



Helping Maine families smilesince 1918.

October 16, 2015

Dear Members of the Committee on Health and Human Services,

Thank you for providing me with the opportunity on October 13th to share information regarding Community Dental; and specifically, the "ACCESS" program which is supported in part by an allocation from the Fund for a Healthy Maine. As promised at the hearing, I am providing additional information about Community Dental and our use of the Fund for a Healthy Maine allocation to prevent disease and improve the health of some of Maine's most vulnerable individuals.

Please find enclosed:

- **Summary sheet** reflecting the use of the FHM allocation for FY2015 by Community Dental by Center
- **Copies of detailed spreadsheets** that were submitted with Community Dental's September 2015 invoice to DHHS for payment for FY 2016. *(requested by Representative Sanderson)*
- **Community Dental Case Study** commissioned by the Washington Dental Services Foundation;
- **2014 Community Dental Annual Report;**
- **Community Dental brochure;** and
- **"Take Away" card** *(given to patients who require dental care by hospital Emergency Departments and primary care offices at time of discharge)*

Please do not hesitate to contact me if I can be of any additional assistance (phone: 207.874.1025, ext.3010 or email: lisa.kavanaugh@communitydentalme.org). Your efforts to better understand the uses of the Fund for a Healthy Maine are appreciated.

Best regards,

Lisa C. Kavanaugh

Lisa C. Kavanaugh, FACHE, CEO

cc: Anna Broome, Legislative Analyst, Health and Human Services Committee

ADMINISTRATIVE OFFICE

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Helping Maine families smile since 1918.

366 US Route 1
Falmouth, ME 04105

FY 2015 SUBSIDY CONTRACT YEAR

July - Oct 2014

Center	Patients	# Visits	# Services	MC Elig.	Subsidy Dollars
Farmington	245	264	418	14	\$10,306.50
Lewiston	190	219	360	40	\$7,346.88
Portland	470	494	745	44	\$16,495.63
Biddeford	438	473	721	99	\$18,322.75
Rumford	4	4	5	0	\$210.25
Totals	1347	1454	2249	197	\$52,682.00

Community Dental FY 2015 subsidy funds were expended in October of 2014. The chart below reflects the number of patients by Center who utilized the income based sliding fee scale for the remainder of FY 2015 (November 2014 through June 2015)

Center	Patients
Farmington	431
Lewiston	390
Portland	1087
Biddeford	977
Rumford	308
Total	3193

An allocation of approximately \$158,000 in FY 2015 would have been necessary to help offset the true cost of care for the over 4500 patients who utilized our income based sliding fee scale.

Attached are copies of the detailed spreadsheets, by Center, that were submitted by Community Dental to DHHS with the September 2015 invoice for payment for FY 2016.

ID	Date of Service	Age @ date of service	Gender	CPT Code	Optional Field Description	Status on Siding Fee Scale	Member YES NO	Amount Billed to Patient	MaineCare Rate	150% of MaineCare Children < 21	175% of MaineCare Adults > 21	Subsidy Request
43119196	09/03/15	43	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		43		D1110				58.00	40.00	0.00	70.00	12.00
44170577	09/03/15	44	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
45140669	09/04/15	45	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
44021452	09/04/15	44	F	D2331		C	X	115.00	91.00	0.00	159.25	44.25
59175200	09/08/15	59	F	D2330		C	X	95.00	68.00	0.00	119.00	24.00
		59		D2331				115.00	91.00	0.00	159.25	44.25
		59		D2332				135.00	109.00	0.00	190.75	55.75
63179988	09/08/15	63	F	D2150		C	X	80.00	48.00	0.00	84.00	4.00
		63		D2331				115.00	91.00	0.00	159.25	44.25
45140669	09/09/15	45	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		45		D0210				70.00	43.50	0.00	76.13	6.13
73181268	09/09/15	73	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		73		D0210				70.00	43.50	0.00	76.13	6.13
		73		D0210				80.00	48.00	0.00	84.00	4.00
33181452	09/09/15	33	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		33		D0210				70.00	43.50	0.00	76.13	6.13
		33		D1110				58.00	40.00	0.00	70.00	12.00
48181480	09/09/15	48	M	D2392		C	X	115.00	90.00	0.00	157.50	42.50
34177526	09/09/15	34	F	D2391		C	X	100.00	68.00	0.00	119.00	19.00
56123143	09/10/15	56	M	D2391		C	X	100.00	68.00	0.00	119.00	19.00
72181395	09/10/15	72	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
30165301	09/11/15	30	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		30		D1110				58.00	40.00	0.00	70.00	12.00
31162637	09/11/15	31	F	D2331		C	X	115.00	91.00	0.00	159.25	44.25
		31		D2392				115.00	90.00	0.00	157.50	42.50
48111356	09/11/15	48	F	D2330		C	X	95.00	68.00	0.00	119.00	24.00
70131654	09/14/15	70	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		70		D1110				58.00	40.00	0.00	70.00	12.00
60181405	09/14/15	60	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		60		D0210				70.00	43.50	0.00	76.13	6.13
		60		D1110				58.00	40.00	0.00	70.00	12.00
68170116	09/14/15	68	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
26039903	09/14/15	26	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
		26		D7140				110.00	91.00	0.00	159.25	49.25
		26		D7210				160.00	110.00	0.00	192.50	32.50
24152359	09/15/15	24	F	D2392		C	X	115.00	90.00	0.00	157.50	42.50
		24		D2393				145.00	103.00	0.00	180.25	35.25
23034091	09/15/15	23	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		23		D0210				70.00	43.50	0.00	76.13	6.13
		23		D1110				58.00	40.00	0.00	70.00	12.00
20179097	09/15/15	20	F	D0150		C	X	60.00	55.00	82.50	0.00	22.50
		20		D1110				58.00	40.00	60.00	0.00	2.00
60121616	09/15/15	60	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50

Community Dental-Lewiston

ID	Date of Service	Age @ date of service	Gender	GDT Code	Optional Field Description	status Sliding fee scale	Member	Amount Billed to Patient	MaineCare Rate	150% of MaineCare - Children < 21	175% of MaineCare - Adults >= 21	Subsidy Request
						YES NO	YES NO					
20117487	09/01/15	20	F	D0120		C		36.00	30.00	45.00	0.00	9.00
		20		D1110			X	58.00	40.00	60.00	0.00	2.00
41026624	09/01/15	41	F	D0150		C		60.00	55.00	0.00	96.25	36.25
		41		D0210				70.00	43.50	0.00	76.13	6.13
40008933	09/02/15	40	M	D1110		C		58.00	40.00	0.00	70.00	12.00
46181306	09/03/15	46	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		46		D0210				70.00	43.50	0.00	76.13	6.13
23119981	09/03/15	23	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		23		D1110				58.00	40.00	0.00	70.00	12.00
29181214	09/03/15	29	M	D1110		C	X	58.00	40.00	0.00	70.00	12.00
40128321	09/04/15	40	F	D2950		C		170.00	150.00	0.00	262.50	92.50
56103238	09/04/15	56	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		56		D0210				70.00	43.50	0.00	76.13	6.13
		56		D1110				58.00	40.00	0.00	70.00	12.00
81008989	09/04/15	81	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		81		D1110				58.00	40.00	0.00	70.00	12.00
66181422	09/04/15	66	F	D0150		C		60.00	55.00	0.00	96.25	36.25
		66		D0210				70.00	43.50	0.00	76.13	6.13
		66		D0330				65.00	43.00	0.00	75.25	10.25
32143427	09/04/15	32	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		32		D0210				70.00	43.50	0.00	76.13	6.13
38181449	09/08/15	38	M	D7210		C	X	160.00	110.00	0.00	192.50	32.50
29148887	09/08/15	29	F	D2160		C	X	115.00	81.00	0.00	141.75	26.75
39161999	09/08/15	39	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		39		D1110				58.00	40.00	0.00	70.00	12.00
45181447	09/08/15	45	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
34181297	09/09/15	34	F	D0150		C		60.00	55.00	0.00	96.25	36.25
		34		D0210				70.00	43.50	0.00	76.13	6.13
		34		D1110				58.00	40.00	0.00	70.00	12.00
73173079	09/09/15	73	F	D2150		C	X	80.00	48.00	0.00	84.00	4.00
37173367	09/09/15	37	M	D1110		C	X	58.00	40.00	0.00	70.00	12.00
72026123	09/10/15	72	M	D2332		C	X	135.00	109.00	0.00	190.75	55.75
49181511	09/10/15	49	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
		49		D7140				110.00	91.00	0.00	159.25	49.25
62107106	09/11/15	62	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		62		D0210				70.00	43.50	0.00	76.13	6.13
59173148	09/11/15	59	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		59		D1110				58.00	40.00	0.00	70.00	12.00
71008996	09/11/15	71	F	D2150		C	X	80.00	48.00	0.00	84.00	4.00
		71		D2150				80.00	48.00	0.00	84.00	4.00
41110757	09/14/15	41	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		41		D1110				58.00	40.00	0.00	70.00	12.00
38118178	09/16/15	38	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		38		D1110				58.00	40.00	0.00	70.00	12.00
47030436	09/17/15	47	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		47		D0210				70.00	43.50	0.00	76.13	6.13
25162645	09/18/15	25	F	D2335		C	X	165.00	111.00	0.00	194.25	29.25

Community Dental-Portland

ID	Date of Service	Age @ date of service	Gender	CDT Code	Optional Field Description	Patient Status on Billing Scale	MaineCare Member	YES	NO	Amount Billed to Patient	MaineCare Rate	150% of Maine Care-Children	175% of MaineCare-Adults > 21	Subsidy Request
33107481	09/01/15	33	F	D0120		C			X	36.00	30.00	0.00	52.50	16.50
				D1110						58.00	40.00	0.00	70.00	12.00
82146104	09/01/15	82	M	D2391		C			X	100.00	68.00	0.00	119.00	19.00
53006901	09/01/15	53	F	D2391		C			X	100.00	68.00	0.00	119.00	19.00
27114963	09/01/15	27	F	D0120		C			X	36.00	30.00	0.00	52.50	16.50
				D1110					X	58.00	40.00	0.00	70.00	12.00
28170380	09/01/15	28	M	D0120		C			X	36.00	30.00	0.00	52.50	16.50
				D1110					X	58.00	40.00	0.00	70.00	12.00
23145806	09/01/15	23	F	D1110		C			X	58.00	40.00	0.00	70.00	12.00
23180766	09/01/15	23	F	D0150		C			X	60.00	55.00	0.00	96.25	36.25
				D0330						65.00	43.00	0.00	75.25	10.25
56181346	09/01/15	56	F	D7140		C			X	110.00	91.00	0.00	159.25	49.25
31180518	09/02/15	31	M	D0150		C			X	60.00	55.00	0.00	96.25	36.25
				D0210						70.00	43.50	0.00	76.13	6.13
				D1110						58.00	40.00	0.00	70.00	12.00
37050158	09/02/15	37	F	D1110		C		X		58.00	40.00	0.00	70.00	12.00
37102075	09/02/15	37	M	D0150		C			X	60.00	55.00	0.00	96.25	36.25
				D0210						70.00	43.50	0.00	76.13	6.13
				D1110						58.00	40.00	0.00	70.00	12.00
69014202	09/02/15	69	F	D2392		C			X	115.00	90.00	0.00	157.50	42.50
63141724	09/02/15	63	F	D2391		C			X	100.00	68.00	0.00	119.00	19.00
66105793	09/02/15	66	M	D0120		C			X	36.00	30.00	0.00	52.50	16.50
				D1110						58.00	40.00	0.00	70.00	12.00
26038649	09/02/15	26	F	D1110		C		X		58.00	40.00	0.00	70.00	12.00
82030104	09/02/15	82	M	D1110		C			X	58.00	40.00	0.00	70.00	12.00
21100376	09/02/15	21	M	D0120		C			X	36.00	30.00	0.00	52.50	16.50
				D1110						58.00	40.00	0.00	70.00	12.00
78132807	09/02/15	78	F	D1110		C			X	58.00	40.00	0.00	70.00	12.00
3180872	09/02/15	3	M	D0150		C			X	60.00	55.00	82.50	0.00	22.50
21177450	09/03/15	21	F	D2392		C			X	115.00	90.00	0.00	157.50	42.50
78026807	09/03/15	78	M	D0120		C			X	36.00	30.00	0.00	52.50	16.50
				D1110						58.00	40.00	0.00	70.00	12.00
23179105	09/03/15	23	M	D7140		C			X	110.00	91.00	0.00	159.25	49.25
57179211	09/03/15	57	M	D2394		C			X	175.00	111.00	0.00	194.25	19.25
31140819	09/03/15	31	F	D7140		C			X	110.00	91.00	0.00	159.25	49.25
30180225	09/03/15	30	F	D1110		C			X	58.00	40.00	0.00	70.00	12.00
				D2392						115.00	90.00	0.00	157.50	42.50
76139354	09/03/15	76	F	D0120		C			X	36.00	30.00	0.00	52.50	16.50
				D1110						58.00	40.00	0.00	70.00	12.00
46116722	09/03/15	46	M	D0150		C			X	60.00	55.00	0.00	96.25	36.25
				D0210						70.00	43.50	0.00	76.13	6.13
				D1110						58.00	40.00	0.00	70.00	12.00
78181231	09/03/15	78	F	D0150		C			X	60.00	55.00	0.00	96.25	36.25
				D0210						70.00	43.50	0.00	76.13	6.13
				D1110						58.00	40.00	0.00	70.00	12.00
28136400	09/04/15	28	M	D2392		C			X	115.00	90.00	0.00	157.50	42.50
28135400	09/04/15	28	M	D2392		C			X	115.00	90.00	0.00	157.50	42.50
30137666	09/04/15	30	M	D1110		C			X	58.00	40.00	0.00	70.00	12.00
77151162	09/05/15	77	F	D2392		C			X	115.00	90.00	0.00	157.50	42.50
36181416	09/04/15	36	F	D7140		C			X	110.00	91.00	0.00	159.25	49.25

