

KARUK TRIBE
HEALTH BOARD MEETING AGENDA
Thursday, December 13, 2012, **3 PM**, *Happy Camp, CA*

A) CALL MEETING TO ORDER – PRAYER - ROLL CALL

AA) HEALTH MISSION STATEMENT

The mission of the Karuk Tribal Health Program is to provide quality healthcare for Native Americans, and other people living in the communities we serve as resources allow. Our purpose is to appropriately assess or reassess conditions of illness, disease, or pain, provide culturally appropriate educational, preventative, and therapeutic services in an environment of continuous quality improvement.

CH) APPROVAL OF THE AGENDA

EE) APPROVAL OF THE MINUTES (*November 8, 2012*)

F) GUESTS (*Ten Minutes Each*)

1. Youth Council

H) OLD BUSINESS (*Five Minutes Each*)

- 1.

I) DIRECTOR REPORTS (*Ten Minutes Each*)

1. Annie Smith, Director of Community Services (written report)
2. Lester Alford, TANF Program (written report)
3. Vickie Simmons, Clinical Operations Administrator (written report)
4. Eric Cutright, IT Director
5. Lessie Aubrey, Executive Director of Health & Human Services
6. Patricia White, RPMS Site Manager (written report)
7. Carolyn Ash, Dental Director (written report)

II) GUESTS: EMPLOYEE / NON HEALTH:

1. Patty Brown, Head Start
2. Tiffany Ashworth, Dir. Admin Programs & Compliance

K) REQUESTS (*Five Minutes Each*)

- 1.

M) INFORMATIONAL (*Five Minutes Each*)

- 1.

N) CLOSED SESSION (*Five Minutes Each*)

1. CHS (dinner break)

2. Vickie Simmons
3. Barbara Snider
4. Tribal Council Members

OO) SET DATE FOR NEXT MEETING (Thursday, January 10, 2012 at 3 PM in Happy Camp)

P) ADJOURN

**Karuk Tribe – Health Board Meeting
November 8, 2012 – Meeting Minutes**

Meeting called to order at 2:59pm by Russell “Buster” Attebery, Chairman

Present:

Russell “Buster” Attebery, Chairman
Michael Thom, Vice-Chairman
Joseph “Jody” Waddell, Secretary / Treasurer
Wilverna “Verna” Reece, Member at Large
Charron “Sonny” Davis, Member at Large
Alvis “Bud” Johnson, Member at Large
Amos Tripp, Member at Large
Crispen McAllister, Member at Large

Absent:

Dora Bernal, Member at Large (travel-excused)

Sonny Davis completed the prayer for the Council and audience and the Health Mission Statement was read aloud by Buster Attebery.

Agenda:

Verna Reece moved and Amos Tripp seconded to approve the agenda with changes, 7 haa, 0 puuhara, 0 pupitihara.

Minutes October 11, 2012:

Verna Reece moved and Amos Tripp seconded to approve the minutes, 7 haa, 0 puuhara, 0 pupitihara.

Guests:

1.) Arielle Halpern, Student

Arielle is present to provide some information to the Council. She is a grad student from UC Berkeley; working on a research project including participation with Frank Lake. She has worked with Kathy McCovey and Bill Tripp along with other collaborators including Ben Riggan and Will Harling, which are participating in project research. She is present to introduce herself and to provide an overview of what she has been up to and to seek advice on what she has been working on. The project title is Effect of Indigenous Prescribed Fire and traditional management Activities and the Availability of Tribally Significant Plan Resources in the Klamath Watershed, California. She went on to discuss traditional foods and the collaborative research of the plant life and natural foods, since that burn. She assessed Tanoak, huckleberries, and beargrass. She is working on the heritage project more recently.

Sonny commented that huckleberries were more or less a delicacy for this Tribe and blackberries were more common.

She has been present in the area since 2009 and in the last year, she has been working here quite often.

She thanked the Council for their time and encouraged them to contact her to provide information and work on her project, which she would greatly appreciate and value their input.

2.) Dan Effman, Tribal Member

Dan is present to obtain information from the Council regarding their policy regarding releasing the results of background checks that the Tribe has purchased. He would also like to adopt an ordinance or policy to sign for the written request such as this.

Barbara attempted to explain the process for which the Tribe has including the background checks being confidential and the property of the Tribe. Darlene noted that in her former employment at the Sheriff's Office, the process and highly confidential information contained in the FBI background checks. She would encourage the Tribe to review what the Sheriff Office does. Dan noted that he has had them done on his staff but always provided them with it when they left employment or wanted it. It was his decision as an employer. The Tribe has the same right as a potential employer.

Buster will check into the legality of the request and then make a decision and get back to Dan Effman.

3.) Tiffany Ashworth, Dir. of Administrative Programs & Compliance

Tiffany is present to seek approval of procurement and contract 13-C-011 which is for the Orleans Health and Wellness Center. The design and construction went out for bid and it closed November 5, 2012.

There was only one bid received and determined to be responsive. The evaluation provided that the contractor was sufficient and acceptable.

The first time this went out for bid it was done incorrectly, and the second one was non-responsive. Now for the third posting, this is finally developed to selecting a contractor. It is noted that this will include a limited waiver of sovereign immunity. Michael commented that that was included in the contract language so it is fine.

Amos Tripp moved and Michael Thom seconded to approve 13-C-011 for the Wellness Center in Orleans, 7 haa, 0 puuhara, 0 pupitihara.

4.) Tanya Busby, Pikyav Assistant,

Tanya is present to seek approval of signing and approving the partnership agreement for CAPP (California Partners for Permanency work. It is in conjunction with a grant that DHHS of Humboldt County received and partnering with the Karuk Tribe will assist the children in that area.

Jody Waddell moved and Verna Reece seconded to approve the partnership and sign the agreement, 7 haa, 0 puuhara, 0 pupitihara.

Director Reports:

1.) Carolyn Ash, Dental Director:

Carolyn is not present but her report was submitted. Vickie is present to seek a clarification on the closure December 24, 2012 which is Christmas Eve. Michael does not recommend paying employees for an extra day off because there are already several paid holidays for the Tribe. Michael noted that if there are additional days off then, it costs the Tribe money to pay the staff and loss of revenue because the health clinics are closed.

Vickie then went on to note that there were some issue obtaining the budget reports but that information will be provided next month and the move toward Dentrix is ongoing.

Amos Tripp moved and Bud Johnson seconded to approve the Dental Director report, 7 haa, 0 puuhara, 0 pupitihara.

2.) Annie Smith, Community Health and Human Services:

Annie is present to review her written report. She has no action items. She is hoping to have some action items next month, but this time she is trying to get them reviewed internally first.

There has been so many requests for transportation services in Happy Camp that she is going to identify the needs and she will sign those, with a request signed it would identify the need and the best service for the membership and the area. She is notifying the Council because they will most likely receive calls. Jody is concerned over this new process and he feels that the Elders shouldn't have to fill out additional paperwork, but to be available to provide services to the clients by telephone. Annie agrees, but there is no organization on the services. She noted that no one would be denied services but the referral form would be sent to the referral clerks. Buster inquired why there is a sudden surge in transportation needs in the Happy Camp area. Annie believes that it is due to the weather and there are a lot of people very sick that have to attend offsite locations for specialists. Sonny inquired if Mary Lawe has been checked on since her husband's death, and Annie noted that she has.

Verna inquired about the flu vaccines that were going to be done at the offices for interested staff, but Annie noted she has not gotten to that.

There has been an additional service for the Elders that is needed and she has been wrestling with assistance that the Elders need. She has been trying to identify additional services but there isn't much available, however the GA program is really assisting the Elders. She will be working with Humboldt County on those services.

The pregnancy prevention program is asking for a lot more of her time, but that is fine. There are some classes that are going to start in December. There are a lot of teens that are interested in this knowledge.

Verna Reece moved and Sonny Davis seconded to approve Annie's report, 7 haa, 0 puuhara, 0 pupitihara.

3.) Lester Alford, TANF Director:

Lester is present to review his report. They currently have 76 clients. ACF wants a letter by the first of December regarding the carryover that has not been spent. He will draft a letter and send that to the Committee and then bring it to the Council to get formal approval. He has begun working with staff and has contacted General Assistance, Education, At-risk youth 18-24 (but can go to 16 that are in alternative school). He is planning on doing this, and obtaining a 100% assessments, and he will be attempting to identify where he can spend that funding within the program guidelines.

Michael Thom moved and Amos Tripp second to approve Lester's report, 7 haa, 0 puuhara, 0 pupitihara.

4.) Vickie Simmons, Director of Quality Management:

Vickie noted that she has been very busy working on paperwork. The ACQI Committee Meeting agenda and reports are attached but the meeting minutes were not available. The budgets weren't available. There were six written complaints within the last month and majority was received from the Yreka Clinic. She believes that the issues may be because there are providers and now since patients are being seen, they will have an increased amount of complaints.

Verna Reece moved and Amos Tripp seconded to approve Vickie's report, 7 haa, 0 puuhara, 0 pupitihara. (Michael absent for vote).

5.) Eric Cutright, IT Director:

Josh is present in place of Eric. Eric is trying to make it back in time for his action items. Josh noted that the issue with the computer failure was from a power surge.

Jody Waddell moved and Amos Tripp seconded to approve IT's report, 7 haa, 0 puuhara, 0 pupitihara.

6.) Lessie Aubrey, EDHHS:

Lessie is present to provide her report. Lessie has one action item that she needs approved this evening.

Michael Thom moved and Crispen McAllister seconded to approve the GRPA position description, 7 haa, 0 puuhara, 0 pupitihara.

Dr. Hess is interested in the Yreka position. He will be making arrangements with his previous employer. He will be working with the Yreka Clinic Manager on any details.

On November 13, 2012 the provider wants to have the phone conference. Lessie noted that she is concerned over the interest of the provider. She will continue with the phone conference discussion but based on the call will the need for interviews be determined for the Medical Director vacancy.

Jody Waddell moved and Bud Johnson seconded to approve Lessie's report, 7 haa, 0 puuhara, 0 pupitihara.

7.) Patti White, RPMS Site Manager:

Patti is present to seek approval of contract 13-C-010 with Cimarron Medical Informatics, LLC. It is for \$8,500 for implementation, install, and one year user support. The interface is something that is needed to reduce double data entry. This will save a lot of staff time.

Michael Thom moved and Jody Waddell seconded to approve contract 13-C-010, 7 haa, 0 puuhara, 0 pupitihara.

Jody Waddell moved and Bud Johnson seconded to approve Patti's report, 7 haa, 0 puuhara, 0 pupitihara.

Guests: Non-Health Employee:

1.) Carly Whitecrane, DNR:

Carly is present to seek approval of a contract for services. It is a contract for the environmental education program.

Amos Tripp moved and Bud Johnson seconded to approve contract 13-C-009 with Jeanette Quinn, 7 haa, 0 puuhara, 0 pupitihara.

2.) Erin Hillman, ED KTHA:

Erin is present to seek approval of resolution 12-R-120 authorizing the Tribes nomination to the USDH and Urban Development for the formula negotiated rulemaking committee. Erin noted that the Act is up for re-authorization. In this are two government to government consultations. The letter from the Tribe will be sent on behalf of the KTHA to seek a seat on the committee.

Amos Tripp moved and Jody Waddell seconded to approve resolution 12-R-120, 6 haa, 0 puuhara, 1 pupitihara (Michael Thom).

3.) Darlene Snapp-Silfies, KCDC CFO:

Darlene is present to seek approval of resolution 12-R-122 authorizing the submission of a grant to the First Nations in the amount of \$15,000. It will be to provide Tribal members assistance with tax form

preparations, bank account/debit card assistance and general financial advising/education. The CEDS document will work in conjunction with this.

Amos Tripp moved and Crispin McAllister seconded to approve resolution 12-R-122, 7 haa, 0 puuhara, 0 pupitihara.

Buster thanked Darlene and Lisa for their hard work and dedication to get the grant done. Lisa noted that it was a good opportunity to work collaboratively together.

Closed Session:

Amos Tripp moved and Crispin McAllister seconded to approve resolution 12-R-121 authorizing approval of amendments to the KBRA, 7 haa, 0 puuhara, 0 pupitihara.

Consensus: approve the letter to Regional Forester Randall Moore with option B and edits to paragraph six.

Amos Tripp moved and Jody Waddell seconded to approve a \$2.00 per hour pay increase for employee #CC, 7 haa, 0 puuhara, 0 pupitihara.

Amos Tripp moved and Michael Thom seconded to approve \$1,000 to be added to an interested, current CFS employee's salary for additional duties, 7 haa, 0 puuhara, 0 pupitihara.

Consensus: to refer CHS case #1639 to Anna Myers to go over that with the dental provider and get back to the patient and get a referral in the system.

Consensus: to refer the CHS case back to Anna to discuss with the Tribal Member.

Informational: update on the power failure was provided to the Council and determined that the backups were in place but not working.

Consensus: to deny payment of medical bills but provide a write-off to loan the remaining balance of the loan that the patient took in order to pay them.

Consensus: Crispin inquired about the TERO Commission and if Tribal Member #JR attempted to work with her on that but she has yet to receive a response from the Director. The Council referred her through the approved TERO process.

Verna Reece moved and Jody Waddell seconded to draw up \$2,000 from the Happy Seniors Fund to be reimbursed and/or pay directly to the centers expenses, 7 haa, 0 puuhara, 0 pupitihara.

Bud Johnson moved and Sonny Davis seconded to approve seating Verna Reece to the NCIDC Board for the coming year with Amos Tripp as the Tribes alternate, 5 haa, 0 puuhara, 1 pupitihara (Amos Tripp), (Verna absent for vote).

Verna Reece moved and Amos Tripp seconded to approve forging the healthcare loan effective immediately (\$1,558.37) for Tribal Member #EG, 7 haa, 0 puuhara, 0 pupitihara.

Next Meeting Date: December 13, 2012 at 3pm in Happy Camp.

Crispen McAllister moved and Amos Tripp seconded to adjourn the meeting at 7:31pm, 7 haa, 0 puuhara, 0 pupitihara.

Respectfully Submitted,

Russell “Buster” Attebery, Chairman

Recording Secretary, Barbara Snider



Karuk Tribe

Karuk Tribal Health and Human Services

Community Health Outreach

Health Board Report: December 13, 2012

Annie Smith PHN

Action Items:

- Request for a new vehicle for the CHR in Orleans with Ishpook financing. It is necessary to purchase a vehicle because our CHR's has more than 300,000 miles and she transports Elders up and down the river. I would offer Melodee's current car to be put into the vehicle pool for local trips as our Team will not need it on a daily basis. Attached is the Procurement Document with the appropriate quotes. Ellis Brooks is the low bidder and they are local as well.

November Activities:

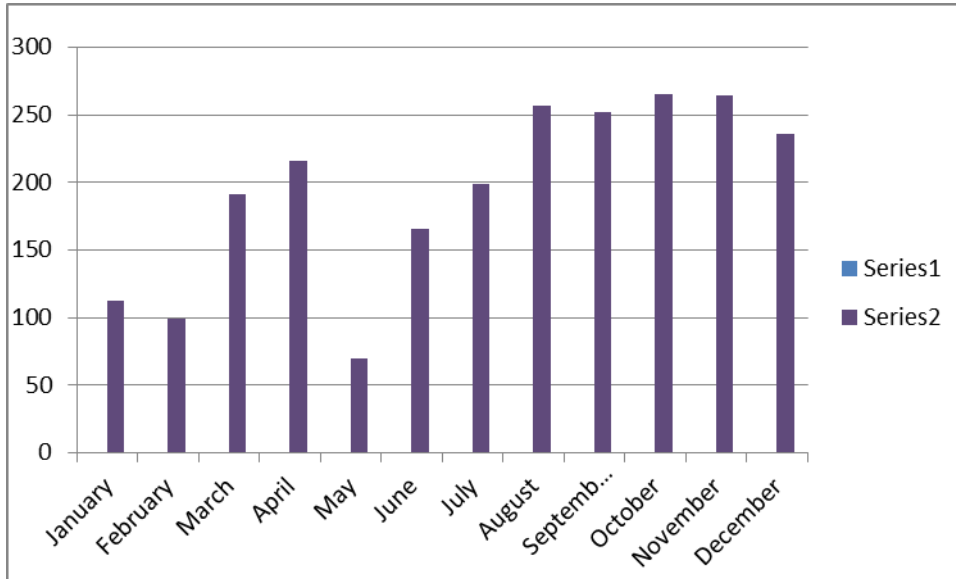
- We continue with our immunization push per request from IHS and for the sake of our patients. I have been working with all three clinics to see what direction we are needing help to improve our percentages.
- I am preparing the end of year report for our Diabetes Grant that ended September 30, 2012.
- Working on safety and preparing for drills over the winter.
- Our Team has made many home visits and it appears we have most of our Elders ready for winter. If you hear of anyone who needs anything please have them call me.
- I wanted to thank Melodee for helping in the Orleans clinic on and off this month. Her Medical Assistant skills are very helpful.

