Petition to the State Health Coordinating Council
Regarding Special Need for
A Demonstration Ambulatory Dental Facility for Wake County
2016 State Medical Facilities Plan

July 29, 2015

Petitioner:		***Contact:***	
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STATEMENT OF REQUESTED ADJUSTMENT

Triangle Implant Center, (Triangle Implant), requests the following change to the *2016 State Medical Facilities Plan* (*SMFP*) to address a special need for a demonstration dental ambulatory surgery operating room with supporting procedure rooms in Wake County. This would represent a modification to Chapter 6 and read as follows:

> In response to a petition from Triangle Implant Center, the State Health Coordinating Council approved an adjusted need determination for one operating room and related procedure rooms in Wake County to be included in a demonstration dental-only ambulatory surgical center.

Table 6F: Operating Room Need Determination for Dental-Only
Single Specialty Ambulatory Surgery Demonstration Project
(Scheduled for Certificate of Need Review Commencing in 2016)

It is determined that the service areas listed in the table below need additional operating rooms in accordance with the demonstration project criteria:

1. Operating Rooms must be located in a licensed ambulatory surgery facility dedicated to dental and oral surgery.
2. Applicant must provide evidence of having performed dental procedures in a surgical setting on at least 900 Medicaid patients in the past 12 months.
3. Facility must provide for general anesthesia coverage by certified anesthesia professionals.
4. Facility must provide three percent of services to persons with limited ability to pay, as determined by a formal charity care policy.
5. Facility must offer surgery privileges to qualified professionals who are not owners.
6. Facility must become Medicaid certified.
7. Facility must demonstrate that it will serve a minimum payor mix of 60 percent Medicaid and three percent Charity care.

8. Facility must become licensed as an ambulatory surgery facility in the State of North Carolina.
9. Facility must demonstrate payor mix of 50 percent Medicaid and three percent charity care.
10. Facility must become accredited by an agency that maintains CMS deemed status for ambulatory surgery.
11. Facility operating rooms must be available for service eight hours a day.

Facility must provide a report to the Agency by third year of operations identifying: the number of patients served, cases by diagnosis, age, county of residence, and payor; and number of persons with surgical privileges by ownership status

(Scheduled for Certificate of Need Review Commencing in 2016)

Service Areas	Operating Rooms	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Wake County	1***	TBD	TBD

* *Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).*

** *Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).*

REASONS FOR THE PROPOSED ADJUSTMENT

TRIANGLE IMPLANT CENTER

Triangle Implant Center (TIC) offices are located in Durham, Mebane, Wilson and Goldsboro North Carolina. Members of the practice include four oral surgeons and three anesthesiologists contracted through Duke. One is a pediatric anesthesiologist. Members of our practice teach at UNC Dental School and are attendings at Duke Regional Hospital.

Our practice treats adults as well as pediatric cases. We have refined a successful model for providing dental surgery with board certified anesthesiologists providing anesthesia in all of our offices. Fortunately, in our private practice we have been able to subsidize care to a limited number of Medicaid beneficiaries as not to delay or limit care. However, without an ambulatory surgery license, we can only serve our own patients, we must limit the complexity level, and we cannot receive a facility fee to serve Medicaid patients.

Triangle Implant Center patient payor mix is approximately 40 percent Medicaid and seven percent charity. Commercial insurance and / or self-pay cover the remaining balance of patients. TIC does not have contracts with North Carolina Blue Cross or with any military dental insurance carrier.

TIC has space in a Wake County office building dedicated to dental care that it is developing for dental surgical procedures. The space will be developed to operating room standards. The building, called Solferino North is within 15 minutes maximum drive to WakeMed, Rex and Duke-Raleigh Hospitals in Wake County. It is also centrally located to the road systems serving HSA IV. It can serve patients who are not Medicaid beneficiaries.

- Half of TIC patients originate from Durham and Orange Counties, 20 percent from Alamance, five percent from Person, and the balance are from Wake, Wayne, and Wilson. Interest in our proposed center includes dentists and oral surgeons from these other counties.
- In the TIC practice, 85 to 90 percent of patients require surgery.

NORTH CAROLINA ISSUES

North Carolina is improving, but access to dental care is low.

- The UNC Cecil G. Sheps Center for Health Policy Research in a recent report showed NC ranks 47th in US on dental access (Attachment A- UNC Sheps Center report)
- Many dental cases, particularly those involving children and persons with behavioral issues, are best done with general anesthesia, which is best done by an anesthesiologist, even though oral surgeons are trained to administer general anesthesia
- Oral surgery cases can be done under general anesthesia or with IV or local sedation. Many oral surgery cases are complex and require general anesthesia.
- The dual burden for a single professional to provide both oral surgery and general anesthesia on the same person is taxing; patient safety is better served if the tasks are separated. See Attachment E for more details.

- In recent years, two North Carolina deaths occurred when dental patients were under conscious sedation by dentists who used in office sedation
- Using general anesthesia, particularly, if it is provided by separate anesthesia professionals, adds to the cost of a procedure; private insurance covers this cost in office; Medicaid does not
- Medicaid pays for general anesthesia in an office, ambulatory surgery center, or a hospital. However, Medicaid pays a facility fee only in an ambulatory surgery center or hospital.
- In our offices, for our patients, TIC can subsidize the low Medicaid anesthesia fee. However, we cannot subsidize it for other practices and their patients.
- Pediatric dental cases often require general anesthesia if patient is complex or has behavioral issues, allergies to conscious sedation or cannot hold still for long times; most of these are Medicaid cases
- Most Medicaid dental patients are otherwise healthy and do not require the full back up and support of a hospital operating room.
- Low pay for technical fee and the cumbersome logistics of dealing with admissions for general dentists and pediatric dentists make long pediatric, dental and oral surgery cases unattractive to many hospitals and to many hospital anesthesiologists;
- Low Medicaid pay for dental anesthesiology makes these patients unattractive to anesthesiologists. North Carolina Division of Medical Assistance acknowledges the low fee but cannot change it.
- Hospitals have cancelled block time for Triangle Implant Center. Specialty Hospital in Durham will not accept dental Medicaid oral surgery patients.
- Davis multi-specialty surgery center in Durham also dropped our dentist block time and has no facilities for specific oral surgery or dental procedures.
- We have identified at least ten hospitals that do not have the proper dental equipment needed to place dental implants: WakeMed Cary, WakeMed, Duke, UNC Hospitals, First Health Moore Regional, Duke Regional, Rex Hospital, New Hanover Memorial, Vidant Medical Center and Wayne Memorial.
- At an April meeting held by Triangle Implant Center to explore the issue, pediatric dentists in Chapel Hill, Raleigh 26 pediatric dentists in practices located in Wake, Durham, Cumberland, Guilford, and Pitt Counties reported difficulties scheduling pediatric patients who require general anesthesia in hospital operating rooms, another six Wake County dentists reported trouble getting on hospital operating schedules.
- Attachment B includes 66 completed surveys that indicate support for the proposed project.
- Per Mark Casey, DDS, MPH, Division of Medical Assistance Dental Director, Medicaid gets complaints from dentists who cannot get on hospital operating room schedules in the Triangle area including Chapel Hill.
- More than 172,000 Medicaid children and approximately 210,000 total Medicaid beneficiaries reside in HSA IV.

- In some places in the state, access problems for Medicaid appear less acute. We have become aware that Wilmington has a dental procedure room that appears to absorb much of the nearby demand. ECU and Vidant have a joint venture ambulatory surgery center room dedicated to ambulatory surgery in Greenville. Duke and Mission Health appear to have a solution in the Asheville area and CMC University Hospital in Mecklenburg County has an operating room dedicated to ambulatory surgery. Iredell Memorial reports having an operating room specifically equipped for dental surgery.
- As DMA data demonstrate, few ambulatory surgery centers bill for Medicaid dental surgery, suggesting that few provide the service. Limited data from DHSR License Renewal Forms suggest the same.
- Moreover, because of restrictions in the North Carolina hospital statute, general dentists and some oral surgeons cannot have admitting privileges in hospitals. These professionals can be credentialed, but they cannot admit. See NCGS 131E-76 and NCGS 90-9.
- North Carolina practice requires one operating room for an ambulatory surgery CON. An operating room requires a CON and a need in the State Medical Facilities Plan. There is no need for operating rooms in the Proposed 2016 State Medical Facilities Plan.

AMBULATORY GENERAL ANESTHESIA

- TIC has demonstrated that it can safely perform outpatient, out of hospital ambulatory dental surgery and pediatric dental surgery under general anesthesia, when it works together with Board Certified Anesthesiologists from Duke Anesthesia.
- Last year, TIC completed approximately 3,000 general anesthesia cases in its office; cases were both pediatric and adult oral surgery cases.
- Even in a hospital or ambulatory surgery center, Medicaid fees for anesthesiologists are very low, about $113 regardless of the length of the procedure. Paying anesthesiologists for Medicaid dental cases, thus involves cross-subsidization from some source. (See Attachment C).
- North Carolina Medicaid will pay a technical / facility fee of $300 to $580 for dental surgery in an ambulatory surgery center, but not in an office.
- Though low, the Medicaid technical fee can offset the cost for dentists who otherwise cannot get the cases scheduled anywhere. TIC understands that it would still have to subsidize the operation from dental fees; but the fee, plus savings in lost time and increased productivity, would, it believes, make it possible to provide service to Medicaid beneficiaries.

HOSPITAL ALTERNATIVES FOR TIC AND AREA DENTISTS

- Wait times for TIC offices to schedule dental and oral surgery at local hospitals are now six months
- TIC has privileges at Duke Regional Hospital in Durham. Its dentists also have privileges at Duke Regional Hospital in Durham.
- TIC oral surgeons take call at Durham Regional and would continue to take complex impatient cases to hospitals.

- Some cases, with complex co-morbidities, for example obesity, chronic heart failure are also best treated in a hospital, where the medical back-up is available in the event of complications.
- With less pressure to handle the healthier patients, hospitals in the area should have more capacity to handle the more appropriate complex dental cases.

COST SAVINGS

- DMA claims data show that Medicaid pays an average facility fee of $374 for dental surgery cases in ambulatory surgery centers and $ $1701 for dental outpatient surgery in a hospital. The difference is in billing approach. The ambulatory surgery fee is a single bundled amount. The hospital bills include additional charges for pharmacy, supplies, etc. See summary in Attachment C.
- Savings to patients when they get earlier schedules go without saying. Dental caries involve infectious disease. Antibiotics can help arrest the progression, but removing the disease requires treating the source. Delays mean extended antibiotic treatment, pain and often trips to the emergency room when the stopgap measures fail.

DEMONSTRATION

The problem of access to schedules does not appear to be uniform in North Carolina. As noted by Knowles, Smith and Associates, limited experience in other states like Pennsylvania and the state of Washington suggest similar situations. By starting with a demonstration project North Carolina can initiate a service with known licensure and certification standards and learn more about cost and access changes in areas that have demonstrated access problems.

A demonstration would involve no change in payment structure from Medicaid. With the difference in cost, more access to ambulatory surgery operating rooms could enable the state to cover more patients without an increase in cost.

An ambulatory surgery facility is less threatening to an otherwise healthy patient. Generally speaking, healthy people prefer to get their dental care in a place other than a hospital.

The American Dental Association is now working on quality metrics for dental surgery. This would provide an opportunity for North Carolina to participate in the national effort and provide benchmarks by which to compare NC results with other states

STATEMENT OF ADVERSE EFFECTS ON PROVIDERS AND CONSUMERS IF THE ADJUSTMENT IS NOT MADE

The unfortunate side effect of lack of operating room access for dental providers and their patients has yielded an increased number of cases driven into an unregulated office setting. As the number of cases with co-morbidities and complexities of the procedures increase, we will see an increase in tragic outcomes; outcomes that have plagued our dental community in the recent past.

Other dentists have asked to work in our offices, but we cannot accommodate them unless we are a licensed ambulatory surgery center. We cannot be licensed without an operating room. The proposed plan shows no need for an operating room in our area. With one operating room, and an exemption for a dental-only practice, we can develop an efficient, feasible and responsible dental ambulatory center that has eight operatories and meets accreditation and licensure standards. The center will be able to accommodate other dentists, offer general anesthesia by Board Certified Anesthesiologists and accept Medicaid to treat a population that has been excluded from quality care settings over and over.

STATEMENT OF ALTERNATIVES CONSIDERED AND FOUND NOT FEASIBLE

OVERVIEW

TIC is providing dental surgery with general anesthesia in its offices. We are fortunate to have the services of Duke Anesthesia to assist us. However, we are already finding that this approach, though good patient care because we are very careful about medical clearance, is difficult to sustain.

EXPAND MORE HOSPITAL DENTAL SURGERY OFFERINGS

Some dental cases will always be most appropriate for a hospital setting. In areas where there are large numbers of dental cases that require general anesthesia, for patients who are otherwise in good general health, an ambulatory surgical setting dedicated to ambulatory surgery is more cost effective.