Community Dental-Portland

ID	Date of Service	Age @ date of service	Gender	CDT Code	Optional/Flid Description	Patient Status On Sliding Fee Scale	MaineCare Member	Amount Billed to Patient	MaineCare Rate	150% on Maine Care - Children <= 21	175% of MaineCare - Adults >= 21	Subsidy/Request
							YES/NO					
72113321	09/04/15	72	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
10180678	09/08/15	72	F	D0150		C	X	60.00	55.00	82.50	0.00	22.50
				D1120				45.00	30.00	45.00	0.00	0.00
52181045	09/08/15	52	F	D2394		C	X	175.00	111.00	0.00	194.25	19.25
59128504	09/08/15	59	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
61158804	09/09/15	61	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
				D7140				110.00	91.00	0.00	159.25	49.25
50104730	09/09/15	50	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
61154214	09/09/15	61	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
37010381	09/09/15	37	M	D2330		C	X	95.00	68.00	0.00	119.00	24.00
83007568	09/09/15	83	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
54120621	09/09/15	54	F	D2391		C	X	100.00	68.00	0.00	119.00	19.00
				D2392				115.00	90.00	0.00	157.50	42.50
62171296	09/10/15	62	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
				D0210				70.00	43.50	0.00	76.13	6.13
62180575	09/10/15	62	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
23178761	09/10/15	23	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
				D1110				58.00	40.00	0.00	70.00	12.00
59177443	09/10/15	59	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
				D0210				70.00	43.50	0.00	76.13	6.13
4179227	09/10/15	4	M	D2393		C	X	145.00	103.00	154.50	0.00	9.50
52042159	09/10/15	52	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
71166067	09/10/15	71	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
80115399	09/10/15	80	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
58181501	09/11/15	58	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
				D0210				70.00	43.50	0.00	76.13	6.13
54012596	09/11/15	54	F	D2392		C	X	115.00	90.00	0.00	157.50	42.50
59021843	09/11/15	59	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D0210				70.00	43.50	0.00	76.13	6.13
41163772	09/11/15	41	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
53010702	09/11/15	53	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
48118879	09/14/15	48	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
				D0210				70.00	43.50	0.00	76.13	6.13
75017617	09/14/15	75	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
40104861	09/14/15	40	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00
65129949	09/14/15	65	M	D2394		C	X	175.00	111.00	0.00	194.25	19.25
53165091	09/14/15	53	M	D4355		C	X	115.00	100.00	0.00	175.00	60.00
55150561	09/14/15	55	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110				58.00	40.00	0.00	70.00	12.00

Community Dental-Portland

ID	Date of Service	Age @ date of service	Gender	ICD-10 Code	Optional Field Description	Patient Status on Sliding Fee Scale	MaineCare Member YES/NO	Amount Billed to Patient	MaineCare Rate	150% of Maine Care - Children <21	175% of Maine Care - Adults >21	Subsidy Request
23179105	09/14/15	23	M	D2392		C	X	115.00	90.00	0.00	157.50	42.50
26181102	09/14/15	26	M	D2331		C	X	115.00	91.00	0.00	159.25	44.25
		26		D2331				115.00	91.00	0.00	159.25	44.25
56023507	09/14/15	56	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
52172887	09/14/15	52	M	D0120		C	X	36.00	30.00	0.00	52.50	16.00
		52		D1110				58.00	40.00	0.00	70.00	12.00
31180771	09/15/15	31	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
31181182	09/15/15	31	F	D2392		C	X	115.00	90.00	0.00	157.50	42.50
52176629	09/15/15	52	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
38019217	09/15/15	38	M	D2392		C	X	115.00	90.00	0.00	157.50	42.50
57007166	09/16/15	57	M	D1110		C	X	58.00	40.00	0.00	70.00	12.00
56179205	09/16/15	56	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		56		D0210				70.00	43.50	0.00	76.13	6.13
62181596	09/16/15	62	M	D7210		C	X	160.00	110.00	0.00	192.50	32.50
38007719	09/17/15	38	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		38		D0210				70.00	43.50	0.00	76.13	6.13
71143780	09/17/15	71	F	D2331		C	X	115.00	91.00	0.00	159.25	44.25
		71		D2392				115.00	90.00	0.00	157.50	42.50
37166234	09/17/15	37	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		37		D1110				58.00	40.00	0.00	70.00	12.00
48004176	09/17/15	48	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
56133928	09/17/15	56	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
45018471	09/17/15	45	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
72025321	09/17/15	72	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		72		D1110				58.00	40.00	0.00	70.00	12.00
37106396	09/17/15	37	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
29179661	09/17/15	29	F	D2392		C	X	115.00	91.00	0.00	159.25	44.25
		29		D2392				115.00	91.00	0.00	159.25	44.25
23179105	09/17/15	23	M	D2392		C	X	115.00	91.00	0.00	159.25	44.25
35167756	09/18/15	35	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
78176538	09/18/15	78	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		78		D0210				70.00	43.50	0.00	76.13	6.13
56031162	09/18/15	56	M	D2332		C	X	135.00	109.00	0.00	190.75	55.75
31171557	09/21/15	31	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
23180555	09/21/15	23	M	D2330		C	X	95.00	68.00	0.00	119.00	24.00
52181045	09/21/15	52	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		52		D0210				70.00	43.50	0.00	76.13	6.13
		52		D1110				58.00	40.00	0.00	70.00	12.00
35169735	09/21/15	35	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		35		D1110				58.00	40.00	0.00	70.00	12.00
47014267	09/21/15	47	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		47		D1110				58.00	40.00	0.00	70.00	12.00
54017107	09/21/15	54	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		54		D1110				58.00	40.00	0.00	70.00	12.00
47130724	09/21/15	47	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
57179576	09/22/15	57	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		57		D0210				70.00	43.50	0.00	76.13	6.13
52158149	09/22/15	52	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
51005427	09/22/15	51	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		51		D1110				58.00	40.00	0.00	70.00	12.00

ID	Date of Service	Age @ date of service	Gender	CDT Code	Optional Field: Description	Status on Sliding Fee Scale	Member		Amount Billed to Patient	MaineCare Rate	150% of MaineCare Children < 21	175% of MaineCare Adults >= 21	Subsidy Request
							YES	NO					
67174041	09/01/15	67	M	D1110		C		X	58.00	40.00	0.00	70.00	12.00
56172080	09/01/15	56	M	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		56		D1110					58.00	40.00	0.00	70.00	12.00
57031299	09/01/15	57	F	D2150		C		X	80.00	48.00	0.00	84.00	4.00
34181342	09/01/15	34	M	D7140		C		X	110.00	91.00	0.00	159.25	49.25
64135603	09/01/15	64	M	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		64		D1110					58.00	40.00	0.00	70.00	12.00
56157966	09/01/15	56	F	D7140		C		X	110.00	91.00	0.00	159.25	49.25
		56		D7140					110.00	91.00	0.00	159.25	49.25
		56		D7140					110.00	91.00	0.00	159.25	49.25
		56		D7140					110.00	91.00	0.00	159.25	49.25
		56		D7140					110.00	91.00	0.00	159.25	49.25
24104700	09/01/15	24	F	D1110		C		X	36.00	30.00	0.00	52.50	16.50
59156518	09/01/15	59	M	D0120		C		X	58.00	40.00	0.00	70.00	12.00
		59		D1110					58.00	40.00	0.00	70.00	12.00
52033812	09/01/15	52	F	D0150		C		X	60.00	55.00	0.00	96.25	36.25
62003134	09/02/15	62	M	D0150		C		X	60.00	55.00	0.00	96.25	36.25
		62		D0210					70.00	43.50	0.00	76.13	6.13
48021263	09/02/15	48	F	D2330		C	X		95.00	68.00	0.00	119.00	24.00
		48		D2391					100.00	68.00	0.00	119.00	19.00
28181137	09/02/15	28	M	D0150		C		X	60.00	55.00	0.00	96.25	36.25
		28		D0210					70.00	43.50	0.00	76.13	6.13
52110822	09/02/15	52	F	D1110		C	X		58.00	40.00	0.00	70.00	12.00
76106815	09/02/15	76	F	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		76		D1110					58.00	40.00	0.00	70.00	12.00
46030210	09/03/15	46	F	D2950		C		X	170.00	150.00	0.00	262.50	92.50
56026810	09/03/15	56	F	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		58		D1110					58.00	40.00	0.00	70.00	12.00
24104700	09/03/15	24	F	D7140		C		X	110.00	91.00	0.00	159.25	49.25
		24		D7140					110.00	91.00	0.00	159.25	49.25
78119650	09/03/15	78	F	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		78		D1110					58.00	40.00	0.00	70.00	12.00
41134126	09/03/15	41	F	D2392		C	X		115.00	90.00	0.00	157.50	42.50
32167399	09/03/15	32	M	D0150		C	X		60.00	55.00	0.00	96.25	36.25
		32		D0210					70.00	43.50	0.00	76.13	6.13
12157548	09/03/15	12	M	D0120		C		X	36.00	30.00	0.00	52.50	16.50
86001533	09/03/15	86	F	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		86		D1110					58.00	40.00	0.00	70.00	12.00
25028186	09/04/15	25	F	D2391		C		X	115.00	91.00	0.00	159.25	44.25
53105285	09/04/15	53	M	D0120		C	X		58.00	40.00	0.00	70.00	12.00
		53		D1110					58.00	40.00	0.00	70.00	12.00
35114836	09/04/15	35	F	D0120		C	X		36.00	30.00	0.00	52.50	16.50
		35		D1110					58.00	40.00	0.00	70.00	12.00
36180346	09/04/15	36	F	D0150		C		X	60.00	55.00	0.00	96.25	36.25
		36		D0210					70.00	43.50	0.00	76.13	6.13
44156063	09/04/15	44	F	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		44		D1110					58.00	40.00	0.00	70.00	12.00
51165211	09/04/15	51	F	D2391		C	X		100.00	68.00	0.00	119.00	19.00
62003134	09/04/15	62	M	D2335		C		X	165.00	111.00	0.00	194.25	29.25
47134784	09/08/15	47	M	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		47		D1110					58.00	40.00	0.00	70.00	12.00
48131457	09/08/15	48	M	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		48		D1110					58.00	40.00	0.00	70.00	12.00

ID	Date of Service	Age @ date of service	Gender	CDT Code	Optional Field Description	Status on Sliding Fee Scale	Member	Amount Billed to Patient	MaineCare Rate	150% of MaineCare Children < 21	175% of MaineCare Adults >= 21	Subsidy Request
31147417	09/08/15	31	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
60156377	09/08/15	60	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110		C		58.00	40.00	0.00	70.00	12.00
5709102	09/08/15	57	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110		C		58.00	40.00	0.00	70.00	12.00
60035511	09/08/15	60	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
62008572	09/08/15	62	F	D2150		C	X	80.00	48.00	0.00	84.00	4.00
27149817	09/08/15	27	F	D2392		C	X	115.00	90.00	0.00	157.50	42.50
19174866	09/08/15	19	F	D2392		C	X	115.00	90.00	135.00	0.00	20.00
49158124	09/08/15	49	F	D2330		C	X	95.00	68.00	0.00	119.00	24.00
				D2391		C		100.00	68.00	0.00	119.00	19.00
76159061	09/08/15	76	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110		C		58.00	40.00	0.00	70.00	12.00
79153789	09/09/15	79	F	D2150		C	X	80.00	48.00	0.00	84.00	4.00
45119941	09/09/15	45	F	D2160		C	X	115.00	81.00	0.00	141.75	26.75
50126137	09/09/15	50	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
50008326	09/09/15	50	M	D2331		C	X	115.00	91.00	0.00	159.25	44.25
				D2331		C		115.00	91.00	0.00	159.25	44.25
67123665	09/09/15	67	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
42137147	09/09/15	42	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
				D0120		C		36.00	30.00	0.00	52.50	16.50
52011924	09/09/15	52	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110		C		58.00	40.00	0.00	70.00	12.00
68021103	09/09/15	68	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110		C		58.00	40.00	0.00	70.00	12.00
37159620	09/09/15	37	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
				D1110		C		58.00	40.00	0.00	70.00	12.00
66157170	09/10/15	66	M	D2331		C	X	115.00	91.00	0.00	159.25	44.25
71105440	09/10/15	71	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110		C		58.00	40.00	0.00	70.00	12.00
61150839	09/10/15	61	M	D7210		C	X	160.00	110.00	0.00	192.50	32.50
44116184	09/10/15	44	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
60157279	09/10/15	60	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
				D0210		C		70.00	43.50	0.00	76.13	6.13
74146530	09/10/15	74	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D0210		C		70.00	43.50	0.00	76.13	6.13
				D1110		C		58.00	40.00	0.00	70.00	12.00
30142660	09/10/15	30	M	D2393		C	X	145.00	103.00	0.00	180.25	35.25
61037066	09/11/15	61	M	D2332		C	X	135.00	109.00	0.00	190.75	55.75
87138451	09/11/15	87	M	D2391		C	X	100.00	68.00	0.00	119.00	19.00
				D2391		C		100.00	68.00	0.00	119.00	19.00
56022238	09/11/15	56	F	D2330		C	X	95.00	68.00	0.00	119.00	24.00
				D2332		C		135.00	109.00	0.00	190.75	55.75
				D2332		C		135.00	109.00	0.00	190.75	55.75
21037231	09/11/15	21	M	D2391		C	X	100.00	68.00	0.00	119.00	19.00
58139754	09/11/15	58	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D1110		C		58.00	40.00	0.00	70.00	12.00
39003736	09/11/15	39	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
				D0210		C		70.00	43.50	0.00	76.13	6.13
				D1110		C		58.00	40.00	0.00	70.00	12.00
37010583	09/11/15	37	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50

