Redesign Dental for Maximum Efficiency

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Executive Director
Safety Net Solutions
Objectives

• Provide an overview of an effective, tried and true Redesign process
• Explain the 5 priority domains of FQHC oral health/dental programs
• Review what data metrics should be collected and used to measure success in each of the priority domains
• Discuss standard national benchmarks and how they can be utilized to help create goals for oral health/dental programs
• Prelude to a follow up “digging deeper” session using tools to actually set the goals
Centers of Excellence
## Centers of Excellence Results

<table>
<thead>
<tr>
<th>Access</th>
<th>Before SNS</th>
<th>After SNS</th>
<th>Increase/Decrease</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Visits</td>
<td>5,165</td>
<td>6,462</td>
<td>1,297</td>
<td>25%</td>
</tr>
<tr>
<td>Unduplicated Patients</td>
<td>2,681</td>
<td>3,599</td>
<td>918</td>
<td>34.2%</td>
</tr>
<tr>
<td>Number of Procedures</td>
<td>10,894</td>
<td>18,482</td>
<td>7,588</td>
<td>69.7%</td>
</tr>
<tr>
<td>Procedures per Visit</td>
<td>2</td>
<td>3</td>
<td>1.00</td>
<td>39%</td>
</tr>
<tr>
<td>Broken Appointment Rate</td>
<td>26%</td>
<td>18%</td>
<td>8% points</td>
<td></td>
</tr>
</tbody>
</table>
## Centers of Excellence Results, cont.

<table>
<thead>
<tr>
<th>Finance</th>
<th>Before SNS</th>
<th>After SNS</th>
<th>Increase/Decrease</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Charges</td>
<td>$1,156,648</td>
<td>$ 1,614,671</td>
<td>$ 458,023</td>
<td>39.6%</td>
</tr>
<tr>
<td>Net Revenue</td>
<td>$ 862,958</td>
<td>$1,326,855</td>
<td>$ 463,897</td>
<td>53.8%</td>
</tr>
<tr>
<td>Bottom Line</td>
<td>-$37,712</td>
<td>$249,407</td>
<td>$287,119</td>
<td>761%</td>
</tr>
<tr>
<td>Gain/Loss per Visit</td>
<td>-$15</td>
<td>$25</td>
<td>$40</td>
<td>261%</td>
</tr>
</tbody>
</table>

Average of 7 dental programs

![Logos](image)
## Centers of Excellence Results, cont.

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Before SNS</th>
<th>After SNS</th>
<th>Increase/Decrease</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Plan Completion Rate</td>
<td>16%</td>
<td>49%</td>
<td>33 % Pts</td>
<td>209%</td>
</tr>
<tr>
<td>Number of Sealants</td>
<td>293</td>
<td>662</td>
<td>369</td>
<td>126%</td>
</tr>
</tbody>
</table>


Where Do We Start?
Five Domains to Understand and Own

1. Access
2. Finance
3. Outcomes
4. Quality
5. Governance
Access

• # of Dental Visits
• # Procedures/Visit (by ADA Code)
• Types of Procedures/Visit (by ADA Code)
• Type of Patient Who Received the Procedures (child 0-5yo; Pregnant females; HIV Pt.)
• # of Unduplicated Patients
• # Phase 1 Completed Treatments
• # of New Patients
• # Emergency Treatments/Visits
• Broken Appointment Rate
Access Benchmarks

- 1300-1600 encounters/year/FTE hygienist
- 2500-3200 encounters/year/FTE dentist
- 1.7 patients/hour or 13.6 patients/day/dentist
- 2.5 ADA coded services/treatment visit
- 2700 encounters/year with 1100 patient base/DMD
- 1 patient/50 min.
- 9 patients/day/hygienist
Access Benchmarks cont.