EXPAND DENTAL AMBULATORY SURGERY OPERATING ROOM INVENTORY

The Proposed 2016 State Medical Facilities Plan shows no need for additional operating rooms. Table 6 B in the Proposed Plan shows a surplus of 12.27 operating rooms in Wake County. Only 11 percent of the Wake County operating rooms are in ambulatory surgery centers, according to data in Table 6A. The ratio in Wake County is the same; 12 of the 108 operating rooms are ambulatory surgery operating rooms.

Given the ratio, it is not surprising that few ambulatory surgery centers have block time available for dentists.

CONCLUSION

Because dental surgery is specialized, requires specialized chairs, plumbing, instrument processing, lighting and specialized technical staff, it makes sense for the state to explore this alternative means of providing general anesthesia care for dental, pediatric dental and oral surgery patients.

EVIDENCE OF NON-DUPLICATION OF SERVICES

North Carolina has no dedicated ambulatory surgery facilities. TIC is aware of only a few ambulatory surgery centers that have dedicated dental ambulatory surgery operating rooms. None exists in Wake, Durham, Orange, Vance, Harnett, Lee, Warren, Franklin, Johnston, Chatham, Person, or Granville counties.

As data in Attachment D indicate, the area has more than 172,000 Medicaid beneficiaries under age 21. If half of those beneficiaries receive screening annually, and 17 percent of those screened need dental surgery, then Medicaid pediatric need alone would support three dental operating rooms operated at the number of hours required for an ambulatory surgery facility. Case times for pediatric cases are longer than other dental cases.

Estimated Need for Medicaid Pediatric Dental Surgery Rooms in HSA IV

Total Medicaid Children	172,993
Number in Largest county	70,217
Name of Largest County	Wake
Percent of Eligible Patients Screened	50%
Percent Screened in of Need Dental Surgery	17%
Percent of Need Treated Per Year	15%
Annual Dental Surgery Cases	2,206
Hours Per Case	2.5
Operating Room Hours Per Year	5,514
Hours Per Room Per Year	1,872
Number of OR's Needed for Pediatric Medicaid	***3***

Note: See Attachment D for sources, calculations, and assumptions for each HSA and all of North Carolina.

Children are only part of the need. As noted earlier, in this part of the state, dentists, pediatric dentists and oral surgeons have wait times up to six months to schedule operating room time. Data on the percent of adults who need oral surgery are not easily found. Anecdotally, TIC experience suggests that more than 50 percent of Medicaid adults need oral surgery.

Only seven percent of specialists have trained in a hospital. Most residency trainings are not hospital based. These dentists cannot get hospital privileges. Few of these take Medicaid.[1]

[1] NC Medicaid and Health Choice Dental Provider list, http://www2.ncdhhs.gov/dma/dental/dentalprov.html

Adding one operating room is sufficient to get a North Carolina license as an ambulatory surgery facility that provides services other than GI services. The facility could then be developed appropriately with procedure rooms to accommodate surgical cases as needed.

EVIDENCE OF CONSISTENCY WITH NORTH CAROLINA STATE MEDICAL FACILITIES PLAN

BASIC GOVERNING PRINCIPLES

1. Safety and Quality

This basic principle notes:

> "…*priority should be given to safety, followed by clinical outcomes, followed by satisfaction.*
>
> *"…As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area*."

With licensure and certification by an external body, the proposed demonstration facility would be held to high standards that are continuously updated by juried professionals. Dental quality metrics now in development by the American Dental Board could be applied to the demonstration as they emerge. Pediatric standards are now out for review.

2. Access

This basic principle notes:

> "…*The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.*
>
> *"…The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible under prevailing quality and value standards."*

As noted, the proposed criteria for the demonstration provide access to underserved groups, Medicaid and charity patients and patients of dentists, pediatric dentists and oral surgeons who cannot get block time in operating rooms.

3. Value

This basic principle notes:

> *"The SHCC defines health care value as the maximum health care benefit per dollar expended.*
>
> *"…Cost per unit of service is an appropriate metric…*
>
> *"…At the same time overutilization of more costly and/or highly specialized low-volume services without evidence-based medical indication may contribute to escalating health costs without commensurate population-based health benefit."*

The proposed demonstration will offer a cost effective means to address dental surgery access in area with demonstrated need. The project may in fact reduce Medicaid cost to serve the same number of patients, or increase the number of Medicaid patients served.

This proposed demonstration is a better value to the state than a proposal made several years ago to Medicaid that requested a substantial increase in the Medicaid payment for cases done in a dedicated ambulatory surgery center.

CONCLUSION

The proposed changes are consistent with and support the Basic Principles that govern the *SMFP*. The project is feasible, the number of patients in need is higher than the number of patients that available dentists and oral surgeons could serve in a given year, but the project would provide a mechanism in which North Carolina can test, in a limited way, an alternative setting in which to care for dental and oral surgical patients.

As dentists graduating from dental schools are trained with more exposure to general anesthesia for complex cases, the demonstration site would provide an ideal training location.

ATTACHMENTS:

Attachment A

Report: "The Dental Workforce in North Carolina: Trends, Challenges, and Opportunities" UNC Sheps Center

The Dental Workforce in North Carolina: Trends, Challenges and Opportunities

Erin Fraher, PhD MPP
Assistant Professor, Depts. of Family Medicine and Surgery, UNC

With Julie Spero, Katie Gaul and Victoria McGee
North Carolina Health Professions Data System

2013 NC Dental Public Health Educational Conference

March 5, 2013

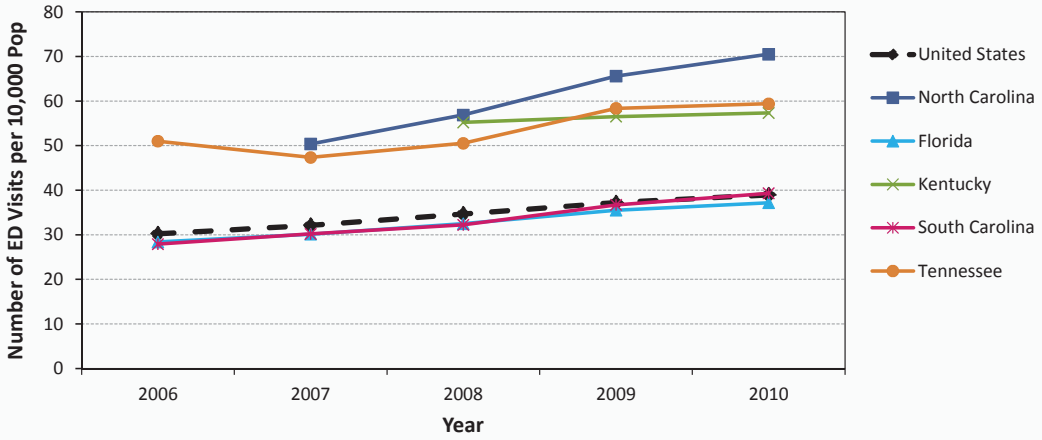
UNC
THE CECIL G. SHEPS CENTER
FOR HEALTH SERVICES RESEARCH

Overview of Presentation: The View from 30,000 Feet

- Access to oral health care is multifaceted, more complex than "counting noses"
- But basic data on workforce supply, distribution, demographic and practice characteristics can provide powerful evidence to inform policy
- Projections of future supply allow us to simulate effect of policy, workforce changes and new models of care
- State budget constraints create need to show "bang for buck" for public investments in education
- Rapid pace of health system change provides policy window to improve flexibility in how/where workforce deployed

NC has high per capita rate and most rapid increase in ED visits for dental disorders

Emergency Department Visits for ICD-9-CM All-Listed Diagnosis Code 525.9, Dental Disorder Not Otherwise Specified, per 10,000 Population, US and Select States, 2006-2010

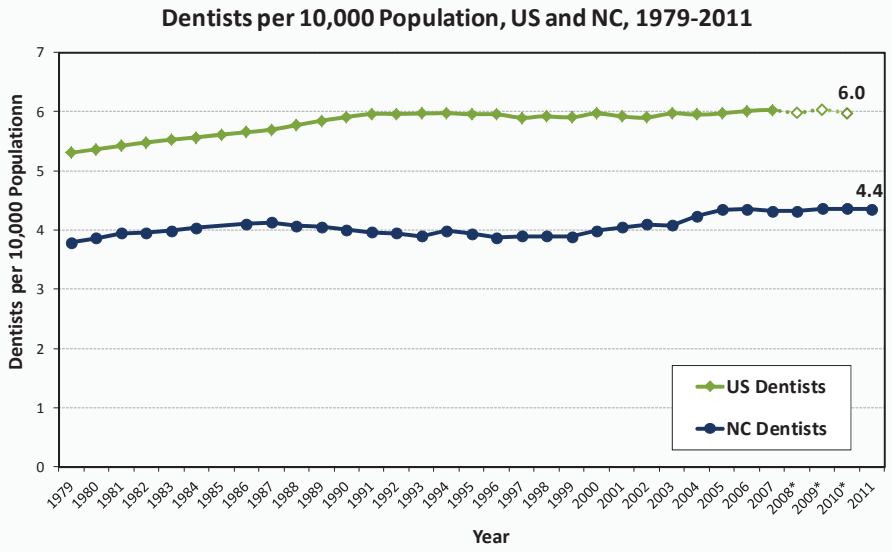


Source: State statistics from HCUP State Inpatient Databases and State Emergency Department Databases , Agency for Healthcare Research and Quality (AHRQ).*Weighted national estimates from HCUP Nationwide Emergency Department Sample (NEDS), Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual States and provided to AHRQ by the States.

North Carolina versus the United States:

Supply and Distribution

NC has consistently lagged behind US in dentists per capita



*ADA number of total dentists in the U.S. in 2008 is 181,774, an increase of 73 from 2007. This increase is not consistent with that of previous years. Taking prior increases into account would result in an estimate of 182,028 dentists in the U.S. in 2008 and 185,202 in 2009. Total number of U.S. dentists in 2010 imputed using projected number of 2010 active dentists in the American Dental Association Dental Workforce Model: 2006-2030.

Sources: North Carolina Health Professions Data System, 1979 to 2010 with data derived from the North Carolina State Board of Dental Examiners; HRSA, Bureau of Health Professions; US Bureau of the Census; North Carolina Office of State Planning. Figures include all licensed active dental hygienists. North Carolina population data are smoothed figures based on 1980, 1990 and 2000 Censuses. *Note: US population data for 2001-2002 are slightly different than previous years and may partially account for the slight drop in dentists per 10,000 population at the national level.

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And has lagged behind most states as well…

Active Dentists per 10,000 Civilian Population

	1996		2000		2003		2007	
	Rank	Ratio	Rank	Ratio	Rank	Ratio	Rank	Ratio
United States		**6.1**		**6.1**		**6.0**		**6.0**
Top Ranked								
Massachusetts	4	8.1	2	8.1	2	8.2	1	8.2
Hawaii	1	8.9	1	8.2	1	8.2	2	8.1
New Jersey	5	8.1	4	7.9	3	7.9	3	8.1
New York	2	8.2	3	8.0	4	7.9	4	7.9
Bottom Ranked								
North Carolina	**47**	4.4	47	4.2	47	4.4	47	4.5
Alabama	46	4.4	46	4.3	45	4.4	48	4.4
Arkansas	48	4.1	48	4.0	48	4.1	49	4.1
Mississippi	49	4.0	49	3.9	50	4.0	50	4.1

Source: US Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Health Statistics. (2010). Health, United States, 2010. http://www.cdc.gov/nchs/data/hus/hus10.pdf