Community Dental- Biddeford

ID	Date of Service	Age @ date of service	Gender	CDT Code	Optional Field- Description	Status on Sliding Fee Scale	Member	Amount Billed to Patient	MaineCare Rate	150% of MaineCare < Children < 21	175% of MaineCare - Adults > 21	Subsidy Request
							YES NO					
54147809	09/11/15	37	M	D1110		C		58.00	40.00	0.00	70.00	12.00
		54		D0120			X	36.00	30.00	0.00	52.50	16.50
		54		D1110				58.00	40.00	0.00	70.00	12.00
28169402	09/11/15	28	M	D0210		C	X	70.00	43.50	0.00	76.13	6.13
39149326	09/14/15	39	F	D2150		C		80.00	48.00	0.00	84.00	4.00
65175232	09/14/15	65	F	D2950		C	X	170.00	150.00	0.00	262.50	92.50
86001533	09/14/15	86	F	D2331		C	X	115.00	91.00	0.00	159.25	44.25
68004036	09/14/15	68	M	D2335		C	X	165.00	111.00	0.00	194.25	29.25
62178037	09/14/15	62	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		62		D1110				58.00	40.00	0.00	70.00	12.00
30156270	09/14/15	30	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		30		D1110				58.00	40.00	0.00	70.00	12.00
48030798	09/14/15	48	M	D2330		C	X	95.00	68.00	0.00	119.00	24.00
		48		D2330				95.00	68.00	0.00	119.00	24.00
44112193	09/15/15	44	M	D1110		C	X	58.00	40.00	0.00	70.00	12.00
27133346	09/15/15	27	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		27		D1110				58.00	40.00	0.00	70.00	12.00
91113856	09/15/15	91	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		91		D1110				58.00	40.00	0.00	70.00	12.00
85160475	09/15/15	85	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		85		D1110				58.00	40.00	0.00	70.00	12.00
51106787	09/15/15	51	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		51		D1110				58.00	40.00	0.00	70.00	12.00
77180885	09/15/15	77	F	D2330		C	X	95.00	68.00	0.00	119.00	24.00
68163051	09/15/15	68	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		68		D1110				58.00	40.00	0.00	70.00	12.00
28173682	09/17/15	28	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		28		D0210				70.00	43.50	0.00	76.13	6.13
30020823	09/17/15	30	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		30		D1110				58.00	40.00	0.00	70.00	12.00
23021751	09/17/15	23	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
90177358	09/17/15	90	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		90		D1110				58.00	40.00	0.00	70.00	12.00
32162328	09/17/15	32	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		32		D0210				70.00	43.50	0.00	76.13	6.13
45119941	09/18/15	45	F	D2332		C	X	135.00	109.00	0.00	190.75	55.75
66007946	09/18/15	66	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
54101918	09/18/15	54	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		54		D1110				58.00	40.00	0.00	70.00	12.00
36181287	09/18/15	36	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		36		D0210				70.00	43.50	0.00	76.13	6.13
		36		D1110				58.00	40.00	0.00	70.00	12.00
79159058	09/18/15	79	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		79		D1110				58.00	40.00	0.00	70.00	12.00
82178646	09/18/15	82	M	D1110		C	X	58.00	40.00	0.00	70.00	12.00
44159661	09/18/15	44	M	D2392		C	X	115.00	90.00	0.00	157.50	42.50
		44		D2393				145.00	103.00	0.00	180.25	35.25
79151493	09/21/15	79	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		79		D1110				58.00	40.00	0.00	70.00	12.00
21172719	09/21/15	21	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		21		D1110				58.00	40.00	0.00	70.00	12.00
28181137	09/21/15	28	M	D2160		C	X	115.00	81.00	0.00	141.75	26.75
		28		D2160				115.00	81.00	0.00	141.75	26.75

Community Dental- Biddeford

ID	Date of Service	Age @ date of service	Gender	CDT Code	Optional Field Description	Status on Sliding Fee Scale	Member	Amount Billed to Patient	MaineCare Rate	150% of MaineCare Children < 21	175% of MaineCare Adults >= 21	Subsidy Request
							YES NO					
50168892	09/21/15	50	F	D2391		C	X	100.00	68.00	0.00	119.00	19.00
81116517	09/21/15	81	M	D2160		C	X	115.00	81.00	0.00	141.75	26.75
54168067	09/22/15	54	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		54		D1110		C		58.00	40.00	0.00	70.00	12.00
50176311	09/22/15	50	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
69033444	09/22/15	69	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		69		D1110		C		58.00	40.00	0.00	70.00	12.00
30146773	09/22/15	30	M	D7210		C	X	160.00	110.00	0.00	192.50	32.50
43003445	09/23/15	43	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		43		D1110		C		58.00	40.00	0.00	70.00	12.00
63164922	09/23/15	63	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		63		D1110		C		58.00	40.00	0.00	70.00	12.00
43130246	09/23/15	43	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		43		D1110		C		58.00	40.00	0.00	70.00	12.00
93155640	09/23/15	93	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		93		D1110		C		58.00	40.00	0.00	70.00	12.00
31167364	09/23/15	31	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		31		D0210		C		70.00	43.50	0.00	76.13	6.13
43000375	09/24/15	43	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
64156836	09/24/15	64	F	D012D		C	X	36.00	30.00	0.00	52.50	16.50
		64		D1110		C		58.00	40.00	0.00	70.00	12.00
28116551	09/24/15	28	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		28		D0210		C		70.00	43.50	0.00	76.13	6.13
73180832	09/24/15	73	M	D2161		C	X	150.00	97.00	0.00	169.75	19.75
		73		D2951		C		30.00	19.00	0.00	33.25	3.25
22177477	09/24/15	22	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25
56012580	09/24/15	56	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		56		D1110		C		58.00	40.00	0.00	70.00	12.00
51166341	09/24/15	51	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		51		D1110		C		58.00	40.00	0.00	70.00	12.00
45166342	09/24/15	45	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		45		D1110		C		58.00	40.00	0.00	70.00	12.00
45027908	09/24/15	45	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		45		D0210		C		70.00	43.50	0.00	76.13	6.13
		45		D4355		C		115.00	100.00	0.00	175.00	60.00
45145572	09/24/15	45	M	D0150		C	X	60.00	55.00	0.00	96.25	36.25
		45		D0210		C		70.00	43.50	0.00	76.13	6.13
32142896	09/25/15	32	M	D2392		C	X	115.00	90.00	0.00	157.50	42.50
28181137	09/25/15	28	M	D2150		C	X	80.00	48.00	0.00	84.00	4.00
61035511	09/25/15	61	F	D1110		C	X	58.00	40.00	0.00	70.00	12.00
18181157	09/25/15	18	M	D0150		C	X	60.00	55.00	82.50	0.00	22.50
75014066	09/25/15	75	M	D7140		C	X	110.00	91.00	0.00	159.25	49.25
51165211	09/25/15	51	F	D2330		C	X	95.00	68.00	0.00	119.00	24.00
		51		D2391		C		100.00	68.00	0.00	119.00	19.00
30171760	09/28/15	30	M	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		30		D1110		C		58.00	40.00	0.00	70.00	12.00
42135470	09/28/15	42	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		42		D1110		C		58.00	40.00	0.00	70.00	12.00
71105440	09/28/15	71	F	D7140		C	X	110.00	91.00	0.00	159.25	49.25
76136318	09/28/15	76	M	D1110		C	X	58.00	40.00	0.00	70.00	12.00
23149276	09/28/15	23	F	D0120		C	X	36.00	30.00	0.00	52.50	16.50
		23		D1110		C		58.00	40.00	0.00	70.00	12.00
72136316	09/28/15	72	F	D0150		C	X	60.00	55.00	0.00	96.25	36.25

ID	Date of Service	Age @ date of service	Gender	CDT Code	Optional Field: Description	Patient Status on Sliding Fee Scale	MaineCare Member		Amount Billed to Patient	MaineCare Rate	150% of Maine Care--Children < 21	175% of MaineCare--Adults >= 21	Subsidy Request
						Scale	YES	NO					
46127562	9/1/15	46	M	D7140		C		X	110.00	91.00	0.00	159.25	49.25
59128951	9/1/15	53	M	D7140		C		X	110.00	91.00	0.00	159.25	49.25
59157891	9/1/15	59	F	D2950		C		X	170.00	150.00	0.00	262.50	92.50
58165144	9/2/15	58	M	D2331		C		X	115.00	91.00	0.00	159.25	44.25
59124060	9/2/15	59	F	D0150		C		X	60.00	55.00	0.00	96.25	36.25
		59		D0210					70.00	43.50	0.00	76.13	6.13
		59		D4355					115.00	100.00	0.00	175.00	60.00
23174757	9/8/15	23	F	D2391		C		X	100.00	68.00	0.00	119.00	19.00
		23		D2391					100.00	68.00	0.00	119.00	19.00
61165351	9/8/15	61	F	D2394		C		X	175.00	111.00	0.00	194.25	19.25
5164357	9/8/15	5	M	D0120		C		X	36.00	30.00	45.00	0.00	9.00
		5		D1120					45.00	30.00	45.00	0.00	0.00
8164351	9/8/15	8	F	D0120		C		X	36.00	30.00	45.00	0.00	9.00
		8		D1120					45.00	30.00	45.00	0.00	0.00
3181059	9/8/15	3	M	D0150		C		X	60.00	55.00	82.50	0.00	22.50
		3		D1120					45.00	30.00	45.00	0.00	0.00
53127689	9/9/15	53	M	D1110		C		X	58.00	40.00	0.00	70.00	12.00
60137223	9/10/15	60	F	D0120		C		X	36.00	30.00	0.00	52.50	16.50
26125308	9/10/15	26	M	D7140		C		X	110.00	91.00	0.00	159.25	49.25
57176884	9/11/15	57	F	D0150		C		X	60.00	55.00	0.00	96.25	36.25
		57		D0210					70.00	43.50	0.00	76.13	6.13
		57		D1110					58.00	40.00	0.00	70.00	12.00
59124060	9/11/15	59	F	D2392		C		X	115.00	90.00	0.00	157.50	42.50
44139065	9/11/15	44	F	D0150		C	X		60.00	55.00	0.00	96.25	36.25
		44		D0210					70.00	43.50	0.00	76.13	6.13
47181551	9/11/15	47	M	D7140		C		X	110.00	91.00	0.00	159.25	49.25
68156369	9/14/15	68	M	D2335		C		X	165.00	111.00	0.00	194.25	29.25
31149501	9/14/15	31	F	D2391		C		X	100.00	68.00	0.00	119.00	19.00
		31		D2391					100.00	68.00	0.00	119.00	19.00
35137012	9/14/15	35	M	D1110		C		X	58.00	40.00	0.00	70.00	12.00
64122700	9/15/15	64	M	D2392		C		X	115.00	90.00	0.00	157.50	42.50
89180989	9/15/15	89	M	D0150		C		X	60.00	55.00	0.00	96.25	36.25
		89		D0210					70.00	43.50	0.00	76.13	6.13
50126690	9/15/15	50	M	D2330		C		X	95.00	68.00	0.00	119.00	24.00
		50		D2331					115.00	91.00	0.00	159.25	44.25
42124467	9/16/15	42	F	D2330		C		X	95.00	68.00	0.00	119.00	24.00
33181636	9/16/15	33	M	D0330		C		X	65.00	43.00	0.00	75.25	10.25
61165351	9/16/15	61	F	D2950		C		X	170.00	150.00	0.00	262.50	92.50
75181403	9/16/15	75	F	D0150		C		X	60.00	55.00	0.00	96.25	36.25
		75		D0210					70.00	43.50	0.00	76.13	6.13
62144781	9/16/15	62	M	D0120		C		X	36.00	30.00	0.00	52.50	16.50
		62		D1110					58.00	40.00	0.00	70.00	12.00
30175502	9/16/15	30	F	D2392		C	X		115.00	90.00	0.00	157.50	42.50
64177891	9/16/15	64	M	D7140		C		X	110.00	91.00	0.00	159.25	49.25
64122700	9/17/15	64	M	D2954		C		X	150.00	95.00	0.00	166.25	16.25
28159342	9/17/15	28	M	D0150		C		X	60.00	55.00	0.00	96.25	36.25
30181409	9/17/15	30	M	D7140		C		X	110.00	91.00	0.00	159.25	49.25
		30		D7140					110.00	91.00	0.00	159.25	49.25
		30		D7140					110.00	91.00	0.00	159.25	49.25
68167259	9/18/15	68	F	D2331		C		X	115.00	91.00	0.00	159.25	44.25

Community Dental

Visit us at one of our Dental Health Centers
conveniently located in:

BIDDEFORD
57 Barra Road, Suite 3
Biddeford, ME 04005
207.282.1305
Mon - Fri 8:00am to 4:30pm*

PORTLAND
640 Brighton Avenue
Portland, ME 04102
207.874.1028
Mon - Fri 8:00am to 4:30pm*



FARMINGTON
131 Franklin Health
Commons, Suite 1
Farmington, ME 04938
207.779.2659
Mon - Fri 8:00am to 4:30pm*

LEWISTON
177 Main Street
Lewiston, ME 04240
207.777.7442
Mon - Fri 8:00am to 4:30pm*

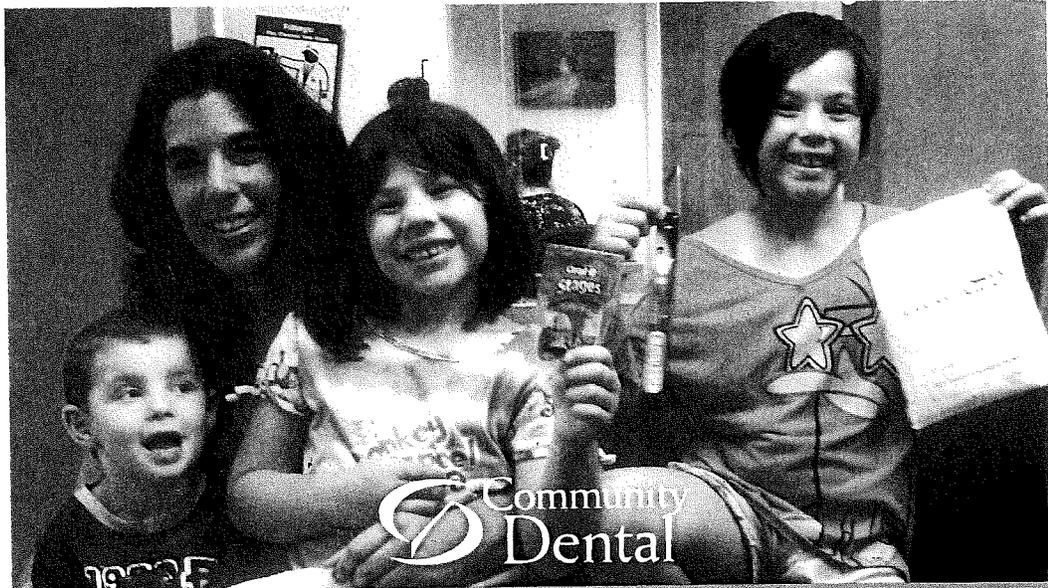
RUMFORD
60 Lowell Street
Rumford, ME 04276
207.369.3600
Mon - Fri 8:00am to 4:30pm*

CommunityDentalMaine

CommunityDentalMaine

communitydentalme.org

*Extended hours are available in some locations. For directions, parking and more information, go to www.communitydentalme.org/dental-centers.aspx



Providing comprehensive and affordable
oral health care service to Maine children and adults.