- 15% Broken Appointment rate
- #New Patients = #Completed Treatments
- <6% Emergency Rate
- 33% Comp TX. Plan is Fair
- 2.5 Visit/Year/Patient
2015 UDS National Data Averages

- 2,623 visits/year/FTE DDS for a panel of 1100 patients
- 1,240 visits/year/FTE RDH
- 2.5 visits/year/unduplicated dental patient (panel of 1100)
- Unduplicated dental patients make up 21.4% of all health center unduplicated patients.
- 2.5 services by ADA code per patient/visit
- Number of new patients should be similar to the number of completed treatments

Prior to Setting Access Goals:

Define Your Capacity

https://www.dentaquestinstitute.org/learn/safety-net-solutions
Capacity=Quality
Safety Net Solutions Benchmark Guide

How to use this guide:
A benchmark is a point of reference from which measurements can be made. Benchmarks are for comparison only and are not precisely relative to each individual program. They demonstrate a national average that can be used for comparison, but can vary markedly based upon variables within programs. The benchmark guide is a tool designed to assist in the creation of productivity goals for a safety net dental program. The benchmarks in this guide are widely accepted among experts in the field of community health dentistry. In addition, the Health and Human Resources Administration (HRSA) collects data from federally qualified health centers (FQHC's) each year. The data is collected in a system referred to as Uniform Data System (UDS) and can also be referred to for comparing productivity with other programs serving the underinsured and underserved.
• The benchmark guide is a tool designed to assist in the creation of productivity goals for a safety net dental program.
• The benchmarks in this guide are widely accepted among experts in the field of community health dentistry.
• In addition, the Health and Human Resources Administration (HRSA) collects data from federally qualified health centers (FQHC’s) each year. The data is collected in a system referred to as Uniform Data System (UDS) and can also be referred to for comparing productivity with other programs serving the underinsured and underserved.

• We will presenting a follow up webinar demonstrating how to use this guide along with a variety of tools designed to help define capacity, create goals in each of the five domains and monitor provider and departmental performance.
Defining *Capacity*

- We are limited by our structure
  - # Operatories
  - Hours of Operation
  - # Dentists
  - # DAs
  - # RDHs
  - # Staff (front desk; billing)
- We only have 20% of the *Capacity* of Medicine
- Quality Care mandates that we work within our *Capacity*
- When we understand and define *Capacity* we then create our access goals
Determining *Capacity* Goals Based on Our Structure

**Table One: Visits/Hour Capacity Goals for General and Pediatric Dentists**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number of Operatories</th>
<th>1 Operatory (Not Recommended)</th>
<th>2 Operatories</th>
<th>3 Operatories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 DA</td>
<td>1.5 DA</td>
<td>2 DA</td>
</tr>
<tr>
<td>Number of Dental Assistants</td>
<td>1 DA</td>
<td>1.5 DA</td>
<td>2 DA</td>
<td>1 DA</td>
</tr>
<tr>
<td>Provider Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Dentist</td>
<td>1.2</td>
<td>1.4</td>
<td>1.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Pediatric Dentist</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>1.7</td>
</tr>
</tbody>
</table>

**Table Two: Visits/8 hour day Goals for General and Pediatric Dentists**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number of Operatories</th>
<th>1 Operatory (Not Recommended)</th>
<th>2 Operatories</th>
<th>3 Operatories</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 DA</td>
<td>1.5 DA</td>
<td>2 DA</td>
</tr>
<tr>
<td>Number of Dental Assistants</td>
<td>1 DA</td>
<td>1.5 DA</td>
<td>2 DA</td>
<td>1 DA</td>
</tr>
<tr>
<td>Provider Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Dentist</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Pediatric Dentist</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>14</td>
</tr>
</tbody>
</table>
### Setting Access Goals: for Visits

Potential vs. Actual *Capacity* based on FTE Dentists

<table>
<thead>
<tr>
<th></th>
<th># of Providers</th>
<th># of total clinical hours worked</th>
<th>x recommended # of visits/clinical hour</th>
<th>Potential Daily Visit Capacity</th>
<th>Actual Visits</th>
<th>% of Capacity Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon.</td>
<td>2</td>
<td>16</td>
<td>1.7</td>
<td>27</td>
<td>20</td>
<td>74%</td>
</tr>
<tr>
<td>Tues.</td>
<td>2</td>
<td>16</td>
<td>1.7</td>
<td>27</td>
<td>26</td>
<td>96%</td>
</tr>
<tr>
<td>Wed.</td>
<td>2</td>
<td>16</td>
<td>1.7</td>
<td>27</td>
<td>19</td>
<td>70%</td>
</tr>
<tr>
<td>Thurs</td>
<td>2</td>
<td>16</td>
<td>1.7</td>
<td>27</td>
<td>18</td>
<td>66%</td>
</tr>
<tr>
<td>Fri</td>
<td>2</td>
<td>16</td>
<td>1.7</td>
<td>27</td>
<td>10</td>
<td>37%</td>
</tr>
</tbody>
</table>