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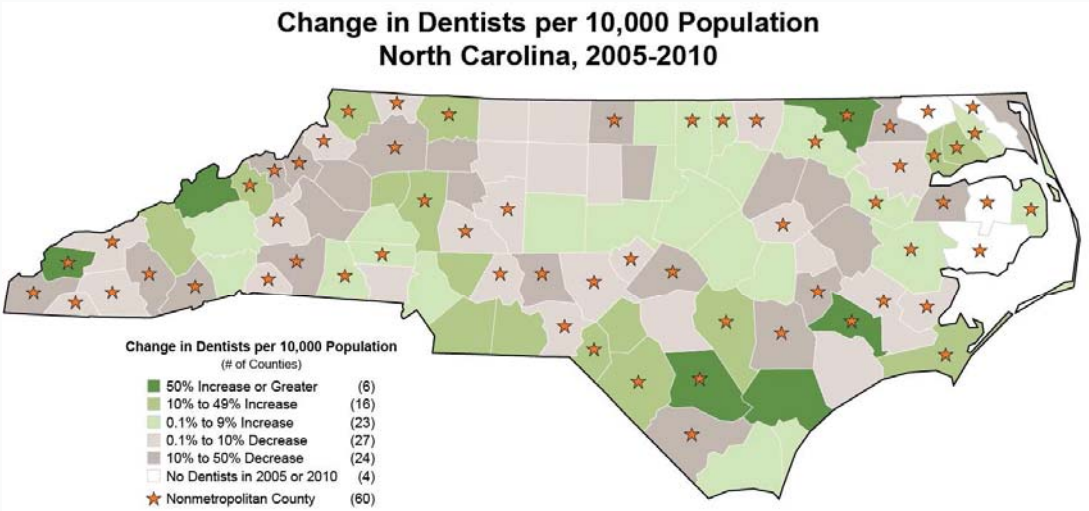
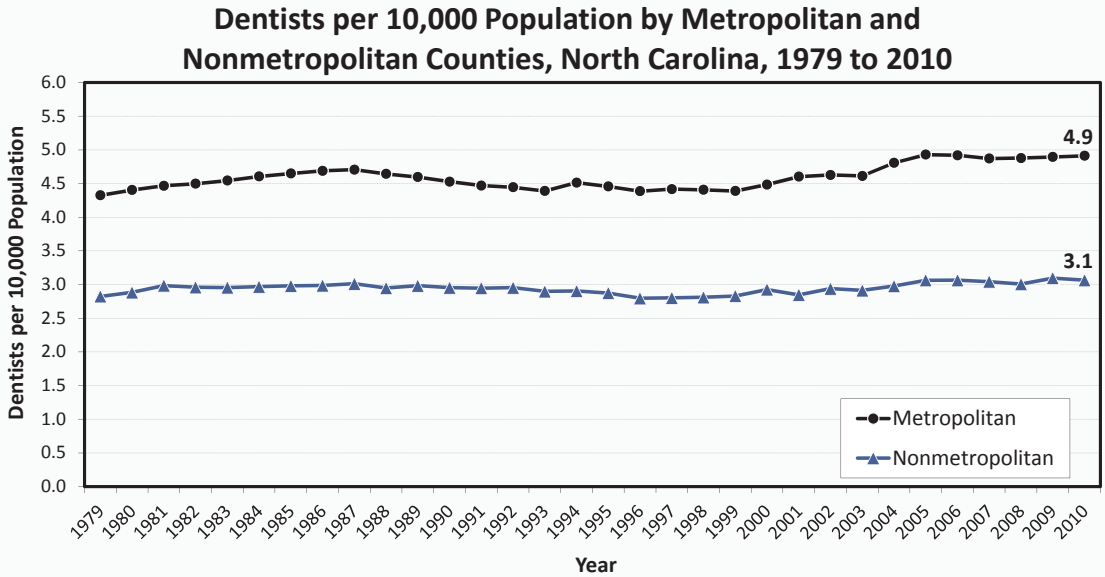
Over half of NC's counties saw a loss or no change in ratio of dentists per capita



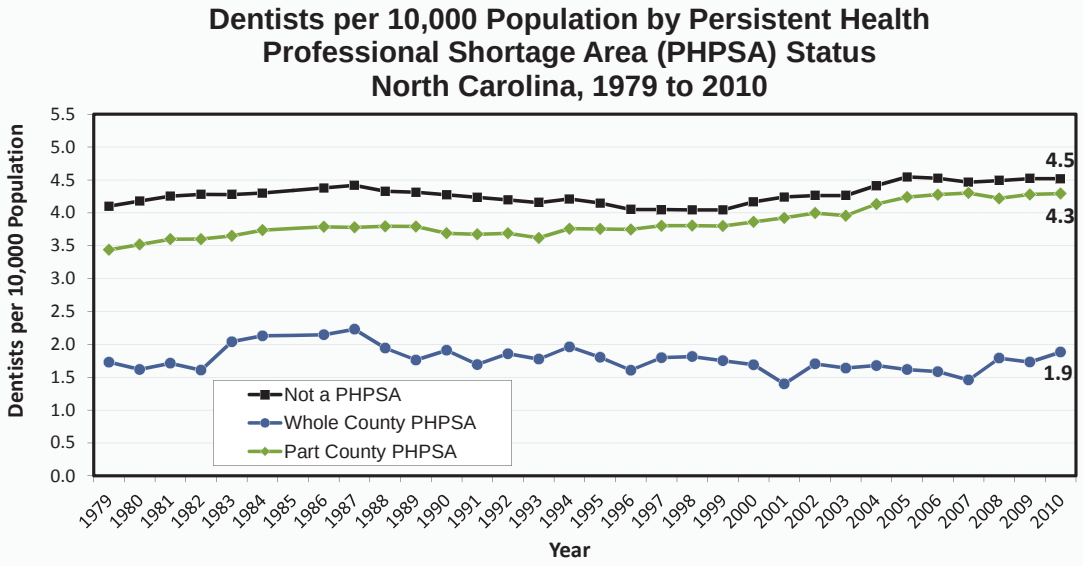
Note: Data include all active, in-state dentists. "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan statistical areas. OMB has not defined an affirmative title for areas outside CBSAs.
Source: NC HPDS, with data derived from the NC State Board of Dental Examiners, 2005 & 2010;US Census Bureau and Office of Management and Budget, December 2009.
Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

Per capita supply of dentists in nonmetropolitan counties is stagnant…



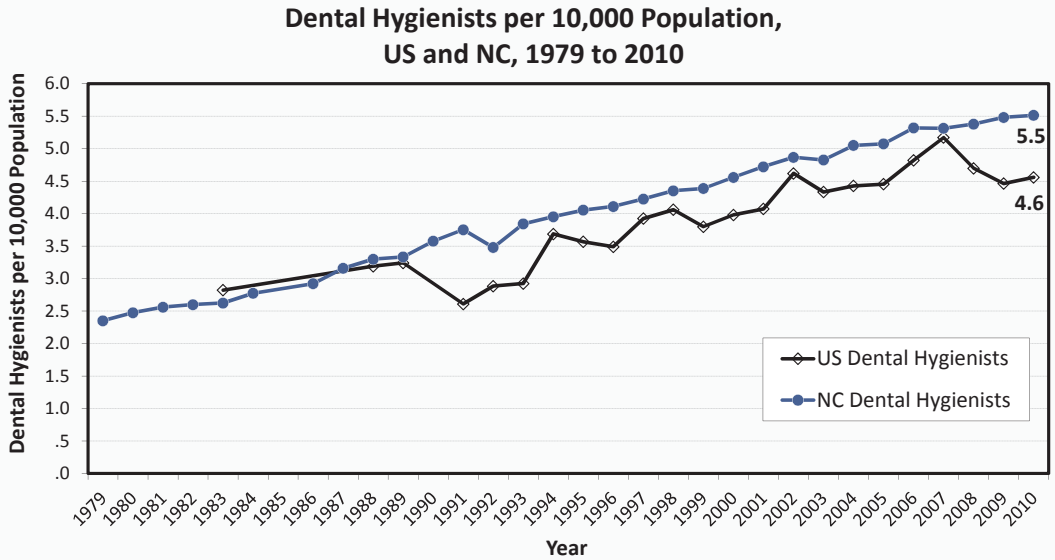
Sources: North Carolina Health Professions Data System, with data derived from the NC State Board of Dental Examiners, 1979 to 2010; North Carolina Office of State Planning; Office of Management and Budget, 2006. Figures include all licensed, active, in-state dentists. North Carolina population data are smoothed figures based on 1980, 1990 and 2000 Censuses.

… And the gap between NC's most underserved and not underserved counties has been slowly widening



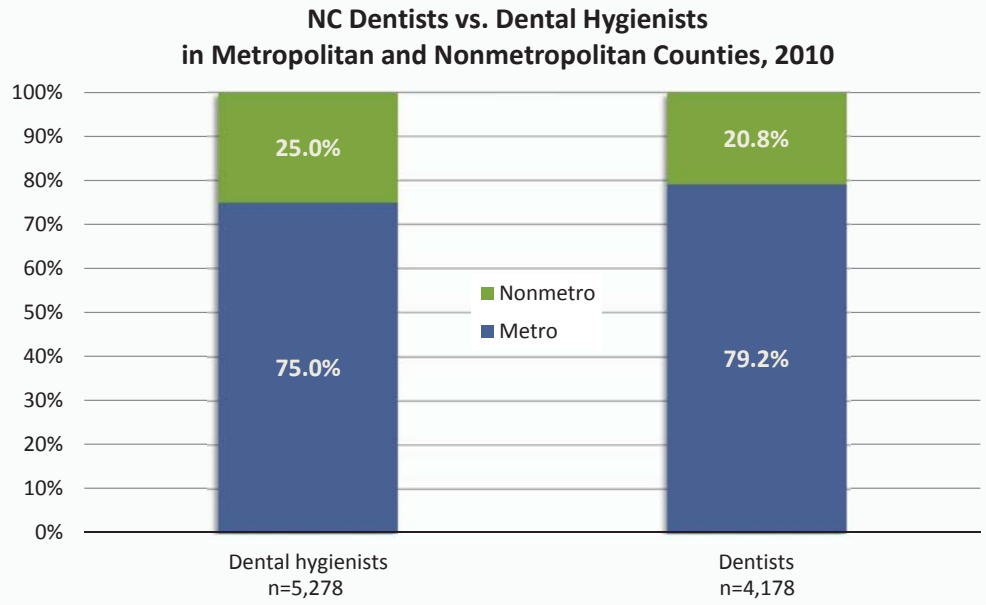
Sources: North Carolina Health Professions Data System, with data derived from the NC State Board of Dental Examiners,1979 to 2010; North Carolina Office of State Planning. Source for Health Professional Shortage Areas: Area Resource File, HRSA, Department of Health and Human Services, 2006. Persistent HPSAs are those designated as HPSAs by HRSA from 1999 through 2005, or in 6 of the last 7 releases of HPSA definitions. Figures include all licensed active in-state dentists. Population data are smoothed figures based on 1980, 1990 and 2000 Censuses.

NC has more dental hygienists per capita than the US average



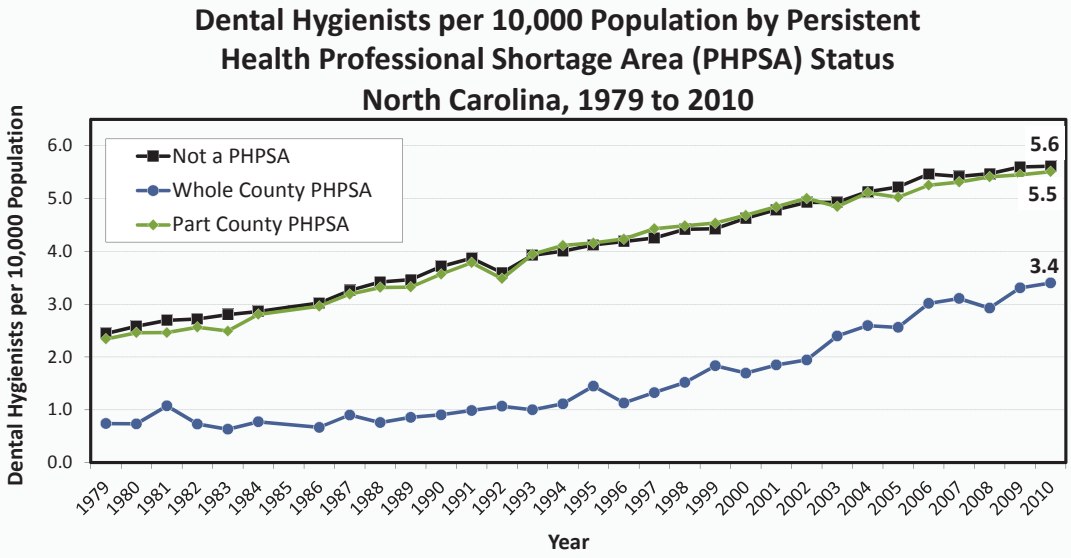
Sources: North Carolina Health Professions Data System, with data derived from the NC State Board of Dental Examiners 1979 to 2010; HRSA, Bureau of Health Professions; US Bureau of the Census; North Carolina Office of State Planning. Figures include all licensed active dental hygienists. North Carolina population data are smoothed figures based on 1980, 1990 and 2000 Censuses.

Dental hygienists slightly more likely than dentists to practice in nonmetropolitan counties



Sources: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2010. Source for Metropolitan-Nonmetropolitan definition: Office of Management and Budget, 2009.