- I am afraid we have new diabetics in our community of patients. The current trend of diabetics in the U.S. today has been rising and is now at close to 20% of the total population. This tells me we need to really help everyone around us to be more health conscious. We all need to stay away from High Fructose Corn Syrup (HFCS) as this has been directly linked to the body converting to diabetes. I have met with the new diabetics and set up teaching sessions on how to control their illness.
- We have been giving out many car seats and booster seats. I think the reason we have so many new requests is because the children are growing up and need different size seats. Just to review, we carry car seats and booster seats but not infant seats. The infant seats are very expensive and come in many sizes to fit all the different weight and sizes of infants. Even though hospitals say they have no programs for infant seats, they are required by law to provide them if the newborn has none on discharge. We can make any exception on a case by case decision but I would request a Council Member to authorize it each time. Then we can find out the exact measurements of the infant and find a seat that works best.
- I will be out of town at the time of this Board Meeting and will return to my office on Friday December 14 in case you have any questions on my report. I will be in Sacramento for three days for a mandatory training on our Pregnancy Prevention Grant REAL and we are scheduled to begin the classes with our Adolescents the last week of December. We have 25 committed adolescents, ages 13 – 17, who are scheduled to attend the 8 month long sessions.

November Trainings:

1. November 2 – Siskiyou County Medical Emergency Operations meeting at Siskiyou County Public Health Department, Yreka, coordination planning.
2. November 6 – Eye Pacs Training online with U. C. Berkeley and had Cindy Hayes in attendance for her training as a new retinal camera operator.
3. November 7 – Immunization In-service online from IHS with the Yreka Clinic staff.
4. November 14 – I Care/ RPMS office hours to discuss use of this software for tracking patient care, online class
5. November 14 – Can Do call with the Division of Diabetes Treatment and Planning at IHS headquarters, online class.
6. November 29 – Immunization in-service followup call with IHS immunization Director of California.

Workload Report:



Melodee was assisting in Orleans by working in the office as a Medical Assistant during this month.

Financial Report:

	Unencumbered Balance	Percent Used
IHS Diabetes Grant 2012:	Unavailable from IHS	Held up in Washington DC
Public Health Nurse:	\$77,100.88	8.24%
CHR:	\$227,478.37	8.00%

KARUK TRIBE

Karuk Tribal TANF Program
November 2012 Monthly Report

December 6, 2012

Program Report Summary

Sites:

Active Clients (Program Totals) Report: (See attachment (A)) – KTFP-Active Cases as of 12/06/2012)

Work Participation Rate Report (WPR): (See attachment (B)) – KTFP – WPR – Monthly Summary for 10/2012 - 09/2012 – 08/2012 – 07/2012)

Work Participation Rate submitted to ACF for the 3rd Quarter of 2012 averaged 42.04%, 17% above the Karuk Tribal TANF Minimum WPR requirement.

WPR improvement due to increased case management of the client's Family Service Plan and tightening the adherence to program policy and procedures by both staff and clients.

Staffing/Training:

Current staffing shortages include – Program Service Manager, Administrative Assistant & Family Services Specialist Assistant.

Currently reviewing staffing and case load

TAS training for Staff- Site Individual Re-enforcement Training on individual TAS modules is being conducted.

Appeals, Complaints, and Grievances – 1 Appeal in process

Case Management –

A 100% audit - (in progress).

All cases will be audited to ensure the case file is complete.

November TANF Event

Thanksgiving Holiday – The Thanksgiving Holiday vouchers for the TANF clients was a success. TANF provided the clients with a traditional turkey dinner and the families were very grateful for these dinners. The clients were glad the instructions for reheating the already cooked dinner were easy to read and prepare. Many of our clients would not have had a traditional thanksgiving dinner with their families without this assistance.

KARUK TRIBE

Karuk Tribal TANF Program
November 2012 Monthly Report

The Yreka TANF office took the lead in picking up the dinners and delivering the Happy Camp and Orleans dinners to Happy Camp. Arrangement for delivery to Orleans was done through our Happy Camp office. All dinners were picked up on the day of delivery.

California Tribal TANF Coalition

The California Tribal TANF Coalition have completed and submitted the following proposed legislative and administrative recommendations, put forth by the Tribal TANF Task Force, to the National Congress of American Indians for endorsement and advocacy.

The National Congress of American Indians at the last meeting submitted the legislative and administrative recommendations via the following resolution. (See attachment D)

Up-Coming TANF Events –

Christmas Holiday

TANF will be providing a Bourdon Maple Glazed Ham Dinner for the Christmas holidays. We have confirmed approximately 76 dinner will be purchased. (See attachment E)

Projects – Phil Albers has set up the 1st December cultural event.

The dates are December 15 for Yreka, and December 16 for Happy Camp/Orleans. Both events are from 12:30-2:30.

The basic agenda will include an introduction of myself and my position to the groups, then an introduction of participants/attendees, and a cultural identity assessment. A short break will follow, then the event will close with some storytelling and explanation on how stories, whether traditional or directly from life's current experiences can have a meaningful and cultural significance.

Submitted By:


Lester Lee Alford, Jr.
TANF Executive Director

Karuk Tribal TANF Program

Active Cases as of

12/06/2012

Orleans TANF Office

Total number of Child Only/Non-Needy families	3
Total number of One Parent families	4
Total number of Two Parent families	1
Total number of cases is	8

Happy Camp TANF Office

Total number of Child Only/Non-Needy families	2
Total number of One Parent families	7
Total number of Two Parent families	1
Total number of cases is	10

Yreka TANF Office

Total number of Child Only/Non-Needy families	11
Total number of One Parent families	28
Total number of Two Parent families	16
Total number of cases is	55

Total number of Child only cases program wide is	16
Total number of 1-Parent cases program wide is	39
Total number of 2-Parent cases program wide is	18

Total number of cases program wide is 73

Karuk Tribal TANF Program

WPR - Monthly Summary for 10 / 2012

11/29/2012

Type of Family for Work Participation

One parent families	32
Two parent families	16
Child Only Family	14
Total Cases Reported for this Period	62

Current Case Load by Site

Humboldt	2
Siskiyou	60
*Total Cases: 62	

Work Participation for All Families

Cases that did the hours required	24
Cases required to work	46
Work Participation Rate	52.17 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	4
IMIRANDA	24
KKING	2
LAUBREY	8
MCHARLES	21

Client TANF Payments

Total Payments	\$42,319.00
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Number of Clients Participating by Activity Type

049 - Unsubsidized employment	11
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	1
053 - On-the-Job-Training	0
054 - Job Search - Job Readiness	1
055 - Community Service Programs	0
056 - Vocational Education Training	1
057 - Job Skills Training Directly Related to Employment	1
058 - Education Directly Related to Employment - No HSD/GED	3
059 - Satisfactory School Attendance For Individuals - No HSD/GED	1
060 - Providing Child Care to TANF Clients participating in a Community Service program	1
062 - Other Work Activities	18

Karuk Tribal TANF Program

WPR - Monthly Summary for 9 / 2012

11/29/2012

Type of Family for Work Participation

One parent families	31
Two parent families	13
Child Only Family	17
Total Cases Reported for this Period	61

Current Case Load by Site

Humboldt	1
Siskiyou	60
*Total Cases: 61	

Work Participation for All Families

Cases that did the hours required	20
Cases required to work	40
Work Participation Rate	50.00 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	3
IMIRANDA	21
KKING	1
LAUBREY	7
MCHARLES	23

Client TANF Payments

Total Payments	\$40,401.00
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Number of Clients Participating by Activity Type

049 - Unsubsidized employment	8
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	2
053 - On-the-Job-Training	0
054 - Job Search - Job Readiness	2
055 - Community Service Programs	0
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	2
058 - Education Directly Related to Employment - No HSD/GED	1
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	1
062 - Other Work Activities	14

Karuk Tribal TANF Program

WPR - Monthly Summary for 8 / 2012

11/29/2012

Type of Family for Work Participation

One parent families	28
Two parent families	15
Child Only Family	16
Total Cases Reported for this Period	59

Current Case Load by Site

<u>Siskiyou</u>	<u>59</u>
*Total Cases: 59	

Work Participation for All Families

Cases that did the hours required	13
Cases required to work	36
Work Participation Rate	36.11 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	2
IMIRANDA	17
JJACKSON	2
KKING	1
LAUBREY	6
MCHARLES	22

Client TANF Payments

Total Payments	\$41,997.00
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Number of Clients Participating by Activity Type

049 - Unsubsidized employment	7
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	1
053 - On-the-Job-Training	1
054 - Job Search - Job Readiness	2
055 - Community Service Programs	1
056 - Vocational Education Training	1
057 - Job Skills Training Directly Related to Employment	1
058 - Education Directly Related to Employment - No HSD/GED	0
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	0
062 - Other Work Activities	11

Karuk Tribal TANF Program

WPR - Monthly Summary for 7 / 2012

11/29/2012

Type of Family for Work Participation

One parent families	30
Two parent families	15
Child Only Family	18
Total Cases Reported for this Period	63

Current Case Load by Site

Humboldt	1
Siskiyou	62
*Total Cases: 63	

Work Participation for All Families

Cases that did the hours required	14
Cases required to work	35
Work Participation Rate	40.00 %
2012 Work Participation Rate is 25%	

Current Case Load by Staff

CHOSTLER	2
IMIRANDA	16
JJACKSON	3
KKING	1
LAUBREY	6
MCHARLES	20

Client TANF Payments

Total Payments	\$44,189.00
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Number of Clients Participating by Activity Type

049 - Unsubsidized employment	4
050 - Subsidized Private Sector Employment	0
051 - Subsidized Public Sector Employment	0
052 - Work Experience	1
053 - On-the-Job-Training	0
054 - Job Search - Job Readiness	0
055 - Community Service Programs	1
056 - Vocational Education Training	0
057 - Job Skills Training Directly Related to Employment	1
058 - Education Directly Related to Employment - No HSD/GED	1
059 - Satisfactory School Attendance For Individuals - No HSD/GED	0
060 - Providing Child Care to TANF Clients participating in a Community Service program	0
062 - Other Work Activities	10



NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians Resolution #SAC-12-067

TITLE: Support for NCAI Tribal TANF Task Force Legislative and Administrative Priorities

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, in 1996 Congress passed the Personal Responsibility and Work Opportunity Reconciliation Act (PWORA, P.L. 104-193) also known as "Welfare Reform;" and

WHEREAS, a major part of this reform was the recognition and support of tribes' authority to administer their own family support and work readiness programs to serve tribal children and families; and

WHEREAS, Congress in this reform also recognized the difficult economic circumstances on many reservations and gave tribes the necessary flexibility to create programs, that could tackle their community's unique needs; and

WHEREAS, today, there are 63 Tribal Temporary Assistance for Needy Families (TANF) grantees serving 298 American Indian/Alaska Native (AI/AN) tribes and the non-reservation AI/AN populations of over 121 counties, all of which rely on this funding to help their most needy families live at the most basic level; and

WHEREAS, combined, all tribes/tribal programs annually receive almost 182 million dollars in federal funding; and

WHEREAS, welfare reform is due to be reauthorized and NCAI has established a Tribal TANF Task Force to collectively identify necessary changes to TANF.

NOW THEREFORE BE IT RESOLVED, that NCAI endorses and advocates for the legislative and administrative recommendations put forth by the Tribal TANF Task Force that are attached to this resolution; and

EXECUTIVE COMMITTEE

PRESIDENT

Jefferson Keel
Cockosaw Nation

FIRST VICE-PRESIDENT

Juana Mopit Dixon
Pawnee Band of Missouri Indians

RECORDING SECRETARY

Edward Thomas
Central Council of Tlingit & Haida
Indian Tribes of Alaska

TREASURER

W. Ren Allen
Javonwan-Siklitta Tribe

REGIONAL VICE-PRESIDENTS

ALASKA

Bill Martin
Central Council of Tlingit & Haida
Indian Tribes of Alaska

EASTERN OKLAHOMA

S. Joe Greenlee
Cherokee Nation

GREAT PLAINS

Robert Shepherd
Sisseton Wahpeton

MIDWEST

Matthew Wesew
Pikagot Band of Pottawatomie

NORTHEAST

Lance Gumbie
Shenandoah Indian Nation

NORTHWEST

Fawn Sharp
Quinalt Indian Nation

PACIFIC

Don Arnold
Scott Valley Band of Pomo Indians

ROCKY MOUNTAIN

Scott Russell
Crow Tribe

SOUTHEAST

Larry Townsend
Lumbee Tribe

SOUTHERN PLAINS

George Thurman
Sac and Fox Nation

SOUTHWEST

Joe Garcia
Ojibay Gwagah

WESTERN

Ned Morris, Jr.
Tuloni Ojibwa Akovi

EXECUTIVE DIRECTOR

Jacqueline Johnson Pace
Tribe

NCAI HEADQUARTERS

1515 P Street, N.W.
Washington, DC 20005
202 466 7797
202 466 7797 fax
www.ncai.org

Attachment c

BE IT FURTHER RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2012 Annual Session of the National Congress of American Indians, held at the Sacramento Convention Center from October 21-26, 2012 in Sacramento, California, with a quorum present.


President

ATTEST:


Recording Secretary

NCAI TANF TASK FORCE

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
PROPOSED NATIONAL TRIBAL PRIORITIES

ADMINISTRATIVE

1. **Promote Tribal Consultation within ACF.** A unique government-to-government relationship exists between federally-recognized tribes and the federal government. President Obama recently reaffirmed this relationship with Executive Order 13175, which requires each federal agency to develop a plan to implement consultation and coordination with tribal governments. Currently, ACF does not provide sufficient time to facilitate meaningful discussion on TANF, especially when these sessions are held in conjunction with HHS meetings. Both HHS and ACF have tribal consultation policies that require full consultation on any policies that impact tribal governments and Indian people.
2. **Establish a Tribal Advisory Committee in the Administration of Children and Families.** To improve all ACF programs, including TANF, ACF should develop a Tribal Advisory Committee that represents all of the tribal regions. TANF experts and administrators should be represented on this committee as well.
3. **Enforce P.L. 102-477 Compliance.** Public Law 102-477 lists HHS as an affected organization, noting specifically the tribal Temporary Assistance for Needy Families program. Many tribes are unable to operate under the 477 process because of recent changes in interpretation of the application of the 477 process with tribal programs by ACF. The Administration for Children and Families must comply with 477 guidelines in order to allow federally recognized tribes and Alaska Native entities to combine formula-funded federal grant funds, which are employment and training-related, into a single plan, budget, and reporting systems. This change will offset burdensome reporting requirements.
4. **Establish Standard TANF Training Programs.** Since tribes are relatively new to welfare program administration, ACF should be required to ensure that training for tribes on the development and operation of TANF are consistent nationally and enable tribes to provide the same standard of services as the state. ACF should use a variety of training approaches that involve recognized experts from Indian Country, peer-to-peer technical assistance and culturally appropriate methods and content. ACF should also establish a training that focuses on the Flexibility of Tribal TANF provision and require that all central and regional ACF TANF staff receive annual training in it.
5. **Ensure that HHS Provides Clear, Consistent, and Timely Guidance in the Administration of TANF.** Tribes are unable to successfully manage their tribal TANF programs and finances when HHS does not promptly respond to tribal inquiries. For instance, when tribes submit TANF plan renewals or amendments to their respective regional offices, ACF is not required to respond within a specific time limit. Tribes also receive inconsistent responses to policy questions, which

varies among regional offices and HHS headquarters. Therefore, communication needs to be drastically improved, and tribes should receive consistent and timely responses to program questions, as well as timely determinations to submitted TANF plans.

- a. **Specific Policy Change:** Establish time limits for ACF responses.
6. **Waive or Change OMB-A-87 Language.** Referencing related party-less than arms length methodology on leases between consortia tribe and tribes due to tribal sovereignty and fair market requirements under 25 CFR on Indian Trust Land.

NCAITANF TASK FORCE

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)
PROPOSED NATIONAL TRIBAL PRIORITIES

LEGISLATIVE

1. **Provide Full Federal and State Funding to Tribal TANF Programs.** All tribal TANF programs should be fully funded. This would be the equivalent of funding that included both federal and non-federal match funds (e.g. state maintenance of effort or MOE). There should be additional protections to ensure that existing tribal TANF funding arrangements between tribes and states are not disrupted or modified per tribal option.

Background and Purpose

Each year, a state is required to meet a TANF maintenance-of-effort (MOE) obligation. The amount is based on its historical spending, defined as its 1994 contribution to Aid to Families with Dependent Children (AFDC) and related work programs. To meet its MOE obligation, a state must spend at least 80 percent of its historical spending. This minimum share is reduced to 75 percent for any year in which a state meets the TANF Work Participation Rate (WPR). Some states have negotiated with tribes without providing any of the MOE funds with the tribes. In this case, the federal share to the state is calculated and this same federal share is passed on to the tribe (with ACF agreement) and this becomes the only basis of funding. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) does not require states to share their MOE with tribes, and some states take full advantage of this by leaving the tribe to fully run TANF on the federal share, alone.

Proposed Language

In addition to providing 100% of federal funding to tribal TANF, the Department of Health and Human Services (HHS) should also provide additional funding that is equivalent to the non-federal match a state is required to provide as its MOE obligation. EXCEPTION: If the amount an existing tribal TANF program would receive is less than what the tribe is currently receiving, the tribe has the option of maintaining its current state agreements and federal funding levels.

