

**Fact Sheet Petition to the State Health Coordinating Council  
Regarding Methodology / Policy Adjustment for the  
2016 State Medical Facilities Plan  
Regarding Pediatric Dental Operating Rooms**

March 4, 2015

| <i><b>Petitioner</b></i>  | <i><b>Contact</b></i>                                |
|---|--|
| <b>Name:</b> Knowles, Smith & Associates, LLP                   | <b>Name:</b> Virginia Jones, Chief Operating Officer |
| <b>Address:</b> 2015 Valleygate Drive<br>Fayetteville, NC 28304 | <b>E-mail:</b> vjones@vfdental.com                   |
|   | <b>Phone:</b> 910-485-7070, ext. 2612                |

**KEY FACTS:**

- North Carolina **ranks 32<sup>nd</sup>** in the United States with regard to dentist availability.
- North Carolina has approximately **2.8 million children** of whom 1.8 million are under age 13.
- Of persons under 21, **326,000** are on Medicaid.
- Only **1.74 percent** of operating room cases reported in 2013 were oral surgery cases (NC Medical Facilities Database)
- NC Medical Facilities Database does not distinguish oral surgery from pediatric dental cases.
- Wait times for pediatric dental surgery scheduling is **three to four months** in areas where operating room access is restricted.
- Waiting often results in an Emergency Department (ED) visit, where they receive stabilizing care. Very few actually receive treatment for the core problem as part of the ED visit. Most are referred to dentists to be resolved the problem elsewhere. These extra visits **add cost** to the healthcare system.
- Medicaid children and others in low-income families are at **highest risk** of harm from lack of access to pediatric dental surgery.
- A small capital investment – less than \$5 million – could change lives of **2,000 children** per year.
- North Carolina has only **157 pediatric dentists**. They are a scarce resource and should be encouraged to practice in the state, and in non-metro areas.

## STATEMENT OF REQUESTED ADJUSTMENT

Knowles, Smith and Associates, LLP requests the following Policy change to the *2016 State Medical Facilities Plan (SMFP)*.

Chapter 2: Policies should be changed as follows:

- Add new **Policy OR-1**

Applications for operating rooms dedicated to pediatric dental surgery shall be exempt from the Standard Methodology for Operating Rooms in Chapter 6 provided that the operating rooms are provided in an accessible, licensed and CMS-certified ambulatory surgical facility with not more than two operating rooms ; that the applicant demonstrates that in the past year it provided dental surgery services for at least 900 Medicaid pediatric outpatient surgical cases; and that the proposed operating rooms will be located in a North Carolina county identified by the Department of Health and Human Services , Health Resources and Services Administration as having a Low Income Dental Health Professional Shortage Area score of eight or greater. Applicants proposing these operating rooms must also demonstrate:

- That they will provide at least 1,500 cases in the third year of operation, of which at least 80 percent will be Medicaid beneficiaries,
- Evidence that access to the operating rooms will be open to non-owners,
- Evidence that ambulatory surgery centers in the proposed service area cannot serve the proposed cases,
- Evidence of support from a hospital system in the service area, including evidence of an agreement with at least one hospital to provide emergency transfer support, and
- Willingness to provide the Agency with a report on outcomes by the end of the third year of operations.

In determining the need for such operating rooms, the Agency will apply a standard of 2.5 hours per case, assuming that the facility will operate eight hours per day, 52 weeks a year.