Unlike dentists, hygienists experienced some growth in supply in NC's most underserved counties



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Demographic and Practice Characteristics

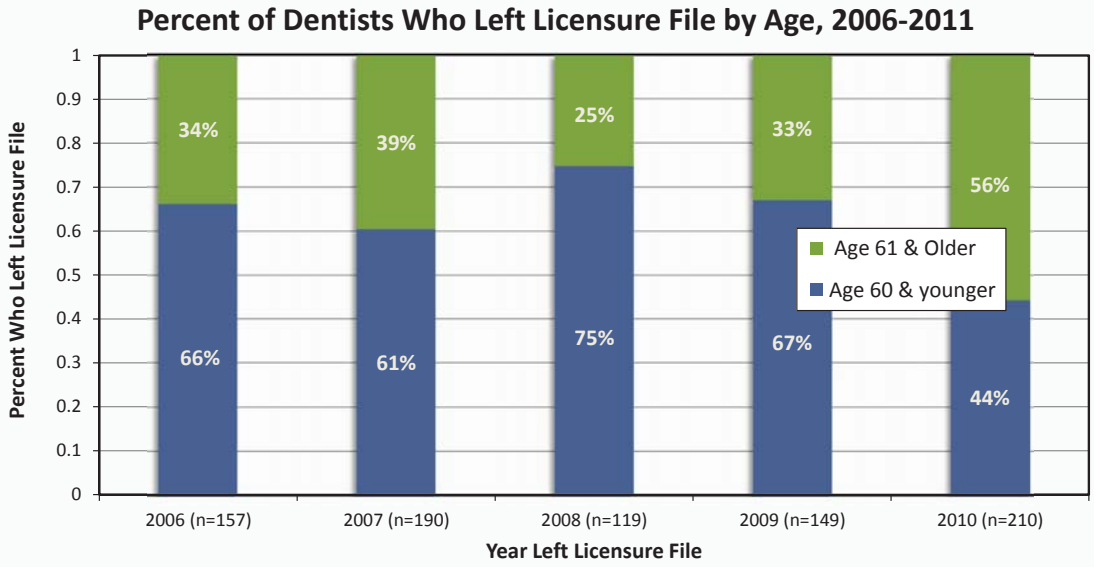
Trends look smooth but there is a ~10% churn in workforce every year

NC Dentist Supply: 2006-2011

2007 Supply 3,921	New Actives 256 *(106 returned to active; 150 newly licensed)*	Left File 190	**2008 total** 3,987 *Net gain 66*
2008 Supply 3,987	New Actives 225 *(85 returned to active; 140 newly licensed)*	Left File 119	**2009 total** 4,093 *Net gain 106*
2009 Supply 4,093	New Actives 234 *(117 returned to active; 117 newly licensed)*	Left File 149	**2010 total** 4,178 *Net gain 85*
2010 Supply 4,178	New Actives 273 *(115 returned to active; 158 newly licensed)*	Left File 210	**2011 total** 4,205 *Net gain 63*

Source: North Carolina Health Professions Data System, with data derived from the North Carolina State Board of Dental Examiners, 2006-2011. Prepared 2/28/2013.
Counts include active, instate dentists. Note: Newly licensed dentists are those who are new to file with a license date in the current or previous year. New active dentists are those who were licensed in NC in an earlier year but were either inactive or active out of state in the previous year.

Fewer dentists left workforce during recession but older dentists now retiring in greater numbers



Source: North Carolina Health Professions Data System, with data derived from the North Carolina State Board of Dental Examiners, 2006-2011. Prepared 2/28/2013.

Counts include active, instate dentists. Note: Newly licensed dentists are those who are new to file with a license date in the current or previous year. New active dentists are those who were licensed in NC in an earlier year but were either inactive or active out of state in the previous year.

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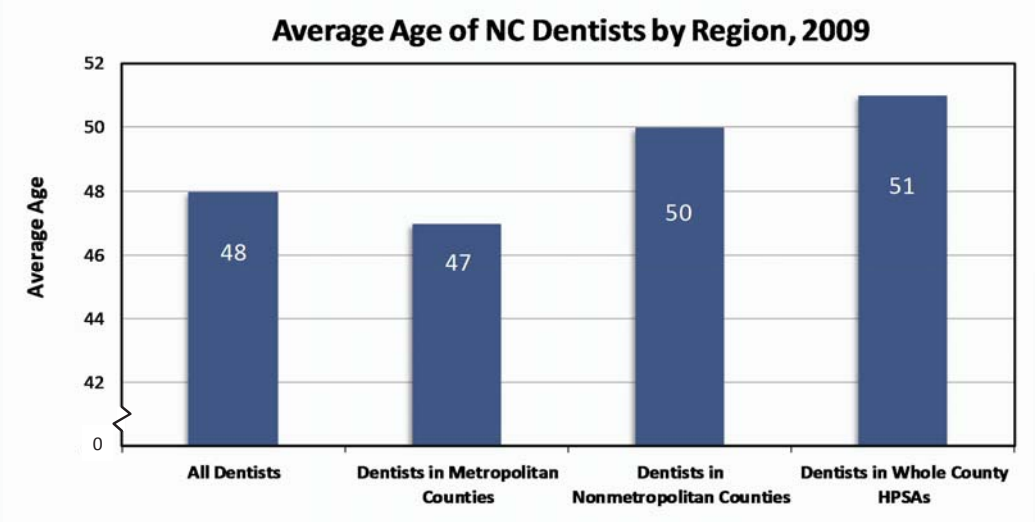
North Carolina's dental workforce is graying

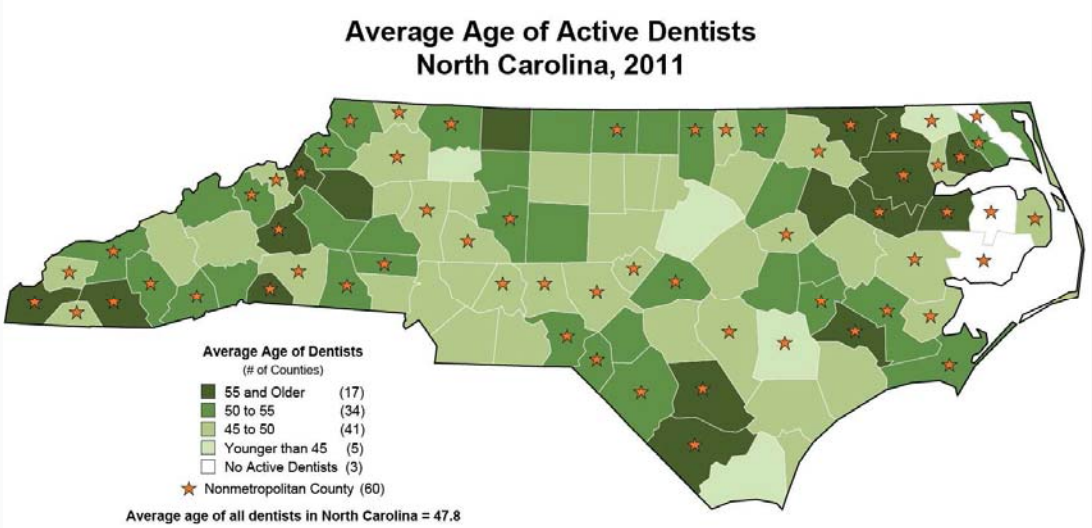


4 counties in NC have dentists whose average age is 60 years or older

Note: Three dentists were missing age. Sources: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2009. Figures include active, instate dentists licensed in North Carolina as of October 31, 2009.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Rural, contiguous counties with older dentists are a concern



Note: Data include all active, in-state dentists licensed in North Carolina as of October 31, 2011. Age data were missing for 6 dentists.
Core Based Statistical Areas are current as of the December 2009 update. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.
Source: NC HPDS, with data derived from the NC State Board of Dental Examiners, 2011;US Census Bureau and Office of Management and Budget, December 2009.
Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Now let's focus on the new entrants to the dental workforce

NC Dentist Supply: 2006-2011

2007 Supply **3,921**	New Actives **256** *(106 returned to active; 150 newly licensed)*	Left File **190**	2008 total **3,987** *Net gain 66*
2008 Supply **3,987**	New Actives **225** *(85 returned to active; 140 newly licensed)*	Left File **119**	2009 total **4,093** *Net gain 106*
2009 Supply **4,093**	New Actives **234** *(117 returned to active; 117 newly licensed)*	Left File **149**	2010 total **4,178** *Net gain 85*
2010 Supply **4,178**	New Actives **273** *(115 returned to active; 158 newly licensed)*	Left File **210**	2011 total **4,205** *Net gain 63*

Source: North Carolina Health Professions Data System, with data derived from the North Carolina State Board of Dental Examiners, 2006-2011. Prepared 2/28/2013.
Counts include active, instate dentists. Note: Newly licensed dentists are those who are new to file with a license date in the current or previous year. New active dentists are those who were licensed in NC in an earlier year but were either inactive or active out of state in the previous year.

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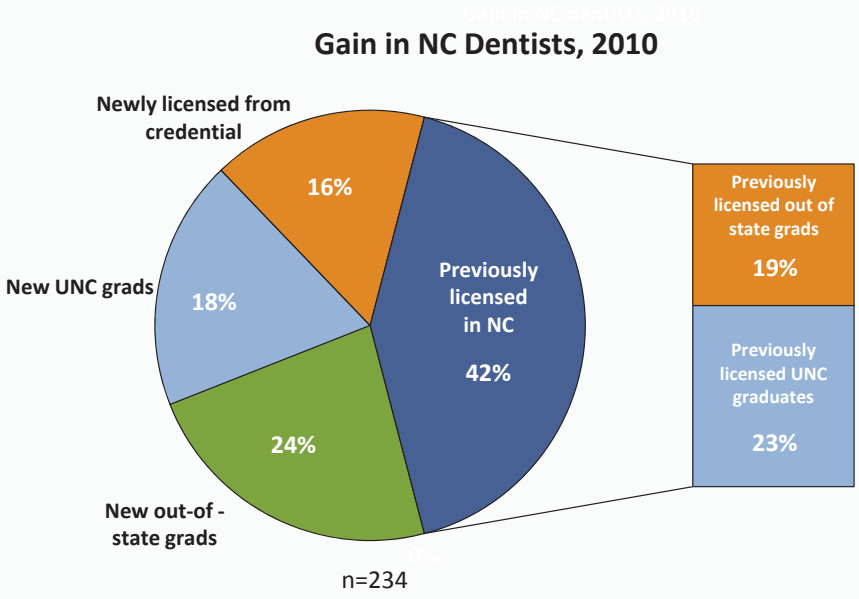
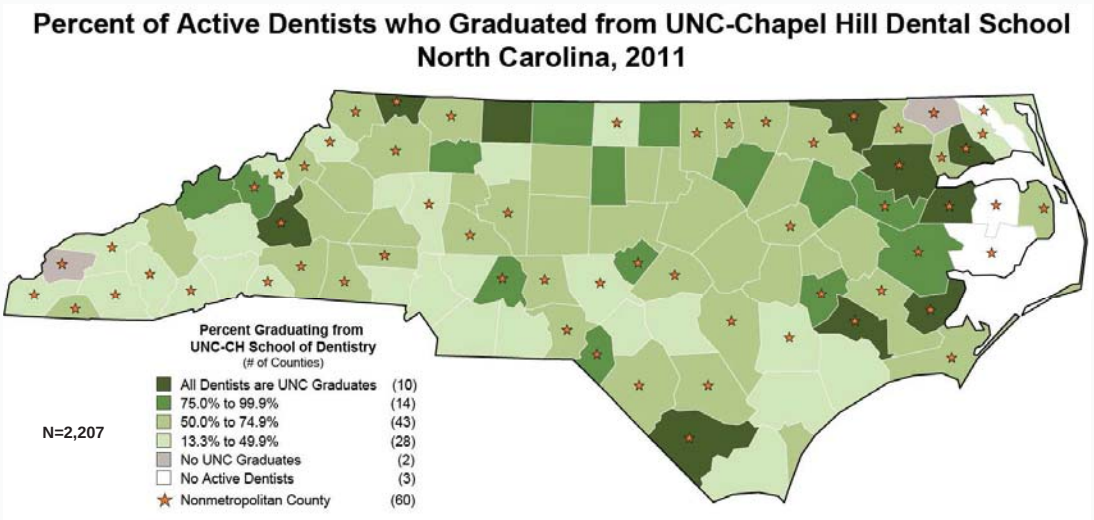
Where do our new dentists come from?



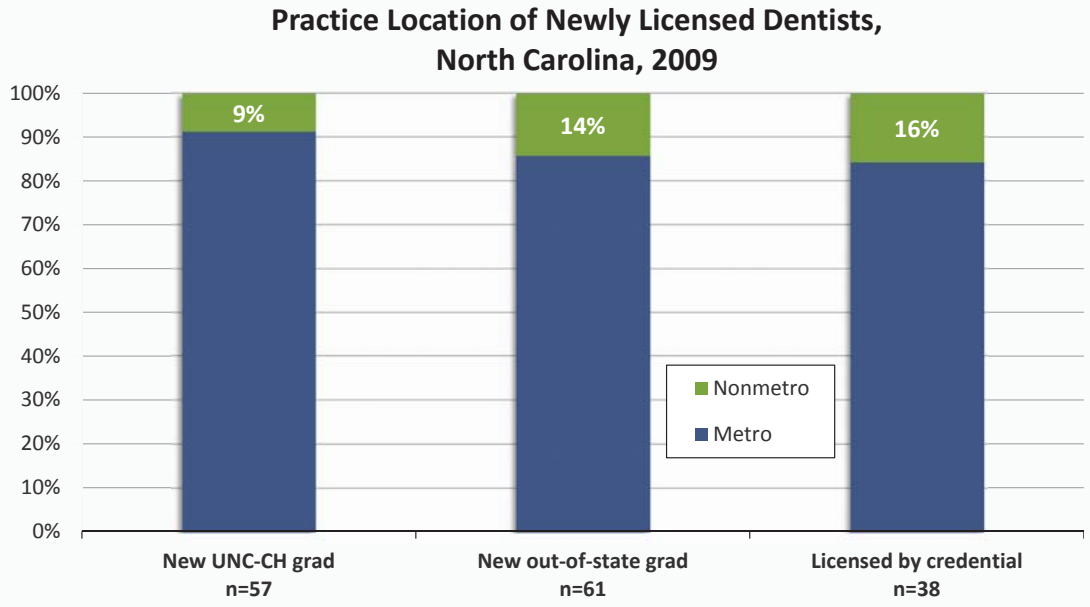
Sources: North Carolina Health Professions Data System, with data derived from the North Carolina State Board of Dental Examiners, 2010.