**Potential Weekly Capacity = 135 Dentist Visits**

*At least two operatories and 1.5 dental assistants*
## Setting Productivity Goals: Visits, Procedures

<table>
<thead>
<tr>
<th>GOAL</th>
<th>CALCULATION</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits/Day</td>
<td>27 Dental Visits + 9 Hygiene Visits = 36 visits per day</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>*same for each day</td>
<td></td>
</tr>
<tr>
<td>Visits/Week</td>
<td>135 Dental Visits + 45 Hygiene visits= 180 visits per week</td>
<td>180</td>
</tr>
<tr>
<td>Visits/Year</td>
<td>180 weekly visits x 46 weeks= 8,280 Visits</td>
<td>8,280</td>
</tr>
<tr>
<td>Procedures/visit</td>
<td>8,280 visits x 2.5 ADA coded services/visit =20,700 procedures</td>
<td>20,700</td>
</tr>
</tbody>
</table>

- ADA: American Dental Association
Other Considerations Impacting *Capacity*

- **Our patient population**
  - Serve primarily adults, children or a mix?

- **Provider skill levels**
  - Students/Externs
  - Recent graduates
  - Advanced dentists

- **Staffing Model**
  - General Dentists, RDHs, Pediatric Dentists, etc.
Another Essential to Know and Understand

How Medical and Dental Differ
<table>
<thead>
<tr>
<th><strong>Medical</strong></th>
<th><strong>Dental</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of clinic volume</td>
<td>20% of clinic volume</td>
</tr>
<tr>
<td>80% of visits = similar</td>
<td>80% of visits varied</td>
</tr>
<tr>
<td>80% of visits = shorter (15)</td>
<td>80% of visits = longer (45)</td>
</tr>
<tr>
<td>80% of billing similar</td>
<td>80% of billing varied</td>
</tr>
<tr>
<td>80% of visits diagnostic</td>
<td>80% of visits treatment</td>
</tr>
<tr>
<td>80% of RVU similar</td>
<td>80 % of RVU different</td>
</tr>
<tr>
<td>100% of governance is designed around medical</td>
<td>0% of governance is designed around dental</td>
</tr>
<tr>
<td>EMR silo</td>
<td>EDR silo</td>
</tr>
<tr>
<td>Familiar with medical model</td>
<td>Not familiar with dental model</td>
</tr>
<tr>
<td>Confident leadership</td>
<td>Lack of confidence</td>
</tr>
</tbody>
</table>
Scope of Service
Benchmarks

- Diagnostic 35%
- Preventive 33%
- Restorative 20%
- Oral Surgery 5-10%
- Specialty (endo/perio) 2-6%
- Prosthetics 0-2%
- Emergencies <6%

In order to achieve your mission and provide the best care to patients, it is important to monitor the scope of service and what is actually happening at each visit.
# Scope of Service: Example

<table>
<thead>
<tr>
<th>Service</th>
<th>CHC Sample</th>
<th>Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>50%</td>
<td>35%</td>
</tr>
<tr>
<td>Preventive</td>
<td>10%</td>
<td>33%</td>
</tr>
<tr>
<td>Restorative</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Specialty</td>
<td>0%</td>
<td>2-6%</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>1%</td>
<td>0-2%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>13%</td>
<td>5-10%</td>
</tr>
<tr>
<td>Emergencies</td>
<td>14%</td>
<td>&lt;6%</td>
</tr>
</tbody>
</table>

**WHY?**
What Have We Done?

- Define the Domain of Access and discuss the essential *Access Metrics*
- Discuss the National Access Benchmarks and 2015 UDS values
- Set up to Analyze your own *Access Metrics* and compare them to National Access Benchmarks and UDS Values
- Set up to Define: “What success looks like” in Access for your programs for each metric
- Get Set to Redesign Goals for Access Metrics in your own programs
Clarity...

