

EXTENDED CARE PERMIT FINANCIAL MANAGEMENT

Overview

Financial management of oral health services traditionally has been the responsibility of dentists and office administrators in private or public health practices. Extended Care Permits hygienists and their community partners need financial knowledge and skills to ensure that ECP service in community settings are financially viable

Sources of Income

There are several sources for funding community dental hygiene services. Here is a brief explanation of each. More information is available through websites, pamphlets, and workshops.

Medicaid/HealthWave

Medicaid and HealthWave is the traditional source for funding services to children enrolled in Head Start and schools. Medicaid covers children and adolescents up to the age of 21; HealthWave up to the age of 19. K.S.A. 65-1456(f) gives hygienists permission to serve “a person who meets the requirements of Medicaid, HealthWave or the federal free and reduced lunch program. . .” Medicaid/HealthWave reimburses for fluoride applications, sealants, and prophylaxis, which may be performed in community settings by hygienists. To receive reimbursement from Medicaid, the hygienist must make sure that the child or adolescent is enrolled and has not received recent hygiene services from another source.

Fees for Service

ECP hygiene services may charge fees for service when serving children and adolescents who qualify for but do not have Medicaid/HealthWave coverage or qualify for the free and reduced lunch program. (K.S.A. 65-1456(f)). In addition, adults and seniors served in long-term care, local health departments, and indigent clinics may also receive preventive hygiene services on a “fee for service” basis. Sponsoring dentists and ECP sites pay the dental hygienist whatever fees are due for services; dental hygienists are not paid directly by patients (K.S.A. 65-1456(f)(7)&(g)(7)).

Community Resources

Each community has agencies, like United Way, businesses, and individuals who provide funds to improve the quality of life for its residents. To identify funds from these sources requires networking and sales presentations, but often these funds have fewer restrictions and less complicated application processes than federal and state agencies or foundations.

Grants

State and community agencies are eligible to apply for grants to underwrite ECP dental hygiene services for clients and patients. Funds have come from federal grants and foundations. Grant funds are almost always limited to a specific time period, which makes it difficult to sustainability of ECP services funded by grant monies.



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Expenses

Each ECP service will have expenses that match the services, population, community, and ECP site. Here is basic information to begin developing a financial plan.

Payment for Hygiene Services

Hygienists with Extended Care Permits may be paid for their services by

1. The sponsoring dentist
2. The participating organization (K.S.A. 65-1456 (f)(7)&(g)(7)). Who pays for equipment, supplies, salaries, fees for service, continuing education, and travel expenses needs to be worked out in detail with the hygienist, sponsoring dentist and Extended Care Permit site.

Payment for Hygiene Services

There is no set limit on a fee the dentist might charge for reviewing ECP reports. Some dentists charge no fee, others base the amount on the time they need to review reports, while others calculate a percentage based on income from hygiene services.

Payment for Financial Management and Administrative Services

There is not a formula for determining a rate for administration. Extended Care Permit sites or sponsoring dentists determine the cost to administer an ECP hygiene service. Whether or not a hygienist performs some of the administrative tasks will factor into determining the fees for administrative services.

Dental Equipment

This is the most expensive part of start up costs. Some ECP sites may have adequate equipment or an outside source to fund the purchase of equipment– permanent or mobile. It is important that the ECP budget reflects possible repair and replacement costs.

Supplies

These need to be determined in advance and calculated on a use per patient formula. A general guideline in 2010 is \$7-\$9 per patient, but individual circumstances can vary.

Other

Each ECP hygiene service will have its own specific needs– fees, equipment, supplies, and patient education materials. Hygienists who are experienced at operating ECP services are excellent sources of advice.



Q&A

FUNDING EXTENDED CARE SERVICES

Q. How does a hygienist in an extended care setting get paid?

A. the sponsoring dentist and the participating organization listed in K.S.A. 65-1456(f)(7)&(g)(7) will arrange payment for an ECP hygienist.

Q. May a patient/client pay the sponsoring agency such as a residence for seniors for ECP hygiene service? Who then pays the hygienist-dentist or agency?

A. Yes, patients may pay either the sponsoring dentist or the participating organization. The hygienist receives a portion of the payment from whoever collect the fee for service K.S.A. 65-1456(f)(7)&(g)(7). Any payment to the dental hygienist for ECP services is received from the sponsoring dentist or the participating organization found in this subsection.

Q. What constitutes a “participating organization?”

A. These organizations: Head Start, schools, local health departments, indigent health clinics, state correctional institution, adult care home, long term care facility, state institution or at home of a homebound person who qualifies for the federal home and community based service (HCBS) waiver-listed in K.S.A. 65-1456(f)&(g)

Q. Does this include the long-term care facility or school, which do not have dental provider numbers?

A. Yes

Q. Can nursing homes file claims for dental hygiene services for patients with their own dental insurance?

A. Not usually, but in some cases individuals may be able to turn in a receipt to their own dental insurance company for reimbursement.

Q. Can someone pay a hygienist directly for services if the hygienist then turns the funds over to the participating organization or sponsoring dentist? What if a parent wishes to pay cash? Can the RDH receive the cash from the school/parent? Should the money be passed it on to the DDS or other agency first, and then be reimbursed?

A. Yes, the hygienist can be the “cashier” as long as the funds are turned over to the dentist or participating organization.

Q. What are the laws governing Medicaid reimbursement?

A. Please see <http://www.cms.hhs.gov/medicaid/state.asp?state=ks> for information about Kansas and http://www.asp.org/research/Medicaid_Reimbursement_2004-05_Interim_Report.pdf for 2004/5 Medicaid Reimbursement Survey state by state

Q. Which people/agencies may have dental provider numbers?

A. Dentists
Indian Health Services
Federally Qualified Health Center
Local Health Departments
Interim Care Facilities/for Mental Retardation
Head Start Grantees



Q&A

FUNDING EXTENDED CARE SERVICES

Q. What does Medicaid/HealthWave cover regarding hygiene services? What does it not cover?

A. Medicaid/HealthWave reimburses for the following dental hygiene services: fluoride applications, sealants, prophylaxis.