More than half of NC's overall dentist workforce graduated from UNC



Note: Data include all active, in-state dentists licensed in North Carolina as of October 31, 2011. Training location was missing for 11 dentists.
Core Based Statistical Areas are current as of the December 2009 update. Nonmetropolitan counties include micropolitan and counties outside of CBSAs.
Source: NC HPDS, with data derived from the NC State Board of Dental Examiners, 2011;US Census Bureau and Office of Management and Budget, December 2009.
Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

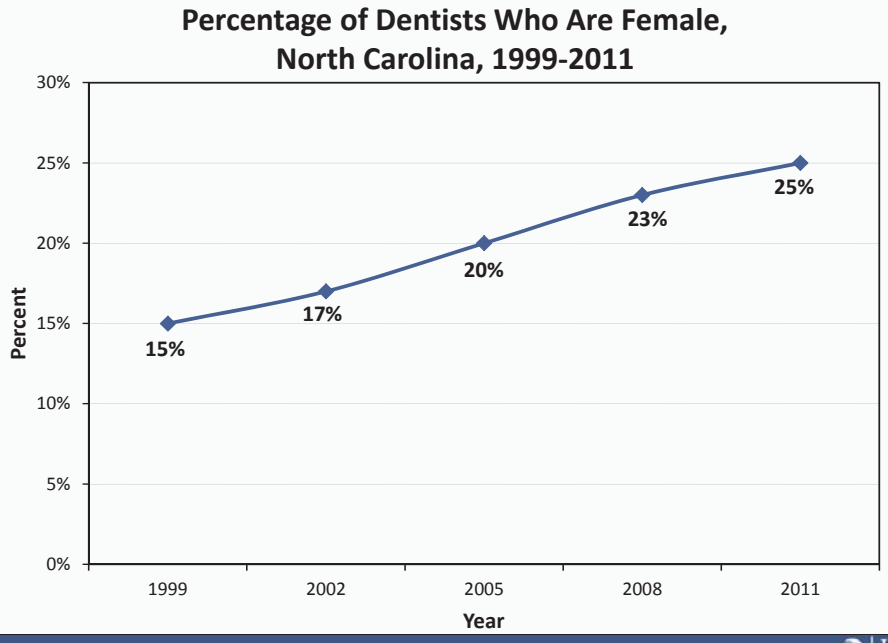
But new UNC-CH grads less likely to practice in rural areas



Source: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2009. Figures include active, instate dentists licensed in North Carolina as of October 31, 2009.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Percent of women in workforce increasing



Source: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 1999-2011.

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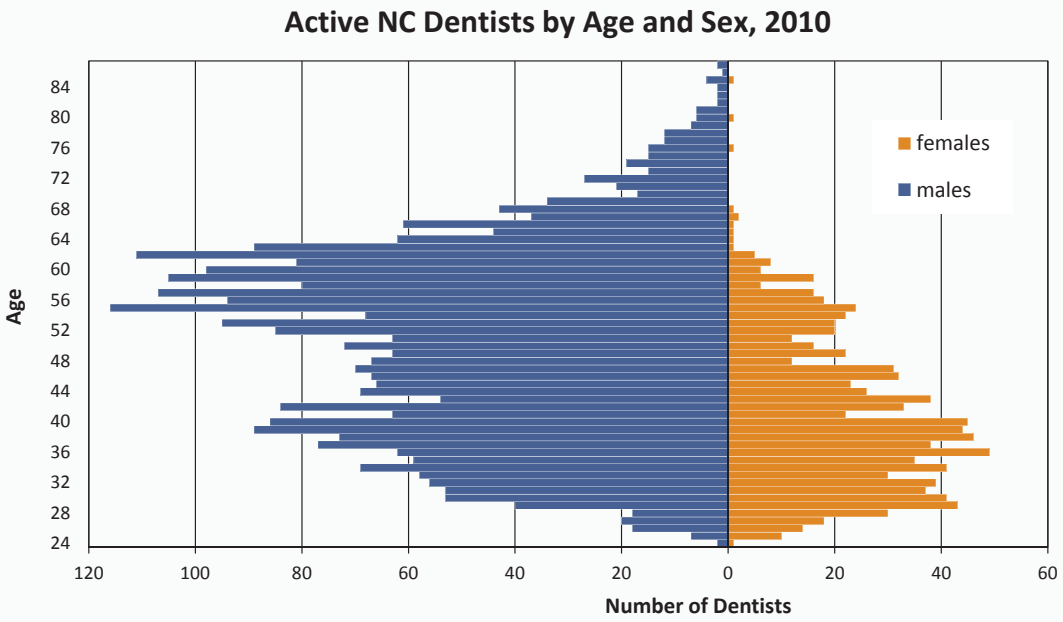
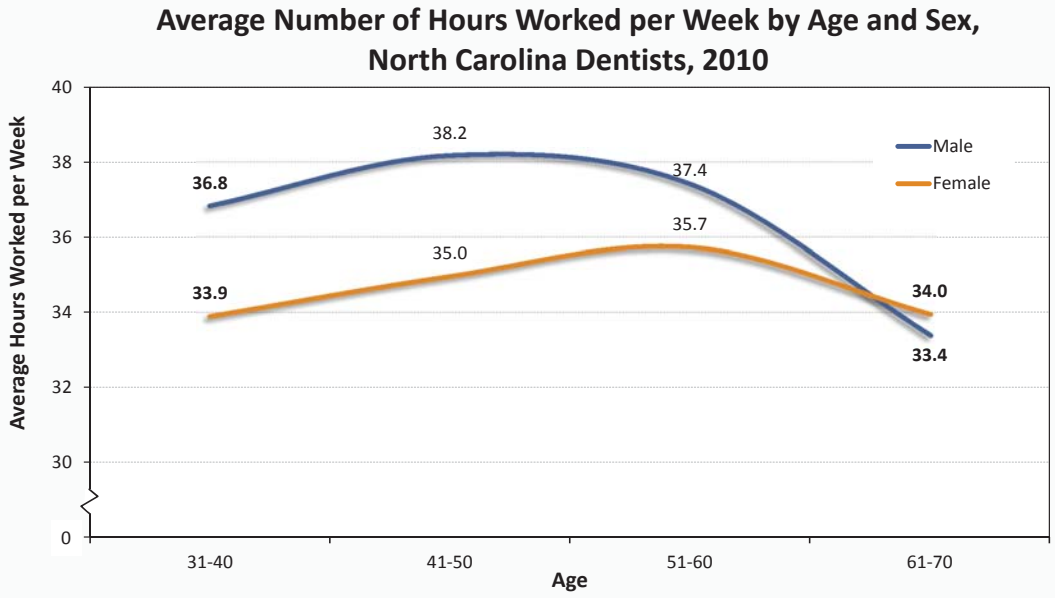
Male dentists are older than female dentists



Sources: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2010.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

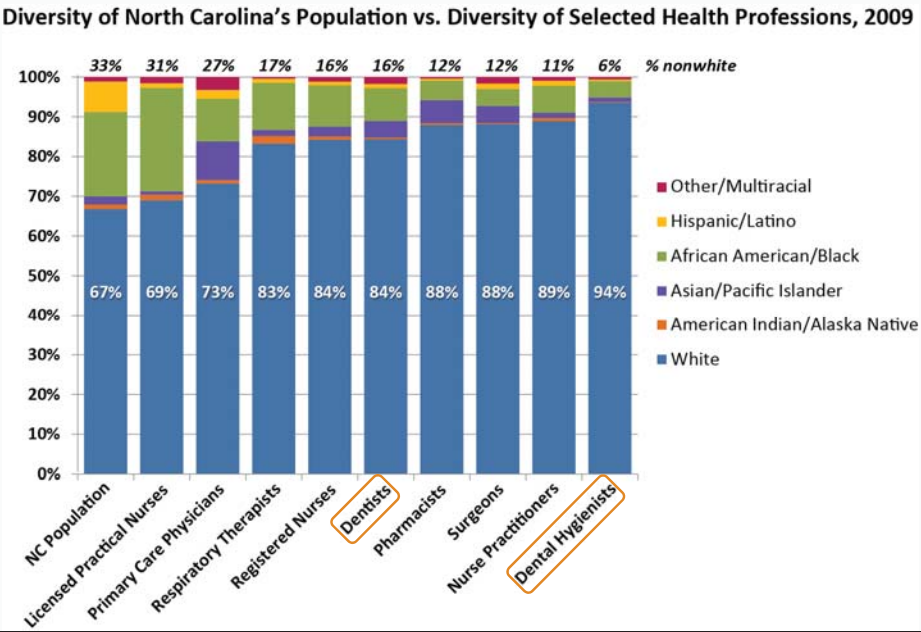
Biggest driver of workforce supply is FTE: Male dentists' hours peak in mid-40s, Female dentists peak in mid-50s



Sources: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2010. Figures include active, instate dentists licensed in North Carolina as of October 31 of the respective year.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

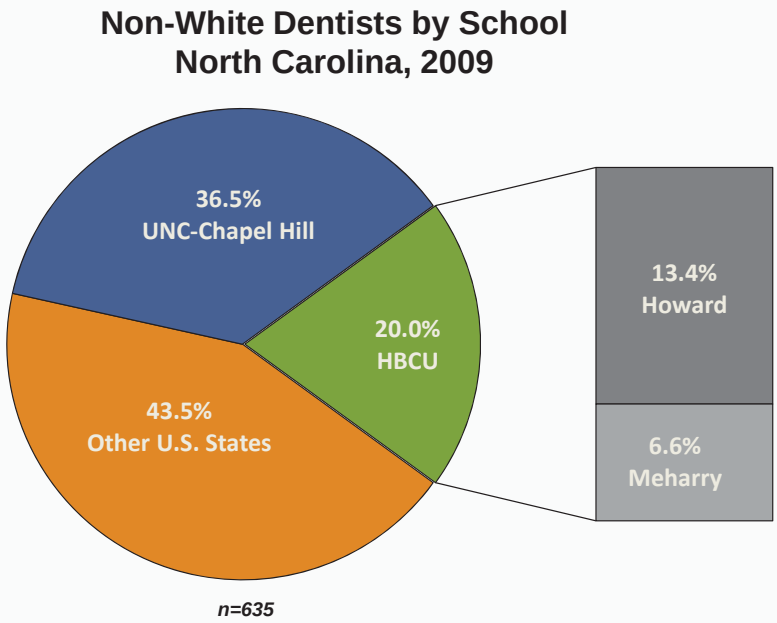
Race/Ethnicity of dentist and dental hygienist workforce falls short of matching population diversity



Sources: North Carolina Health Professions Data System with data derived from the respective licensing board, 2009.
Data include active, instate health professionals, and active, instate, non-federal, non-resident-in-training physicians.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Most of NC's non-white dentists educated out of state



Sources: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2009. Figures include active, instate dentists licensed in North Carolina as of October 31 of the respective year.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

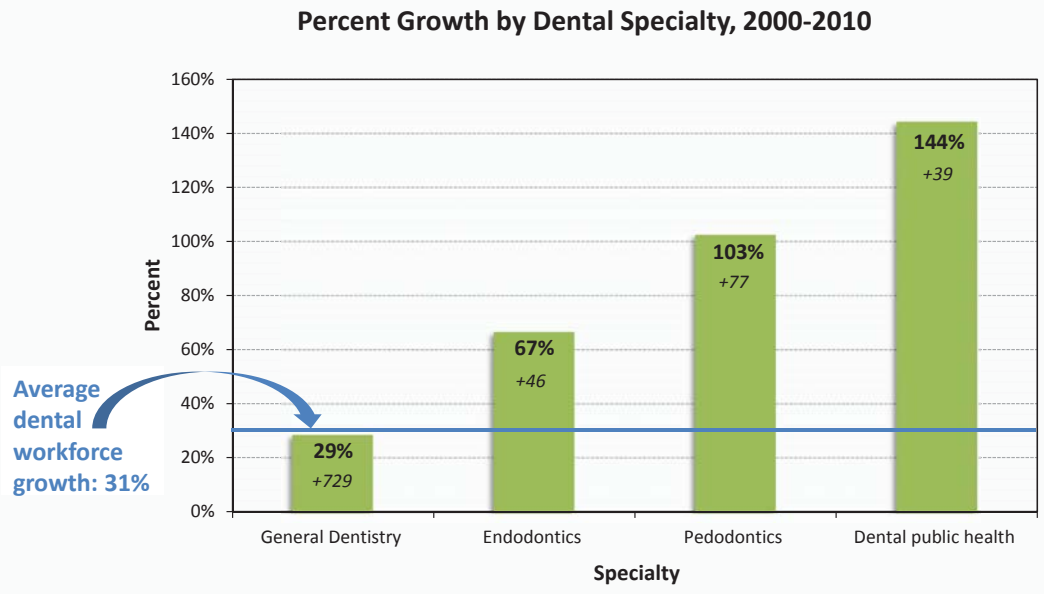
About three out of four North Carolina dentists are in general practice

Specialty 2011		
General Practice	***78% (3,278)***	
Orthodontics	6%	(254)
Pediatric Dentistry	4%	(160)
Oral Surgery	4%	(159)
Endodontics	3%	(116)
Periodontics	2%	(106)
Public Health	2%	(70)
Prosthodontics	1%	(52)
Oral/Maxillofacial Radiology	<1%	(8)

