurance, identity theft plans, cyber liability and audit defense coverage.



**UPS,** the shipping company endorsed by ADA Member Advantage, announced that ADA/NDDA members who are enrolled in its shipping program can receive increased savings. NDDA members who enroll in the program will receive new lower flat rate pricing with savings of: 45% on domestic next day/deferred shipping costs through UPS, 25% savings on ground commercial/residential, 10% savings on UPS Next Day Air Early and free UPS Smart Pickup service through the flat-rate pricing program. Current ADA/NDDA Member Advantage program enrollees must call 1-800-MEMBERS to receive the improved shipping rates.



**PCIHIPAA,** an industry leader in cyber security and compliance resolves to protect members from the onslaught of ransomware attacks, HIPAA violations, and data breaches impacting dentists across the United States. The pandemic has emboldened cyber criminals' attacks on healthcare providers, while creating the greatest occupational risks in our lifetime.

PCIHIPAA will provide North Dakota Dental Association members a complete compliance resource through its OfficeSafe portal that covers PCI, HIPAA, and OSHA. PCIHIPAA's OfficeSafe 360 Compliance Program provides a number of key features that will allow busy and growing dental practices to easily conform to regulations.

#### The OfficeSafe Compliance Program includes:

- HIPAA Policies and Procedures a guided navigation to easily create, update, and record your HIPAA Policies and Procedures
- OSHA Exposure Plans for Blood Borne Pathogens, Hazard Communication, COVID-19 and Respiratory Protection
- Online CME Accredited Employee Training comprehensive training options for staff to provide insight into latest HIPAA & OSHA Regulations
- \$250,000 PCI and HIPAA Data Breach, Non-Compliance, Privacy, Network Security and Ransom Insurance Coverage
- Annual OSHA Audit Guarantee up to \$25,000
- OfficeSafe ID: Identity Restoration for dentists and their families
- Safety Data Sheet Database (SDS)
- Annual PCI Compliance and Certification (Annual SAQ / Quarterly IP Scans)

For more information contact Zack Rosenfeld at zackr@pcihipaa.com or by phone at 310-508-2354.



Office Depot® and OfficeMax are now providing ADA/NDDA Members with exclusive savings on the office supplies you need to successfully run your practice. This new program is also available to your staff and family members for personal use, as well, on items such as school supplies.

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ADA/NDDA Members can refer staff, family, and friends once you have set up an account and are in the site. Visit <u>ADA.org/GE</u> to get your authorization code to set up an account and start shopping.

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# DID YOU KNOW THE NDDA WEBSITE HAS A "NDDA CLASSIFIEDS" PAGE WHERE MEMBERS CAN POST JOB OPENINGS, LIST DENTAL EQUIPMENT OR OFFICE FURNITURE FOR SALE?

If you are interested in taking advantage of this free member benefit, contact the Central Office at 701-223-8870 or send an email to info@smilenorthdakota.org



### VETS ND MOM

#### Mark your calendars for a first of its kind Veterans' Day Mission!

The NDDF is proud to announce a one-day event in Grand Forks over Veteran's Day weekend 2023 that will provide free dental care to 75+ vets in need. The event will be completely volunteer staffed, to include dentists, assistants, dental hygienists, and patient guides. The group is partnering with local VFW posts, American Legions, and additional veteran services organizations to identify veterans in need. Did you know? The US has 19 million confirmed veterans – most of those do not qualify for any dental benefits.

Please consider a monetary donation or donation of your time and services this fall to support North Dakota's servicemen and women.



#### **ADA Priorities in the Congressional Omnibus Legislation**

The Fiscal Year 2023 omnibus passed Congress and was signed into law by the President in December 2022. The omnibus included the following provisions advocated for by the ADA.

#### **Funding for Oral Health**

- · An increase of 3.5% for oral health across the board with significant increases in dental research and Indian dental health.
- Over \$5 million in community projects to support dental and oral health programs.
- · An increase for oral health training with designated funding for pediatric and general dentistry.

#### Medicaid and the Children's Health Insurance Program (CHIP)

- An extension of Puerto Rico's higher federal Medicaid match of 76% through fiscal year 2027.
- A permanent extension of a higher federal Medicaid match of 83% for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands.
- A funding extension for CHIP for two years through fiscal year 2029, with a requirement of 12 months of continuous coverage for children in Medicaid and CHIP effective January 1, 2024, and a permanent state option to allow states to provide 12 months of continuous coverage during the postpartum period in Medicaid or CHIP.

#### Indian Health Service (IHS)

• An advanced appropriation for the IHS of \$5.129 billion for fiscal year 2024 to provide budget certainty for a healthcare system that provides health services to 2.5 million individuals across Indian Country.

