PREMIER PIPELINE

YOUR COMMUNICATION CONNECTION

NEWS & INFORMATION FOR PROVIDERS

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PREMIER ACCESS
QUALITY DENTAL PLANS

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IN THIS ISSUE:

Giving of Ourselves

In its most recent report on health care trends[1] in America, the Centers for Disease Control (CDC) indicates that over the past decade, individuals reporting unmet dental health care needs due to cost increased from 8% to 15%[2].

Much of this increase may be attributed to the downturn in the economy; people lose their jobs and they lose their benefits and can't afford health care. But some never had a job offering insurance and there are those who don't earn enough to seek out care.

> "It is one of the most beautiful compensations of this life that no man can sincerely try to help another without helping himself."
>
> **Ralph Waldo Emerson**

Several state and federal agencies try to help through programs such as Healthy Families in California and the CHIP programs in other states. And Premier Access is one of the organizations participating in the Healthy Smiles – Healthy Families Rapid Learning Collaborative, a learning initiative to achieve sustainable improvements in oral health care services for children enrolled in California's Healthy Families Program. Premier Access supports and participates in these programs and encourages our partner providers to open their practices to the underserved children in need of dental care.

There are other ways to get involved in providing care to those in need. There are community-based projects, such as **Share A Smile** in Los Angeles. The ADA's **Give Kids A Smile** program brings preventive services to children more than just the one day that is promoted in the media; many local chapters have events throughout the year. **America's Tooth Fairy** is a program of the National Children's Oral Health Foundation, an independent non-profit organization providing care to more than a million underserved children. **Give Back a Smile** is a dental charity sponsored by the American Academy of Cosmetic Dentistry Charitable Foundation, providing dental services to restore broken and damaged teeth for victims of domestic abuse as well as local disasters.

There are many ways the dental community can give of themselves to people who may be down on their luck or caught in a downward economic spiral. We would welcome your participation in Healthy Families or CHIP through the Premier Access networks or perhaps you have a community-based organization that is looking for dentists to help provide access to care for the underprivileged. If you are involved in a dental charity in your community, let us know about it – we may be able to share your story in this publication.

We urge you to give a little of yourself – please reach out to those who need your help.

1. Health, United States, 2010 February, 2011
2. Exact percentages vary by age and gender, but the statistics are similar from one group to another.

Forbes® named Premier Access one of the "Top Ten Most Dependable Insurance Professionals of the Western United States"*

"Premier Access Dental has grown as a result of a successful balance between competitive rates, solid coverage, flexible plan design and superior service."*

* Forbes® Magazine, June 2008

Premier Access: A Company You Can Trust

Premier Access was founded by Dr. Reza Abbaszadeh, a practicing dentist, in 1989 in an effort to make quality dental care available at an affordable cost. In less than 25 years, the company has grown to include multiple organizations, all directly or indirectly related to promoting good oral health.

We have a singular focus – we do dental. But we do dental from every angle: As a benefits provider and administrator and also as a provider of oral healthcare services. We know the challenges involved in the delivery of quality dental care to patients and we also understand the concerns from a benefits administrator's point-of-view. This dual perspective differentiates us from other carriers and assures you that we understand your point-of-view.

Family-owned and operated, Premier Access is a company that facilitates the connections for those who need dental care with the oral health professionals who provide that care. We do this in several ways – by …

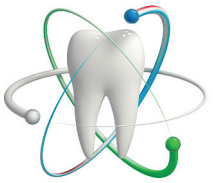
- Recruiting and providing highly-skilled dental care professionals to provide care
- Underwriting commercial group dental insurance and dental HMO plans
- Providing access to dental care for California's Healthy Families and Denti-Cal members in GMC-Sacramento and PHP-Los Angeles, and Utah's CHIP members.

Based in Sacramento, California, Premier Access provides indemnity, PPO and ASO services in multiple states. We currently provide benefits to members in California, Arizona, Colorado, Connecticut, Kentucky, Illinois, Nevada, New Jersey, New York, Ohio, Pennsylvania, Texas, Utah, and Virginia. We also provide Dental HMO plans to groups with employees in California.

A.M. Best Rating:

Premier Access has consistently maintained capital levels substantially above regulatory requirements. The above-average capital levels, combined with consistent growth and profitability, have earned the company an A.M. Best Rating of A- (Excellent) for the past eight years. There is less than a handful of dental plans in California that have been able to attain and maintain this rating and fewer still that are not connected to a medical plan.

Fluoride treatments and caries prevention



The American Academy of Pediatric Dentists (AAPD) continues to encourage public health officials, health care providers and parents/caregivers to optimize fluoride exposure. In addition, the American Dental Association (ADA) Council on Scientific Affairs has developed evidence-based clinical guidelines for the professional use of topical fluoride, including gels, foams and fluoride varnish.[1]

Both the AAPD and the ADA recommend use of an individualized caries risk assessment tool as part of the planning for appropriate preventive dental treatments.