Sources: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2011.
Counts include active, instate dentists licensed in North Carolina as of October 31, 2011.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Pediatric and public health dentists are fastest growing specialties

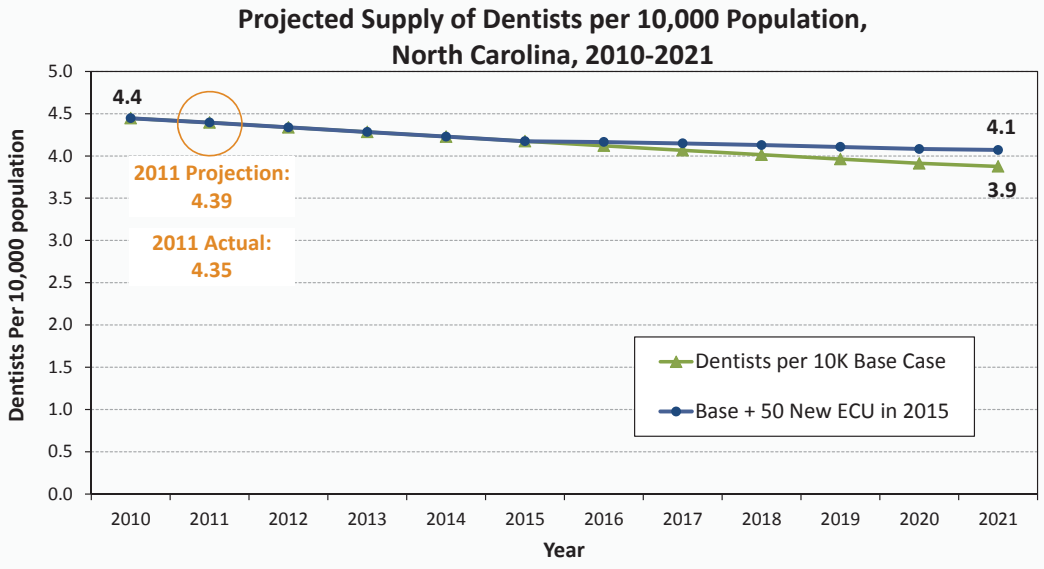


Sources: North Carolina Health Professions Data System with data derived from the North Carolina State Board of Dental Examiners, 2000-2010.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Projections and Implications

What will dentist workforce look like in 20 years?



Source: NC Health Professions Data System, Cecil G. Sheps Center for Health Service Research, UNC-CH, January 2012.
Notes: Base case shows scenario with no enrollment increases. Base year for projection (2010) uses data derived from the NC State Board of Dental Examiners and includes all active and instate dentists in that year. 90% retention rate assumed overall. 65% retention rate for UNC-CH based on average of 5 years data from UNC-CH grads. Model accounts for in and out-migration and aging of the workforce. Population estimates and projections are from LINC, accessed April 12, 2011. As of March 12, 2012 neither UNC nor ECU are expanding dental school class size.

Measuring return on investment of public funds spent on education

- Recent policy focus on measuring the "social accountability" of medical education
- Importance of tracking graduates and using data to inform program planning and workforce policy
- What is role of NC's medical schools in improving supply, distribution and diversity of the workforce?
- Since 1993, Sheps Center and AHEC have tracked medical students, now working to extend this work to include medical residents

Medical Student Tracking

- 1993: North Carolina Legislature concerned about primary care shortage
- Required four medical schools to develop programs to increase percentage of primary care graduates
- Set goal for UNC and ECU at 60%
- Set goal for Duke and Wake Forest at 50%
- Required that the Board of Governors track progress and report regularly to General Assembly

NC medical students: Retention of graduates in primary care after five years

What is Class of 2005 Doing in 2010?

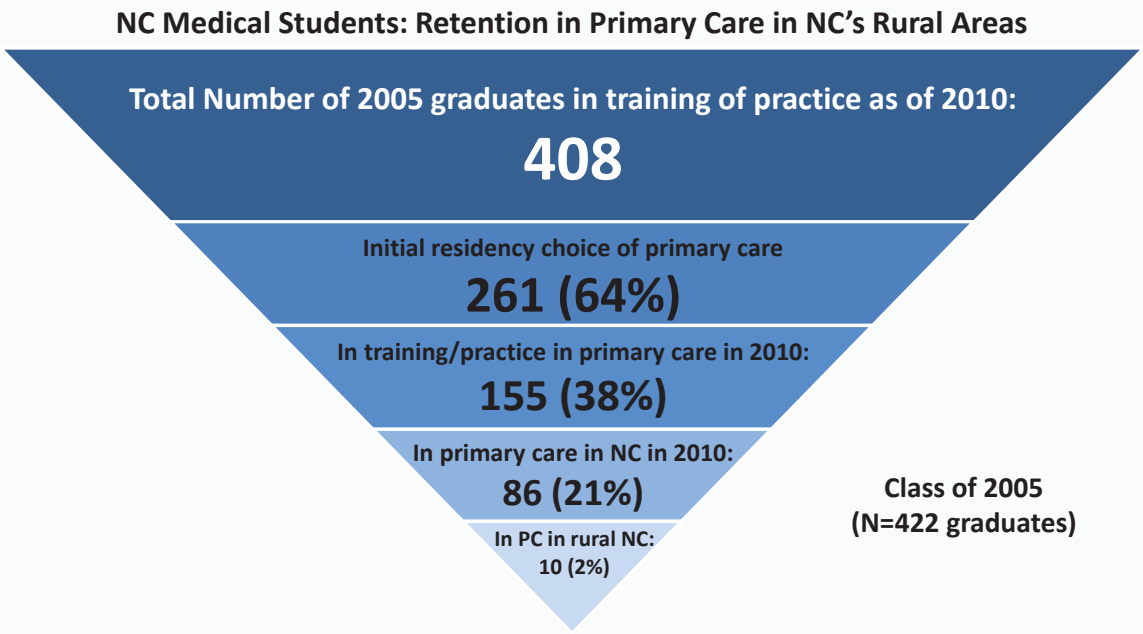
School	2005 Graduates	% in Primary Care (Anywhere in US)	% in Primary Care (in NC)
Duke	78	23%	8%
ECU	73	59%	41%
UNC-Chapel Hill	152	38%	21%
Wake Forest	105	37%	17%
Total	**408**	**38%**	**21%**

Prepared by the North Carolina Health Professions Data System and the North Carolina AHEC Program.

Source: Duke Office of Medical Education, UNC-CH Office of Student Affairs, ECU Office of Medical Education, Wake Forest University SOM Office of Student Affairs, Association of American Medical Colleges, and the NC Medical Board.

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Retention in North Carolina of Class of 2005 in 2010: Primary Care



Source: North Carolina Health Professions Data System with data derived from the Duke Office of Medical Education, UNC-CH Office of Student Affairs, ECU Office of Medical Education, Wake Forest University SOM Office of Student Affairs, Association of American Medical Colleges, and the NC Medical Board, 2011.

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Transformed health system will require transformed workforce

Health systems, AHEC, universities, community colleges, regulators, professional bodies need to work together to prepare

- Health professionals already in the workforce to:
  - take on new roles
  - shift to community settings
  - alter the types of services they provide
- New types of health professionals with competencies required in new models of care
- New graduates and existing workers to better function in team-based models of care

Questions?

Erin Fraher and Julie Spero
(919) 966-5012
erin_fraher@unc.edu

Program on Health Workforce Research & Policy
http://www.shepscenter.unc.edu/hp
http://www.healthworkforce.unc.edu

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Attachment B

Ambulatory Dental Center Petition:
Completed Surveys, Data Summary

Ambulatory Dental Center Petition - Summary

4/30/2015

Total Surveys Returned: **66**

Questions:

A I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulartory surgery centers

B I have had difficulty scheduling pediatric patients for procedures that require general anesthesia

C I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid

Question	Check box indicating yes	% of Total Surveys Rec'd
A	26	39%
B	24	36%
C	63	95%

County	# Surveys from county	% of Total Surveys Rec'd
Wake	38	58%
Durham	11	17%
N/A	7	11%
Cumberland	4	6%
Guilford	1	2%
Johnston	1	2%
Granville	1	2%
Pitt	1	2%
Orange	1	2%
Chatham	1	2%
Total check	*66*	*100%*

Notes:

Survey was completed, but no address given

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [ ] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

T White — Signature

Tiffany White — Printed Name

6305 Speight Circle — Address

Raleigh, NC 27616 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [ ] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] — Signature

John S. Kitzmiller III — Printed Name

1021 West Williams St, Ste 101 — Address

Apex, NC 27502 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☑ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Eric Hoverstad Printed Name

2652 Saint Marys St Address

Raleigh, NC, 27607 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☑ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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Thank you!

[signature] Signature

PARESH NARAN Printed Name

~~5117~~ Be 4703 Western Blvd Address

Raleigh NC 27606 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Brian Leach Printed Name

4904 Autumn Sage Landing Address

Raleigh NC 27616 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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Thank you!

[signature] Signature

Christine D. Laster Printed Name

3300 Cane Brook Pkwy Address

Raleigh NC 27614 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

OLEN BEN DAVIS Printed Name

2106 WERRington Drive Address

Holly Springs, NC 27540 City, State, Zip

WAKE County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

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Thank you!

[signature] Signature

zhengyan Wang Printed Name

5318 NC HWY 55 suite 202 Address

Durham NC 27713 City, State, Zip

Durham County

Ambulatory Dental Center Petition

4/30/15

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- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Hoda Bassiri — Signature

Hoda Bassiri — Printed Name

6400 creedmoor Rd. Suite 103 — Address

Raleigh, NC 27613 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☑ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☑ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
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Thank you!

Terrance L Smith DDS — Signature

TERRANCE Smith — Printed Name

2029 Valley Gate Dr. Suite 202 — Address

Fayetteville NC 28304 — City, State, Zip

Cumberland — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Virginia Jones — Signature

Virginia Jones — Printed Name

2015 Valleygate Dr. — Address

Fayetteville NC 28304 — City, State, Zip

Cumberland — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Faith R. McGibbon — Signature

FAITH R. McGIBBON DDS — Printed Name

2015 VALLEYGATE DR — Address

FAYETTEVILLE NC 28303 — City, State, Zip

CUMBERLAND — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Perry L. Jeffries — Signature

Perry Jeffries — Printed Name

871 Huffman St — Address

Greensboro, NC 27405 — City, State, Zip

Guilford — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Kara M. Henderson-Jeffries — Signature

Kara Henderson-Jeffries — Printed Name

516 W. 1 — Address

— City, State, Zip

— County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

_____ Signature

Allen Porter Printed Name

_____ Address

_____ City, State, Zip

_____ County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

_____ Signature

XUEYING WANG Printed Name

~~1[illegible]~~ 900 E Six Forks Rd Unit 366 Address

Raleigh, NC 27604 City, State, Zip

Wake. County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Richard F Brooks _____ Signature

RICHARD F BROOKS _____ Printed Name

_____ Address

_____ City, State, Zip

_____ County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

S D Taylor _____ Signature

Steven D. Taylor _____ Printed Name

4633 Golden Heights Dr _____ Address

Raleigh NC 27606 _____ City, State, Zip

Wake _____ County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

Mark Wainwright — Printed Name

STE 100 6937 FALLS OF NEUSE RD — Address

RALEIGH, NC 27615 — City, State, Zip

WAKE — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

Rob Moran — Printed Name

7201 Creedmoor Rd — Address

Raleigh NC — City, State, Zip

27510 — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☑ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☑ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

David Whitley Printed Name

1609 W Arlington Blvd., Suite 107 Address

Greenville, NC, 27834 City, State, Zip

USA County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☑ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☑ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

David Kumstein Printed Name

2401 Craftsmoor Rd Address

Raleigh NC 27609 City, State, Zip

WAKE County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Rama — Signature

Rama Simhan — Printed Name

4064 Barrett Drive — Address

Raleigh, NC 27609 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Melinda Byers — Signature

Melinda Byers — Printed Name

5001 Prancer Ct — Address

Wake Forest NC 27587 — City, State, Zip

USA — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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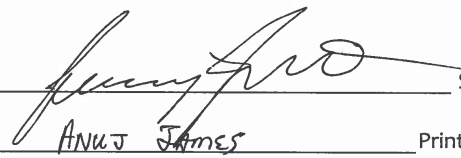
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!



Signature

ANUJ JAMES — Printed Name

2015 VALLEYGATE DR — Address

FAYETTEVILLE, NC 28304 — City, State, Zip

CUMBERLAND — County

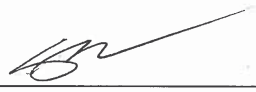
Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!