2. **Provide consistent treatment of federal and state tribal TANF funding.** Many tribal TANF programs receive state matching grants. When a state chooses to fund tribal TANF, any tribal TANF expenditures of state TANF funds that comply with federal *tribal* TANF rules should be allowed to be reported by the state as MOE compliant expenditures.

Background and Purpose

The rationale that led Congress to impose a MOE requirement on states simply does not apply when states fund tribal TANF. Current requirements unnecessarily impose two separate set of rules on tribal TANF programs and increase administrative costs for both tribes and states.

Proposed Language

State shall receive MOE credit for tribal TANF expenditures of state MOE TANF funds where such expenditures comply with federal tribal TANF rules.

3. **Provide Incentives for States to Fund Tribal TANF Programs.** TANF has a maintenance-of-effort (MOE) provision that requires states to maintain a significant portion of their historic financial commitment to the welfare programs. Yet, states are not required to provide funding to tribal TANF programs. Since tribes depend on this state contribution as part of the broader state MOE, a state match 3-to-1 MOE credit or state rebate would promote state participation in support of tribal TANF programs.

Background and Purpose

As mentioned above, states are not required to give MOE funds to tribes, but they are required to provide matching funds to receive the federal share. At the 2003 NCAI Mid Year Convention, the Committee decided to seek a no-cost TANF amendment that would act as an incentive for states to contribute MOE funds to tribes. For every dollar the state could give to a tribe, they would receive two or three dollars of MOE credit (in the beginning it was three dollars). Hence, one dollar of MOE to the tribe would allow the state to keep one to two dollars in their general funds. The National Council of State Legislators strongly supported this amendment. However, the American Human Services Association opposed this amendment because they thought they would lose money – although, the state caseload has been cut in half, so they receive the same amount of federal and state funding for serving half the families they were originally funded for.

4. **Allow Tribal Governments to Negotiate Funding Levels.** Despite changing economic conditions, state and tribal funding for TANF block grants are still using 1994 levels to operate. For most tribes, this is not adequate funding. Legislation should allow tribes the option to renegotiate their funding level utilizing their case loads/projected caseloads and administrative needs to determine a base funding level. However, if tribes choose to renegotiate their funding level, the minimum amount of the new funding level should be "at or greater than the 1994 levels currently received by the tribe." Therefore, baseline funding should never be reduced. Renegotiation should be on a case-by-case basis, at the discretion and request of the tribe.

Proposed Language

Authorize tribal governments, upon their own request, and on a case-by-case basis, the ability to request a renegotiation of the tribe's TANF program funding level from the U.S. Department of Health and Human Services upon the tribe's self initiated determination that the tribe's funding level is inadequate.

5. **Maintain Flexibility within Tribal TANF Programs.** Protect and maintain the currently authorized ability for tribal TANF programs to structure their TANF plans according to their own cultural traditions and values, including the use of cultural activities as work participation.
6. **Allow Tribal Governments to Negotiate Administrative Costs.** Authorize tribes to recover the full amount of their Approved Indirect Cost Rate from TANF awards. The cap should be set at the higher of the current applicable cap (35%, 30%, or 25% as appropriate) or the approved indirect cost rate.

Tribal governments don't have the general resources that states do, nor have the tribes had the same opportunity to accumulate the administrative capacity that the states have been afforded.

7. **Allow TANF Funds to be Used for Planning Grants and Allocate Additional Funding for Infrastructure.** Reauthorization of TANF should authorize funding for new construction of tribal TANF facilities. Tribes should be authorized up to 20% of tribal TANF funding (similar to that found in the child care statutes) for new construction. TANF should also allow existing funds to be used for planning or expansion efforts.
8. **Increase the Time Limit Exemption to 50 Percent for Tribal TANF Programs.** While the unemployment rate is reaching 9.5% for the overall population, some tribal communities suffer from a 70% unemployment rate while continuing to face disproportionate socioeconomic conditions. Expecting tribes to serve their communities with fewer program resources and a population in disproportionate need does not ensure that all tribal families are served. Currently, tribes may exempt 30% of their TANF caseload from the 5 year time limit on the receipt of TANF benefits. Therefore, the TANF caseload exemption rate for tribal TANF programs should be increased to 50 percent.
9. **Ensure that Tribes are Eligible for Caseload Reduction Credit.** Under federal law, states are allowed to apply for a caseload reduction credit, which generally reduces work participation rate requirements for TANF programs when caseloads decrease. Caseload reduction credits are available to states, but they are not extended to tribes.
10. **Allow Tribal TANF the Option of Participating in 638 or Self-Governance Contracting.** Tribal TANF should be recognized as an eligible program under self-governance and Public Law 93-638. This would allow tribes to acquire increased control over the management of their tribal TANF programs.



Karuk Tribe
Karuk Tribal TANF Program
64101 Second Avenue, P.O. Box 1016
Happy Camp, CA 96039
(530) 493-1440
(530) 439-1442

Memorandum

To: Buster Attebery, Tribal Chairman
From: Lester Alford, Karuk Tribal TANF Executive Director
Date: 12/6/2012
Re: Native Employment Works (NEW) Time-Line for bringing Program in compliance

To bring the program into compliance and up-to-date, I propose the following schedule.

Attached is the plan for of 2011-2013 program year program year time-line implementation and projected expenditures for carry-over and current year funds.

ATTACHMENT D

Native Employment Works Program

Projected time-line for expenditure of carry-over and 2012-2013 NEW funds:

Time-Frame

July 2012 thru June 2013 – Projected Expenditures (\$50,000.00)

GED/Certificate Program

3 NEW Clients within the tribal organization

Short-Term Work Experience/OJT/Job Shadowing

08 Clients within the tribal organization

01 Clients outside the tribe

July 2013 thru June 2014 – Projected Expenditures (\$9,437.00)

GED/Certificate Program

03 Clients within the tribal organization

Short-Term Work Experience/OJT/Job Shadowing

07 Clients within the tribal organization

02 Clients outside the tribe

Narrative

Major Target Areas:

Unemployed Single Mothers
Unemployed Single Fathers
General Assistance Program
At-Risk youth

TANF

Within the TANF program there have been over 25-35+ adults who left the program after timing out or were not eligible for the program.

General Assistance Program

Within the Tribal General Assistance Program there are approximately 5-7 prospective clients.

Youth (At-Risk)

There are approximately 15+ high school students within the 3 schools who would benefit from this program in developing their job readiness and skills.

Mrs.
Linda Ferrell

Traditional Turkey Dinner 59.99



- Fully cooked Buttered Turkey
- Normal sized - 10 to 12 lbs
- Cornbread hot herb stuffing with carrots, onions and celery - 28 oz
- Fresh Creamy mashed potatoes - 5 lbs
- Fresh homemade gravy - 24 oz
- Fresh broccoli cheese and rice casserole - 2 lb
- Fresh cranberry apple sauce - 10 oz
- Safety fresh butter and egg rolls - dozen
- 9 pumpkin pie

Available for pick up
Thanksgiving: Nov. 18-21
Christmas: Dec. 24-26



- Spiral sliced bourbon maple glazed ham - 7 to 8.5 lb
- Cheesy mashed potatoes green - 5 lb
- Fresh steamed green beans with garlic butter and crispy onions - 24 oz
- Fresh cran glazed carrots - 28 oz
- Safety fresh butter and egg rolls - dozen
- 9 apple pie

Available for pick up
Thanksgiving: Nov. 18-21
Christmas: Dec. 24-26

Order now

in our Deli or online at
raleys.com/order

- 1) ORDER 8-10 days early
- 2) Must pick up by wed 11/31
- 3) Fully cooked, just need to reheat (directions provided)
- 4) EACH meal serves 8 to 10 people
- 5) They could choose one of the two meals shown.
- 6) We could order meals for them (clients) & provide them a receipt to pick it up.
- 7) If we have a large family, could order two meals.
- 8) Write ONE check to Raleys!
- 9) Everyone has a complete DINNER!

ATTACHMENT E

DEPARTMENT OF QUALITY MANAGEMENT

Karuk Tribal Health Board Meeting

December 13, 2012

Vickie Simmons

ACTION ITEMS:

None

NOVEMBER ACTIVITIES:

1. I submitted my Health Board Report on November 1st, my ACQI report on November 6th and my monthly immunization report on November 16th.
2. I attended two bid meetings for the new Orleans Clinic on November 5th and 6th.
3. I attended the ACQI and the P&T meetings on the 7th, the health board meeting on the 8th and Lessie's ED meeting on the 28th.
4. I have continued my work with the credentialing and privileging paperwork for Dr. Brassea.
5. I attended and emceed the Biannual Health Meeting on November 14th.

NOVEMBER CONFERENCE CALLS/WebEx'S/TRAININGS:

November 7 – Improving Immunizations Webinar

November 29 – Immunization Conference Call

ACQI COMMITTEE MEETING:

The ACQI meeting agenda, performance improvement projects, and reports for November are attached. September and October minutes are not available.

BUDGETS:

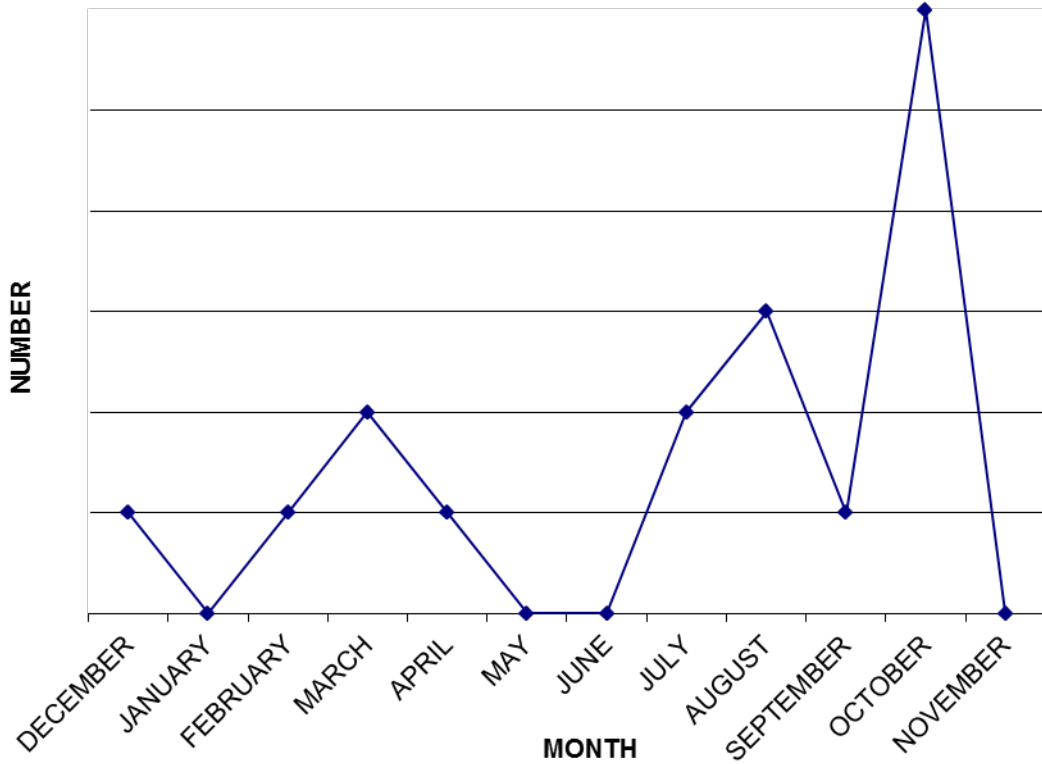
Well under budget at this time.

Program	CQI
Budget Code	300002
Program Year	2012-2013
Expenses to Date	\$8,961
Balance	\$204,688
Percent Used	4.2%

WRITTEN COMPLAINTS:

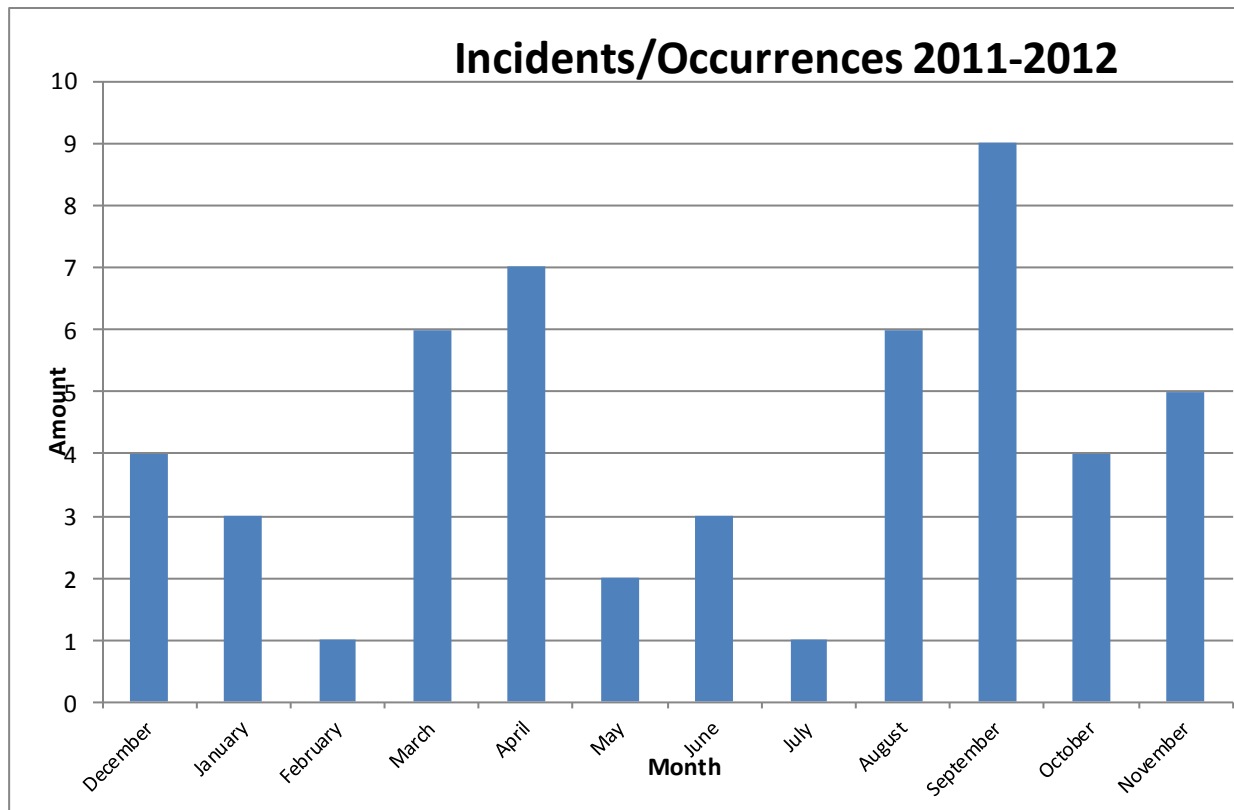
Complaints 2011-12	Provider	Employee	Services
December	1	0	0
January	0	0	0
February	1	0	0
March	1	1	0
April	1	0	0
May	0	0	0
June	0	0	0
July	2	0	0
August	1	1 1/2	1/2
September	1	0	0
October	1	1	4
November	0	0	0

COMPLAINTS 2011-2012



INCIDENTS/OCCURRENCES:

2011-2012	Miscellaneous
December	4
January	3
February	1
March	6
April	7
May	2
June	3
July	1
August	6
September	9
October	4
November	5



Respectfully Submitted,

Vickie Simmons
Clinical Operations Administrator

**Karuk Tribal Health & Human Services Program
ACQI Committee Meeting/Conference Call
KCHC Teleconference Room
November 7, 2012
9:00 am-10:00 am**



1. Call Meeting to Order - Vickie Simmons
2. Roll Call/Sign In – Vickie Simmons
3. Approve Agenda – Vickie Simmons
4. Approve Minutes of September 12, 2012 and October 10, 2012.
5. Performance Improvement Reports Due based on 3rd Quarter 2012-July to Sept. 2012
 - 5.1 KCHC Medical Audit – Carrie Davis
 - 5.2 Orleans Medical Records – Isha Goodwin
 - 5.3 Yreka Medical Records – Charleen Deala
 - 5.4 Increase Pap Smears Project-Vickie Simmons
 - 5.5 Dental Project 2012-Vickie Walden (Not due at this time – every 6 months, not 3 per Vickie W.)
 - 5.6 HTN Project-Fabian Alvarado
 - 5.7 Increase number of patients seen- Lessie Aubrey/Vickie Walden (Tabled at last mtg.)
 - 5.8 HIV Report-Amy Coapman (Tabled at last mtg.)
6. New Business
 - 6.1 _____
 - 6.2 _____
7. Old Business
 - 7.1 _____
 - 7.2 _____
8. Complaints/Incidents/Suggestions –Vickie Simmons
9. Policy Approvals: **Please add Tracie’s policies to December’s ACQI Meeting**
10. Next Meeting December 12, 2012 at 9 am- Reports Due based on 3rd Quarter 2012-July to Sept. 2012 : Happy Camp/Orleans Eligibility Report-Nadine McElyea, Yreka Eligibility Report-Sharon Denz, Lower Total cost per Patient Project-Patti White, Improve Childhood Imz Rates-Vickie Simmons, Yreka Dental Records-Susan Beatty, HC Dental Records Audit-Cheryl Tims
11. Adjourn

KARUK TRIBAL HEALTH CLINIC
HAPPY CAMP
(CHARTS PULLED- July, August, September 2012)

PURPOSE:

Identify areas for improvement in the Electronic Health Records Management and documentation processes.