#### **Opioids**

- The MATE (Medication Access and Training Expansion) Act was included in the omnibus. The MATE Act requires dentists to complete eight hours of training before receiving or renewing a Drug Enforcement Administration (DEA) registration.
- · ADA successfully lobbied Congress to amend provisions of the MATE Act to comport with ADA policy. Unlike the original bill:
  - Dentists will no longer have to complete 3 hours of training specific to prescribing buprenorphine, which is outside the scope of dental practice.
  - Continuing Education (CE) credits accepted for state licensure will apply toward the federally required training, as well as courses taken through ADA CERP providers.
  - Dental school courses will count toward the federally required training for those who are less than five years out of dental school.

#### **Bio-Preparedness Workforce**

• This program that was included in the omnibus would provide student loan repayment to healthcare professionals, including dentists, who undertake careers in infectious disease in underserved areas. For example, dentists who provide care to patients with HIV/AIDS through the Ryan White program could receive student loan repayment.

#### Other Congressional Lobbying Accomplishments

#### **Medicare Part B Proposal**

• The ADA helped defeat a Congressional proposal to add a dental benefit to the Medicare Part B program. The ADA lobbied for any expansion of Medicare including dental benefits to be through a separate and new program dedicated to providing comprehensive dental care for low-income seniors up to 300% of the Federal Poverty Level (FPL).

#### **MOBILE Health Care Act**

- The Maximizing Outcomes through Better Investments in Lifesaving Equipment for Health Care Act, or MOBILE Health Care Act, would expand the use of the Health Resources and Services Administration's (HRSA) New Access Points grant program for community health centers. It would allow health centers to use this grant program to set up a mobile unit regardless of whether the health center also sets up a permanent health care site. In alignment with the ADA's values, the aim of the bill is to expand access to health care for underserved communities.
- The MOBILE Health Care Act passed the Senate unanimously and the House of Representatives by a vote of 414-7. The President signed it into law on October 17.
- The ADA supported the MOBILE Act, and sent letters to Congress asking that they pass the bill. The ADA also specifically asked that these grants be used for mobile dental, as well as medical, vans.

#### **Ensuring Lasting Smiles Act**

- The ADA advocated for the Ensuring Lasting Smiles Act (ELSA), which would require that all private group and individual health plans
  cover medically necessary services resulting from a congenital anomaly or birth defect. The services covered under ELSA would
  include inpatient and outpatient care and reconstructive services and procedures, as well as adjunctive dental, orthodontic, or
  prosthodontic support.
- In April, ELSA passed the House of Representatives with 310 bipartisan votes.

#### Military

- Based on contacts with ADA members and a survey of ADA members who have worked with the TRICARE Dental Program (TDP), the ADA joined the American Academy of Pediatric Dentistry (AAPD) and nine military and veteran service organizations in sending a letter to Congress calling for changes to TDP that would increase access to dental care for military families.
- Congress responded in the 2023 National Defense Authorization Act by requiring functions such as enrollment, eligibility, and premium payment processing to be handled by a third-party administrator, and ensuring beneficiaries have three dental insurance enrollment options from several carriers. These improvements are intended to address the problems the ADA identified with TRICARE provider network adequacy, delayed payments, and lack of access.

#### **Regulatory Lobbying Accomplishments**

#### **Medicare Medically Necessary**

- The Centers for Medicare and Medicaid Services (CMS) agreed with the ADA that dental services (including both examination and treatment) should be covered for Medicare beneficiaries prior to cardiac valve replacement, valvuloplasty, or organ transplant.
- CMS said that Medicare payment would be provided if these procedures were done on an outpatient or an inpatient basis. As requested by the ADA, CMS also said that ancillary services (such as X-rays, the administration of anesthesia, or the use of an operating room) for these procedures would be covered.
- CMS said that the statutory definition of a physician, as well as the definition of a physician in the Medicare manual, includes dentists.
- CMS did not expand the Medicare medically necessary benefit to include diabetes.

#### **Operating Room Access**

- After a strong advocacy campaign spearheaded by the ADA, the AAPD, the American Association of Oral and Maxillofacial Surgeons (AAOMS), and the disability community, CMS agreed to establish a new dental billing and payment arrangement to improve access for hospital dental operating room (OR) cases requiring care under general anesthesia. This care is especially important for young children and people with special needs and disabilities, but unfortunately their access to dental care was limited by hospitals that instead scheduled surgeries that had a higher facility payment rate.
- In a final rule released on November 1, CMS established a new Healthcare Common Procedure Coding System (HCPCS) G code and assigned that code to the Medicare Ambulatory Payment Classification (APC) 5871 (Dental Procedures) with a Medicare facility payment rate of approximately \$1,700. Previously, dental surgeries in hospitals had to use a miscellaneous code, which had a rate of only \$203.
- The ADA believes that a comprehensive fix to address OR access for dental surgeries also includes having ambulatory surgery centers (ASCs) provide these services. The ADA, AAPD, and AAOMS continue to advocate for allowing dental services to be billed as a covered procedure by ASCs. The G Code finalized in the rule takes a significant step forward at making ASC billing a reality, as the new code is eliqible to be included on the ASC covered procedures list.