Signature

Stephanie Fissens — Printed Name

503 Santorini Dr — Address

Cary, NC 27519 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Ruby Chandak Printed Name

120 Preston Executive Dr #120 Address

Cary, NC 27513 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [x] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Allen Porter Printed Name

Address

City, State, Zip

County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [x] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [ ] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [ ] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

FRITZ MESILIEN — Printed Name

1383 WHISPERING OAK LN — Address

DURHAM NC 27704 — City, State, Zip

DURHAM — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- [ ] I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- [x] I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- [ ] I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

CORLISS J FURBERT — Printed Name

12309 STANTON CT — Address

RALEIGH, NC 27613 — City, State, Zip

WAKE — County

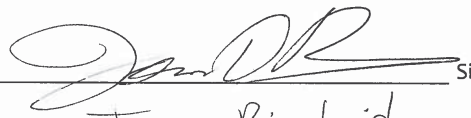
Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!



Signature

Jonas Richard

Printed Name

221 Kindlewood Dr

Address

Durham, NC 27703

City, State, Zip

Durham

County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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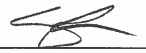


Signature

Eugene Lee

Printed Name

505 Foxdale Ridge Dr

Address

Cary, NC 27519

City, State, Zip

Wake

County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

D.M.S — Signature

Larry Moray — Printed Name

6414 Hunting Ridge Rd — Address

Chapel Hill, NC 27517 — City, State, Zip

Durham — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

— Signature

Michael Thomas — Printed Name

3910 Chippenham Rd. — Address

Durham, NC 27707 — City, State, Zip

Durham — County

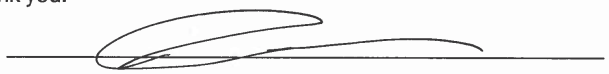
Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!



Signature

ANDRE L. JOHNSON — Printed Name

2209 [illegible] CENTURY DRIVE — Address

RALEIGH, NC 27612 — City, State, Zip

WAKE — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Don Goose — Signature

Don Goose — Printed Name

317 Pell St — Address

Raleigh, NC 27604 — City, State, Zip

— County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Jeffrey Peters — Signature

Tiffany Peters — Printed Name

401 Archdale Dr. APT 405 — Address

Durham, NC 27707 — City, State, Zip

U.S. — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[illegible] — Signature

[illegible] — Printed Name

6015 Burton — Address

Chapel Hill, NC 27517 — City, State, Zip

[illegible] — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

AMDuncan _____ Signature

Ashley Duncan _____ Printed Name

115 Charlemagne Ct _____ Address

Cary NC 27511 _____ City, State, Zip

Wake _____ County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

_____ Signature

Garland Grows _____ Printed Name

_____ Address

_____ City, State, Zip

_____ County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

M. Hancock — Signature

H.H. Hancock, DDS — Printed Name

4505 Fair Meadow Lane #220 — Address

Raleigh, NC 27607 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Karen B Taylor — Signature

Karen B. Taylor — Printed Name

9633 Golden Heights Dr. — Address

Raleigh, NC 27606 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

Homayoun Sadri

Printed Name

Address

City, State, Zip

Wake

County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☐ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

John Jernigan

Printed Name

3243 Birnamwood Rd

Address

Raleigh, NC 27607

City, State, Zip

Wake

County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Chris Pennisi Printed Name

309 Shaftesberry Ct Address

Raleigh 27609 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Sean Mooring Printed Name

304 Tew Ct. Address

Clayton NC 27520 City, State, Zip

Johnston County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Sid Pazoki DDS Printed Name

1419 College St. Ste B Address

Oxford, NC. 27-565 City, State, Zip

Granville County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Courtney Duncan Printed Name

115 Charlemagne Ct Address

Cary NC 27511 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

_____ Signature

Gabriel Duncan, DDS Printed Name

_____ Address

_____ City, State, Zip

_____ County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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Thank you!

_____ Signature

Gaurav Patel Printed Name

8970 Falls of Neuse Road Address

Ste 200 Raleigh NC 27615. City, State, Zip

Wake. County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Amit Patel Printed Name

300 Bolton Grant Dr. Address

Cary NC 27519 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

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- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

WILLIAM FORTUNER Printed Name

3731 SW Durham Drive Address

Durham, NC 27707 City, State, Zip

Durham County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Kate Leech — Signature

Kate Leech — Printed Name

4904 Autumn Sage Landing — Address

Raleigh, NC, 27616 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] — Signature

Neel Thomas — Printed Name

112 Harlow Rd — Address

Chapel Hill, NC 27516 — City, State, Zip

— County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Chris Gratian Printed Name

41 Sauderling CT Address

Durham NC 27713 City, State, Zip

Durham County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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Thank you!

[signature] Signature

Printed Name

Address

City, State, Zip

County

Ambulatory Dental Center Petition

4/30/15

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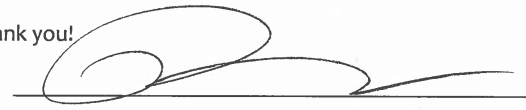

Signature

Paula Marie Stapleton — Printed Name

8204 Tryon Woods Dr Ste 102 — Address

Cary, NC 27518 — City, State, Zip

Wake — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

DR. RANJINI PILLAI. DDS. MPA. — Printed Name

2607. W. Duke St. Ste 501. — Address

DURHAM. NC. 27704 — City, State, Zip

DURHAM — County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

JIGER SHAH, DDS Printed Name

420 RENSFORD DR Address

CARY, NC 27513 City, State, Zip

WAKE County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

SAMUEL DEANGELO [signature] Signature

Printed Name

1142 EXECUTIVE CIR, SUITE B Address

Cary, NC 27511 City, State, Zip

WAKE County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☒ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

Signature

William Daily

Printed Name

6837 Falls of Neuse Rd, Suite 200

Address

Raleigh, NC 27615

City, State, Zip

Wake

County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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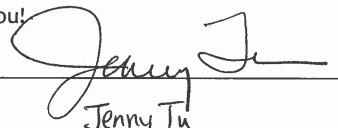

Signature

Jenny Tu

Printed Name

221 Creststone Dr

Address

Cary, NC 27519

City, State, Zip

Wake.

County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

Julius Hodge Printed Name

2309 Mayo forest Lane Address

Morrisville, NC 27560 City, State, Zip

Wake County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
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- ☑ I support the concept of a Certificate of Need for a licensed Ambulatory Surgical Center intended solely for Dental Surgery and certified by Medicare and Medicaid.

Thank you!

[signature] Signature

GUY DEAN Printed Name

DUKE: BOX 3094, DEPT. ANESTHESIOLOGY Address

ERWIN RD, DURHAM NC 27707 City, State, Zip

DURHAM County

Ambulatory Dental Center Petition

4/30/15

Please check all that apply:

- ☐ I have had difficulty scheduling dental patients for surgery in hospitals and / or ambulatory surgery centers.
- ☐ I have had difficulty scheduling pediatric patients for procedures that require general anesthesia.
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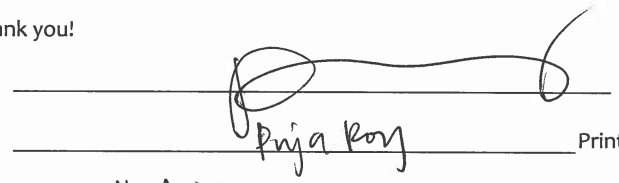
Thank you!



Signature

Priya Roy — Printed Name

~~H3V~~ 5318 Highway 55 - TTC — Address

Durham, NC — City, State, Zip

Durham — County

Attachment C

Data: Medicaid Payments for Dental Surgical Cases,
SFY 2014, DMA, Dr. Casey

Medicaid Payments for Dental Surgical Cases SFY 2014

DR3484_Same MID Same DOS Subset - D9420_SFY2014 [this is the CDT code we use to identify beneficiaries who have had treatment in the ASC or Hospital Setting]

					FY 2014									
					NCXIX					NCXXI				
					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420				
					Billing Providers	Providers	Patients	Claims	Net Payment	Billing Providers	Providers	Patients	Claims	Net Payment
Claim Type Code	**Claim Type**	**Procedure Code**	**Place of Service Code Medstat**	**Place of Service Medstat**										
D	DENTAL	D9420	8	Tribal 638 Provider-based Fac						1	1	1	1	$112.50
			11	Office	114	133	711	797	$38,153.20	19	19	21	23	$1,256.51
			12	Patient Home	1	1	1	1	$0.00					
			21	Inpatient Hospital	6	7	31	31	$3,551.10	2	2	2	2	$231.96
			22	Outpatient Hospital	157	208	11,387	12,040	$1,295,809.43	74	93	276	290	$31,096.31
			23	Emergency Room - Hospital	13	13	53	58	$5,737.64	1	1	2	2	$225.00
			24	Ambulatory Surgical Center	12	16	100	104	$11,303.94	1	2	2	2	$226.96
			31	Skilled Nursing Facility	1	1	2	2	$0.00					
			99	~Missing/Other	1	1	2	2	$225.00					
Aggregate(Claim Type Code Values)					**169**	**218**	**12,029**	**13,035**	**$1,354,780.31**	**79**	**101**	**293**	**320**	**$33,149.24**
												12,322		1,387,929.55

DR3484_Same MID Same DOS Subset - Anesthesia_SFY2014 [Hospital and ASC anesthesia fees]

					FY 2014									
					NCXIX					NCXXI				
					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420				
					Billing Providers	Providers	Patients	Claims	Net Payment	Billing Providers	Providers	Patients	Claims	Net Payment
Claim Type Code	**Claim Type**	**Procedure Code**	**Place of Service Code Medstat**	**Place of Service Medstat**										
P	PROFESSIONAL	00170-00190	1	Pharmacy	1	1	1	1	$195.84					
			21	Inpatient Hospital	31	56	52	68	$7,650.24	1	1	1	1	$217.72
			22	Outpatient Hospital	98	1,239	9,807	17,198	$1,890,599.00	57	250	214	368	$41,039.68
			24	Ambulatory Surgical Center	13	204	2,380	2,815	$466,478.90	8	50	76	96	$16,677.58
Aggregate(Claim Type Code Values)					**105**	**1,390**	**11,997**	**20,082**	**$2,364,923.98**	**62**	**300**	**289**	**465**	**$57,934.98**

DR3484_Same MID Same DOS Subset - ASC_SFY2014 [ASC facility fees]

					FY 2014									
					NCXIX					NCXXI				
					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420				
					Billing Providers	Providers	Patients	Claims	Net Payment	Billing Providers	Providers	Patients	Claims	Net Payment
Claim Type Code	**Procedure Code**	**Procedure Modifier Cod**	**Place of Service Code Medstat**	**Place of Service Medstat**										
P	D0000-D9999	SG	24	Ambulatory Surgical Center	7	15	781	1,264	$293,184.69	5	10	32	55	$11,637.34
Aggregate(Claim Type Code Values)					**7**	**15**	**781**	**1,264**	**$293,184.69**	**5**	**10**	**32**	**55**	**$11,637.34**

DR3484_Same MID Same DOS Subset - Hospitals_SFY2014 [Hospital facility fees]

					FY 2014									
					NCXIX					NCXXI				
					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420				
					Billing Providers	Providers	Patients	Claims	Net Payment Detail Fac	Billing Providers	Providers	Patients	Claims	Net Payment Detail Fac
Claim Type Code	**Claim Type**	**Diagnosis Code Princip**	**Place of Service Code Medstat**	**Place of Service Medstat**										
I	INPATIENT	5200-5299	21	Inpatient Hospital	5	5	6	10	$13,549.90					
O	OUTPATIENT	1400-1459	22	Outpatient Hospital	1	1	1	3	$4,657.42					
		2100	22	Outpatient Hospital	1	1	1	1	$767.62					
		2104	22	Outpatient Hospital	1	1	2	6	$1,560.69					
		2160	22	Outpatient Hospital	1	1	1	2	$1,008.40					
		5200-5299	22	Outpatient Hospital	65	65	11,163	21,062	$18,971,529.30	42	42	258	537	$451,794.94
			99	~Missing/Other	10	10	28	29	$0.00	2	2	2	2	$0.00
Aggregate(Claim Type Code Values)					**66**	**66**	**11,174**	**21,113**	**$18,993,073.33**	**42**	**42**	**258**	**539**	**$451,794.94**

DR3484_Same MID Same DOS Subset - Dental_SFY2014 [Dental professional fees includes the D9420 fees in Table 1]

					FY 2014									
					NCXIX					NCXXI				
					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420					DR3484_Same_MID_Same_DOS_Hosp_Facility_Fees_D_Claims_D9420				
					Billing Providers	Providers	Patients	Claims	Net Payment	Billing Providers	Providers	Patients	Claims	Net Payment
Claim Type Code	**Claim Type**	**Procedure Code**	**Place of Service Code Medstat**	**Place of Service Medstat**										
D	DENTAL	D0000-D9999	8	Tribal 638 Provider-based Fac						1	1	1	1	$935.49
			11	Office	142	172	1,074	1,545	$811,289.32	24	26	31	44	$18,740.32
			12	Patient Home	1	1	1	1	$0.00					
			21	Inpatient Hospital	7	9	33	37	$50,173.38	2	3	2	3	$6,999.89
			22	Outpatient Hospital	167	217	11,487	16,418	$15,881,674.21	75	96	279	397	$326,708.45
			23	Emergency Room - Hospital	15	15	56	81	$62,212.03	1	1	2	2	$2,543.57
			24	Ambulatory Surgical Center	14	18	106	118	$119,871.78	1	2	2	2	$1,862.51
			31	Skilled Nursing Facility	2	2	3	3	$2,387.60					
			99	~Missing/Other	1	1	2	2	$1,393.06					
Aggregate(Claim Type Code Values)					**189**	**245**	**12,040**	**18,159**	**$16,929,001.38**	**80**	**103**	**293**	**448**	**$357,790.23**