GOALS:

Identify problems and find ways make changes to improve them.

DATA:

A collection of 5 females and 5 males, and 5 pediatric patient chosen randomly to review data from each provider.

PROBLEMS:

Things are looking better with documentation being completed more at the time of visit. I think having Data Entry working closer to staff has been a benefit to not only the patients at registration but to the visit over all.

The one area that needs to improve has been the Health Questionnaires. In many cases they have been done at one time but now it has been over a year and they did not fill out a new form with their yearly updates. This is a problem that needs to be address with the front office.

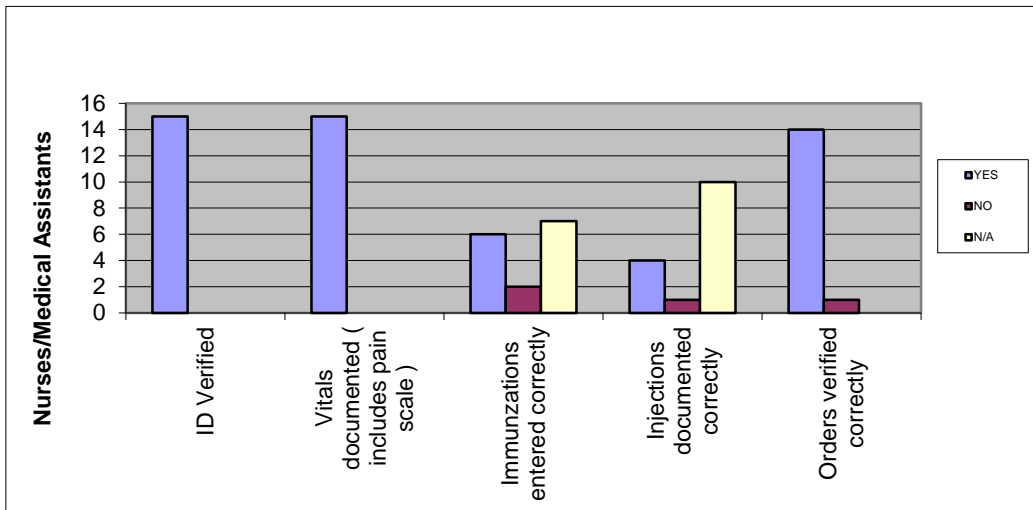
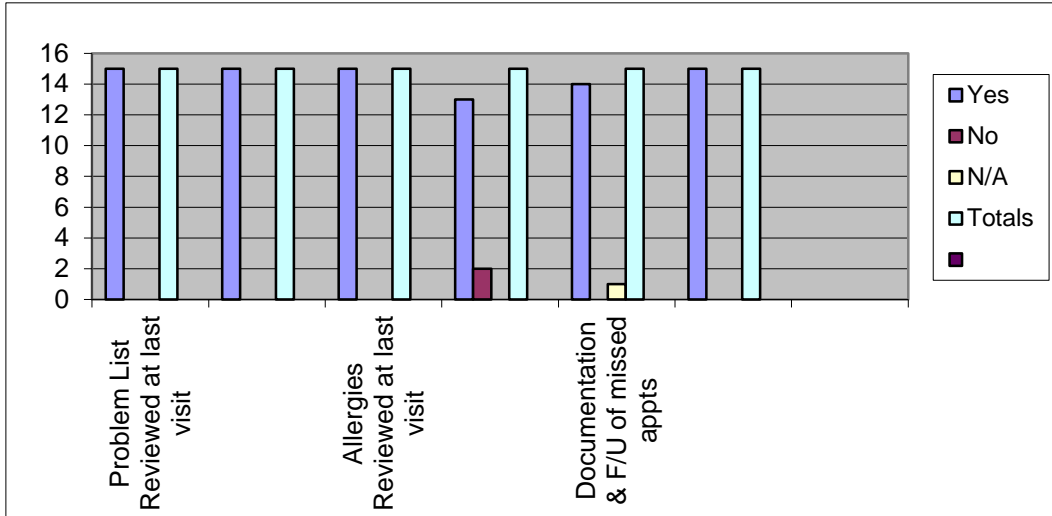
Carrie L Davis
Medical Records Clerk
November 2012

DR. BURNS
Record

	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	13	2	0	15
Documentation & F/U of missed appts	14	0	1	15
ID Verification documented by provider	15	0	0	15

Nurses/Medical Assistants

	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	4	0	11	15
Injections documented correctly	4	0	11	15
Orders verified correctly	11	0	4	15

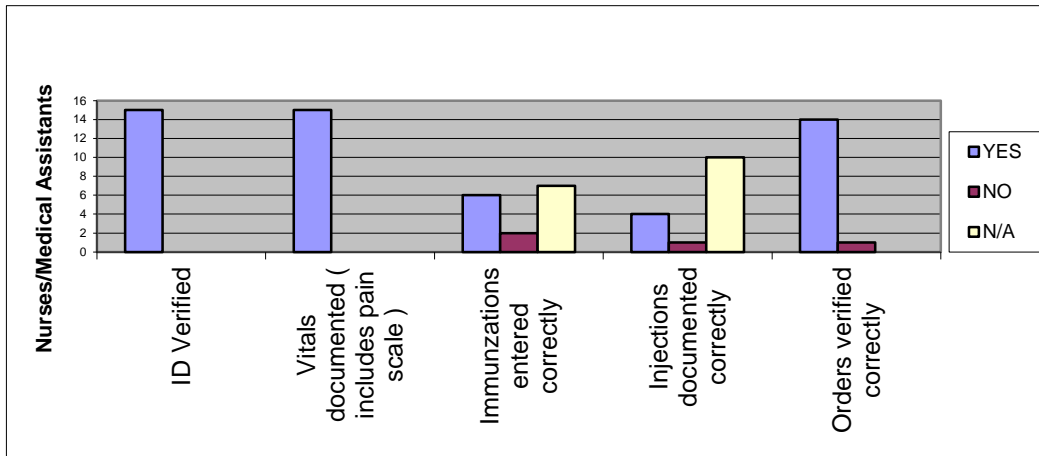
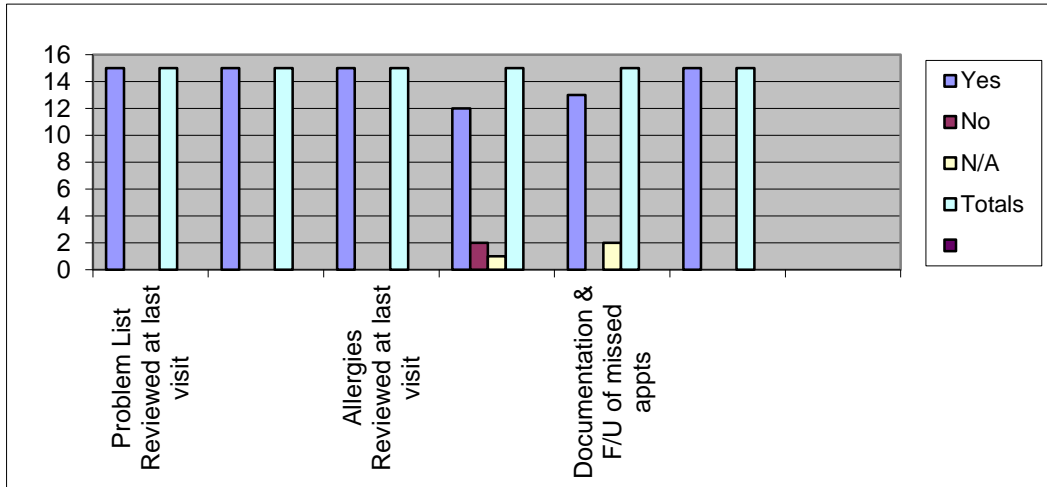


CHELSEA CHAMBERS PA
Record

	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	12	2	1	15
Documentation & F/U of missed appts	13	0	2	15
ID Verification documented by provider	15	0	0	15

Nurses/Medical Assistants

	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	15	0	0	15
Immunizations entered correctly	8	0	7	15
Injections documented correctly	8	0	7	15
Orders verified correctly	13	0	2	15



**Karuk Tribal Health and Human Services
Orleans Medical Clinic
Medical Records Audit
November 1, 2012**

**HEALTH RECORDS-
2012**

Purpose:

To ensure and identify potential areas for improvement in the electronic health records management and documentation processes at the Orleans Medical Clinic in Orleans CA. Record maintenance and proper documentation is crucial for risk management, billing and quality care for our patients.

Goals:

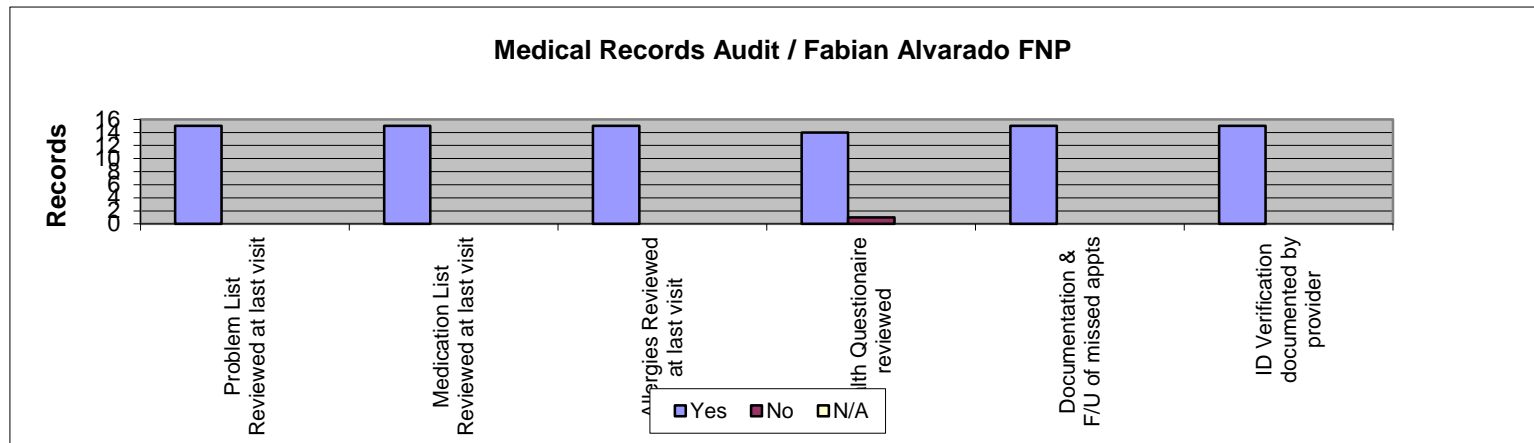
To identify problem areas in the electronic health records management and team. To increase the quality of the electronic health records in the Orleans Clinic area to 100% by JULY 31st 2012

Data:

A review tool will be used to collect specific data from the electronic health records review of 5 males, 5 females and 5 pediatric patients on each provider. A total of 15 patients. Data will be extracted from electronic health records reviews of randomly selected patients on a quarterly basis. The data either has been documented (Yes) or hasn't been documented (no), or non-applicable (N/A). This data will become the baseline and will be compared to following reports to determine if improvements were being made.

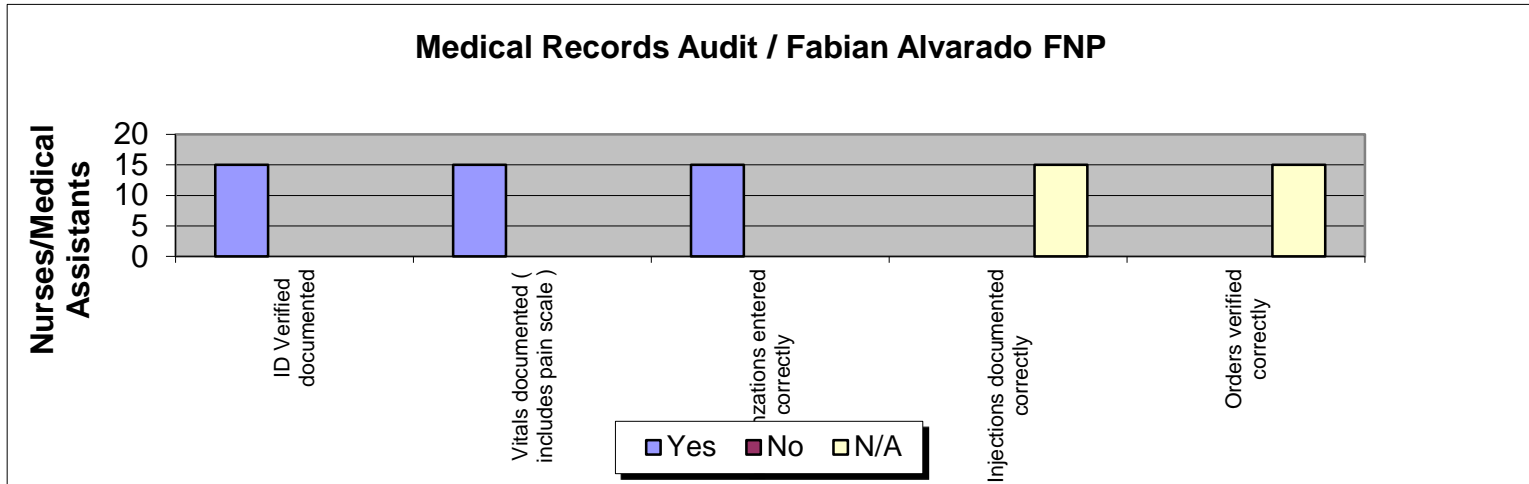
Records:

The first graph shows the Records. The health questionnaire situation has been resolved and right on track.



Nurse/Medical Assistant:

This graph shows the Nurse/Medical Assistant. N/A comes up on the injections documented correctly, this is due to past history. Also Orders verified correctly, there were no orders needed.



Problems / Comparison:

September was a little rocky getting everything into the system due to Fabian being the only one working the back office but that was resolved when help arrived in beginning of October. Considering the situation we were under I think Fabian did a good job. He was eventually able to get everything entered. The rest of the quarter was smooth.

Implementation of Corrective Actions to Resolve:

The Orleans Clinic will work very hard as a team to help remind our provider to go over all Health Questionnaires. We will continue to work as a team to make our Audits at 100%.

Communicated:

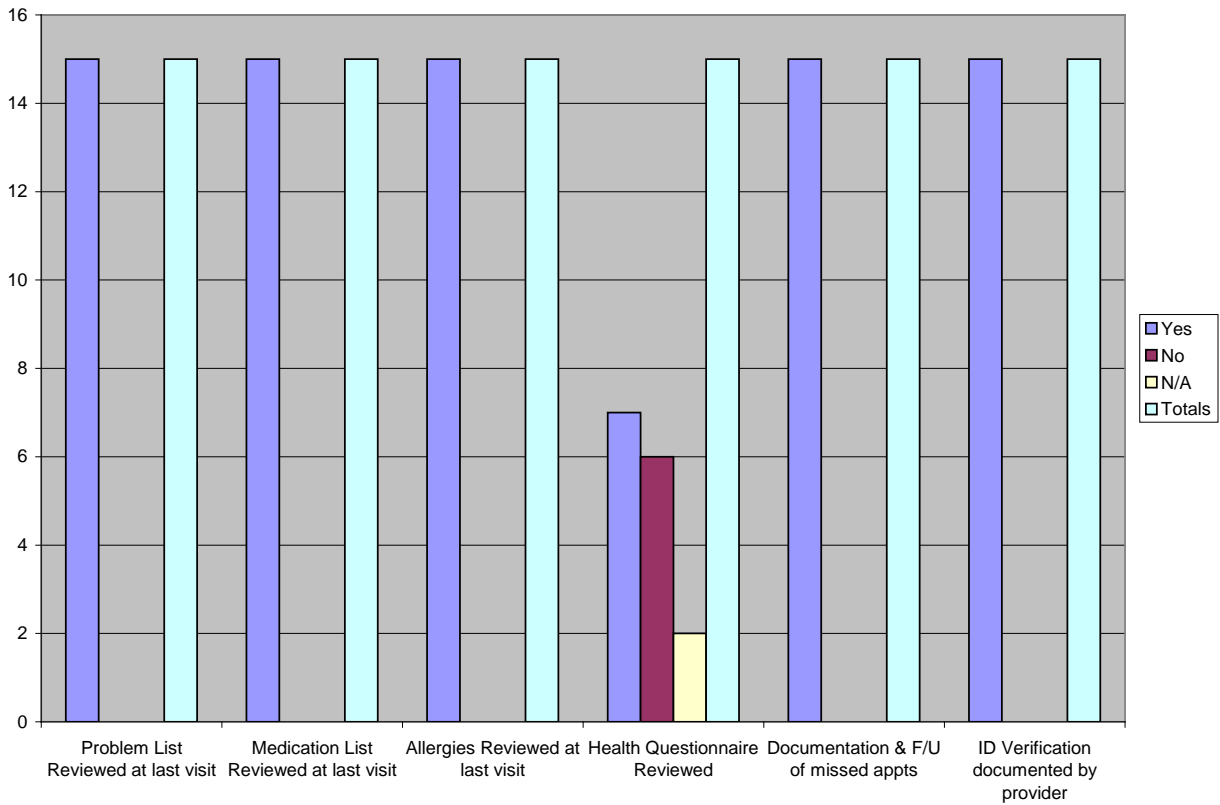
Reported findings to supervisor, ACQI committee and to the Health Board.