- We welcome patients of all ages
- All dental insurance and MaineCare plans accepted
- Income based sliding fees and payment plans through Care Credit available
- Walk-in care available for those with pain or infection

☆ Farmington

☆ Rumford

☆ Lewiston

Portland

Biddeford

WELCOME TO



Community Dental

OUR SERVICES AND LOCATIONS

Treatment

- Examinations
- X-rays
- Root Canals
- Extractions
- Crowns and Bridges
- Restorations
- Partials
- Emergency Care

Prevention

- Cleanings
- Sealants
- Fluoride

Community Dental improves the lives of children and adults in our communities by providing needed, accessible, affordable, quality oral health care.



CommunityDentalMaine on facebook
& CommunityDentalMaine on YouTube

Portland
640 Brighton Avenue
Portland, ME 04102
207.874.1028
fax 207.842.2963

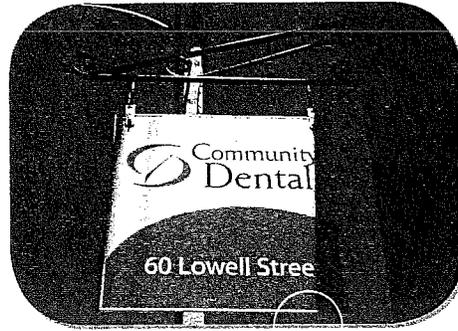
Lewiston
177 Main Street
Lewiston, ME 04240
207.777.7442
fax 207.777.7706

Farmington
131 Franklin Health
Commons Suite I
Farmington, ME 04938
207.779.2659
fax 207.779.2697

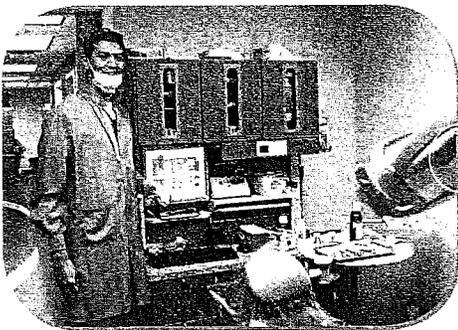
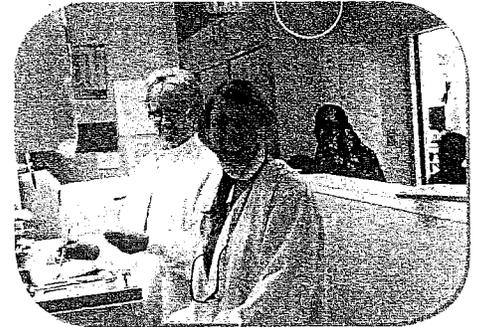
Biddeford
57 Barra Road, Suite 3
Biddeford, ME 04005
207.282.1305
fax 207.282.7351

Rumford
60 Lowell Street
Rumford, ME 04276
207.369.3600
fax 207.369.3604

Visit us at one of our conveniently located dental centers and discover our full range of general dentistry services, dedicated staff and affordable prices. Even if you haven't been to a dentist in a while, we look forward to seeing you. Community Dental will provide you with quality oral health treatment, disease prevention and education about dental wellness.

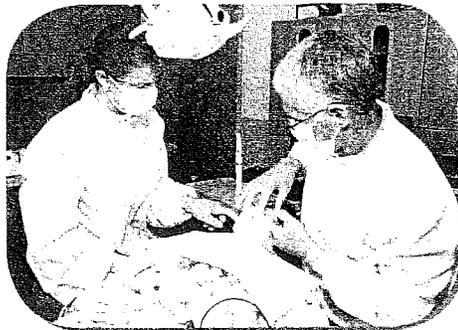
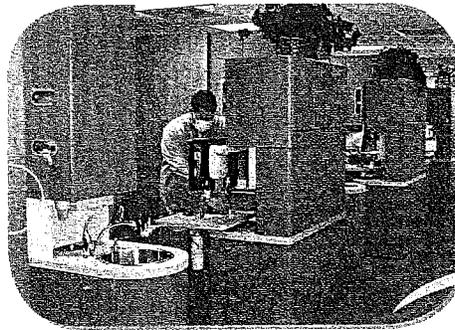


Our dedicated dentists and staff strongly believe in the importance of dental health for everyone, and makes education on proper oral health a priority at Community Dental. We continually strive to educate individuals and families about the importance of oral health as it relates to overall health. Our experienced dentists and hygienists are licensed in the State of Maine.



A variety of ways to pay are accepted and designed specifically with the patient in mind. As a preferred provider with many insurance companies, we accept all private dental insurance and MaineCare as well as offering the sliding fee scale for patients without insurance. ☺

Our primary goal is to provide general dentistry of the highest quality to you and your family. Whether it's prevention, treatment or consultation, our dental health centers provide a welcoming, comfortable environment for patients and their families.



Finding the right dentist doesn't have to be a frustrating process. At Community Dental, we strive to match our patients with the right dentist for the right job. After all, access to quality oral healthcare shouldn't be compromised for any reason, and at Community Dental, *it isn't.*





Community
Dental

THE 2014 ANNUAL REPORT

Community Dental improves the lives of children and adults in our communities by providing needed, accessible, comprehensive, quality oral health care.

A Message from the President of the Board & Chief Executive Officer

2014 was a year of continued improvements in quality of care, robust community and state partnerships, and resilience in the face of natural disaster. Despite a formidable climate, 2014 ended with a positive bottom line. Community Dental's staff and Board of Directors demonstrated their core characteristics of resilience, adaptability, and positive action when confronted with adversity.

In July, a "microburst" struck our Rumford Center. Defined as a violent, short-lived, localized downdraft that creates extreme wind shears at low altitudes, usually associated with thunderstorms, microbursts are notorious for causing extreme property damage. A significant portion of the building roof was ripped off by the wind shear, resulting in hundreds of gallons of contaminated water pouring into our space. While quick thinking by staff and neighbors saved our costly, high-tech dental equipment from ruin, the Center itself was effectively ruined by the mold- and mildew-ripe environment that quickly ensued.

Walls, cabinetry, dental supplies, computers, and furnishings had to be discarded.

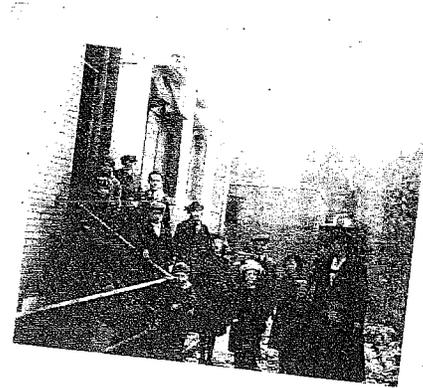
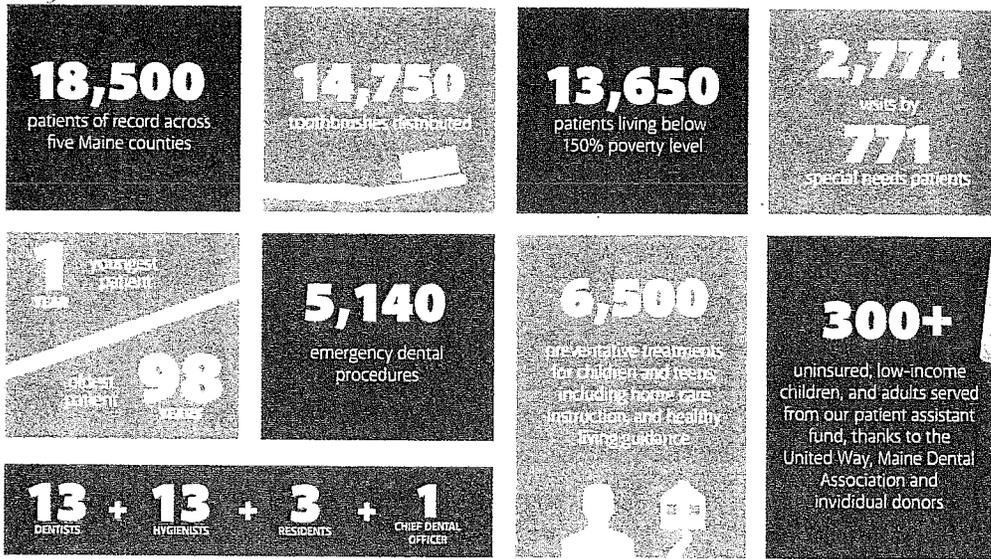
Given the devastation and ongoing operating losses, the Board contemplated closure of the Rumford facility. Upon learning of the possible loss of access to care and jobs, the community joined together to save, restore, and help support the financial viability of the center. The coalition generated funds to offset projected losses, working tirelessly with staff to promote the center, which was fully reconstructed and operational by December.

Despite the Rumford mayhem, our efforts continued to expand access to care for Maine's most vulnerable. Our accomplishments would not have been possible without our dedicated Board, staff, residents, community supporters, donors, and foundations, working collaboratively to ensure that access to excellent, comprehensive oral health care was sustained.

Sincerely,

John W. Welsh
John W. Welsh, Board President

Lisa C. Kavanaugh
Lisa C. Kavanaugh, CEO



Board of Directors

Officers

President:
John H. Welsh
Vice President:
Russell B. Pierce, Jr, Esq
Secretary:
Connie Jones
Treasurer:
Catherine Buffum

Directors

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Renee L. Fahie
Barry R. Morgan
Kathleen O'Donnell
James. L. Schmidt, DMD
Lisa Toner, Esq
Laurie Winsor

Honorary Directors

Douglas P. Cranshaw
Victoria Kuhn
Lee. T. Myles
William J. Thompson

Diagnostic & Treatment Services

Examinations
Radiographs
Endodontics (root canal therapy)
Oral surgery
Fixed & removable prosthetics (crown and bridge, partial dentures)
Restorative services
Emergency care
Nitrous oxide

Preventative Services

Oral prophylaxis
Sealants
Fluoride varnish

Advanced Education in General Dentistry

On July 1, 2014, Community Dental, Tufts School of Dental Medicine (TUSDM), and Maine Medical Center (MMC) collaborated to implement an Advanced Education in General Dentistry (AEGD) residency program. The three individuals selected to fill the positions of dental residents are recent graduates of four-year dental schools, and are fully licensed to practice dentistry in the State of Maine.

Community Dental dentists have been "calibrated" by TUSDM to be qualified to precept the dental residents. The residents have been providing oral healthcare at our Biddeford, Portland, and Lewiston Centers under the supervision of our faculty preceptors. Each resident has an opportunity to provide care at each of our centers, under different faculty preceptors, based on a quarterly rotation schedule.

The variation in faculty and patient populations ensures that the residents have the opportunity to perform all of the required procedures and the number of required procedures, and to work at the Portland center with oral health specialists (e.g., oral surgery, pediatric dentistry, and periodontics). These specialists are private dentists in the community deemed by TUSDM as faculty preceptors.

Our relationship with community providers both increases access to care for our diverse patient population and the new graduates' clinical competencies and confidence levels. Community Dental strongly believes that oral health should be integrated with physical and mental health for overall well-being. Our partnership with MMC and TUSDM has expanded opportunities to coordinate medically necessary oral healthcare for vulnerable patient populations.

REVENUES \$6,047,129

Client Fees
36%

MaineCare
30%

Contractual Services
15%

Private Source + Others
11%

Capital Campaign
United Way
Government Grants

4% 3% 1%

Partnering to Provide Care to Individuals Without Homes



A crisis occurred during the summer of 2014, when the City of Portland was notified by the Federal Government that Healthcare for the Homeless grant funds would be discontinued. The Healthcare for the Homeless clinic provided medical, mental, and oral healthcare to homeless individuals in Greater Portland. Portland Community Health Center (PCHC) stepped up to provide needed medical and mental healthcare.

At that time Community Dental decided to partner with PCHC to provide access

to oral healthcare for approximately 1,100 homeless adults; and Community Dental was then retained to assist in the development of multiple points of access to oral healthcare for PCHC patients. The first access point was established last fall at the PCHC facility on Preble Street.

Homeless individuals determined to need urgent oral healthcare are now "connected" to our Portland Center at 640 Brighton Avenue. An appointment is scheduled, and a "connection certificate" establishing eligibility for care at Community Dental is provided

to the patient, along with a bus voucher, if needed, to minimize transportation barriers to care. The connection certificate indicates the payment rate and source to Community Dental staff.

Following the delivery of care by Community Dental, clinical notes detailing the outcome are securely sent to PCHC, to be incorporated into the patient's medical record. Partnership efforts are continuing, to establish onsite access to comprehensive oral healthcare for PCHC patients at 63 Preble Street and 180 Park Avenue in Portland.

EXPENSES \$5,852,200

Salaries and Fringe
71%

Dental Supplies
10%

Rent & Insurance
6%

Utilities and Repairs
4%

Professional Services
3%

Depreciation
3%

Support Expenses
5%

Support Expenses

5

Expanding Care to Adults with Special Needs



In spring 2013, the state closed its dental clinic, leaving approximately 3,000 patients with special needs (e.g., mental health, cognitive and physical disabilities, and comorbid medical issues) without care. That summer, Community Dental and the Department of Health and Human Services (DHHS) began plans to reestablish oral healthcare access to these individuals closer to their homes.

In October 2013, Community Dental entered into an agreement with the State of Maine DHHS to provide a dental home for eligible adults whose special needs require adaptations to treatment beyond routine. These individuals each became patients of the Community Dental center closest to their home, with the largest percentage becoming patients at our Portland, Lewiston, and Biddeford centers, respectively. This partnership, completing its first full care delivery year in 2014, has resulted in access to timely, comprehensive oral healthcare in a destigmatizing environment.

Of the 3,000 patients served, approximately 5% required anesthesia beyond the capacity of local anesthesia to receive oral healthcare. Community Dental and DHHS reached out to

Maine Medical Center (MMC) to join our partnership and develop access to hospital-based oral healthcare provided with the benefit of general anesthesia.

Jeff Walawender, DDS, lead dentist at the Portland center, joined the medical staff of MMC. In November 2014, we began providing oral healthcare to a subset of patients who require their treatment be rendered under general sedation. This valuable service is provided two days per month at MMC's outpatient surgical center in Scarborough. Under general anesthesia, multiple quadrants of dentistry can be provided, resulting in improved oral health in fewer visits.



