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March 20, 2015

Sandra Greene, Ph.D., Chairman
North Carolina State Health Coordinating Council Acute Care Sub-Committee
c/o Medical Facilities Planning Section
Division of Health Service Regulation
2714 Mail Service Center
Raleigh, NC 27699-2714

Re: Cumberland Anesthesia Associates, PA Comments Regarding the Knowles, Smith and Associates, LLP (d/b/a Village Family Dental) (KSA)

Dear Dr. Greene:

Cumberland Anesthesia Associates (CAA) appreciates the opportunity to comment on the Petition submitted by Knowles, Smith and Associates (d/b/a Village Family Dental) to add a new policy to allow the development of a specialty pediatric dental ambulatory surgical center (ASC) in southeastern North Carolina. CAA does not support the changes requested by Village Family Dental for the following reasons.

1. Responses to Comments in the KSA Petition

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Per KSA: "NC Medicaid does not cover anesthesia cost in a physician office but it does in a hospital or an ASC".

CAA Response: This is a false statement since Medicaid reimbursement for anesthesia using dental codes is reimbursed at twice the rate of what a board certified anesthetic provider would be reimbursed using standard anesthetic CPT codes allowed for billing Medicare and Medicaid.

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Per KSA: "Emergency care of this sort is expensive and preventable. Emergency room visits for dental pain increased from 1.0 percent of all visits to 1.06 percent between 2000 and 2010, according to a study by the American Dental Association according to American Dental Association."

CAA Response: This excerpt depicts patients aged 15-44 not the age of the population currently being served by KSA in the hospital setting. Therefore, this reference has no bearing on the need for

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additional operating rooms. KSA provides no plan to serve this underprivileged, increasing and at risk population they have referenced.

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Per KSA: "70% of the patients seen in the Emergency Room are either Medicaid or uninsured with 40% being uninsured."

Per CAA: Cumberland Anesthesia Associates as well as Cape Fear Valley Health System (CFVHS) provides significant resources in order to provide care to this under and uninsured patient population. Adding a specialty operating room would only further allow KSA to cherry pick insured cases, making it an increased financial burden for CFVHS to continue to care for this at risk population.

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Per KSA: "In fact, the by-laws permits only an anesthesiology group to recertify patients for anesthesia." Per CAA: This is a completely inaccurate statement in that the hospital bylaws permit any hospital credentialed physician to conduct a recertification History & Physical. CAA by default has been the only group willing to do so. KSA has made multiple attempts to find other physicians to provide this service pro bono and has been unsuccessful. CAA feels that the recertification process serves as a safety net for this at risk population. These patients often have significant co-morbidities that may not have been identified and therefore need to be seen by a physician capable of fully assessing the patient. CAA feels that dental education does not afford general dentists the ability to fully assess patients with multiple co-morbidities. These are in fact the very patients KSA proposes to serve.

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Per KSA: "CAA bills anesthesia to Medicaid and bills the history and physical update to the dentist, \$135 per case, or about five to ten percent of the total Medicaid professional reimbursement".

Per CAA: This charge to KSA is incidental allowing KSA to perform these surgeries in a timely, safe and efficient manner. CAA takes sole responsibility for clearing very complex patients to undergo hospital procedures. This liability would otherwise be shared by two or more physicians.

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Per KSA: "In a three year period, our practice will hire one of fifteen interviewees. Notwithstanding the North Carolina dentist shortage, the limiting factor for dental surgery in the Cumberland / Robeson county area is not the dentists, who are willing to and do take the Medicaid cases, in both their practices and at the hospital. The limiting factor is availability of dental operating room time."

Per CAA: CAA feels this is a misleading statement. Over the last 5-7 years the number of pediatric dentists providing this service has doubled. In response, the hospital operating room time has increased with the need. KSA's argument is not one of decreasing operating room availability; it's one of decreasing market share to the KSA group.

The majority of patients KSA takes care of are not from Cumberland County. In addition to the block time provided at Highsmith-Rainey Specialty Hospital, CFVHS has ample block time available in Bladen,

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Hoke and Harnett Counties. Utilizing available operating time in these underutilized facilities would in fact make it more accessible to the patients in these counties.

2. Cumberland Anesthesia Associates Recommendation

In conclusion, based upon these facts CAA does not support a single specialty dental ambulatory surgical center. In fact, we feel it would not improve access to the at risk population referenced in their petition. We feel it would actually hamper CAA's and CFVHS's ability to serve the under and uninsured population for which KSA has no plans to serve.

There is sufficient operating room capacity in Cumberland, Hoke, Harnett, Bladen, Moore and Lee Counties to meet the surgical needs of Village Family Dental. Therefore, there is no need for the proposed Policy.

Thank you for the opportunity to submit our concerns regarding the Knowles, Smith and Associates (d/b/a Village Family Dental) Petition.

Sincerely,


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