Source: DMA, Dr. Casey, July 2015

Attachment D

Model to Estimate Ambulatory Dental Surgery Operating use by Pediatric Dental Medicaid Beneficiaries, 2014

Model to Estimate Ambulatory Dental Surgery Operating Room use by Pediatric Dental Medicaid Beneficiaries 2014

HSA	a	b	c	d	e	f	g	h	i	j	k
	Total Medicaid Children	Medicaid Children in Largest County	Largest County in HSA	Percent Medicaid Childred Screened	Percent Screened Need of Dental Surgery	Percent in Need Treated Per Year	Annual Dental Surgery Cases	Hours Per Case	Operating Room Hours Per Year	Hours Per Room Per Year	Number of OR's needed for Ped Medicaid
I	155,287	24,198	Buncombe	50%	17%	15%	1,980	2.5	4,950	1,872	3
II	188,957	56,849	Guilford	50%	17%	15%	2,409	2.5	6,023	1,872	3
III	217,875	107,602	Mecklenburg	50%	17%	15%	2,778	2.5	6,945	1,872	4
IV	172,993	70,217	Wake	50%	17%	15%	2,206	2.5	5,514	1,872	3
V	170,849	36,925	Cumberland	50%	17%	15%	2,178	2.5	5,446	1,872	3
VI	161,887	18,106	Pitt	50%	17%	15%	2,064	2.5	5,160	1,872	3
Total	***1,067,846***	***313,897***		***50%***	***17%***	***15%***	***13,615***	***2.5***	***34,038***	***1,872***	***18***

Notes:

a July 2014 county enrollees in: AFDC under 21, Other Child, Infants and Children, MCHIP, and one half of those in categories CHIP and CHIP Extended Coverage per DMA report, summed by Health Service Area

b Same as (a) , for largest county in the HSA

c Largest county determined by largest number of Medicaid Children

d Assumption based on recent North Carolina experience

e Assumption based on Knowles, Smith and Associates experience

f Estimate - for modelling purpose

g d*e*f

h Maximum time per pediatric case in American Academy of Pediatric Dentistry Guidelines, 2009-10, confirmed by KSA experience

i g*h

j SMFP Operating Room Methodology standard hours per operating room per year. Step 3 f.

k i / j

Attachment E

Report: "Dental Sedation Safety in North Carolina and the U.S.",
Uday Reebye, DMD, MD, Duke University

Dental Sedation Safety in North Carolina and the U.S

Duke University
Uday Reebye DMD, MD

Introduction

Conscious sedation, intravenous sedation and general anesthesia are very important tools in the dental office for pain control, managing anxiety, and managing children and difficult patients. However, in recent years there have been several sedation related deaths reported in the dentist's office, especially in pediatric dentistry.

Despite the increasing concerns of parents and patients, there is no official reporting or tracking of dental sedation morbidity and mortality in the U.S. There is no actual data on the extent of dental sedation morbidity and mortality, except from academic and media sources.

The ADA has established guidelines for the different sedation levels for clinical training, patient safeguards, and patient monitoring. The individual states have their respective regulatory dental boards to add to or complement these guidelines. Unfortunately, there is no periodic monitoring of the dental sedation providers by regulatory boards. Only in the event of dental office patient morbidity or mortality is an investigation conducted.

In the below sections, a brief review is presented of the available statistics regarding dental sedation providers and dental sedation deaths in the U.S, and specifically in the state of North Carolina.

Dental Providers in US and North Carolina:

According to the Kaiser Family Foundation, as of September 2014, there were 4990 professionally active dentists in North Carolina, out of a total of 200, 946 dentists in the U.S. (http://kff.org/other/state-indicator/total-dentists/).

North Carolina ranks 47th among the 50 states in terms of the number of dentists available per 10,000 people, at about 4.3/10,000.

The specializations of the NC dentists in 2014 are as below (http://kff.org/other/state-indicator/total-dentists/):

	General Dentist	Endodontist	Oral Surgeon	Orthodontist	Pedodontist	Periodontist	Other Specialties	Total dentists
North Carolina	3,953	138	195	279	176	120	129	4,990

While over three-fourths (78%) of all dentists in the state are general dentists, only 4% are pediatric dentists. Ref: http://nciom.org/wp-content/uploads/2012/03/NCMJ_73205-web.pdf

North Carolina dental providers licensed to provide sedation:

Sedation dentistry is becoming more popular in North Carolina. The number of North Carolina dentists with sedation permits, which allows them to administer general anesthesia and oral sedation, has grown from 11.7% in 2010 to 13.4% in 2013. This represents a 23% increase in sedation permits, and during this same time, the number of dentists in the state grew only by 7 percent.

As of September 2013, 615 dentists of the state's 4,575 dentists had sedation permits. This number is expected to be much higher in 2014.
Ref:http://www.drbicuspid.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=315304

Sedation dentistry deaths in US, as reported in media:

- At least 46 children have died between 1974 and 2013.

Ref: http://www.usatoday.com/story/news/nation/2014/01/11/children-dental-tonsils/4405525/

- At least 31 children have died between 1997 and 2012.
  Ref: http://www.dailymail.co.uk/news/article-2172861/Poorly-trained-greedy-dentists-blamed-deaths-THIRTY-ONE-children-U-S-talking-parents-dangerous-expensive-sedations.html.

- The most recent case reported in the media was of a 3 year old child from Hawaii who died in Dec 2013 at the dentist's office where she was given a maximum dose of sedation and anesthesia. Ref: http://www.dailymail.co.uk/news/article-2586355/Sedatives-cited-toddlers-dentist-office-death.html.

Sedation dentistry deaths in US, reported in peer-reviewed literature:

1. In a 2013 study conducted by University of Washington researchers, a survey of media reports of dental anesthesia-related pediatric deaths at dental offices, ambulatory surgery centers, and hospitals was carried out. The study looked at how many US-based children (≤21 years old) had died after receiving anesthesia for a dental procedure in the years between 1980 - 2011.

The results showed that a total of 44 deaths were reported. Most deaths occurred among 2-5 year-olds (n = 21/44), in an office setting (n = 21/44), and with a general/pediatric dentist (n = 25/44) as the anesthesia provider. In this latter group, 17 of 25 deaths were linked with a sedation anesthetic.

The authors concluded that the series of media reports likely represent only a fraction of the overall morbidity and mortality related to dental anesthesia. However, in the absence of a database that could provide an estimate of incidence and prevalence of morbidity and mortality, it is difficult to correlate media reports with actual numbers. With growing numbers of children receiving anesthesia for dental procedures from providers with variable training, it is imperative to be able to track anesthesia-related adverse outcomes. The authors recommended creating a national database of adverse outcomes to enable future research to advance patient safety and quality.

2. In a 2012 study from University of Kentucky, the authors studied closed malpractice insurance claims databases of two professional liability carriers, to provide descriptive data of adverse events related to child sedation and anesthesia in the dental office, from 1993-2007.

- They found 17 claims dealing with adverse anesthesia events of which 13 involved sedation, 3 involved local anesthesia alone, and 1 involved general anesthesia.

- About 53% of the claims involved patient death or permanent brain damage. In these cases, average patient age was 3.6 years, 6 claims involved general dentists as the anesthesia provider, and 2 involved local anesthesia alone.

- Local anesthetic overdoses were observed in 41% of the claims. The location of adverse event occurrence was in the dental office where care was being provided in 71% of the claims.

- Of the 13 claims involving sedation, only 1 claim involved the use of physiologic monitoring.

Based on these results, the authors concluded that very young patients (≤ 3-years-old) are at greatest risk during administration of sedative and/or local anesthetic agents. They also stated that some practitioners are inadequately monitoring patients during sedation procedures, and adverse events have a high chance of occurring at the dental office where care is being provided.

3. The most recent and comprehensive review about anesthesia-related morbidity is the American Association of Oral and Maxillofacial Surgeons (AAOMS) anesthesia study published in 2003. In an insurance claims analysis, Deegan presented data that the mortality risk in the oral surgery office was 19 deaths (excluding the 3 from local anesthetic) in 14,206,923 anesthetics administered.

   According to this paper, in the years between 1988- 1999, there were 37 claims relating to death or brain damage in both office and hospital, with 22 occurring in the office (see below) and 11 in the hospital. An equal number of in-office deaths resulted from both conscious sedation and deep sedation/general anesthesia.

   - Office total deaths: 22
   - Local only: 3
   - Conscious sedation: 9
   - Deep sedation/general anesthesia: 9
   - Brain damage: 1

It may be assumed that death resulting from planned conscious sedation actually involved deeper levels of anesthesia, often without appropriate monitoring. From the total number of anesthetics administered over 12 years and the number of office deaths (19, excluding the 3 from local anesthetic), we have a ratio of 1 death in every 747,732 administrations.

4. A 1992 study from University of Texas's dental school used morbidity and mortality (M&M) statistics to determine the safety of pharmacosedation and general anesthesia for dental procedures. The purpose of this study was to characterize the factors involved in causing M&M in a national data base of dental patients who received either pharmacosedation or general anesthesia. The authors reported the below statistics:

- Forty-three M&M cases during the last 15 years were reported from nine states, with mortality comprising 81.4% of the cases. The mean patient age was 18 years, with a range from 2 to 42 years.

- Seventy-five percent of the cases were classified as American Society of Anesthesiologists (ASA) class I, 21% as ASA II, and 4% as ASA III.

- The mean number of pharmacological agents used was three, with a range from one to seven.

- In 32% of the cases heart rate was monitored, in 23% respiration was monitored, in 23% blood pressure was monitored, in 8% tissue oxygen saturation was monitored, and in 4% heart rhythm was monitored.

- Fifty-nine percent of the practitioners performed basic life support as a part of resuscitative efforts, 21% performed some measure of advanced cardiac life support, and in 45% of the cases narcotic reversal was attempted.

Recent fatalities in North Carolina regarding dental sedation:

In Sept 2014, NC dentist Zachary J. Harrison's license was suspended as a result of the sedation related death in his practice in Oct 2013 death. Earlier in Nov 2012, another NC dentist, Toni Mascherin's license was suspended as she was found responsible for a sedation death in her practice in Nov 2012.

In 2013 alone, there were 2 reported deaths in NC that were attributed to conscious sedation. Following these 2 recent and avoidable deaths, the NC Dental Board announced in August 2014 that it will revise the state's rules for sedation dentistry. There was another earlier meeting in March 2014 to discuss these deaths. The North Carolina State Board of Dental Examiners announced in March 2014 that it was planning changes to its rules on training, emergency response, and sedation following the deaths of two patients linked to conscious sedation. The board added rules regarding sedation in 2002 and revised them in 2008. The rules now require dentists to report any adverse occurrences involving sedation to the board.

More recently, in October 2014, a Raleigh, Wake County dentist was accused of improperly and routinely putting children into deep sedation, beyond his training, according to the N.C. Board of Dental Examiners. The dental board suspended Robert W. Eisberg's sedation permit, barring him from using the popular "conscious sedation" drugs.

Patient statistics in NC:

Nearly 40% of North Carolina kindergarteners have cavities in primary teeth by the time they start school.

North Carolina's Behavioral Risk Factor Surveillance System (BRFSS) reported that, in 2008, 21.3% of all residents 65 years of age and older had had all of their teeth extracted and about half (47.8%) of all those 18 years and older had had permanent teeth extracted.

More than 69,000 visits to North Carolina emergency rooms in 2009 were related to oral health problems, with disorders of the teeth and jaws as the 10th most common reason for all emergency visits. Ref: http://nciom.org/wp-content/uploads/2012/03/NCMJ_73205-web.pdf

Requirements for sedation license by the NC Dental Board:

These fatalities and safety issues in conscious sedation dentistry likely occur due to the lax requirements for sedation permits. Obtaining oral sedation permits is a simple and quick process for dentists in NC. According to the North Carolina State Board of Dental Examiners:

- For a moderate oral sedation permit, a dentist is required to complete at least 24 hours of instructive classroom training, and document 3 live patient experiences in order to administer moderate oral sedation for adult patients.

- In-office minimal sedation permit requires an 18-hour training course, while single- dose anxiolysis (with or without nitrous), does not require a permit at all.
- For administering sedation to pediatric patients, a few additional hours of instructive classroom training with clinically-oriented experiences is required by the Board.
- For administering IV sedation to patients, dentists are required to complete 60 hours of lessons followed by 20 actual clinical patient cases of IV administration.

The classroom training requirements for the above sedation permits are met by the Dental Organization for Conscious Sedation (DOCS) Education's courses and seminars. For a minimal or moderate conscious sedation permit, the DOCS Education's *'Oral Sedation Dentistry'* course is considered sufficient to meet the board guidelines.

These DOCS courses are mostly 2-3 days seminars or workshops, which allow dentists to begin practicing conscious sedation on patients immediately after the course. The course content is hardly intensive, and covers only the necessary topics required to help the dentists start practicing sedation right away.