Our Program Goals are _______________________
My Goals are ________________________________
My Role is _________________________________
My Responsibilities are ______________________
Your Goals, Roles, and Responsibilities are_______

We need to get this done by _________________

And... by the way: THIS IS HOW WE ARE EVALUATED
Finance

• Total Direct and Indirect Expenses
• Gross Charges
• Revenue
• Collection Rate
• Bottom Line
• Aging Report (90 Days)
• Patient/Payer mix

Monthly Profit and Loss Statement
# Variance Report

<table>
<thead>
<tr>
<th></th>
<th>Month - To - Date</th>
<th>Year - To - Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>JUNE</td>
<td>JUNE</td>
</tr>
<tr>
<td></td>
<td>Actual</td>
<td>Budget</td>
</tr>
<tr>
<td><strong>Revenues:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Charges</td>
<td>410,093</td>
<td>487,190</td>
</tr>
<tr>
<td>Insurance adjustments</td>
<td>(145,552)</td>
<td>(183,671)</td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>22,917</td>
<td>22,917</td>
</tr>
<tr>
<td>Capitation payments</td>
<td>4,446</td>
<td>5,198</td>
</tr>
<tr>
<td>Interest/Other Income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>291,904</td>
<td>331,634</td>
</tr>
<tr>
<td><strong>Expenses:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>232,954</td>
<td>238,549</td>
</tr>
<tr>
<td>COMMISSIONS</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>RENT, BUILDING EXPENSE, OFFICE EQUIPMENT</td>
<td>15,636</td>
<td>13,542</td>
</tr>
<tr>
<td>PRINTING &amp; ADVERTISING</td>
<td>-</td>
<td>250</td>
</tr>
<tr>
<td>POSTAGE &amp; SUPPLIES</td>
<td>14,378</td>
<td>35,808</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>2,574</td>
<td>1,708</td>
</tr>
<tr>
<td>OPERATIONAL EXPENSE</td>
<td>2,855</td>
<td>1,542</td>
</tr>
<tr>
<td>PROFESSIONAL SERVICES &amp; CONSULTING</td>
<td>17,224</td>
<td>18,417</td>
</tr>
<tr>
<td>INITIATIVES</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>COMPANY INSURANCE</td>
<td>-</td>
<td>2,900</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>-</td>
<td>67</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>2,721</td>
<td>3,193</td>
</tr>
<tr>
<td>DEPRECIATION</td>
<td>30,722</td>
<td>32,223</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>319,064</td>
<td>348,198</td>
</tr>
<tr>
<td><strong>Change in Net Assets</strong></td>
<td>(27,160)</td>
<td>(16,563)</td>
</tr>
</tbody>
</table>
Benchmark Dental Budget Breakdown

Total Budget: 100%

- **Dental Practice Overhead**: 70-85%
  - See breakdown below*
- **Allocation for Administrative Costs**: 5-10%
  - Costs for CEO, CFO, COO, etc.
- **Health Center Support Allocation**: 10-20%
  - Costs for Human Resources, Security, Medical Records, IT, etc.

Breakdown of the 70-85% Dental Practice Overhead:

- Payroll (salary, taxes, & fringe benefits): 68%
- Building, Utilities, telephone: 9%
- Dental Supplies: 7%
- Lab fees: 5%
- Depreciation: 4%
- Office Supplies: 2%
- Repairs: 2%
- Marketing/Promotion: 1%
- Recruitment: 1%
- Continuing Education: 1%
Finance Benchmarks

Gross Charges = $400K-$500K per dentist per year

$183 average cost per encounter (UDS 2015)

Gross Charges = $150K-$200K per RDH per year

330 = 12.4%
Allocation Average
What is Everybody Else Doing?

2015 UDS National Data Averages

- 2,623 visits/year/FTE DDS
- 1,240 visits/year/FTE RDH
- Average cost/visit in dental = $183 ($141 direct dental)
- 2.5 visits/year/unduplicated dental patient
- Unduplicated dental patients make up 21.4% of all health center unduplicated patients.
- Average % allocation of health center 330 grant funding to dental = 12.4%

Setting Financial Goals

Define what financial success looks like:

– Create a profit?
– Break Even?
– With grants or without grants?
– Willing to accept a loss? If so how much?