Done by Isha Goodwin
Medical Records
12/10/2012

Medical Records Report – Yreka Clinic
 Dr. Milton July-September 2012

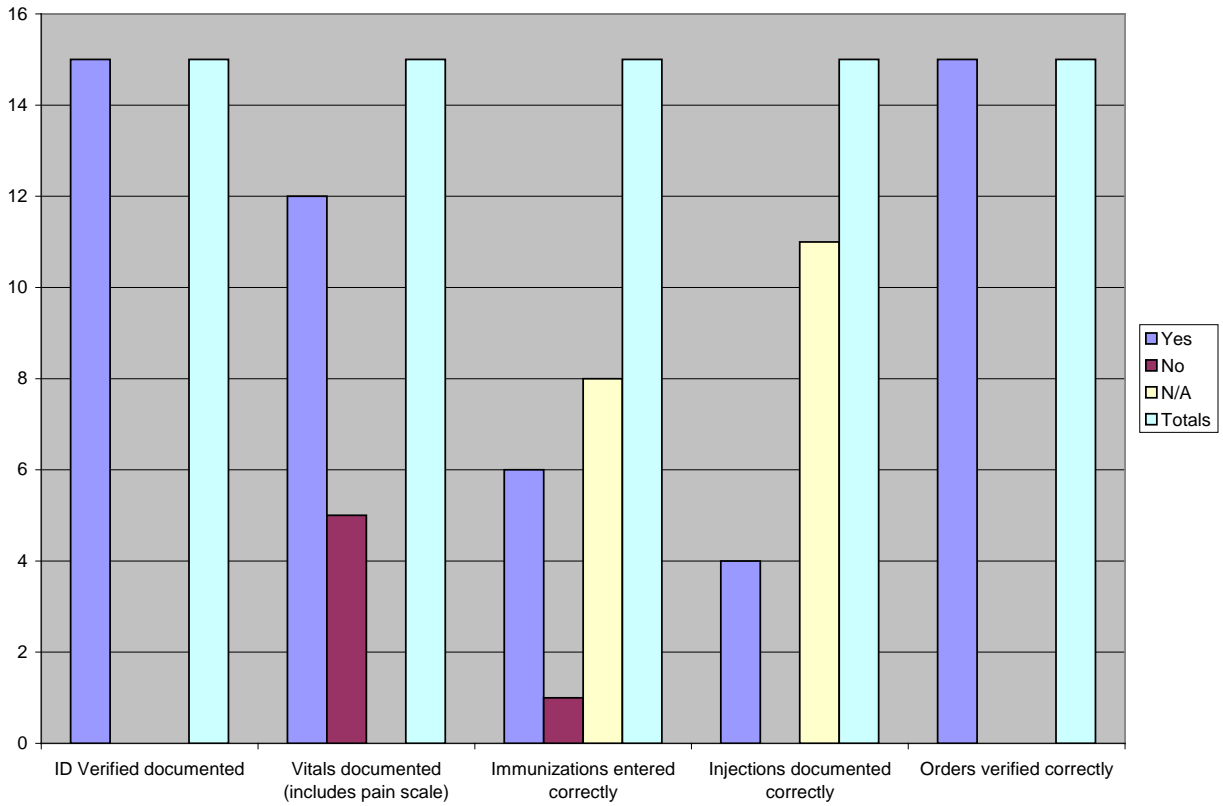
Dr. Milton's Performance

July, August, September 2012	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	7	6	2	15
Documentation & F/U of missed appts	15	0	0	15
ID Verification documented by provider	15	0	0	15



Dr. Milton's LVN/MA Performance

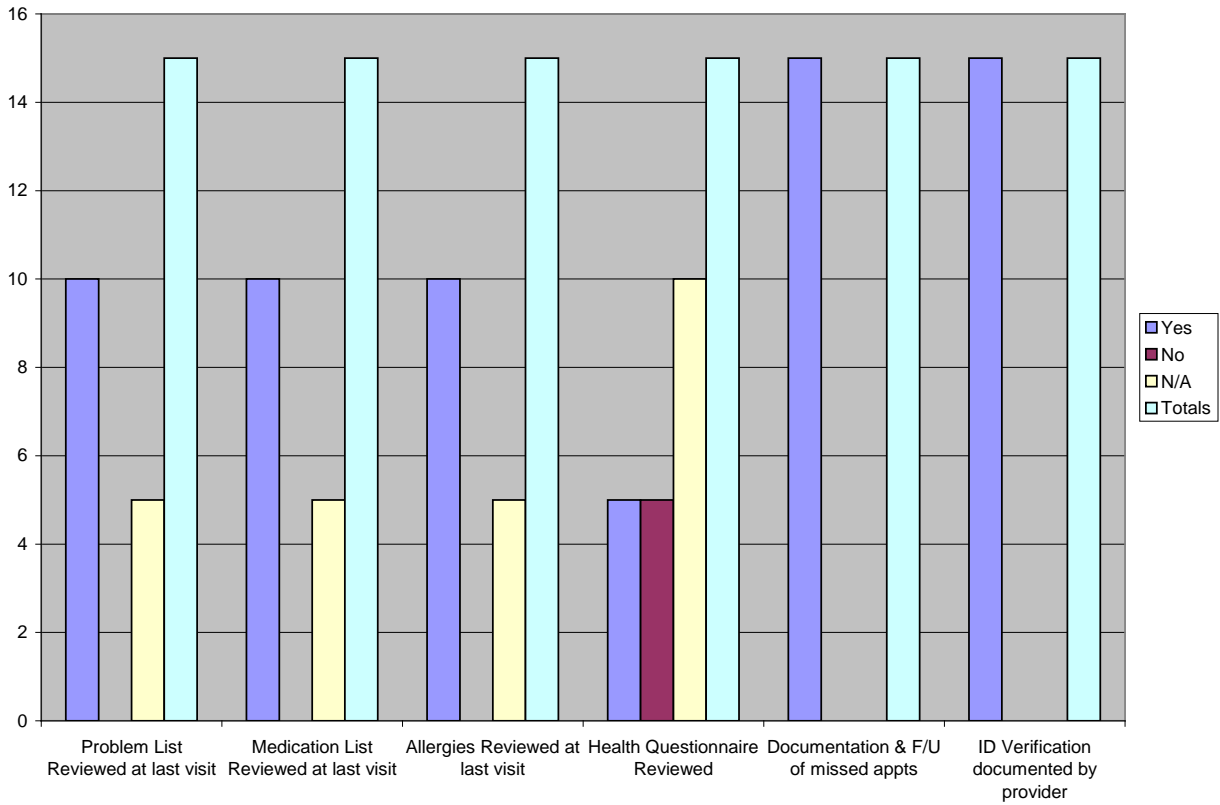
July, August, September 2012	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	12	5	0	15
Immunizations entered correctly	6	1	8	15
Injections documented correctly	4	0	11	15
Orders verified correctly	15	0	0	15



Medical Records Report – Yreka Clinic
 Dr. North July-September 2012

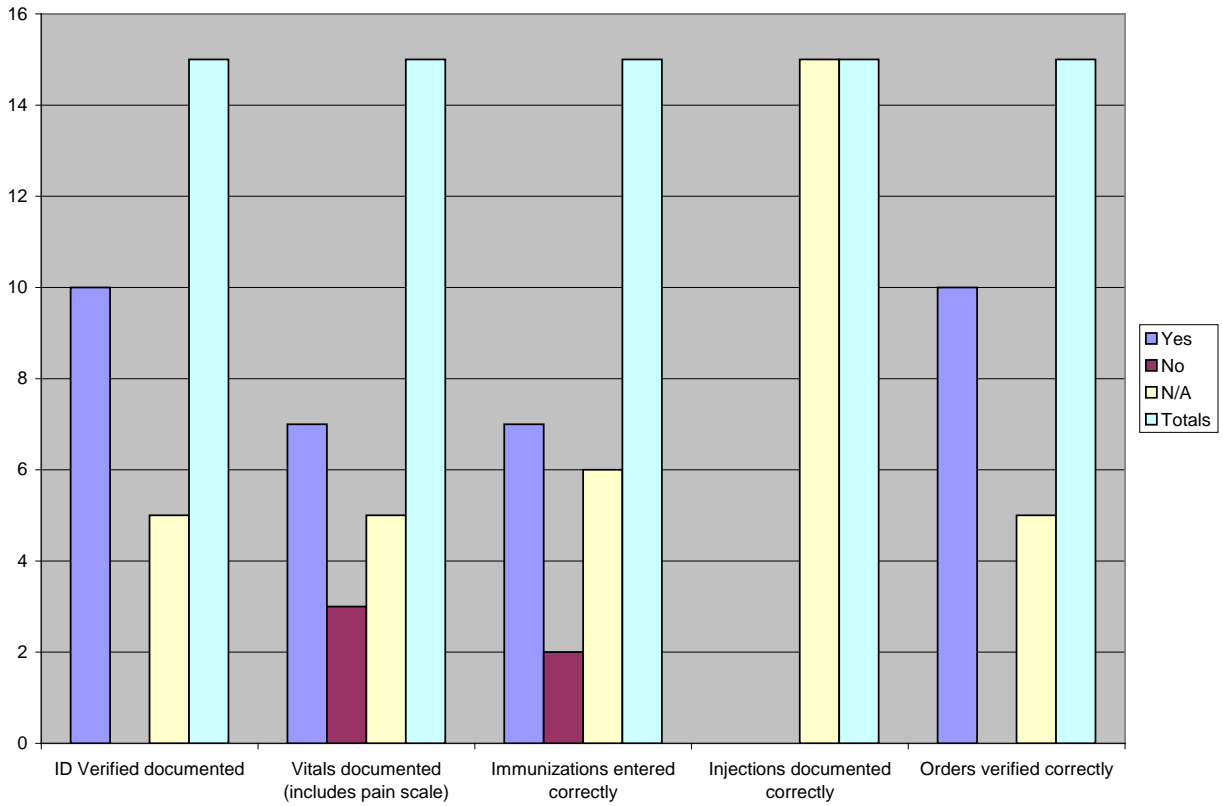
Dr. North's Performance

July, August, September 21012	Yes	No	N/A	Totals
Problem List Reviewed at last visit	10	0	5	15
Medication List Reviewed at last visit	10	0	5	15
Allergies Reviewed at last visit	10	0	5	15
Health Questionnaire Reviewed	5	5	10	15
Documentation & F/U of missed appts	15	0	0	15
ID Verification documented by provider	15	0	0	15



Dr. North's LVN/MA Performance

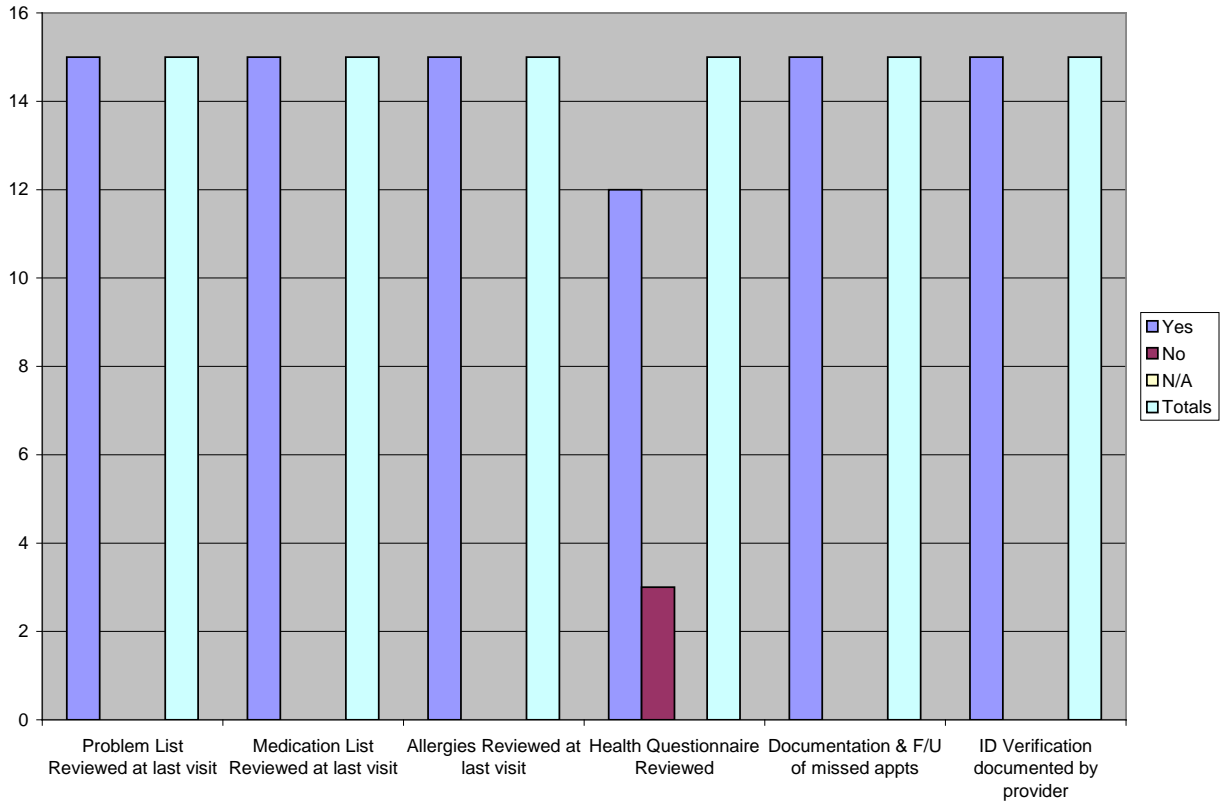
July, August, September 21012	Yes	No	N/A	Totals
ID Verified documented	10	0	5	15
Vitals documented (includes pain scale)	7	3	5	15
Immunizations entered correctly	7	2	6	15
Injections documented correctly	0	0	15	15
Orders verified correctly	10	0	5	15



Medical Records Report – Yreka Clinic
 Judy Blind July-September 2012

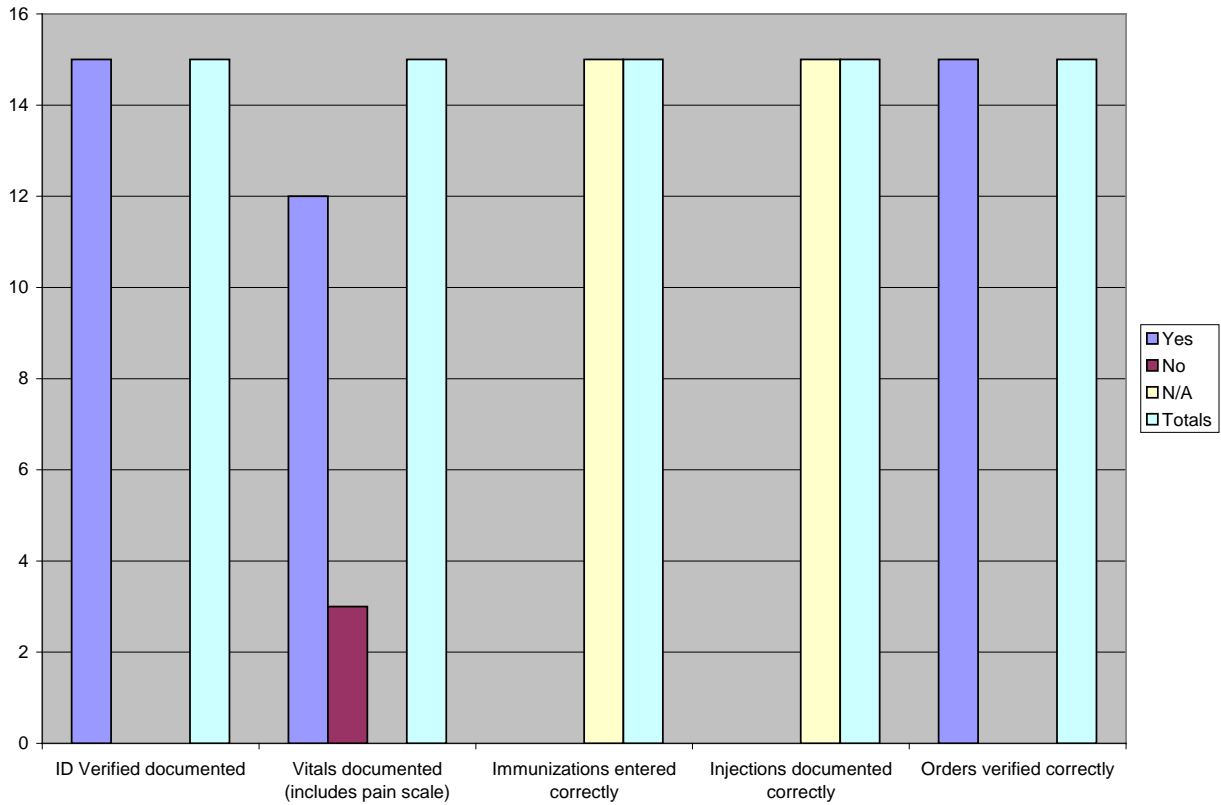
Judy's Performance

July, August, September 2012	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	15	0	0	15
Health Questionnaire Reviewed	12	3	0	15
Documentation & F/U of missed appts	15	0	0	15
ID Verification documented by provider	15	0	0	15