Grants, Donors & Contributors



Community Dental recognizes the foundations, major donors, municipalities, community organizations, volunteers, and collaborators that have made our initiatives and programs possible in 2014:

Agnes M. Lindsey Foundation
Biddeford Free Clinic
Cumberland County Commissioners
Doree Taylor Foundation
Fisher Charitable Foundation
Frances Hollis Brain Foundation
Franklin Memorial Hospital
Franklin Savings Bank
G.L. Connolly Foundation
Maine Community Foundation
Maine Dental Association Charitable Foundation
Maine Health Access Foundation
Maine Medical Center
Maine Oral Health Funders
Maine Primary Care Association
Margaret E. Burnham Foundation

Northeast Delta Dental Foundation
Portland Community Health Center
River Valley Healthy Communities Coalition
Rumford Hospital
Rumford Rotary Club & Members
Sam L. Cohen Foundation
Sharon and Guido Corriero
Simmons Foundation
Smile Partners
Southern Maine Medical Center
State of Maine Department of Oral Health
The Helen and George Ladd Charitable Foundation
Tufts University, School of Dental Medicine
United Way of Androscoggin County
United Way of Greater Portland
United Way of Oxford County

United Way of the Tri-Valley Area
United Way of York County
William J.J. Gordon Foundation

Kirsten Finn, DMD
Ainslee M. Flavell, DMD
Jeff Walawender, DDS

Pro Bono Services
CBC, Inc.
Dirigo Design & Development, Inc.
Norman, Hanson & DeTroy, LLC

University of New England College of Dental Medicine Students:
Jessfor Baugh, Sheri Valley, Ray Thomas, Benjamin Higgins, Christina McCann, Mitchell Mamorsky, Cha Vu, Nick Wentworth and Isha Ganhdi

2014 Volunteers
Dental Centers
Tram Ho – Portland
Baily Williams – Upward Bound – Farmington

Murder Mystery Gala Fundraiser Planning
Max Bangs
Keli McKinnon
Lynn Oullette
Dirigo Design and Development, Inc.

Smile Partners Program
Kyle Dunmire, DMD

Care for Older Adults Initiative Gift
Sharon and Guido Corriero

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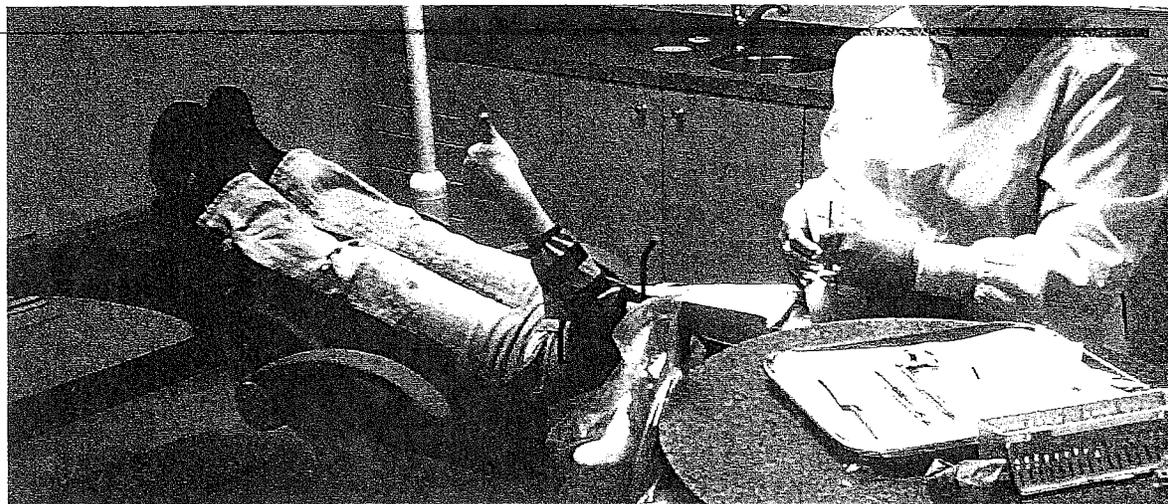
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177 Main Street
Lewiston, ME 04240
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640 Brighton Avenue
Portland, ME 04102
207.874.1028 fax 207.842.2963

Rumford
60 Lowell Street
Rumford, ME 04276
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Expanding Access with Not-For-Profit Dental Practices: Financially Viable Solutions for Improved Access to Oral Health Care



Mary Kate Scott, MBA
Martin Lieberman, DDS

**Washington Dental Service
Foundation**

Community Advocates for Oral Health

Introduction

Washington Dental Service Foundation's (WDS Foundation) is pleased to share this case study as part of its compendium of five case studies on successful not-for-profit (NFP) dental centers throughout the county. The goals of this project are to document how different organizations moved through the process of expanding oral health access, provide tools to increase oral health access for the underserved, and inspire more communities to consider new NFP dental centers.

The implementation of the Affordable Care Act and Medicaid Expansion resulted in the number of low-income adults with medical and dental coverage increasing. However, low Medicaid reimbursement and provider participation rates mean accessing oral health care remains a barrier for many. Dental pain remains a common reason for emergency room visits, and if untreated, can negatively impact overall health and employment opportunities. NFP dental centers are a key resource to expand oral health access, and our desire to understand the factors that contribute to NFP dental centers started with New Day Community Dental Clinic, a dental center in Vancouver, Washington. After seeing New Day grow from an idea to a fully functional dental practice, we commissioned a case study on New Day and began looking for other successful NFP dental centers to profile.

What we found was that there was not one mold for sustainable dental centers. Across the country, we found thriving practices ranging from ones with multiple locations and \$13 million in revenues to others with four operatories and less than \$500,000 in revenue. These dental centers were all operating at near-capacity and seeking to expand, while serving those in the greatest need including the developmentally disabled, participants in addiction recovery programs, immigrants, and low-income Americans. WDS Foundation approached the leaders of these centers to interview them and document their origins and secrets to success.

Our team included former FQHC Dental Director Martin Lieberman, DDS and health economist MaryKate Scott, MBA. They met extraordinary people at each center, heard inspiring stories and learned their secrets to success. "As we listened to their stories we found the people and their experiences stayed with us," commented Ms. Scott. "Their commitment, passion, ideas and hard work, and their successes stopped us and made us think. In fact they keep making us think," shared Ms. Scott.

While many dental centers had similar strategies for success, each was unique. Nevertheless they all have implemented strategies to reach those in the greatest need of care and to remain viable. Across all five centers common lessons were identified that can be shared and used by others.

Their lessons:

- **Create economies of scale.** Don't go too small. Think big and go big. Scale allows for efficiency and for hiring (and paying) experienced, appropriate dentists and other providers. This also ensures high utilization of providers and chairs and streamlined administrative processes. In addition, use electronic records and operate double shifts when possible.
- **Know your patient group.** Focus on a particular audience and provide care for their unique needs; balance your patient mix to ensure financial sustainability.
- **Develop Partnerships.** Partner with organizations that serve your patient population to increase awareness and create a patient pipeline for efficient operations.
- **Seek partnerships with dental colleges for AEGD residents.** Utilizing the skills of dental students and/or residents is a win-win (low provider cost for the center; top learning opportunity for the students; high satisfaction for experienced dentists who enjoy teaching).
- **Find the right providers.** It takes a special provider to deliver quality care with compassion and efficiency in a NFP center setting. Look for providers with common values and a passion for working with your patients. Volunteers can help increase patients visits, but it is difficult to build a dental center around volunteers.
- **Commit to quality improvement programs:** Develop protocols that deliver and demonstrate quality care that you would want to receive. Engage staff, providers and the board on quality measures.
- **Engage a diversified management team and board.** It is hard to go at it alone. Work to leverage skills and relationships from the community; deliberately, proactively recruit dental center managers and the specifically skilled board members that your center needs.
- **Pay attention to the financials.** Most NFP dental centers cover costs only when the center remains busy. Due to low Medicaid reimbursement rates, a fundraising component is necessary for financial sustainability. It is also critical to know, measure and post your key metrics to engage staff and providers on critical financial goals.

We hope these cases inspire other community leaders to consider opening new dental centers. We also hope these serve as a touchstone to NFP dental center leaders to connect, share best practices and learning, and ultimately improve access to oral care, for all Americans.

Laura Smith President & CEO Washington Dental Service Foundation

About the Washington Dental Service Foundation

Washington Dental Service Foundation is a non-profit funded by Delta Dental of Washington, the leading dental benefits company in Washington. The Foundation's mission is to prevent oral disease and improve the oral and overall health. The Foundation works with partners to develop innovative programs and policies that create permanent change, leading to improved oral health for all. For more information, visit: www.deltadentalwa.com/foundation.

About the Authors

Martin Lieberman

Martin Lieberman served as Chief Dental Officer at Neighborcare Health in Seattle, Washington from 2002 to 2013. Prior to his community health center work, he worked in private practice in Chicago for 18 years. Dr. Lieberman led a culture change in the way Neighborcare Health's dental program viewed process improvement and quality and has served as faculty member for the HRSA Oral Health Pilot Collaborative, and has also been a faculty member for IHI, HRSA, NNOHA and Dentaquest quality improvement projects. Dr. Lieberman serves on the Board of Directors for NNOHA and chairs the Practice Management Committee. In January 2014, Dr. Lieberman assumed the role of Associate Director of Graduate Dental Education at NYU Lutheran Medical Center in Brooklyn, New York.

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MaryKate Scott

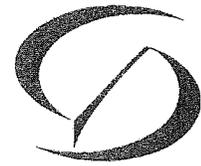
MaryKate Scott is a healthcare economist and business management consultant with experience at McKinsey & Company, Procter & Gamble, and several academic appointments. She works with healthcare leaders in health systems, pharmaceutical and medical device firms, payers, and philanthropic organizations. Focusing at the nexus of health care, business and technology, Mary Kate's work focuses on strategy development, mergers and acquisitions, product launches, competitor response, market shaping campaigns, and economic modeling.

Her oral health work includes supporting The Pew Charitable Trust Children's Dental Campaigns including the *It Takes a Team* report and calculator. She has also authored: **IOM: Oral Health Access** (Chapter); **Retail Dental Clinics – a viable model for the underserved**; **The Good Practice: Treating Underserved Dental Patients While Staying Afloat**; and compiled **The Oral Health Care Innovation Compendium** for The California HealthCare Foundation. She provided business strategy support for the **Alaska Native Tribal Health Consortium: Dental Health Aide Therapist (DHAT) Program**. She is presenting at NNOHA (2015) **An Economic Model to determine impact of adding a Dental Therapist to a FQHC Dental Clinic**.

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Community Dental

Maine



*Raising the Bar on Quality
after a Century of Service.*



June 2015

Community Dental Maine: A Not-For-Profit Dental Center

Raising the Bar on Quality after a Century of Service

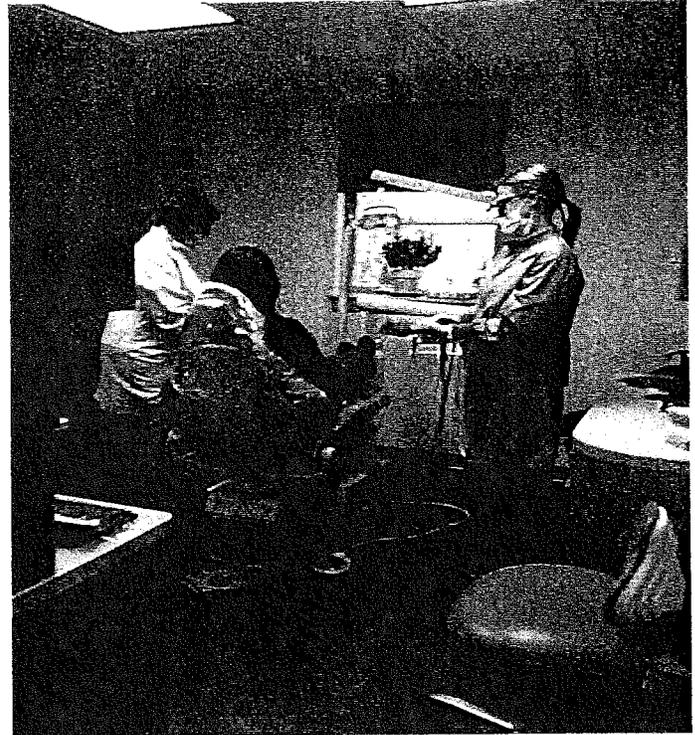
Lisa Kavanaugh looked around the contemporary dental center in Biddeford, Maine, with its eight operatories, digital panoramic radiography, and state-of-the-art facilities—one of five dental center locations she and her team manage. "Here's how I evaluate our dental centers: Would I want to receive care here? Today I can say, 'Yes I would,' but when I first started working here ten years ago, I would not have been able to say that," she acknowledged.

The story of Community Dental Maine (CDM) starts nearly a century ago when early 20th century Maine was thriving, with fishing, lumber, pulp and paper, textiles, and shipbuilding driving the economy. In 1918, as the Spanish flu pandemic took its toll on Portland's population, the number of orphaned children in need of shelter and healthcare increased amid scarce resources. That year, a committee of dedicated women collaborated with the Red Cross to establish a free children's dental clinic in Portland's Old Port.

Over the course of the next 50 years, this clinic would gradually expand and begin to serve people of all ages and become CDM.

In the 1970s and 80s, CDM expanded its service to adjacent Maine counties York and Androscoggin. In the 90s, CDM opened several additional rural dental centers and continued to expand into central Maine.

Today CDM is the largest nonprofit provider of quality, comprehensive oral healthcare in Maine, with five dental health centers and multiple community programs to improve the oral and overall health of about 20,000 people each



Dental Center in Biddeford, ME

year across five large Maine counties.

Prior to Ms. Kavanaugh's taking charge of CDM in 2005, the centers were managed by an executive director who died unexpectedly, forcing the board into a more hands-on management role. The board visited centers, talked to the providers, and saw firsthand the challenges faced by the providers, staff, and patients. Despite CDM's decades of success in delivering affordable oral healthcare to adults and children, it was clear that the sites needed upgrading.

Equipment was outdated and inconsistent across the centers, and strategies to ensure quality were not in place.

Today CDM is the largest nonprofit provider of quality, comprehensive oral healthcare in Maine, with five dental health centers

The transformation started at the board and CEO level

"I didn't apply for the job," said Ms. Kavanaugh. "A board member called me and explained the challenge. The board realized that the facilities and the services provided were in need of a major overhaul. They recognized they might not have the right locations, even the right programs to deliver quality care. I had never run a dental center. I'm a hospital executive. However, I ran the state psychiatric hospital and worked closely with the state on programs that are covered under MaineCare, our Medicaid program, so I understood the patient population and their needs." Ms. Kavanaugh continued her story, "The board members met me for lunch but never at the centers. I agreed to the job, as I wanted to stay in Maine and I love a challenge. Plus I passionately believe that everyone deserves a great

healthcare experience and the same quality care regardless of income."