From American Dental Association Council on Scientific Affairs, Report on Professionally-applied Topical Fluoride:

> The panel encourages dentists to employ caries risk assessment strategies in their practices. Appropriate preventive dental treatment (including topical fluoride therapy) can be planned after identification of caries risk status. It also is important to consider that risk of developing dental caries exists on a continuum and changes over time as risk factors change. Therefore, caries risk status should be re-evaluated periodically.
>
> The panel understands that there is no single system for caries risk assessment that has been shown to be valid and reliable. However, there is evidence that dentists can use simple clinical indicators to classify caries risk status that is predictive of future caries experience.

The following tables provide the evidence based clinical recommendations of the ADA for the professional application of topical fluoride based on individualized risk assessment of low, moderate or high risk classifications by age group and risk assessment factors. The AAPD has adopted similar risk assessment tools based on low, moderate or high risk classifications by age group and charts have also been included here as Tables 1, 2, & 3.

For additional information on the full evidence based review and the ADA panel's findings and recommendations, see **https://ebd.ada.org**.

You can also find more information on the AAPD Policy on the use of a caries-risk assessment tool (CAT) for infants, children and adolescents at **http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessment.pdf**

1 Association Report J AM Dent Assoc, Vol137, No I, 1151-1159, Professionally Applied Topical Fluoride. "Understanding and Applying the Evidence on Professionally-applied Topical Fluoride. Julie Frantsve-Hawley, RDH. PhD, Director, Research Institute and Center for Evidence-based Dentistry

Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations[1]

Assess

Caries Risk
(see back for risk factors)

- Low
- Moderate
- High

&

Patient Age

Advise

Risk group /Age	<6 years	6-18 years	18+ years
Low	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*	Patient may not receive any additional benefit*
Moderate	Varnish every 6 months	Varnish or Fluoride gel every 6 months	Varnish or Fluoride gel every 6 months
High	Varnish every 6 *or* 3 months	Varnish every 6 *or* 3 months *or* Fluoride gel every 6 *or* 3 months	Varnish or Fluoride gel every 6 *or* 3 months

*Fluoridated water and fluoride toothpastes may provide adequate caries prevention in this risk category.
✓ **Application time for fluoride gel and foam should be 4-minutes.**
✓ Due to limited evidence these recommendations have not been extrapolated to foams.
✓ There is limited evidence differentiating NaF and APF gels.

Decide

- ***whether*** to apply fluoride
- ***type*** of fluoride
- ***frequency*** of application
- ***how often*** to re-evaluate

Based substantially on clinical evidence

Based substantially on extrapolations or subjective opinions

Levels of evidence and strength of recommendations:
Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ. Lower levels of evidence *do not* mean the recommendation should not be applied for patient treatment.

Professionally Applied Topical Fluoride: Evidence-based Clinical Recommendations[1]

Determination of Caries Risk

There are many systems to determine caries risk. One such system is offered below that can be used for caries risk assessment.

Individuals' risk factors increasing risk for developing caries may also include, but are not limited to:

- High titers of cariogenic bacteria
- Poor oral hygiene
- Prolonged nursing (bottle or breast)
- Poor family dental health
- Developmental or acquired enamel defects
- Genetic abnormality of teeth
- Many multisurface restorations
- Chemo/radiation therapy
- Eating disorders
- Drug/alcohol abuse
- Irregular dental care
- Cariogenic diet
- Active orthodontic treatment
- Presence of exposed root surfaces
- Restoration overhangs and open margins
- Physical or mental disability with inability or unavailability of performing proper oral health care

Risk group	Age	Primary or Secondary Carious lesions in the past three years		Risk factors listed below
Low	All age groups	None	and	None
Moderate	< 6 years	None	and	At least one risk factor
	> 6 years	One or two	or	At least one risk factor
High	< 6 years	Any	or	Multiple risk factors or Low Socioeconomic status or Xerostomia* or suboptimal fluoride exposure
	> 6 years	Three or more	or	Multiple risk factors or Xerostomia* or suboptimal fluoride exposure

*Medication, radiation or disease induced xerostomia.

[1]ADA Council on Scientific Affairs. Professionally applied topical fluoride: Evidence-based clinical recommendations. JADA 2006;137(8):1151-59. To see the full text of this article, please go to http://jada.ada.org/cgi/reprint/137/8/1151.