Judy's LVN/MA Performance

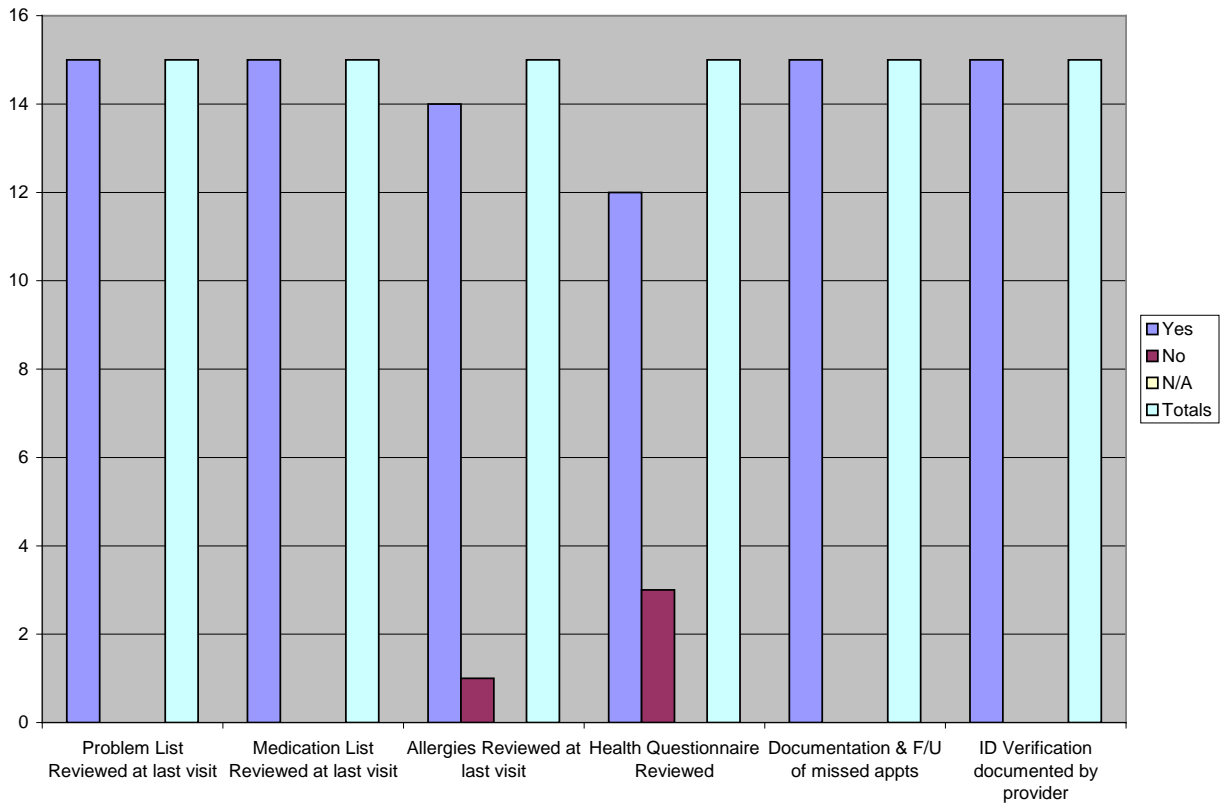
July, August, September 2012	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	12	3	0	15
Immunizations entered correctly	0	0	15	15
Injections documented correctly	0	0	15	15
Orders verified correctly	15	0	0	15



Medical Records Report – Yreka Clinic
 Lisa Rugg July-September 2012

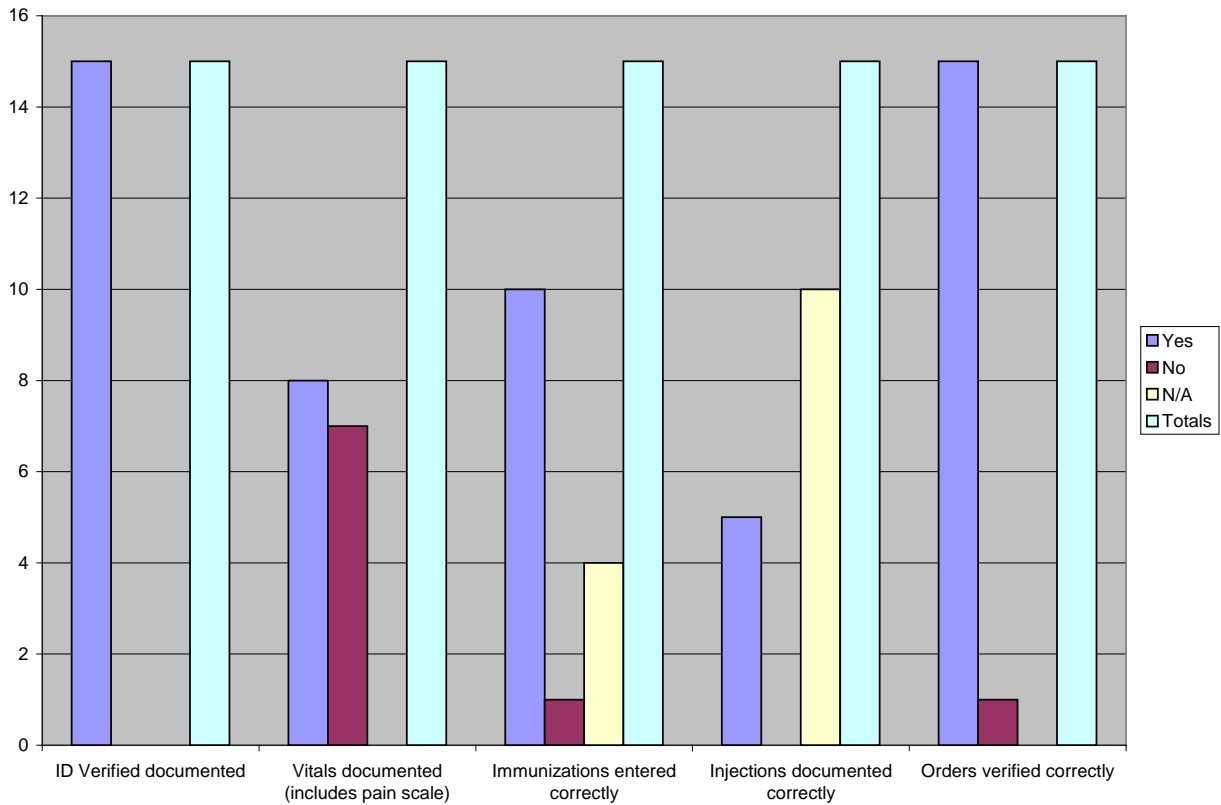
Lisa's Performance

July, August, September 2012	Yes	No	N/A	Totals
Problem List Reviewed at last visit	15	0	0	15
Medication List Reviewed at last visit	15	0	0	15
Allergies Reviewed at last visit	14	1	0	15
Health Questionnaire Reviewed	12	3	0	15
Documentation & F/U of missed appts	15	0	0	15
ID Verification documented by provider	15	0	0	15



Lisa's LVN/MA Performance

July, August, September 2012	Yes	No	N/A	Totals
ID Verified documented	15	0	0	15
Vitals documented (includes pain scale)	8	7	0	15
Immunizations entered correctly	10	1	4	15
Injections documented correctly	5	0	10	15
Orders verified correctly	15	1	0	15



KARUK TRIBAL HEALTH AND HUMAN SERVICES PROGRAM

November 6, 2012

Pap Smear Rates: Will increase by 10% per year for women 24 to 64 years of age

I. Purpose of Study

The purpose of this performance improvement project is to increase by 10% per year the number of women who receive a Pap smear once every three years. This goal is a HRSA goal (for all women **ages 24 to 64**) and a GPRA goal (for Native American women **ages 21 to 64**). The National GPRA **2012 target for pap smears is 59.5%**.

II. Identification of the Performance Goal

Our GPRA pap smear rate in 2008 was 45% (Native American females only), **(55.0% in 2009, 56.2% in 2010, 55.4% in 2011 and 54.4% in 2012)** and the UDS report for 2008 indicated that 36% **(41.5% in 2009, 45.2% in 2010, 53.2% in 2011 and 44.8% through November 5, 2012)** of our female population received a pap smear. The Karuk Tribal Health and Human Services (KTHHSP) program serviced 935 **(853 in 2009, 757 in 2010, 767 in 2011, 707 through November 5th, 2012)** female patients between the ages of 24 and 64 in 2008. A Pap test can save a woman's life. Pap tests can find the earliest signs of cervical cancer. If caught early, the chance of curing cervical cancer is very high. Pap tests also can find infections and abnormal cervical cells that can turn into cancer cells. Treatment can prevent most cases of cervical cancer from developing.

Getting regular Pap tests is one service KTHHSP providers can do for our female patients to prevent cervical cancer. In fact, regular Pap tests have led to a major decline in the number of cervical cancer cases and deaths.

III. Description of the Data

The baseline data for this performance improvement project was taken from the 2008 UDS report which revealed that the KTHHSP had a Pap test rate of only 36%.

IV. Evidence of Data Collection

Our 2008 baseline from the UDS report indicates that 36% of our female clients in the age range received a Pap test. The KTHHSP computer system has the capability of monitoring Pap test data. The program will use both the GPRA report data and the UDS report data to track our Pap smear rates.

V. Data Analysis

At this point we have our baseline 2008 GPRA and UDS data. Further analysis will ensue over the next year.

VI. Comparison of Current Performance Against Performance Goal

Patti White pulled a 'to date' (January through 11/5/12) UDS report. Our Pap rate was **44.8%**. A GPRA Report for 1st quarter 2013 shows that our Native American patient pap rate is lower at **41.1%**.

VII. Implementation of Corrective Actions to Resolve Identified Problem

The following key steps will be instituted with the intended result that our Pap smear rates will increase by 10% per year:

- Define when pap smears are due (i.e. every three years) and define parameters for providers. **(Completed)**

The next two corrective actions have not had the expected results. Providers of women's health exams believe they can do a better job by driving home the importance of pap smears and continuing the reminder program.

- Select biannual days for Women's Clinics in each medical facility. **(Cancelled)**
- Promote Women's Clinic at front desk, throughout clinics, and communities. **(Cancelled)**
- Identify women needing Paps. **(EHR reminders, lists, WH package)**
- Contact patients needing Paps by phone/letter to schedule appointment during Pap clinic. **(In process for 2012)**
- Utilize low-cost incentives **(In process for 2012)**.

VIII. Re-Measurement

At the designated re-measurement time, repeat steps IV and V. Compare the results of the second round of data collection and analysis to the performance goal identified in step II, and determine whether the corrective actions have achieved the desired performance goal.

IX. Implementation of Additional Corrective Actions if Performance Goals Not Met

If the initial corrective actions did not achieve and/or sustain the desired improvement in performance, implementation of additional corrective actions and continued re-measurement will be instituted until the problem is resolved.

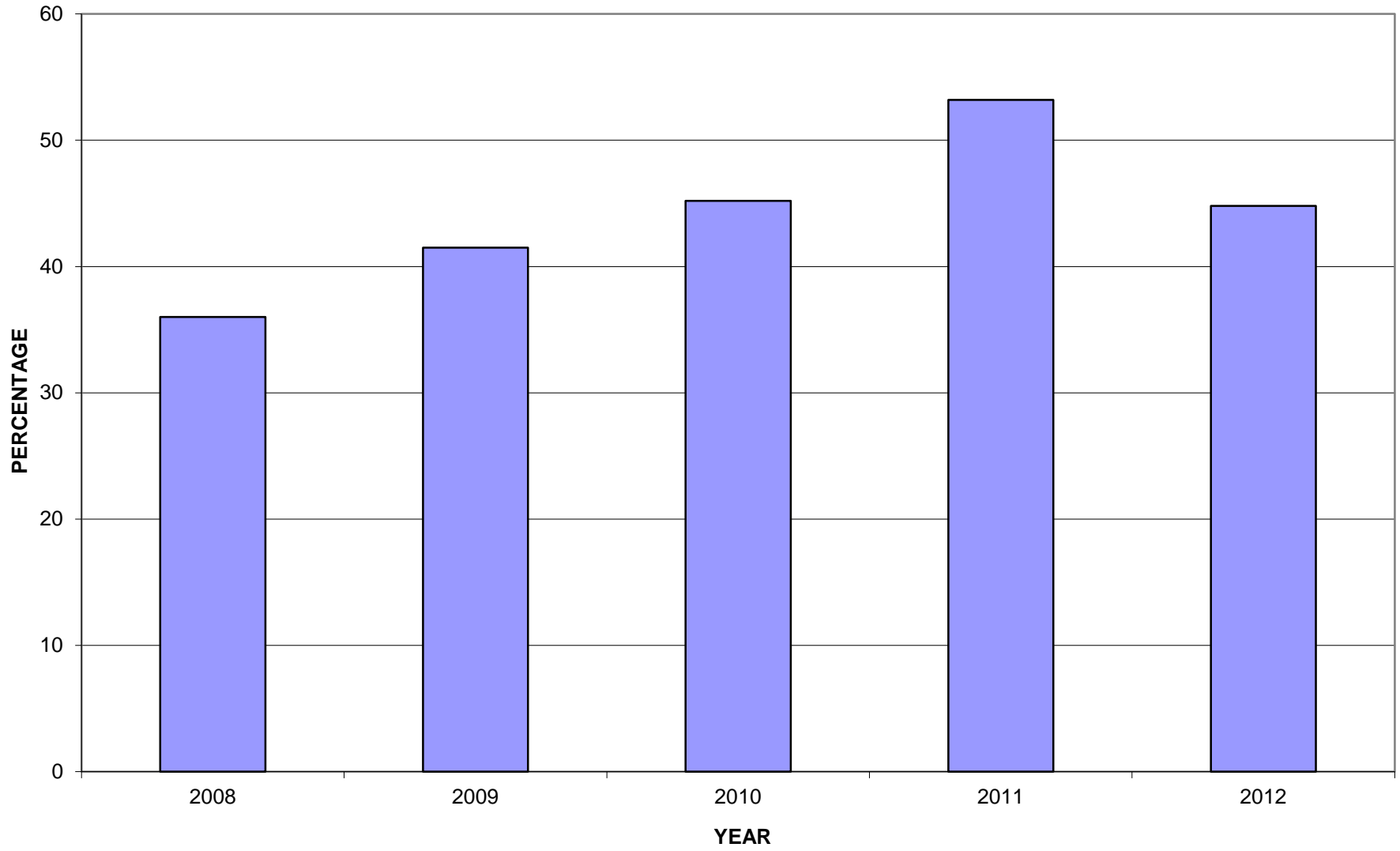
X. Communication to Governing Body

All performance improvement projects are reported on a regular basis to the Tribal Council and posted in each clinic on an employee information bulletin board.