"I really should have visited the sites before agreeing to be hired," commented Ms. Kavanaugh. When she first visited the centers as the new CEO, it came as a shock to see how they had been allowed to languish. She saw few computers, no electronic records, no policies, no tracking of quality metrics. Expansion had been done in a hodgepodge fashion. For example, one center had an operator that staff walked through to get to and from their lunch room.

Ms. Kavanaugh immediately set about working with the board to create a transformation plan guided by their vision to deliver quality care.

Snapshot Community Dental Maine

Location & Facilities

5 locations in Southern, Central and Western Maine (urban and rural) with a total of 35 operatories, open 5 days a week, 8:00 a.m. to 4:30 p.m.

Providers & Staff

- 70 employees including 13 dentists (mix of FT and PT), 3 AEGD dental residents, 13 dental hygienists, 16 dental assistants, and 2 EFDAs; administrative staff manage scheduling, front desk, finance, HR, and other management functions
- Advanced Education in General Dentistry
- Expanded function dental assistant

Patients

- 43,000 visits annually (5800 emergency visits) from 18,000 patients, aged 1-98 with 47% under 21
- 79% of all patients live at or below 150% of the federal poverty level; notably, 780 special needs patients received 4700 services

Services

Full suite of preventive and restorative services

Total Revenues

\$6m annually

Patient Payments

For 2014, the patient visit payer mix was ~ 50% MaineCare, 27% sliding fee patients paying cash, 17% with private insurance and 6% paid through a State of Maine contract for adults with special needs

Transformation 1: Closing centers to enable sustainability

After running the numbers to determine if she could operate the centers at breakeven, Kavanaugh decided

that the best course of action would be to close locations where the cost of renovation would have exceeded the cost of creating a new, high-quality center with the right economies of scale for financial viability.

In 2006, CDM closed the Auburn dental center and relocated to Lewiston. They closed centers in Saco and Sanford in 2009 and transitioned patient care to a larger, eight-operatory state-of-the-art facility in Biddeford. Community Dental-Biddeford is



Community Dental-Biddeford

"I visited the Portland center and heard ten language interpreters, all working on the same day, across our eight operatories"



Community Dental Maine Portland Center

located near Southern Maine Medical Center and other healthcare offices.

On the plus side, patient demand was strong, and at the beginning of the transformation, MaineCare still paid for oral health services for children, the disabled, and low-income childless adults. The Portland center in particular was very busy, with a full waiting room, high rates of chair utilization, and a diverse patient population. "Early in my CDM career, I visited the Portland center and heard ten language interpreters, all working on the same day, across our eight operatories," commented Ms. Kavanaugh.

Transformation 2: Investing in new centers

With the board's approval, Ms. Kavanaugh decided to seek financing for several new centers that would utilize electronic records, in the process creating a networked group of practices that could serve patients affordably through economies of scale. "Small centers with just a few chairs are not viable," Ms. Kavanaugh explained. "You need about six to eight operatories to create a thriving practice that can support the fixed cost infrastructure like rent,

front desk staff, computers and dental equipment."

Another insight Ms. Kavanaugh had was to take advantage of financing with low interest rates. "Nonprofit organizations sometimes assume they need to pay cash as opposed to expanding with lower-cost debt financing. Businesses don't think like this; they recognize the power of inexpensive, conservative financing," she shared.

With patient demand strong and payments coming in from MaineCare, the numbers added up, and CDM invested in opening two new centers. The Rumford

Ms. Kavanaugh had another insight - to take advantage of financing with low interest rates. Nonprofit organizations sometimes assume they need to pay cash as opposed to expanding with lower-cost debt financing. Businesses recognize the power of inexpensive, conservative financing

Center (located in Western Maine) opened in February of 2008, and in December of 2009, the Saco and Sanford Centers closed and the Biddeford Center was opened, combining those patient bases into a new, larger facility. The new centers were created using innovative debt financing with low-cost loans in leased, not owned, premises. Ms. Kavanaugh convinced the owners of the Biddeford site to finance the refit of the site, allowing CDM to pay off the refit over the 15-year lease. Both parties were equally committed to the success of the new center.

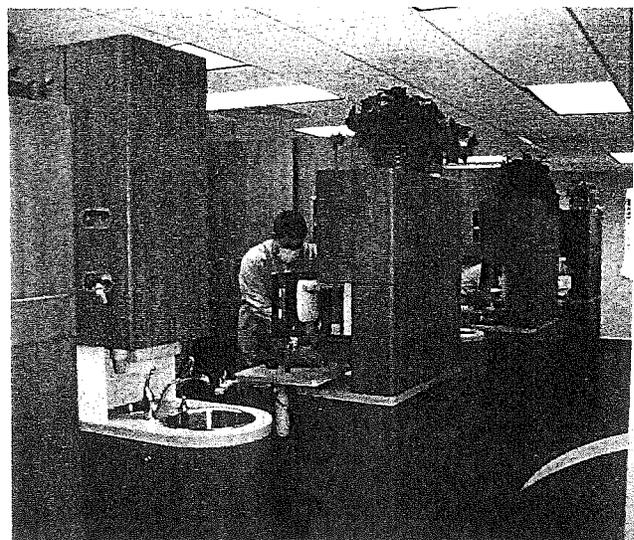
A critical element of the investment into redesigning the many centers was to overhaul the IT infrastructure. "IT is critical. It enables us to track and improve quality and operate across the centers for economies of scale with a single patient electronic record and a scheduling system (for staff and patients) that is shared by all five centers," said Ms. Kavanaugh.

CDM created centers where all patients would want to receive care. To ensure that the centers stayed busy, CDM created partnerships with social programs that served low-income populations. Eligible

patients pay fees for service according to an income-based sliding fee scale. Limited patient assistance funds are utilized for individuals with no means to pay for necessary oral health services. To ensure that patients have a stake in their own health, these patients are asked to contribute what they are able toward the cost of the care provided. CDM also became a preferred provider for most dental insurance plans, with the goal of a good mix of publicly and privately insured patients (at lower and higher fee rates), for stronger financial viability. While the payer mix has changed over time because some of the

"IT is critical. It enables us to track and improve quality and operate across the centers for economies of scale with a single patient electronic record and a scheduling system"

population were removed from MaineCare programs, currently, CDM's patient mix is 27% self-pay, 50% MaineCare and 17% private insurance (the remaining 6% is from fees paid by the state for special needs patients).



Transformation 3: Finding co-champions who are passionate about quality care

The next wave of transformation came in the form of Dr. James Schmidt and Ms. Susan Isenman, who became champions alongside Ms. Kavanaugh.

Dr. Schmidt was the recently retired chief of dentistry of the Togus VA Medical Center in Augusta, Maine, after 33 years of service to veterans. Ms. Kavanaugh and some of the board members knew Dr. Schmidt and recruited him to be the chief dental officer for CDM. "We couldn't afford Jim, but he graciously accepted a position one day a week and was central to our transformation to provide top-notch quality care," said Ms. Kavanaugh. Susan Isenman was a dental hygienist who reached out to Lisa Kavanaugh to express her interest in the CDM centers and programs. Said Ms. Kavanaugh, "We certainly didn't have a position open, nor the money to hire Susan, but the moment we met, I knew that I'd do just about anything to bring her on board. Susan and I complement each other. She is very analytical, with a big heart that translates numbers into quality care measures and patient-focused care. The only way to hire her as our clinical administrator was to ask her to go back to her dental hygiene skills and work as a provider, along with working on the management side. She provided chair-side care for about one day a week for several months and then we were able to transition her to a management position that she was hired for."

Working chair-side also gave Ms. Isenman

a unique view of how the center operated and the challenges faced by the providers.

With Dr. Schmidt working one day a week, and partnering with Ms. Isenman and Ms. Kavanaugh, they implemented several solutions to track and improve the clinical quality and productivity of the centers. "We each bring our backgrounds from working in hospitals and care centers that focus on performance improvement and meeting or exceeding accreditation standards, so our different skills complement each other," said Ms. Isenman.

To illustrate, the team implemented a policy that each visit (for patients aged three years or older) would include a blood pressure reading. Providers were provided information on this policy for all patient visits. Within a year, blood pressure testing went from 46% to 99%. "Providers have a healthy competitive drive and desire to provide the highest-quality care. And no one wants to be the outlier or at the bottom of the list," shared Ms. Isenman.

"This is our performance improvement calendar. We track many things: provider and patient satisfaction with laboratory prosthetics, adherence to blood pressure policy, appropriateness of narcotics prescriptions, completeness and accuracy of documentation in treatment entries"

Indicator	Applicability To	Frequency	Responsible
Establish rate of endodontic failures	Dentists	Monthly	Chief Dental Officer
Adherence to blood pressure policy	Dentists	Quarterly	Chief Dental Officer
Completeness and accuracy of documentation in treatment entries	Dentists	Quarterly	Chief Dental Officer
Appropriateness of narcotics prescriptions	Dentists	Quarterly	Chief Dental Officer
Provider and patient satisfaction with laboratory prosthetics	Dentists	Quarterly	Chief Dental Officer

Performance Improvement Calendar and tools

Ms. Isenman is now the COO of CDM and is passionate about enhancing the quality of patient care through measurement and improvement programs. She pulled out a sheet of paper and explained, "This is our performance improvement calendar. We track many things: provider and patient satisfaction with laboratory, prosthetics, adherence to blood pressure policy, appropriateness of narcotics prescriptions, completeness and accuracy of documentation in treatment entries. We have ten reports; all are quarterly and are presented to the board, except for the 'achievement of minimum production standard'—that's monthly and goes to our CEO, chief dental officer, and all clinical providers. With these measures in place, everyone on the team,

in all dental centers, knows how they are doing and where and how they might improve."

Dr. Schmidt conducts peer reviews with the dental providers and now "officially" works two days a week. He is in constant contact with the provider team by email, phone, text, and fax. He discusses different quality assurance programs: "Let's take root canals. We need to ensure that we are doing quality work that lasts. A root canal for an infected or broken tooth sometimes will need a crown... So by the time we are done and the patient has invested time and money, often two thousand dollars (and in private practice, this might be thirty-five hundred dollars or more), it should be a high-quality outcome and last five years. We track our success rate. We know nationally it's

Dr. James Schmidt, Chief Dental Officer, CDM

"After dental school, I served in the Navy for two years and then returned to Maine and set up a private practice. I loved the dentistry but not managing the business side of the practice. I also realized how much I liked being part of a large team, and how I love teaching and collaborating with other professionals. I joined the VA program in Togus [Maine], and there I taught and practiced dentistry, becoming their chief of dental services.

I retired early at 64 and when Lisa contacted me and suggested I work one day a week with students, residents, and young dentists, this appealed to me. I thought I could use my experience with quality programs and apply it to CDM. And I really enjoy it; I can offer real value based on my experience. I love working with our providers across the many centers...I drove seven thousand miles last year spending time in each of the centers. We have some challenging cases, and we have a great group of providers. I'm very proud of our quality work and how CDM as a whole is embracing our quality assurance programs.

Our board is pretty special. Other boards sometimes use meeting time only to tell us what they are doing, but CDM board meetings are different. We debate options available to CDM. At recent meetings, we considered an option to acquire a new practice in Central Maine; they approached us about being part of CDM, and we looked at their care, providers, and the financials behind this. We've also weighed in on how to make our new partnership with MaineMed work for all of us, bringing our different backgrounds to bear. We look at the strategy and consider risks to CDM, and more recently, we had several board members really own a fundraising effort. We are passionate about CDM.

My advice for others setting up a not-for-profit model: make sure you create a large enough practice to ensure there are at least two or more dentists for collaboration and to ensure economies of scale to make it work financially. Hire providers and staff who have a passion for serving your patients and set it up for quality care. Make sure you create a diversified board and really tap into their experience. **I think my advice is to just do it."**

around eighty-eight to ninety-two percent, so we hope to have a similar or better rate and if not, we need to understand the reasons for our results. We are also looking at unexpected events after oral surgery, for example extractions. If patients return due to unexpected pain, swelling or need resuturing, we need to know why. So we are tracking these details and analyzing these unexpected events to find the patterns that might relate to our providers, our processes, or our patients. Our early results are very good, but we need to track this and hold ourselves to

a high standard.”

John Welsh, board chair, commented: “A major element of the transformation was to invest in IT to make us efficient but even more so to provide us with the tools to improve by tracking and analyzing our care. I have a lot of pride in our process improvements. We have an incredible commitment to doing it right, and I think this separates us from other practices. Private practices are not as used to or comfortable with being measured. We are willing to be scrutinized and show our results externally.”

Transformation 4: Building a team of providers

Having a high-quality, well-functioning team of providers is critical to the success of CDM. They shared their seven-part comprehensive plan for building a cohesive provider team:

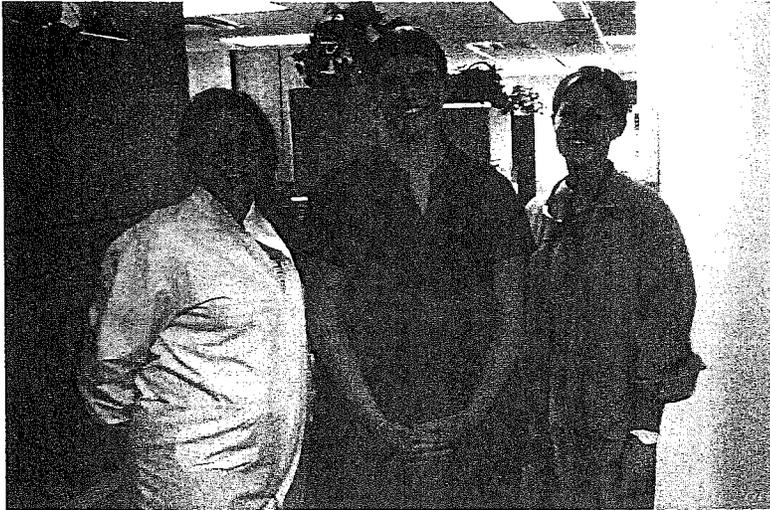
1. **Build a team of providers that includes dentists, hygienists, dental assistants, and expanded function dental auxiliaries (EFDAs)** who can work together and across the different centers.
2. **Strive to have a deep bench of dental staff (DDS, DMD)** that includes residents, new graduates, and highly experienced dentists to foster two-way sharing of the latest techniques and the tried-and-true methods in formal programs and informal one-on-one teaching moments with residents and patients.
3. **Invest in providers** by offering them opportunities to further develop their skills at CDM's expense, such as offering dental assistants a fully paid education to become EFDAs with a contractual agreement where CDM invests and the providers agree to stay at CDM for at least two years after the education program is completed.
4. **Create partnerships with dental schools** to ed-

ucate a range of oral health providers and extend CDM's ability to provide patient care. In the early days, CDM had partnerships with A.T. Still University's Arizona School of Oral Health and with Tufts School of Dental Medicine for their



Rumford Center - Nitrous Oxide -
Dorine Wright, RDH and Dr. Mohammed

fourth-year dental students. They now have a partnership with Maine Medical Center and



Community Dental Biddeford with Janet Chapais, Center Supervisor, Cassie, a UMA Dental Assistant and Dr. Laura Fishburn

Tufts for dental residents, extending their ability to provide care by offering education and by not having to pay the salaries of these residents. CDM had a partnership with the University of New England for dental hygiene students to gain supervised experience and has an agreement with the University of Maine at Augusta to provide clinical rotations for students enrolled in their Certified Dental Assisting program. The clinical rotation for dental assistants is a triple win: dental assistants get a good education and CDM extends their ability to provide care and leverages these programs to recruit and retain hard-to-find dental assistants.