Table 1. Caries-risk Assessment Form for 0-3 Year Olds[59,60]

(For Physicians and Other Non-Dental Health Care Providers)

Factors	High Risk	Moderate Risk	Protective
Biological			
Mother/primary caregiver has active cavities	Yes		
Parent/caregiver has low socioeconomic status	Yes		
Child has >3 between meal sugar-containing snacks or beverages per day	Yes		
Child is put to bed with a bottle containing natural or added sugar	Yes		
Child has special health care needs		Yes	
Child is a recent immigrant		Yes	
Protective			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical Findings			
Child has white spot lesions or enamel defects	Yes		
Child has visible cavities or fillings	Yes		
Child has plaque on teeth		Yes	

Circling those conditions that apply to a specific patient helps the health care worker and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar containing snacks or beverages, visible cavities) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

Table 2. Caries-risk Assessment Form for 0-5 Year Olds[59,60]

(For Dental Providers)

Factors	High Risk	Moderate Risk	Protective
Biological			
Mother/primary caregiver has active caries	Yes		
Parent/caregiver has low socioeconomic status	Yes		
Child has >3 between meal sugar-containing snacks or beverages per day	Yes		
Child is put to bed with a bottle containing natural or added sugar	Yes		
Child has special health care needs		Yes	
Child is a recent immigrant		Yes	
Protective			
Child receives optimally-fluoridated drinking water or fluoride supplements			Yes
Child has teeth brushed daily with fluoridated toothpaste			Yes
Child receives topical fluoride from health professional			Yes
Child has dental home/regular dental care			Yes
Clinical Findings			
Child has >1 decayed/missing/filled surfaces (dmfs)	Yes		
Child has active white spot lesions or enamel defects	Yes		
Child has elevated mutans streptococci levels	Yes		
Child has plaque on teeth		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, frequent exposure to sugar-containing snacks or beverages, more than one dmfs) in determining overall risk.

Overall assessment of the child's dental caries risk: High ❒ Moderate ❒ Low ❒

Table 3. Caries-risk Assessment Form for >6 Years Olds [60-62]

(For Dental Providers)

Factors	High Risk	Moderate Risk	Protective
Biological			
Patient is of low socioeconomic status	Yes		
Patient has >3 between meal sugar containing snacks or beverages per day	Yes		
Patient has special health care needs		Yes	
Patient is a recent immigrant		Yes	
Protective			
Patient receives optimally-fluoridated drinking water			Yes
Patient brushes teeth daily with fluoridated toothpaste			Yes
Patient receives topical fluoride from health professional			Yes
Additional home measures (eg, xylitol, MI paste, antimicrobial)			Yes
Patient has dental home/regular dental care			Yes
Clinical Findings			
Patient has ≥1 interproximal lesions	Yes		
Patient has active white spot lesions or enamel defects	Yes		
Patient has low salivary flow	Yes		
Patient has defective restorations		Yes	
Patient wearing an intraoral appliance		Yes	

Circling those conditions that apply to a specific patient helps the practitioner and patient/parent understand the factors that contribute to or protect from caries. Risk assessment categorization of low, moderate, or high is based on preponderance of factors for the individual. However, clinical judgment may justify the use of one factor (eg, >1 interproximal lesions, low salivary flow) in determining overall risk.

Overall assessment of the dental caries risk: High ❒ Moderate ❒ Low ❒

Reduction of Fluoride in Drinking Water Proposed

In January this year, the U.S. Department of Health and Human Services (HHS) and the Environmental Protection Agency (EPA) issued a press release recommending that the amount of fluoride in drinking water be set at "the lowest end of the current optimal range to prevent tooth decay."

The January 2011 announcement regarding fluoride levels in water is aimed at minimizing the chance that children develop dental fluorosis. There is no change regarding federal health officials' strong and long-standing support regarding the value of fluoridation of drinking water. The proposed change in the optimal levels is a result of recent scientific evidence in four areas on the subject: 1) the effectiveness of fluoridation on dental caries prevention and control for all age groups, 2) the availability of fluoride through other sources, 3) trends in the prevalence and severity of dental fluorosis, and 4) fluid intake by children across various ambient air temperatures.

HHS is expected to provide a final recommendation in Spring 2011.

The HHS and EPA press report can be found online at **http://www.hhs.gov/news/press/2011pres/01/20110107a.html**

Premier Access Supports the Use of Fluoride Varnish.

Topical fluoride treatment for children, including fluoride varnish is a covered benefit on most Premier Access plans and is the preferred form of fluoride for children under 6 years of age. Premier Access encourages the use of fluoride varnish as a preventive measure in moderate to high caries risk children under the age of 6 years.

Early application of fluoride varnish protects the primary teeth, and ideally should be performed as soon as possible after the teeth first erupt.

Use CDT code D1206 for reporting fluoride varnish for all programs and plans.

Who may place fluoride varnishes?

