Introducing Ms. Donna Phillips, Provider Relations Representative

We are very pleased to announce that effective January 1, 2014, Donna Phillips assumed the position of Provider Relations Representative with Avēsis. Donna brings a wealth of knowledge and proven experience to dental office operations to this position. She has been involved in the dental industry for more than 30 years. Her background includes experience as a dental assistant and an office manager for 12 years in a large dental practice. Subsequently, she utilized her know-how and worked for a dental software company training dental-practice staffs nationally on a program that was designed to automate insurance billing procedures. This resulted in increasing staff production and collection outcomes, as well as offering innovative marketing strategies and guidance for enhancing customer service skills. Prior to joining Avēsis, Ms. Phillips was an independent dental consultant. We are delighted that she has joined our team and know that she will be a tremendous resource for you and your office staff.

Working with UPMC

If you need a copy of a UPMC Provider Manual, UPMC Plan Benefit Grids or UPMC Fax Schedules, log into our website at avēsis.com. On the "Home Page," directly below the photograph of two women with eyeglasses, please click on the "Print Related Documents." From here below the photograph of two women with eyeglasses, you will be able to print, save, or view any of the Plans that you participate with through UPMC. For more information contact FastAttach™, a National Electronic Attachment, LLC (NEA) company, for prior authorization requests requiring these documents. This program allows transmissions via secure internet lines. For more information contact FastAttach™, a National Electronic Attachment, LLC (NEA) company, for prior authorization requests requiring these documents.

Add lighting to enhance visibility: Install flashing lights that work in conjunction with auditory safety alarms. Clearly identify all buildings, floors, offices numbers, and room numbers. Include a TTY (telecommunication device for deaf persons) in the office.

Functional literacy

Often hidden from view is the fact that members who speak English as their first language cannot read at levels that permit them to perform basic tasks such as filling out forms used in everyday transactions. Fearing embarrassment, these members may not identify themselves as staff or to providers. Nevertheless, we are committed to making best efforts to ensure that these individuals get the most out of their health care plan.

We begin by ensuring our staff and providers' office staffs are aware of the telltale signs of literacy problems. These persons, exercising sensitivity and discretion, can assist the member with the immediate need, such as completing a form. We will also try to direct the member to appropriate community resources that can help them improve their literacy skills.

Strategies to improve Dental Unit Water Quality

In 1983, CDC recommended that dental waterlines be flushed at the beginning of the clinic day to reduce the microbial load. However, studies have demonstrated that this practice does not affect biofilms in the waterlines or reliably improve the quality of water used during dental treatment. Because the recommended value of 500 CFUs cannot be achieved by using this method, other strategies should be employed. Dental unit water that remains untreated or unfiltered is likely to meet drinking water standards. Commercial devices and procedures designed to improve the quality of water used in dental treatment are available; methods demonstrated to be effective include self-contained water systems combined with chemical treatment, in-line microfilters, and combinations of these treatments. Simply using source water containing <500 CFUs of bacteria (e.g., tap, distilled, or sterile water) in a self-contained water system will not eliminate bacterial contamination in treatment water if biofilms in the water system are not controlled. Monitoring or monitoring of dental water units/biofilm requirements use of chemical germicides.

Patient material (e.g., oral microorganisms, blood, and saliva) can enter the dental water system and that the patient’s mouth (i.e., handpieces, ultrasonic scaler, air/water syringes) should be operated to discharge water and air for a minimum of 20–30 seconds after each patient. This procedure is intended to physically remove biofilms that might have entered the turbine, air, or water lines. The majority of recently manufactured dental units are engineered to prevent retraction of oral fluids, but some older dental units are equipped with anti-retraction valves that require periodic maintenance. Users should consult the owner’s manual or contact the manufacturer to determine whether testing or maintenance of anti-retraction valves or other devices is required.

Dental Unit Waterlines, Biofilm, and Water Quality

Studies have demonstrated that dental waterlines (i.e., narrow-bore plastic tubing that carries water to the high-speed handpieces, air/water syringes, and ultrasonic scaler) can become colonized with microorganisms including bacteria, fungi, and protozoa. Protected by a polysaccharide slime layer known as a glyocalyx, these microorganisms colonize and replicate on the outer surfaces of the waterlines and biofilm, which serves as a reservoir that can supply the number of free-floating (i.e., planktonic) microorganisms in water used for dental treatment. Although oral flora and human pathogens (e.g., Pasteurella pneumotropica, Legioella species, and nontuberculous Mycobactericium species) have been isolated from dental water units, the majority of organisms recovered from dental waterlines are common heterotrophic water bacteria.
Dental Behavior Management Billing Reminders

Behavior management (DBM) is payable for difficult to manage patients with developmental disabilities. A developmental disability is defined as a substantial handicap:

- Having its onset before the age of 18
- Attributed to a nervous system dysfunction

The criteria for determining the per visit fee is individually considered and includes, but is not limited to the following:

- Method of management (e.g., need for extra time or need for extra personnel must be documented)
- Procedures utilized above and beyond normal expectations in delivering dental care (must be documented)

A detailed report, completed by the member’s physician, that documents the developmental disability/substantial handicap must be maintained in the member’s record.

Only 4 visits per calendar year are payable. For more information, please see the following Medical Assistance (MA) bulletins:


Summary of the HIPAA Privacy Rule

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") are a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information ("protected health information") by organizations subject to the Privacy Rule, called "covered entities," as well as standards for individuals’ privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and safety. The Privacy Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing. Given that the health care marketplace is diverse, the Privacy Rule is designed to be flexible and comprehensive to cover the variety of uses and disclosures that need to be addressed.

To view the entire Privacy Rule, and for additional helpful information about how it applies, see the OCR website: http://www.hhs.gov/ocr/hipaa.

Additional helpful websites for State Medicaid and Medicare Advantage Plans:

Avesis' website: www.avesis.com

CMS (Center for Medicare & Medicaid Services) https://www.cms.gov

PA Department of Health
http://www.portal.state.pa.us/portal/server.pt/community/community_department_of_health_home

PA State Board of Dentistry
http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_dentistry/12509/consumer_information

PromoIs
http://www.dpw.state.pa.us/provider/promo/index.htm

If you have any questions about any information provided in this newsletter, please contact our Customer Care Department at 888.208.1243. Inquiries may also be submitted through the Avesis website at www.avesis.com. Please click on UPMC Health Plan, log in and then click on “Contact Us” to submit your inquiry.