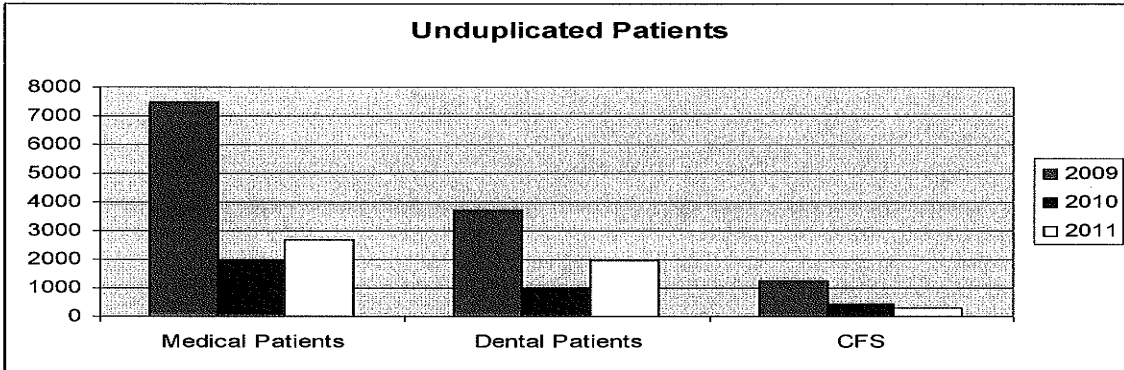
Respectfully Submitted,

Vickie Simmons

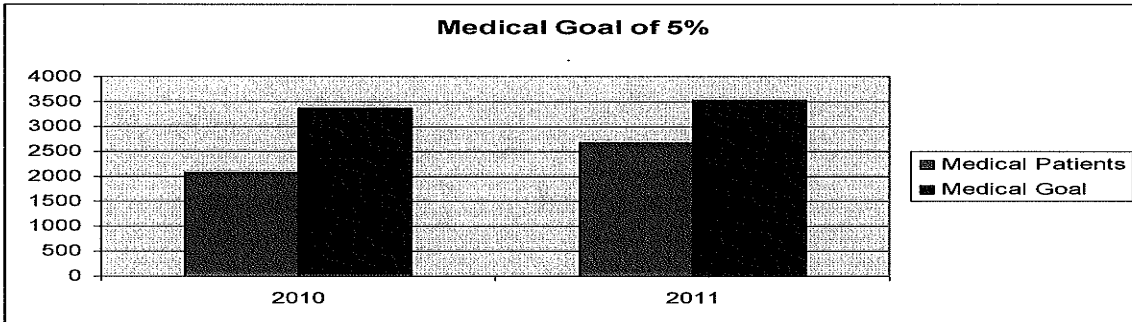
UDS: KARUK PAP SMEAR RATES



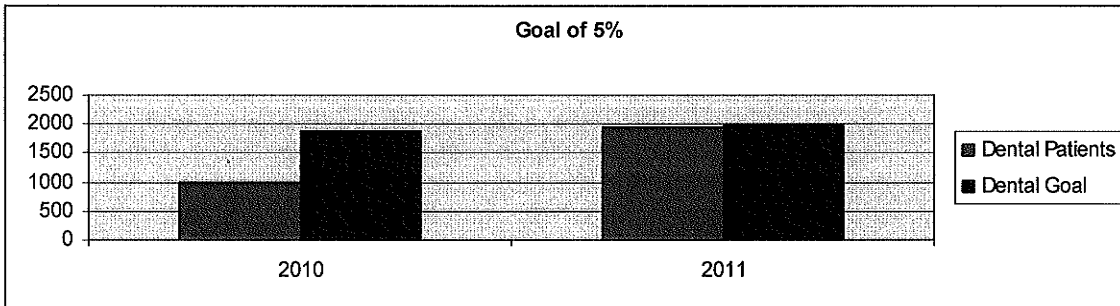
Karuk Tribal Health and Human Services
 Unduplicated Visit Count and 5% Increase Per Year
 November 7, 2012



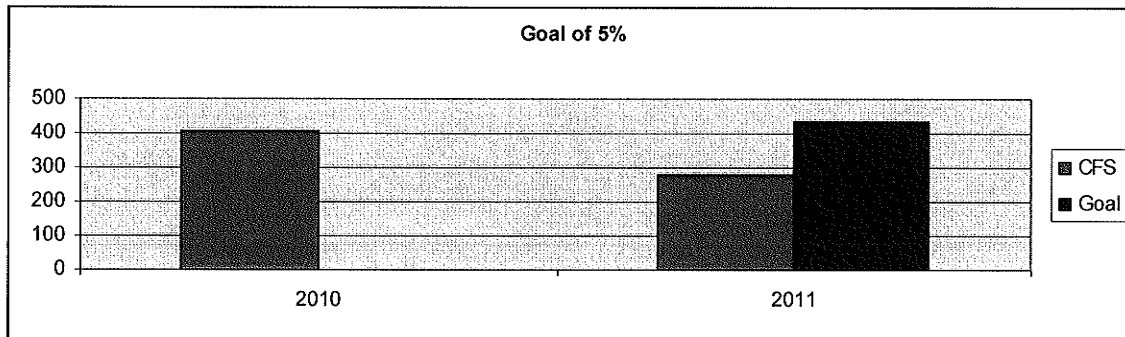
We have been on a learning curve with collection of data, RPMS reports and UDS. The data in 2009 was incorrect so I am omitting it. I can't generate the correct number from the 2009 data. However, 2010 and 2011 data is taken from the annual UDS reports. When we combined each quarter patients were then counted multiple times. The data for my last report did not work out so I changed to this report. Date for 2012 is not available until 2013.



Here I took original projection numbers projected during the HRSA site visit and compared to UDS unduplicated visit count for 2010 and 2011. We have never met the 5% goal in the medical department. However, we did have some unusual circumstances with staffing that contributed to the lower numbers.



The dental department almost reached the 5% goal projected for them in 2011. However, 2010 was quite low.



Child and Family Services data was not projected but we included them. Since we had no projections I took the 2010 data and added 5%. Even at that the goal was not met.

Conclusion:

I believe we selected to high a number (5%) to measure our success by. From another report I found that about 1% unduplicated visits was more accurate.

As AAAHC stated, this is not a CQI report, but a report of our status, so the AAAHC format is not required here. This information is being reported to the committee and will be communicated to the Health Board.

**Plumas County HIV/AIDS Project
November 6, 2012**

For the 4th Quarter 2012 reporting period we had 16 active patients, 13 men and 3 women. That is two less than 3rd quarter; one patient was dropped for non-compliance and one is being seen elsewhere. During the reporting period 7/1/12 through 9/30/12, 15 of 16 patients were seen at least once. Of all patients, 100% are current (within 6 months) on CD4 measurements. All three female patients need annual Pap smears, and only one has just come due. We have been monitoring Hepatitis A, B and C screening but because we are consistently well above 90% on all 3 screenings we have decided to stop monitoring this measure.

CD4 monitoring – 100% for this quarter
Pap smears – 67% (2 of 3 clients, with client #3 just now due)

Findings:

We continue to effectively monitor CD4 counts and hepatitis surveillance on nearly all clients. Pap smears continue to show good currency.

Quality Improvement: The measures we have been following for years are consistently excellent. In discussion with Lisa Rugg, FNP, we've decided to choose new, more relevant quality measures to track. With that in mind, Lisa wants to look at tobacco surveillance rates and substance abuse screening rates for a couple of cycles, see how we are doing with those, and then examine whether interventions are being implemented and how effective they are.



Strategic Planning

We will once again send out an RFP for a Strategic Planning Facilitator. If this fails again, then we will go it on our own by following the guidelines from HRSA.

IHS S Program Director's Meeting November 14 and 15 2012

Margo Kerrigan has hired the Innova Group to strategically plan for the development of two IHS Hospitals which will be located in the south and north. Critical data and criteria will be used to select the perfect location, such as population and population in the near surrounding area, Margo said she now has learned the process for obtaining facilities through her work on the YRTCs.

Strangely enough, the CA Tribes rejected her proposal. An IHS hospital would extend CHS dollars or unobtainable care. I remember several years ago that Arch and I fought for an IHS hospital in CA at an IHS Tribal Consultation. However, the Tribes were displeased with these plans.

I recently asked a program director why they had rejected Margo's proposal and she said because it would take over 20 years to get them and we need the CHS dollars now. Margo will continue with her planning with Innova for now.

GPRAs: California reported on their GPRAs scores. Out of 19 measures, California met 8, which is 21% of the requirements. The IHS California Area Office will host the 2013 California Medical Providers' Best Practices & GPRAs Measures Continuing Education Conference May 20th-23rd, 2013 in Sacramento, CA.

The TARGET AUDIENCE is: physicians, nurses, behavioral health professionals, mid-level practitioners, clinic support staff, GPRAs coordinators, community outreach professionals, Tribal Leaders, healthcare program directors, and other interested community members.

Registration is free.

We are currently in Stage 1 of Meaningful Use and will be moving into Stage 2 soon. Amy Coapman will be monitoring the performance measures required by meaningful use and reporting on them to the State. Amy received complements on her work with meaningful use from HIS and CRIHB.

Steve Viramontes, PHN, CAC spoke on Vista Imaging. Vista Imaging is a scanning process needed to complete the ERH. Eric Cutright has been looking into scanners for quite some time and he has decided Vista Imaging is the best way to go. So hopefully we will be purchasing it soon.

The immunization report was given by Susan DuCore. In 2012, California was at 54.9%, the National Final was 65.0% and the National 2012 target was 63.4%. Susan reported problems with the immunization rate throughout California.

CAO/IHS Budget Formulation Hearings

CAO presented the budget hearings in a manner that requested active involvement from the attendees. Had I known what to expect I would have been better prepared to discuss the budget categories.

The budget priorities for 2015 were:



1. Contract Health Service,
2. Obesity/Diabetes and Complications,
3. Behavioral Health
4. Youth Regional Treatment Center's, and
5. The Indian Health Care Improvement Fund,.

Stakeholder Webinar 7 Visit Limit
 On November 27th, Suzanna Hardenburger and I joined in on a webinar regarding a 7 visit limitation on Medi-Cal patients. There are some that are exempt (like children) and there are a few conditions that provide exceptions. The State however, has not been approved to do this by CMS and Herb Schultz, Region IX was appalled to hear they were planning to go forward on the 7 visit limit when the Federal government hadn't approved it. How can we have managed care when our patients can only be seen 7 times per patient per year? It seems like it defeats the purpose of preventive care.

IHS noted that GPRA scores/rates justify budget allocations.

There is quite a process that a bill must precede until it is completed and approved. For example, House/Senate, Committee, Vote and Written Report, Rules Committee, Floor Activity, Debate and Votes.

Department of Health Care Services
 Suzanna Hardenburger and I attended the Managed Care meeting with the Department of Health Care Services and other pertinent individuals on Friday November 29, 2012. Members of the Board of Supervisors from several counties attended. 7 northern counties have come together through HANC to request that the COHS model become their managed care system instead of a competitive model.

Ambulance Services K'imaw:w Medical Center

The Hoopa Valley Tribe is working very hard to obtain funding for their 24/7 ambulance services. I am attaching a few pages of the brochure they are sending around for your information.

Several other agencies were there such as Anthem Blue Cross, Partnership Healthplan, and Centene.

Physician Chat

Dr. Milton, Annie Smith, Chelsea Chambers and I chatted with Dr. Jason Frodman in regards to the Happy Camp Physician opening. Apparently, he found something else because we haven't heard from him in a week.

The goals of Managed Health Care are:

- Deliver quality care in environment that manages or control cost.
- Care delivered is medically necessary and appropriate for the member's condition.
- Care rendered by most appropriate provider and in least-restrictive setting.

Dr. Oliver, our locum remains with us through the New Year and depending on what Martin Fletcher has planned, he may be here longer. Dr. Oliver will be checking with them.

The County Organized Health System is a:



- Locally developed and operated managed care organization. The Governing Board is approved by County Board of Supervisors.
- Capitated arrangement and full risk contracts/per member/per monthly basis.
- Enrollment is mandatory
- No fee for service option in county.

One of our County Supervisors got up and let the State have it. He said 7 counties have opted for the COHS model and should be carved out for the COHS Model.

In my opinion I don't think the State was listening. There will be more to come as HANC continues to work on this.

Modular Contest

Everyone interested in joining in the contest must donate \$2.00. Then they are to decorate their office door for Christmas. Staff with two people in an office will select another door like the conference room and decorate it. On or around the 10th we will have a judge come over and select the best door. The employee, who wins, wins the pot.

Webinars

1. CRIHB Telemedicine Webinar with Thomas Kim, epidemiologist.
2. Vista Imaging and EHR with Steve Viramontes, IHS.
3. CMS Stakeholder Meeting with CMS.
4. Weekly Office Hours – Same as # 2 above.

Last Quarter Evaluations for 2012

The health program does it's evaluations during the last quarter of the year. I have done 2 and am busy working on the others this week.

CFS

As you approved at the last Board Meeting that we could hire a CFS Director, but I am only half way through with setting up the responsibilities. So hopefully I will be able to get to it this upcoming month.

Pat and Nadine are concerned with wood cutting and hauling into the building, motion lights and gas stealing.

Otherwise they are doing well. I heard from residents that their gas lines have been cut so maybe it's a good thing they can get into the tank without trouble.

What's next; security cameras?

I've heard from Kim Dodge and she says things are going well. However, she is having difficulty finding a part time worker.

Things must have settled down in AOD because I haven't heard of any problems.

I do hear from Shannon, Tracie and Laura but all appears quiet.

I will be meeting with Buster and April sometime soon.

HRSA

Trista Sims, our project director has been assigned to a new position. In the interim we have been assigned Nahleen Heard, who works out of the San Francisco office. I called her this morning to ask her about the whether we were receiving the HRSA grant this time around and she said it looks like we are but that the Notice of Grant Award (NGA) hasn't been released yet. She said she would check into it. So I am happy to hear that we are going to be refunded.



Sequestration?

This act is an authorization of the Budget Control Act of 2011. Right now there is talk of an 8.2% sequestration across the board with the only exemptions being entitlement programs like Medicare and Social Security. This could be repealed if Congress proposes new measures before 2013. I understand that the sequestration will be used for the National Debt.

Karuk Tribe Behavioral Health

Happy Camp and Orleans

Patricia Hobbs LCSW

November 2012

<u>Activity</u>	<u>Happy Camp</u>	<u>Orleans</u>	<u>Total</u>
Individual Patients	18	8	26
# Services Provided	45	16	61
Patient No Show	4	3	7

	DECEMBER 2012 BUDGET			BUSINESS OFFICE	
	December 2012	Happy Camp	Yreka	Orleans	KTHP
Revenue Medical	\$34,067.21	\$44,879.48	\$7,268.05	\$86,214.74	
Revenue Dental	\$6,852.15	\$9,950.56	\$0.00	\$16,802.71	
Revenue Mental Health	\$57.40	\$2,114.39	\$141.80	\$2,313.59	
Revenue Grand Total	\$40,976.76	\$56,944.43	\$7,409.85	\$105,331.04	
	Happy Camp	Yreka	Orleans	KTHP	
Billing NOVEMBER Medical	\$81,008.72	\$70,757.25	\$17,831.70	\$169,597.67	
Billing NOVEMBER Dental	\$11,435.85	\$118,779.00		\$130,214.85	
Billing NOVEMBER Mental Health	\$6,610.00	\$4,712.20	\$2,536.00	\$13,858.20	
Billed Grand Total	\$99,054.57	\$194,248.45	\$20,367.70	\$313,670.72	

**KARUK TRIBE HEALTH AND HUMAN SERVICES
BUSINESS OFFICE HEALTH BOARD REPORT
MEETING DATE DECEMBER 13, 2012**

Data entry remains behind. Medical and dental clinics remain about one month behind . I feel at a total loss of how to bring us back up to speed. Hopefully I will be able to work something out in the near future. I will be going out to Yreka periodically for a while.

Billing is right on top of the data entry staff at this point. Mid-October is now completed.

We have just completed a CRIHB one week training for Medical Terminology and Anatomy class in preparation for the transition to ICD 10. Five members of the Department went for this training. Next time, if it is offered again, I plan on sending the other three members. I did not want to leave the entire data entry and billing dpt. vacant all at the same time.

Thank you allowing me to accompany Lessie to the HANC stakeholders meeting. It was very informative. The field of medicine used to be mostly about the patient and their healthy progress. Even though that is what our government claims they are assuring with all their regulations and intrusive behavior it feels more monetarily regulatory then ever.

We must keep abreast of all these changes and coordinate our choices and behavior appropriately to assure our future success in our health programs.