5. **Create an excellent working environment** that attracts top providers, including quality facilities, team-based care, and good benefits.
6. **Recruit creatively.** Work with universities and online services to attract the right providers and staff.
7. **Ensure that all team members (providers and staff) are cross-trained** and able to "wear multiple hats."

Dr. Laura Fishburn shared her insights about working at CDM. "I walked in here shortly after I graduated, and knew I wanted to join CDM. I love the environment. I work with a great team of dentists, hygienists, and dental assistants. Not every practice has embraced EFDA, but I think it's

the way to provide great care. I enjoy teaching my EFDA colleague additional skills, and I appreciate how much extra care we can provide as we work together. It takes a lot of trust."



Community Dental

Transformation 5: Further integrating with the mainstream healthcare system (now underway)

While the CDM team had success transforming the smaller more rural centers, the Portland center continues to

operate in cramped conditions with a heavy patient load; it is the largest, busiest, and now the least modern of all the centers. Ms. Kavanaugh explained, "We need more space and we need to upgrade our facility.

Simply installing new equipment will not solve the capacity challenge. We needed to rethink our Portland strategy, and we [the board and executive team] challenged ourselves to consider the ideal location, size, and center design. We knew we also wanted to create new ways to integrate oral healthcare to mainstream healthcare for overall better health."

While CDM was busy reinventing itself, healthcare on a wider scale was reforming and changing the way medical providers delivered and

were paid for care. Hospitals are now healthcare systems that employ primary care physicians and are compensated based on the quality they deliver and the savings they achieve through accountable care organizations (ACOs). ACOs are a key element of the Affordable Care Act's drive toward a "whole health" approach for delivering better patient outcomes and lower costs. Healthcare systems now

We wanted to create new ways to integrate oral healthcare to mainstream healthcare for overall better health."

Our plan is to co-locate and integrate with Maine Medical Center, a six-hundred-thirty-seven bed teaching hospital in Portland. A partnership offers each of us attractive elements. We would get a large and well-located space for a new facility. We can refer patients to each other's facilities and providers. From MaineMed's point of view, they will likely see healthcare improvements in their diabetic and other populations that will accrue to their ACO.



Farmington pregnant patient with Dr. Singh and Barbie Brann, Assistant

have a new incentive to consider how to integrate oral health into their patient care. To illustrate, providing good oral healthcare to a patient with diabetes can improve the overall health of the patient and potentially save the whole system approximately \$3,200

annually. Similar figures exist for patients with heart and other conditions, based on current research.

Against this backdrop, Ms. Kavanaugh explained the plans to integrate CDM with the Maine healthcare system: "Our plan is to co-locate and integrate with Maine Medical Center, a six-hundred-thirty-seven-bed teaching hospital in Portland. A partnership offers each of us attractive elements. We would get a large and well-located space for a new facility. We can refer patients to each other's facilities and providers. From MaineMed's point of view, they will likely see healthcare improvements in their diabetic and other populations that will accrue to their ACO.

While we don't know the precise financial arrangements, we appreciate that each of our organizations can help each other meet the care needs of our populations and hopefully other business goals."

The Maine Medical Center was a key facilitator of CDM's relationship with Tufts University School of Dental Medicine, where the three parties came together to establish an Advanced Education in General Dentistry (AEGD) residency program in Maine in 2014. And with the recent successful Commission on Dental Accreditation (CODA) assessment of their dental education program in April 2015, CDM is well positioned to be a strong partner with Maine

Medical and Tufts. Adds Dr. Schmidt, "This partnership with Tufts and MaineMed will make us stronger, and will help us be even better providers".

"Being affiliated with a health system is very important to our strategy," said John Welsh, board chair

It's fair to say that CDM has had strong partnerships with the local medical and dental communities where their centers are located. "Being affiliated with a health system is very important to our strategy," said John Welsh, board chair. "We have several dental centers on or near hospital campuses. We connect to and engage the medical community on oral health and provide them with continued education on the critical role of good oral health."



Case Study -Dr. Walawender, AEGD Director and Dr. Flavell, AEGD Resident

Accountable Care Organizations

An ACO is a healthcare payment and delivery model that ties provider reimbursements to quality metrics and reductions in the total cost of care for an assigned patient population. Under Medicare's traditional fee-for-service payment model, doctors and hospitals are generally paid for each test and procedure performed. According to experts, this approach drives up costs by rewarding providers for doing more even when it

may not be warranted. ACOs don't eliminate fee for service, but they do incentivize providers to be more efficient by offering bonuses when they keep costs down. Providers have to meet specific quality benchmarks with a focus on prevention and prudent management of patients with chronic diseases. In other words, providers can earn more by keeping their patients healthy and out of the hospital.

Dr. Peter Bates, Senior Vice President, Medical and Academic Affairs, Chief Medical Officer and Academic Dean for the Maine Medical Center - Tufts University School of Medicine Medical School Program, was delighted with the program.

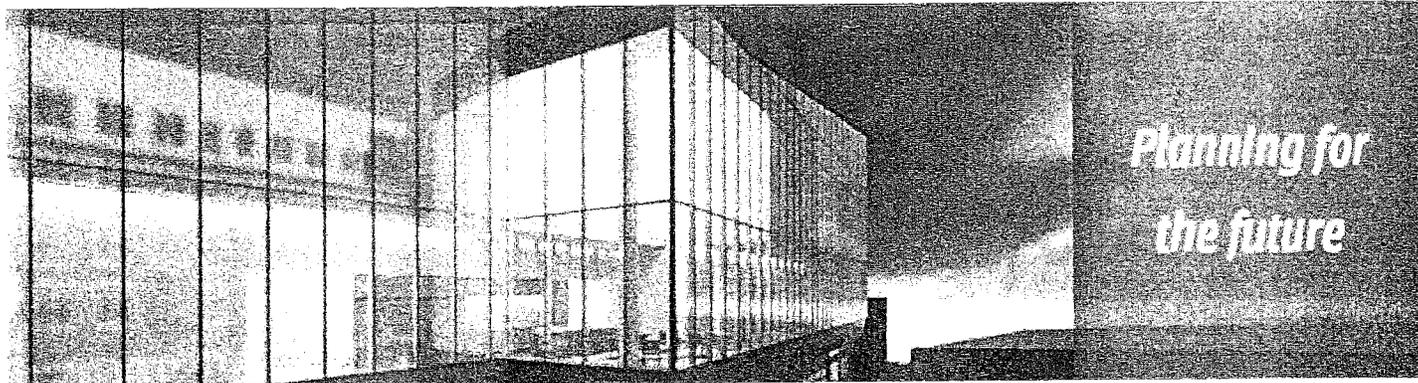
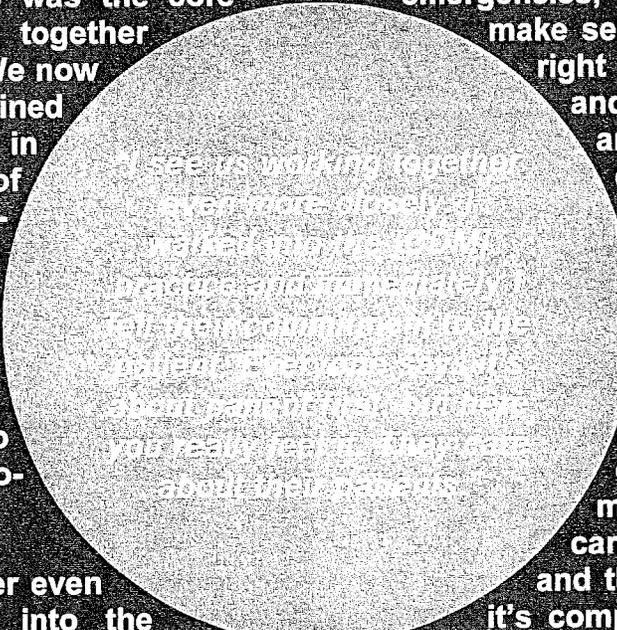
"We are finishing our first year of the residency program, and this was the core reason that brought us together with Community Dental. We now have several well-trained graduates that will stay in Maine, and this was one of the key goals for this program," he said. "Both parties are looking to expand the program with more residents; it's right for the students, the patients, and long-term, our state to have highly qualified providers."

"I see us working together even more closely. I walked into the [CDM] practice and immediately I felt their commitment to the patient. Everyone says it about patient first, but here you really feel it. They care about their patients. The dentists are highly qualified and selfless individuals. This is their mission, and it's infectious.

I was impressed."

CDM and Maine Medical are exploring several options to extend their partnership including either locating a CDM center on the MaineMed campus or creating a joint tenancy arrangement. "Sadly, the number one reason for emergency room visits by our MaineCare [Medicaid population] is dental emergencies, so co-locating would make sense. We could create the right care plans for patients and ensure the right medical and dental care is provided," commented Dr. Bates.

Both parties acknowledged that they are at the visioning stage, exploring ways to integrate and incorporate dental care into ACO models (Medicaid, Medicare, and commercial plans), and they both agree that while it's complex to work through the payments, it's worth the effort. "Honestly, no matter the payment model, if we can reduce emergency use by our Medicaid population, it's a huge win for the patients and for all of us....We're all very interested in that."



Maine Medical Center, located in Portland, expands Services and Facilities

Economic strategy built on partnerships and careful expense management

Today CDM has five centers, generating approximately \$6 million in revenues from a mix of adult and pediatric patients and some grants.

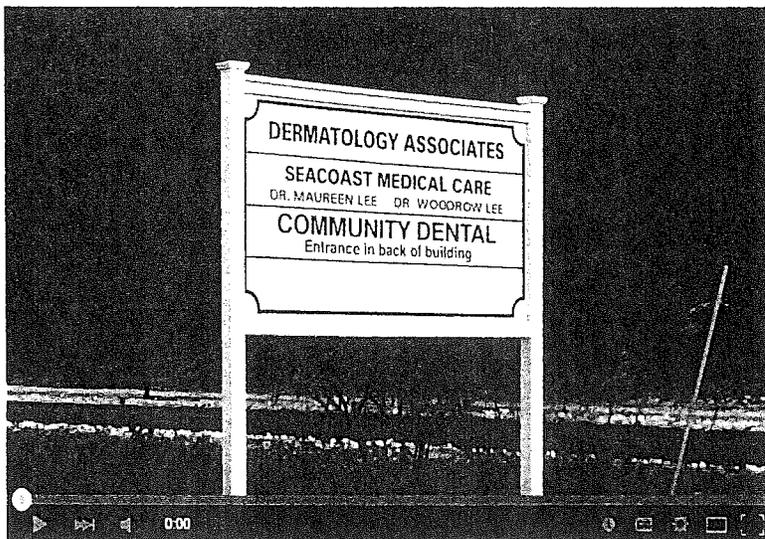
Core to CDM's economic strategy is to ensure a steady stream of patients by proactively creating partnerships. One partnership is with Portland Community Health Center (PCHC), a federally qualified health center, which enables multiple points of access for PCHC's patients to oral health services. CDM and PCHC have established a "connection process" to ensure that homeless individuals have access to urgent oral healthcare with a bus fare

voucher and confirmed appointment time.

When the oral health treatment is finished, the CDM providers "close the loop" and provide treatment notes back to PCHC via secure fax transmission for inclusion in the patient's medical record.

The partnership with the Cumberland County Head Start and WIC (Women, Infants, and Children) program involves providing oral health education, dental exams, preventive care, and help in creating a dental home for students and their families.

YouTube



Kid Friendly Dental Care at Community Dental

Community Dental on YouTube



Kathy Gregory

Patient Services & Community Programs Manager

Kathy Gregory showed us around the Farmington Dental Center, located on the campus of Maine Medical's Franklin Memorial Hospital. The center felt immediately familiar—it had the same layout and design as the other centers from the floor tiles to the operatory equipment.

"Right now Tina is at the front desk; she is also a dental assistant, and some shifts, she is chair-side and some she's greeting patients and managing the schedule. While Tina is in Farmington today, she could be working in Lewiston tomorrow. Each center has the same setup and layout, so it's easy for the staff to work across the centers. We personalize it with artwork from the local area, but the flow of the offices is the same."

"We love being on the hospital campus, not just for the atmosphere but also it provides so many opportunities to create partnerships," commented Ms. Gregory. Ms. Isenman chimed in, "Kathy is the queen of partnerships. She can get people to work together and find common ground and shared goals."

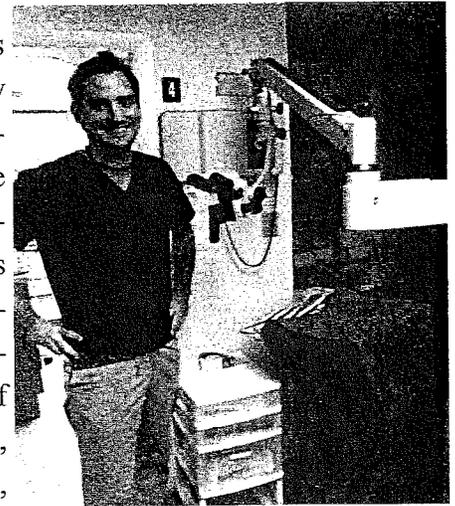
Another aspect of financial management is to work closely with the state on programs for safety net populations and help state legislators and leaders understand the true cost of providing oral healthcare. "We

work closely with the state on programs for safety net populations and help state legislators and leaders understand the true cost of providing oral healthcare

were very disappointed that the state did not expand Medicaid and also removed low-income childless adults from MaineCare. However I was one of the people that spoke out recently against providing an adult oral healthcare benefit; the payment rate the state was offering to providers was too low.