Fluoride varnish is considered a non-toxic topical agent and can therefore be placed by an unlicensed dental assistant under the direct supervision of a California licensed dentist, as well as all categories of licensed auxiliaries. Please follow the directions of manufacturer for application.

Fluoride Varnish Ordering Information

All Solutions (5% NaF in a natural resin)
Available in a unit-dose with an applicator.
DENTSPLY Professional: 1-800-989-8826

Cavity Shield (5% NaF in a natural colophonium resin)
Available in a unit-dose with an applicator.
Omni Products: 1-800-445-3386

Durafluor (5% NaF in a natural colophonium resin)
Medicom: 1-800-435-9267

Duraphat (5% NaF in a natural colophonium resin)
Colgate Oral Pharmaceuticals: 1-800-225-3756 (1-800-2-COLGATE)

Fluor-Protector (0.1% difluorosilane in a polyurethane base)
Ivoclar North America-Vivadent: 1-800-327-4688

VarnishAmerica (5% NaF in a natural colophonium resin)
Available in a unit-dose with an applicator.
Medical Products Laboratories, Inc.: 1-800-523-0191, Ext. 326.

Save Time – Go Online

Did you know you can access your claims information on the Premier Access website (**www.premierlife.com**)? Click on "Provider of Dental Services" and register for a user name and password.

Once you've registered, you will be able to...

- View and print your claims information including acknowledgement of receipt and payment information
- View member eligibility information for your patients
- View and print member benefits information
- View and print your monthly roster
- Check pre-authorization status
- Get up-to-date Referral Guidelines information
- Download or print provider forms, such as
    - Provider Manuals/Dentist
    - Handbook/Reference Guides
    - Provider Agreements
    - W-9 Forms
    - Provider Dispute Resolution Mechanism Form
    - Referral and Claim forms

More online services are currently in the works... along with a new website look and improved functionality. We continue to work to provide you with tools to make your office administration easier.

EDI Services

To facilitate your claims submissions, Premier Access works with three clearinghouses: Emdeon, Tesia and EHG. The Payor ID for Premier Access PPO, DHMO and Premier Healthy Families is CX078. Utah claims can be submitted through Emdeon with Payor ID CX110.

Premier Pipeline is published by Premier Access Insurance Company and Access Dental Company, for the sole use of their contracted providers.

New Groups

Premier Access continues to add new groups, which means more members are being marketed to your practice. During the first three months of 2011 Premier Access implemented more than 250 new groups; the groups listed below are those with more than 100 members.

State of California
Farmers & Merchants Bank
Super Micro Computer, Inc.
Jewish Family and Children's Services
Superior Truck Lines, Inc.
Alliance Medical Center
Applied Thin-Film Products
Associated Pathology Medical Group, Inc.
BMW of Concord
Bodycraft Collision Centers
Capitol Administrators-
Vino Farms LLC
Central Christian Church
Christ's Church of the Valley
Ed Wittmeier, Inc.
Elk Grove Honda
Exceptional Parents Unlimited, Inc.
Hamcor, Inc.
Inovio Pharmaceuticals, Inc.
Kern Schools Federal Credit Union
Markstein Sales Company
Mayacama Golf Club
Optimum Design Associates
Palm Drive Health Care District
Perry Auto Group
Pixim, Inc.
Richard Iest Dairy, Inc.
Riebes Auto Parts
RW Lynch
Scientific Applications & Research Associates, Inc (SARA)
Shadow Hills Baptist Church
Shamrock Supply Company, Inc.
Special Transit
Strategies to Empower People, Inc.
The Produce Exchange
United Spiral Pipe, LLC
Watsonville Coast Produce, Inc.
Work Training Center
Zscaler, Inc.

Coming Events...

Listed below are some up-coming Association meetings. A full listing can be found on the American Dental Association's website at **http://www.ada.org/49.aspx.**

May 12 - 14	California Dental Association (CDA)-Anaheim, CA
Jun. 1 - 3	California Association of Dental Plans (CADP)-San Diego, CA
Jun. 15 - 18	ADA 25th New Dentist Conference-Chicago, IL
Jun. 16 - 17	Pacific Northwest Dental Conference-Seattle, WA
Jun. 16 - 18	Virginia Dental Association-Williamsburg, VA
Jun. 24 - 27	Flying Dentists Assn Annual Meeting-Brainerd, MN
Jul. 7 - 9	Nevada Dental Association-Maui, HI
Aug. 18 - 19	National Conference on Dentist Health & Wellness-Chicago, IL
Sept. 22 - 24	California Dental Association (CDA)-San Francisco, CA
Oct. 10 - 13	ADA Annual Session-Las Vegas, NV
Oct. 13 - 16	Southwestern Society of Orthodontists-Houston, TX

FOLLOW US ON

Your comments and suggestions are always welcome. Please contact us at ProviderRelations@PremierLife.com