• Gather the data and determine: Where are we today?
Setting Financial Goals

The Goal is: Break even without grant support

Gather information:

- Total Direct and Indirect Expenses: $800,000
- Total Projected Yearly Visits: 8,464
## Setting Financial Goals: Revenue

<table>
<thead>
<tr>
<th>Goal</th>
<th>Calculation</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue per Year</td>
<td>Break Even: Total direct and indirect expenses for the year</td>
<td>$800,000</td>
</tr>
<tr>
<td>Revenue per Week</td>
<td>$800,000 ÷ 46 weeks</td>
<td>$17,310</td>
</tr>
<tr>
<td>Revenue per Day</td>
<td>$800,000 ÷ 230 days</td>
<td>$3,478</td>
</tr>
<tr>
<td>Revenue per Visit</td>
<td>$800,000 ÷ 8,464 visits</td>
<td>$94.51</td>
</tr>
</tbody>
</table>
### Setting Financial Goals: Gross Charges

Based on collection rate of 80%

<table>
<thead>
<tr>
<th>Goal</th>
<th>Calculation</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Charges per year</td>
<td>$800,000 ÷ 80% Collection Rate</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Gross Charges per Week</td>
<td>$17,310 ÷ 80% Collection Rate</td>
<td>$21,638</td>
</tr>
<tr>
<td>Gross Charges per Day</td>
<td>$3,478 ÷ 80% Collection Rate</td>
<td>$4,359</td>
</tr>
<tr>
<td>Gross Charges per Visit</td>
<td>$94.51 ÷ 80% Collection Rate</td>
<td>$118</td>
</tr>
</tbody>
</table>
# Establish Financial Goals Using Tool

## Financial Goals

### Determine Yearly Revenue Goal

#### Goal 1: Break Even Goal without Grants

<table>
<thead>
<tr>
<th>Instructions</th>
<th>Description of Goal</th>
<th>Variables</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter total indirect and direct expenses from the profit and loss statement the most recent fiscal year</td>
<td>Yearly Revenue Goal</td>
<td></td>
<td>$ -</td>
</tr>
<tr>
<td>Enter number of weeks/year</td>
<td>Weekly Revenue Goal</td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Enter Number of Clinical Days per Year</td>
<td>Daily Revenue Goal</td>
<td></td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>Enter yearly visits from the productivity goal exercise</td>
<td>Revenue Per Visit</td>
<td></td>
<td>#DIV/0!</td>
</tr>
</tbody>
</table>
Common Factors Impacting Finance

- Not having goals!
- Not having a Profit and Loss statement
- Productivity Busters: Empty chairs = missed opportunities
- Reimbursement environment: Low encounter rate or low fee for service
- **Issues in the billing & collections process (High AR)**
- Fee schedules & SFDS/Nominal fee: Fees below market rate, nominal fee too low
- Patient/Payer Mix: high number of uninsured adult patients
Outcomes

- HRSA Sealant Measure Compliance
- Phase 1 Completed Treatments
- Children seen 0-5 years old
- Children seen getting preventive service
- Diabetic patients with HbA1C > 7 seen
- Formal referral policy with Primary Care
- % emergency treatments
- Sealants provided.............

Quality

- Quality Management System
  - Quality Assurance Policy and Tool
  - Continuous Quality Improvement Policy
- Credentialing Policy
- Privileging Policy/Competencies
- Policy and Procedure Manual
- Customer Satisfaction Survey (1 X Year)
Policies and Procedures

• QA and CQI policies
• Chart audit process
• Addressing Patient Complaints
• Infection Control/ Sterilization/ Spore Testing
• HIPAA
• Dental Emergency Access
• Scheduling
• Incident Reporting
• Occupational Exposures
• On-boarding of new staff (Orientation/Training)
Patient Satisfaction Surveys

- Must have a valid # surveys /per provider
- Must report the results to the staff (Staff Meeting)
- Must act on results: document actions
Guidelines

- ADA Radiograph guidelines: http://www.ada.org/~/media/ADA/Member%20Center/Files/Dental_Radiographic_Examinations_2012.ashx
- American Association of Endodontists: http://www.aae.org/colleagues/
- ADA code of ethics and conduct: www.ada.org/about-the-ada/principles-of-ethics-code-of-professional-conduct
Issues Most Important to Patients

• Friendliness of ALL staff
• Timely Appointments
• Wait times in the waiting room
• Provider: listening
• Provider addressing their concerns
• Appearance of the office
• No pain!
• Understanding the bill!!!
• Good Communication
Governance

• Compliance with Federal, State and Local Regulations and with the State Practice Act
• Compliance Officer
• Policy and Procedure Manual
• Privileging Policy/Competencies
• Annual Safety/infection Control/ Hazardous Waste Training
• Preparation for a HRSA Operational Site Visit( OSV)
  • Nominal fees and Sliding fees
  • After Hours Coverage Policy
  • Off Hours Service Hours
Credentialing and Privileging

• **HRSA Pin 2002-22** Requires Credentialing and Privileging of providers including dentists.