If we accepted the low rate, we would not be financially viable. And we are the low-cost provider," said Ms. Kavanaugh.

CDM manages expenses very tightly. They developed a template for the construction of new centers that includes facility design and construction, type of cabinetry installed, dental equipment, and a formulary for dental supplies to be utilized.



Jeff Walawender, DDS

By using the same cabinetry, equipment, and materials, providers can easily work across centers and deliver consistent care. It also provides for economies of scale when purchasing equipment and supplies.

CDM Revenue and Expenses 2014

REVENUE

Maine Department of Human Services (MaineCare)	\$1,821,609
Contractual Services	\$928,424
Client Fees	\$2,166,422
United Way	\$180,840
Private Source Grants and Other Revenue	\$678,483
Government Grants	\$219,874
Capital Campaign/Fundraising	\$51,477

TOTAL UNRESTRICTED

REVENUE \$6,047,129

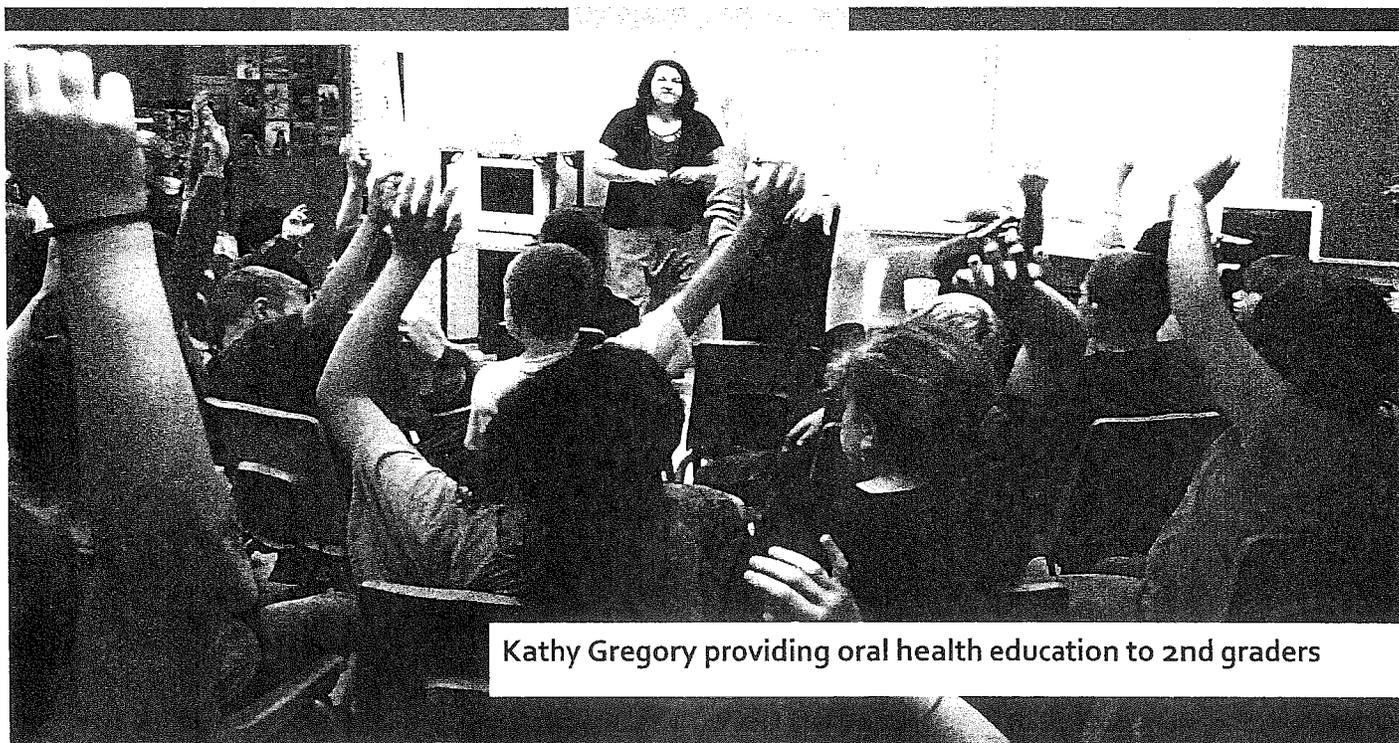
EXPENSES

Salaries and Fringe Benefits	\$4,117,654
Dental Supplies, Lab Fees and Misc. Expenses	\$605,852
Professional Services	\$181,335
Rent and Insurance	\$341,677
Support Expenses	\$238,998
Utilities, Repairs and Maintenance	\$189,865
Depreciation	\$176,819

TOTAL EXPENSES \$5,852,200

Economics are challenging for CDM, but by employing several strategies to manage within their tight budget, they have achieved financial sustainability:

1. Ensure that chairs and providers are constantly busy with high utilization through partnerships for patients and strong front desk operations with efficient scheduling. As with most practices, broken appointments are a challenge. Scheduling templates (e.g., grouping similar appointments at the same time each day) are employed, and the practice is currently piloting the use of patient engagement software in some of the centers to determine the viability of its use organization-wide. All clinical staff work to coordinate walk-in emergency patients.
2. Create dental centers that all patients are delighted to use, enabling a mix of self-pay and publicly and privately insured patients
3. Create a team of providers to fully utilize dental assistants, expanded function dental auxiliaries, dental hygienists, hygienist students, dental residents, and dentists. Complement the providers with staff who function well in many different roles.
4. Track and manage provider productivity alongside quality measures and patient and provider satisfaction rates.
5. Manage construction and supply costs with a formulary (a single design and a set of selected supplies to be used) to ensure cost-effective operations and purchasing across five centers.
6. Fund expansion with low-cost debt financing and innovative leasing arrangements such as the property owner's agreeing to finance a center fit-out, with payments spread across the 15-year lease term.
7. Invest management time in writing grant proposals for specific programs and equipment to augment operations funds.



Kathy Gregory providing oral health education to 2nd graders

An engaged and diversified board guides CDM

Community Dental is guided by a board of directors who are committed to the mission of the organization and engaged with CDM's strategy. Kavanaugh and the board work to ensure a diversity of skills and community representation. John Welsh, board chair, notes, "We come with a range of professional experience: dentistry, hospital management, finance, advertising, HR, legal, and dental insurance." All directors serve on a board committee. "We are an active board," observes Dr. James Schmidt. "We spend considerable time and effort debating appropriate expansion, critical new partnerships, opportunities, and threats to CDM."

Keeping the board engaged, fresh, and diversified has been part of CDM's success.

Keeping the board engaged, fresh, and diversified has been part of CDM's success. Five directors have served for over ten years, and several are newer to the board. New members were recruited to provide guidance on human resources, legal issues, banking, and marketing and to increase the geographical representation. As the organization became more professionally managed, two key board members opted to resign, sensing their efforts had been well utilized and that it was time for them to pursue other interests and for the board to recruit new talented, committed members.

"Our board is effective, and we work hard to use their time well," shared John Welsh. "Each board member is really dedicated to the mission of CDM. It's not about prestige, and not something expected

by their employer; they are each very committed to our patient population. If I was asked to provide advice...I would make sure the board has a diversified skill set, is personally engaged on the mission, and willing to debate the issues. We don't have dissension, but we have healthy debate, and it's critical for a leadership team (the board chair, CEO, and management) to ensure that meetings enable this interaction."

In 2010, CDM hired a consultant to engage all CDM board members in an active discussion to set the CDM vision. This vision still guides Community Dental today. In 2014, the CDM team was again engaged with the vision and reflected on the successes achieved and the work yet to be done.



"...we have healthy debate, and it's critical for a leadership team (the board chair, CEO, and management) to ensure that meetings enable this interaction."

Future transformation: Develop marketing and fundraising skills for ongoing expansion

The board and executive team have lofty goals for fundraising to ensure a strong capital base for CDM's expansion plan. John Welsh observed, "Fundraising is a new focus for us. CDM is good at grant writing but not as experienced with fundraising. It's challenging as we are spread out across many different communities in Maine, so we need to do local fundraising, as we did in Rumford, to generate funds for a specific center and to ensure strong local dental and medical community relationships, and we need to do fundraising across our communities for our major expansion plans."

Portland is a key element of the CDM plan and is the "flagship" of CDM given the tremendous need in Maine's largest city. "We need about one point six million for the new Portland center, which is target-

Fundraising is a new focus for us. CDM is good at grant writing but not as experienced with fundraising. It's challenging as we are spread out across many different communities in Maine, so we need to do local fundraising.

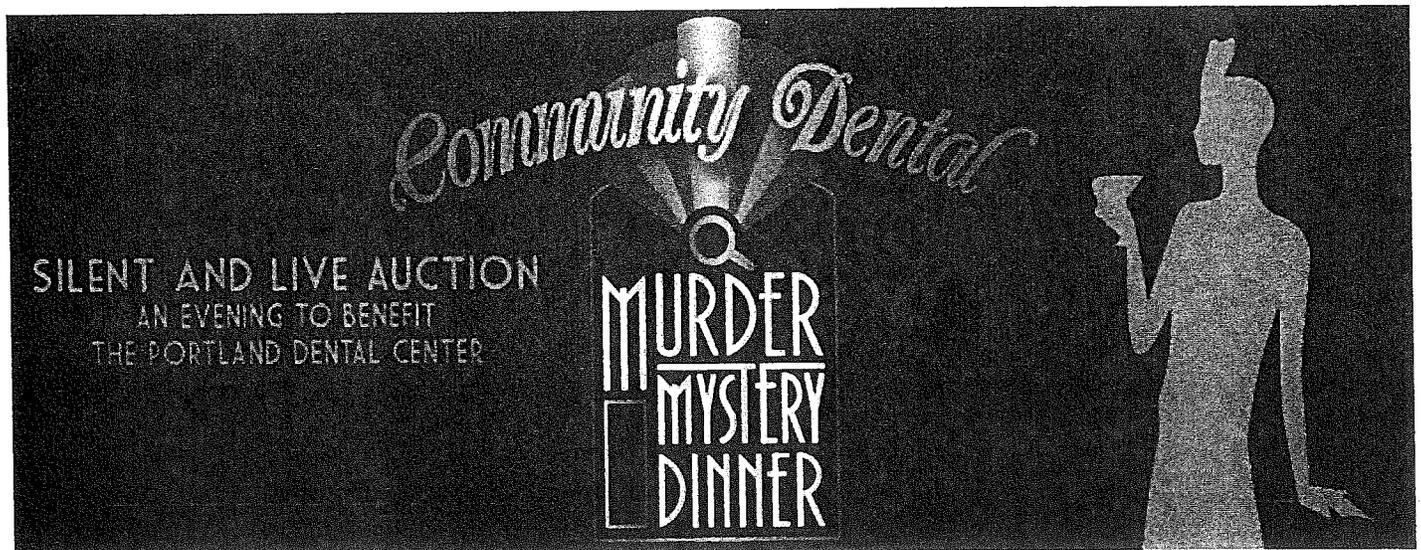
ed to have twelve operatories, and we aim to have five hundred thousand dollars of this budget in cash.

We're not looking to overextend the organization's borrowing capacity, but we are keen to move forward quickly and are seeking low-cost financing for about one point one million," said Ms. Kavanaugh.

The \$500,000 will come from grants and fundraising. Recently, CDM held a murder mystery fundraiser dinner and auction. "The board took the lead, made it a reality, and truly owned this event, creating something special. I invited my neighbors, and they made a substantial donation," commented Dr. Jeff

Walawender. "We raised about \$22,500," said Ms. Isenman, but, "equally importantly, we have begun to create relationships with donors in the community."

"...and we need to do fundraising across our communities for our major expansion plans."



Lessons learned

1. Find several champions with a broad set of dental, financial, management, and organizational skills.
 2. Engage a diversified, strong board and leverage their skills.
 3. Create and leverage a team of many high-quality providers.
 4. Track quality of care metrics and constantly strive for improvement.
 5. Work with major healthcare players who view oral health as part of whole health.
 6. Understand that dental centers need scale and consistency for care delivery and financial viability.
 7. Use modest borrowing to carefully expand operations.
 8. Advocate at the state and local levels
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About the Washington Dental Service Foundation

Washington Dental Service Foundation is a non-profit funded by Delta Dental of Washington, the leading dental benefits company in Washington. The Foundation's mission is to prevent oral disease and improve the oral and overall health. The Foundation works with partners to develop innovative programs and policies that create permanent change, leading to improved oral health for all. For more information, visit: www.deltadentalwa.com/foundation.

About the Authors

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Martin Lieberman served as Chief Dental Officer at Neighborcare Health in Seattle, Washington from 2002 to 2013. Prior to his community health center work, he worked in private practice in Chicago for 18 years. Dr. Lieberman led a culture change in the way Neighborcare Health's dental program viewed process improvement and quality and has served as faculty member for the HRSA Oral Health Pilot Collaborative, and has also been a faculty member for IHI, HRSA, NNOHA and Dentaquest quality improvement projects. Dr. Lieberman serves on the Board of Directors for NNOHA and chairs the Practice Management Committee. In January 2014, Dr. Lieberman assumed the role of Associate Director of Graduate Dental Education at NYU Lutheran Medical Center in Brooklyn, New York.

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MaryKate Scott

MaryKate Scott is a healthcare economist and business management consultant with experience at McKinsey & Company, Procter & Gamble, and several academic appointments. She works with healthcare leaders in health systems, pharmaceutical and medical device firms, payers, and philanthropic organizations. Focusing at the nexus of health care, business and technology, Mary Kate's work focuses on strategy development, mergers and acquisitions, product launches, competitor response, market shaping campaigns, and economic modeling.

Her oral health work includes supporting The Pew Charitable Trust Children's Dental Campaigns including the *It Takes a Team* report and calculator. She has also authored: **IOM: Oral Health Access** (Chapter); **Retail Dental Clinics – a viable model for the underserved**; **The Good Practice: Treating Underserved Dental Patients While Staying Afloat**; and compiled **The Oral Health Care Innovation Compendium** for The California HealthCare Foundation. She provided business strategy support for the **Alaska Native Tribal Health Consortium: Dental Health Aide Therapist (DHAT) Program**. She is presenting at NNOHA (2015) **An Economic Model to determine impact of adding a Dental Therapist to a FQHC Dental Clinic**.

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