Council on Orthodontic Health Care Report
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Three AAO representatives attended the Subcommittee on Code Revision (CRC) meeting hosted by the American Dental Association (ADA) in Chicago on February 7-10, 2008. Attending the meeting from COHC were Dr. John Harrison, Chairman of the COHC Insurance Committee, Dr. Paul McKenna, and myself. Dr. Harrison also serves on the AAO Code Committee.

The AAO’s endorsement of the Virginia Brown Community Orthodontic Partnership known as the Smiles Change Lives (SCL) Program continues. COHC reviewed comprehensive financial statements submitted by the program and made several suggestions to SCL representatives regarding changes in their business practices that address the sustainability of SCL’s expansion programs. Suggested changes are:

- Encourage participating orthodontists to treat cases on a pro bono basis and return the $2,000 per case fee
- Reduce the initial number of patients required to start local SCL programs
- Determine the administrative cost per patient and disseminate the information to illustrate that program funds are used prudently and effectively

SCL communicated to COHC that the program has the following expectations of AAO relative to their endorsement of the program:

- Funding to help launch additional SCL programs
- Would like AAO’s help in additional program publicity

Dr. Robert MacLean continues to represent the AAO on the SCL National Advisory Board.

The Council has developed an access to care guide that is being presented to the BOT for approval and for funding to expand the content of the guide, making it more “user-friendly” for AAO members. The guide outlines a large number of access to care program opportunities for AAO members to select for their participation. Program opportunities are grouped by state and, in addition to respective state programs, will offer such selections as

- Volunteerism in dental school clinics
- Donated Dental Services
- Give Kids a Smile
- Advantage Smiles for Kids
- Children’s Dental Health Center of San Diego

COHC has contacted the American Cleft Palate Association and the National Institute of Health to obtain statistically valid information detailing the amount and type of treatment provided for cleft palate and craniofacial anomalies nationwide to identify areas of need as opportunities for AAO members to provide medically needed care. COHC has also submitted a request to the AAO Foundation’s Planning and Awards Review Committee (PARC) to issue a “call for proposal” with regard to their Biomedical Research Award topic addressing the area of Access to Care.

The Dental Benefits Member Advisory Hotline continues to be sponsored by COHC. Hotline callers are assisted with third party reimbursement issues, limited practice management issues and CDT coding questions. The Council has identified that the majority of Hotline calls relate to coding issues. The Council is working in conjunction with COOP to provide code-related Webinar to AAO members and their staff.

To address issues with third party payers that cannot be easily resolved, the Council has implemented the AAO complaint form that is being used jointly with the ADA form for submission
to the ADA Council on Dental Benefit Programs (CDBP). The CDBP logs all the complaints and holds periodic discussions with payers to try and bring about resolution. This information will also serve as the basis of talking points during future AAO/Payer meetings. COHC believes that the two forms, used in tandem, from two provider advocates will give more credibility to the complaint, and places greater responsibility on the payer to resolve the issue.

COHC is working to identify ways to better measure and quantify the pro bono work being done by AAO members. The Council expects to bring a proposed AAO sanctioned definition of “pro bono care” to the Board for their approval in 2008. COHC believes that much pro bono care is going unreported and an association sponsored definition will help provide statistically valid results that may be reported to the government and to the media.

COHC representatives will be working within the AAO to help address orthodontic lifetime benefit maximum issues, denial of payments for secondary insurers (coordination of benefits), Pay for Performance, electronic submission of records and revision of the AAO Clinical Practice Guidelines publication.

The Council reviewed the AAO BOT referral and reference materials relative to the licensure of dental specialties. Information has been compiled on the seventeen states that require specialty licensure. In addition, a synopsis of the research information that outlines opposition to specialty licensure is included.