• **Credentialing** is the process of establishing and ensuring that a provider is qualified to practice in your center.
  • Your health center should own and control the credentialing process

• **Privileging** is establishing the right of a provider to perform specific procedures
  • The Dental Director should own and control the privileging process
  • Defines, for the incoming dentist, what procedures are allowed at the clinic and for that dentist
  • Required for FTCA insurance and many other malpractice insurers
Accessible Hours of Operation/Locations:
Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served. (Section 330(k)(3)(A) of the PHS Act)

After-Hours Coverage: Health center provides professional coverage during hours when the center is closed. (Section 330(k)(3)(A) of the PHS Act)
Operational Site Visit Dental Compliance Issues, Cont.

**Budget:** Health center has developed a *budget* that *reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan,* including the number of patients to be served. (Section 330(k)(3)(D), Section 330(k)(3)(I)(i), and 45 CFR Part 74.25)

**Scope of Project:** Health center *maintains its funded scope of project (sites, services, service area, target population, and providers),* including any increases based on recent grant awards. (45 CFR Part 74.25)
Operational Site Visit Dental Compliance Issues, Cont.

**Sliding Fee Discounts**: Health center has a system in place to
determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.

- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.*
- No discounts may be provided to patients with incomes over 200% of the Federal poverty guidelines.*
- No patient will be denied health care services by the health center due to an individual’s inability to pay for such services, assuring that any fees or payments required by the center for such services will be reduced or waived. (Section 330(k)(3)(G) of the PHS Act, 42 CFR Part 51c.303(f)), and 42 CFR Part 51c.303(u))
What is Churning?

Churning is defined as the systematic, institutionalized practice of maximizing revenues by maximizing visits/encounters where payment is determined by number of encounters, not by number of procedures encountered.
Checklist to Dental Redesign

- Define What Success Should Look Like in Dental
- Gather Data that is accurate, timely and meaningful
- Compute and Understand your actual Capacity
- Set Clear: Goals, Roles and Timelines for both the Dental Team as a whole and Individuals in: Access, Finance and Outcomes.
- Have a policy for “Everything”!!!!
- Set fees at the usual and customary of the market rate in your service area
Checklist to Dental Redesign

- Execute a Quality Management System including CQI and QA in Dental and in the CHC
- Create a Dental Culture of Accountability
- Actively Manage: Broken Appointments/Last Minute Cancellations; Self Pay Patients; Front Desk; Payer Mix; Customer Service; Billing; Emergencies; Priority Populations; Scope of Service
- Use the Dental Schedule Strategically!
- Know what your own Leadership should look and feel like to best enable/support Dental
SNS Technical Assistance Resources

- Dental Policy & Procedure Manual Template
- Sample Clinical Protocols
- Sample Dental Job Descriptions
- Sample Broken Appointment Policies
- Scripting for CHC Dental Staff
- Profit & Loss Budget Variance Tool
- Financial and Productivity Goals Tool
- Payer Mix Projection Tool
- Dental Program Performance Tracking Tool
- Productivity Benchmark Guide
- Sample Scheduling Policy
- Sample Emergency Policy
- Sample Quality Assurance Policy
- And much, much more!

https://www.google.com/search?q=safety+net+solutions+dentaquest&oq=safety+net+solutions+&aqs=chrome.0.69i59j0j69i57j0l3.14817j0j8&sourceid=chrome&ie=UTF-8
NNOHA Technical Assistance Programs

- Website; [www.nnoha.org](http://www.nnoha.org)
- Dental Clinic Operations Manual/Publications
- Webinars
- Promising Practices
- Annual Conference
- National Oral Health learning Institute
- Listserv
- Speaker`s Bureau
- Consultation/Referral
SNS Online Practice Management Series

  - Developing Billing Excellence
  - Fee Schedules, Sliding Fee Scales, & Management of the Self-Pay Patient
  - Safety Net Dental Program Finance and Productivity: Your Mission and Your Margins
  - Front Desk Customer Service
  - The Front Desk: Creating Your Dream Team
  - Managing Chaos in the Dental Program
  - Scheduling by Design

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