#### Monkeypox

• In October, dentists were given the nationwide authority under the Public Readiness and Emergency Preparedness (PREP) Act to administer monkeypox (now known as mpox) vaccines.

#### **Health Resources and Services Administration**

• Dr. Adam Barefoot was appointed in May as the HRSA Chief Dental Officer. HRSA oversees a range of programs that treat the underserved and train dentists, and the ADA had lobbied for the appointment of a Chief Dental Officer to oversee these important programs.

#### Postpartum Oral Health Coverage

• After lobbying by the ADA, CMS announced in September that people in all states who are enrolled in Medicaid will have dental coverage for 60 days postpartum.

#### **State Government Affairs Accomplishments**

- The ADA worked with Massachusetts Dental Society to secure a win on "Question 2," which establishes an 83% medical loss ratio for dental plans along with a rebate if dental plans don't meet that amount. The ADA staff was fully engaged in the support campaign, and shepherded the \$5.5 million dollar investment by the ADA to maximize effectiveness.
- Twenty-two state dental societies received State Public Affairs (SPA) funding to engage in third party payer issues on the state level. To date, there are 11 new laws in five states enacted in 2022 that improve the position of dentists and/or patients with regard to dental insurance.
- The Department of State Government Affairs provides technical assistance resources for state dental societies in several ways. For example, in 2022, at least 16 states sought DSGA's feedback and advice on various provision of dental insurance reform bills. Almost half of these bills became law. Some of the issues in the bills were non-covered services, prior authorization, medical loss ratio/rebates, and virtual credit cards.

#### American Dental Political Action Committee (ADPAC) Accomplishments

- · Educated 400 dentists and students on advocacy and legislative issues during the 2022 ADA Dentist and Student Lobby Day.
- · Held over 300 meetings with Members of Congress during the 2022 ADA Dentist and Student Lobby Day.
- In the 2022 Election Cycle, ADPAC spent \$1,750,000 and helped 283 candidates, including 42 first-time candidates.

#### Council on Advocacy for Access and Prevention (CAAP) Accomplishments

#### Prevention

• The ADA National Fluoridation Advisory Committee (NFAC) provided technical assistance in several states facing fluoridation challenges and also developed a formal media statement regarding perceived fluoridation "shortages" in summer 2022.

#### **Access to Care Support**

- ADA advocated for the Maryland House Bill 1082: Consumer Health Information Hub and Requirements which passed, making the University of Maryland Center for Health Literacy the state's consumer health information hub.
- ADA assisted the IHS with integrating the Community Dental Health Coordinator (CDHC) program into their continuing education distance learning platform.

### **HELPFUL RESOURCES:**



#### The ADA has the facility to help your resolve difficult insurance issues!

The best contact number is 1-800-621-8099. The email address is: dentalbenefits@ada.org.

Questions on CDT codes? The ADA can help email your CDT code questions to dentalcode@ada.org.

### The January 2023 ND Medicaid dental manual updates contain various changes that are detailed below.

- 1. The dental manual has been reformatted. Contact Sara (701-328-4825) with questions regarding this manual.
- 2. All website links have been updated and redirected to the new hhs.nd.gov web address
- 3. Dental policy links have been added through the dental manual
- 4. Orthodontic section updated regarding electronic Health Tracks screening allowed
- 5. Dental Service Authorization section updated
- 6. FQHC section added
- 7. The CDT Code Dental Procedures and Nomenclature Section has been updated. Only services that require service authorization are indicated with a Y. Policy requirements (i.e. age requirements, limitations, SA requirements) are in the Requirements/Policy Column

Dental providers should review changes that are specific to their specialty, all enrolled Medicaid providers are responsible to understand and comply with program requirements contained in generic chapters such as provider enrollment, provider information, Medicaid eligibility of a member, noncovered Medicaid services, and primary care case management. Click HERE to view the Provider Manual for Dental Services.



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- •Substantial discounts on thousands of other products
- •Free next-day delivery\*
- •Low costs on both printing and photocopying
- •Choose online or in store? Discounts apply either way!

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