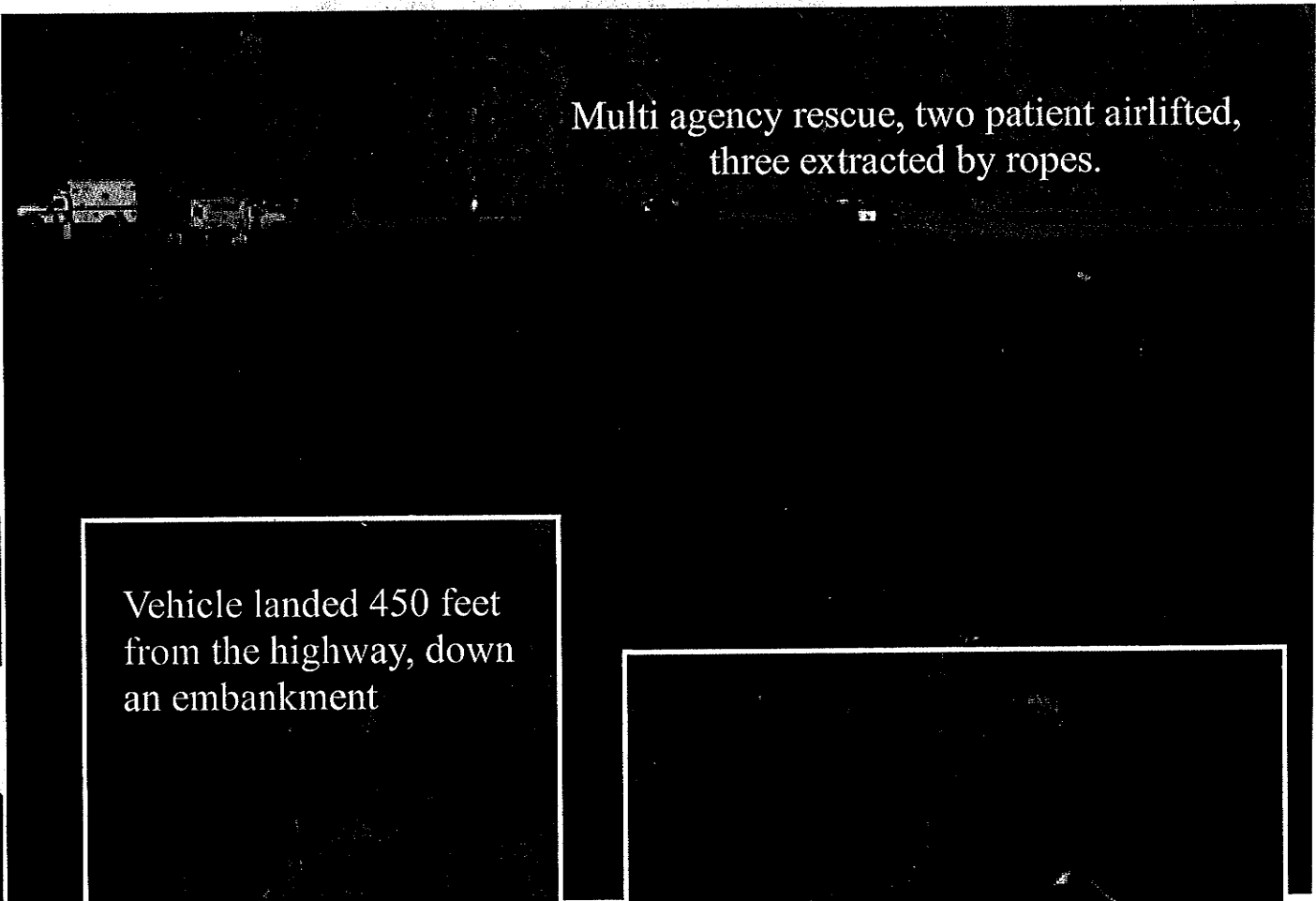
Attached is the month financial reports.

Respectfully submitted.

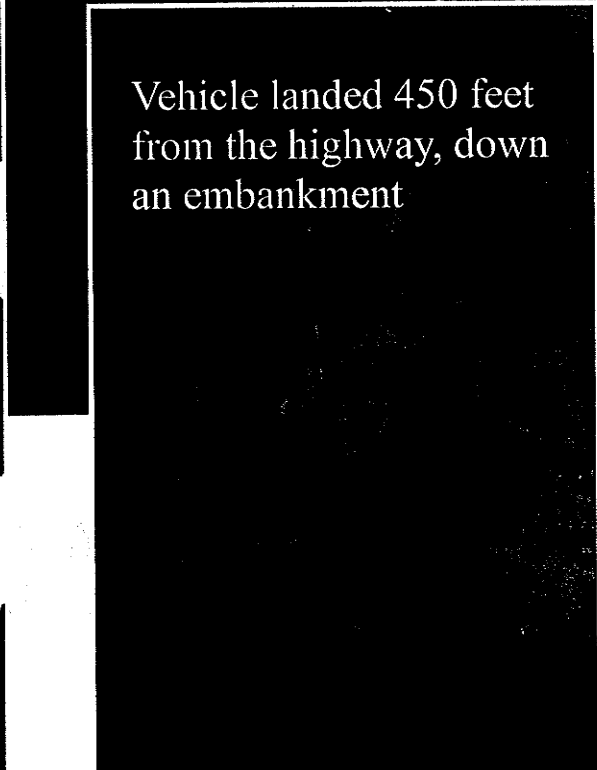
Suzanna Hardenburger, CCS-P

Ambulance Services

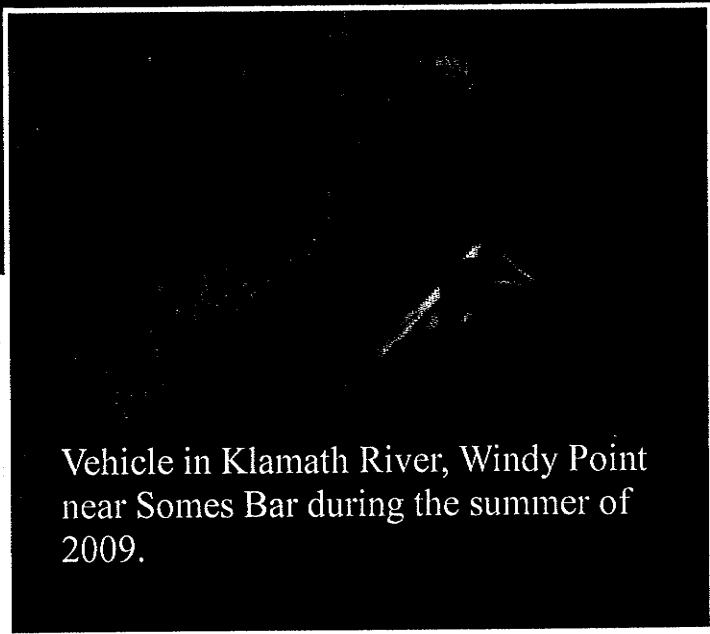
K'ima:w Medical Center
an entity of the
Hoopa Valley Tribe



Multi agency rescue, two patient airlifted,
three extracted by ropes.

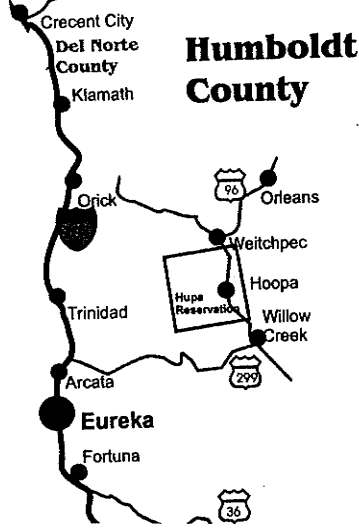
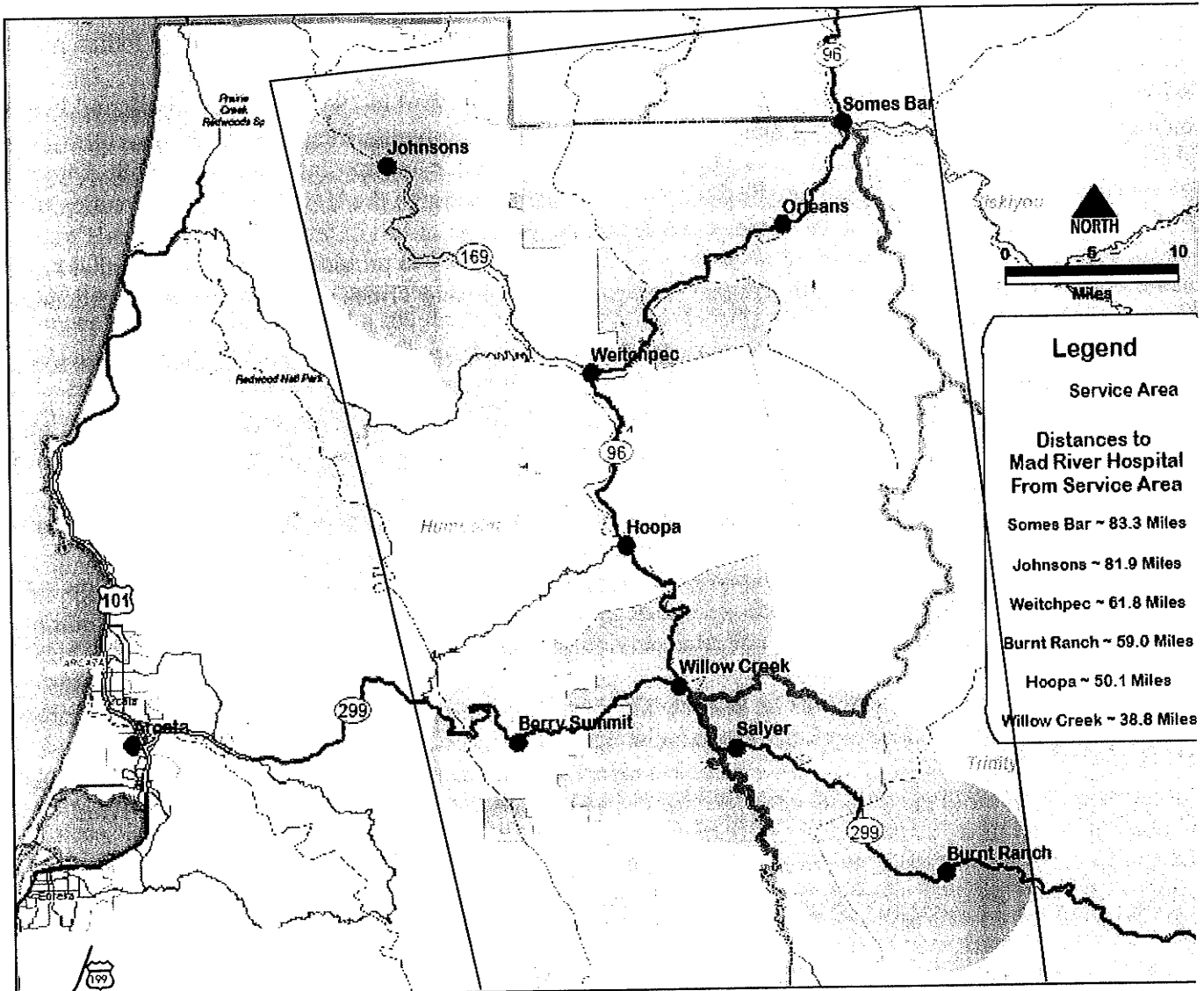


Vehicle landed 450 feet
from the highway, down
an embankment



Vehicle in Klamath River, Windy Point
near Somes Bar during the summer of
2009.

K'ima:w Medical Center Ambulance Service Coverage area



Location

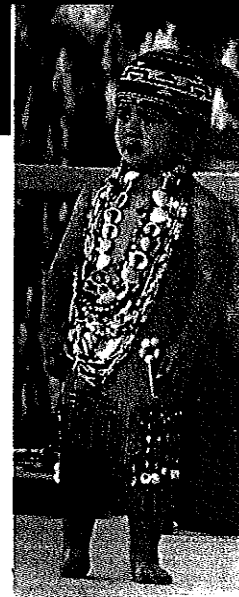
The Hoopa Valley Indian Reservation (like many other tribes) is located in a remote area with difficult terrain – in our case this terrain is mountainous. The nearest hospital is approximately fifty-five miles from the reservation. We provide service to a large geographical area that includes portions of the Yurok and Karuk Indian Reservations. Many transports can be as much as 2 to 3 hours travel time one-way to the nearest hospital. The roads are windy, the terrain is mountainous and steep, and, in the winter, the roads are even more dangerous due to snow and ice. Also, the nearest hospital is a level 4 hospital which can handle basic emergency room protocols. Surgical interventions may require an additional transport of 15 miles to a dif-



The Hoopa Valley Tribe has provided life saving ambulance services through K'ima:w Medical Center for at least two decades, as a Humboldt County Permitted ambulance. The Hoopa Valley Tribe does not receive any funding to provide this critical service. Although we continue to request funding from the Indian Health Service (IHS) to maintain this service for our tribal members, the tribal members of two neighboring Tribes (Yurok and Karuk), and our extended communities, the Indian Health Service does not fund this service. We strongly urge the Indian Health Service honor the federal government's trust responsibility to Tribes to provide health care for Native Americans and provide a line item in the IHS budget for recurring funds for ambulance service.

The population of Hoopa from the year 2000 is 82% Native American:

- Hoopa- 2,633**
- Willow Creek- 1743**
- Orleans- 619**
- Salyer- 647**
- Burnt Ranch- 467**



Equipment



Our ambulances house more special equipment than is normally carried by urban ambulance counterparts. Again due to the terrain and remoteness of our area, our ambulances use more special equipment to

give a patient the best possible chance to reach an emergency room.

These items are diverse and in-

clude item support such as a 12-lead, white water rescue, over the bank rescue equipment, fire shelters and rescue helmets for hazardous environments, IBO and additional CAPP. The ambulance vehicles are leased through GSA and are subsidized by the IHS.

K'ima:w Medical Center still pays \$16,488 for the lease and \$44,000 for fuel annually.



NORTH COAST EMERGENCY MEDICAL SERVICES
Policy #5402; Subject: Scope of Practice/Procedure -
Paramedic

26 Meds paramedics are able to administer:

- a. Activated charcoal.
- b. Adenosine (Adenocard).
- c. Albuterol Sulfate (Proventil, Ventolin).
- d. Aspirin.
- e. Atropine Sulfate.
- f. Bretylium Tosylate (Bretlyol).
- g. Calcium Chloride.
- h. Dextrose 25% and 50%.
- i. Diazepam (Valium).
- j. Diphenhydramine Hydrochloride (Benadryl).
- k. Dopamine Hydrochloride (Intropin).
- l. Epinephrine.
- m. Furosemide (Lasix).
- n. Glucagon.
- o. KCl < 40 mEq/l.
- p. Lidocaine Hydrochloride.
- q. Magnesium sulfate.
- r. Metaproterenol Sulfate (Alupent).
- s. Morphine Sulfate.
- t. Naloxone Hydrochloride (Narcan).
- u. Neosynephrine topical application during nasotracheal intubation.
- v. Oral Nitroglycerine preparations.
- w. Oxytocin (Pitocin).
- x. Procainamide.
- y. Sodium Bicarbonate.
- z. Syrup of Ipecac.

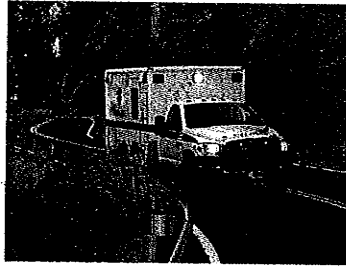
Medicines are used more often to stabilize patients for the long trip to the nearest emergency room.

Lifesaving skills Paramedics can do:

- a. Adult and pediatric endotracheal (ET) intubation and use of Magill forceps.
- b. Adult and pediatric nasotracheal (NT) intubation.
- c. Use of esophageal obturator airway (EOA) or esophageal gastric tube airway (EGTA).
- d. Needle cricothyrotomy.
- e. Defibrillation.
- f. Synchronized cardioversion of conscious or unconscious patients.
- g. Carotid sinus massage/Valsalva maneuver.
- h. Insertion of intravenous (IV) catheters, saline locks, needles, or other cannulae in peripheral veins (including external jugular vein).
- i. Monitor and administer medications through a pre-existing central or peripheral vascular access device.
- j. Intraosseous infusion (IO).
- k. Administration of IV glucose or isotonic balanced salt solutions.
- l. Obtain venous blood samples for laboratory analysis.
- m. Determination of blood glucose level via glucose test strip.
- n. Administration of medications via IV, intramuscular (IM), subcutaneous (SQ), posterior venous plexis, (PVP), endotracheal (ET), nasotracheal (NT), and intraosseous (IO) routes.
- o. Aerosol therapy with small volume nebulizer.
- p. Rectal administration of Diazepam.
- q. Monitoring Potassium Chloride (KCl).
- r. Use of non-invasive diagnostic monitoring devices (e.g., pulse oximetry, end-tidal CO₂ detector).
- s. Adult and pediatric nasogastric/orogastric tube insertion and suction.
- t. Needle thoracostomy.
- u. Monitoring thoracostomy tubes.

Call Volume/Budget/Profitability

On average the cost to operate the KMC ambulance service is approximately \$830,000 annually. To offset the operational costs, K'ima:w bills third party insurance for patients that have insurance coverage. The typical call volume is between 980 and 1,200 calls annually, which is an average of 2.74 calls per day. If the patient has insurance, the reimbursement does not cover the cost of the run in most instances. In addition, the standby cost of the crew waiting for the call is a huge expense. Even if there was an increase in call volume, which has been seen recently, this service will never be profitable. The length of a run in an urban area is approximately 10-15 minutes to a hospital. The minimum call length of runs from our service area range from 45 minutes to 3 hours one-way, the time to restock and return to the area increases the amount of time the ambulance is not in our area and can be as much as 7 hours. When both ambulances are on runs, KMC pays for Arcata Ambulance to standby in our service area. This is not a mutual aid support – this standby service is paid by the hour.



Ambulance FY 2012

Average of approximately 86 ambulance calls each month

37% Medicaid (of Total Calls)

25% Medi-Cal

Medi-Cal pays 18% of the total charge, we write off 82%

12% CMSP (County Medi-Cal or Path2Health Program)

CMSP pays 16% of the total charge, we write off 84%

14% Medicare (of Total Calls)

Medicare allows 39% of our total charge, we adjust 61% as not allowed and are paid 80% of the allowable leaving 20% co-pay to be paid by the patient, 2nd insurances, Medi-Cal or written off for beneficiaries who have no secondary coverage.

19% Private Insurance

Private insurance pays 80% to 100% depending on the type of coverage.

30% No Insurance

18% Private Paying

Private paying patients with low income are offered a Sliding Fee depending on proof of income which may reduce the percentage owing from 95% to 50%.

12% Beneficiary Patients (eligible Native Americans)

Eligible Indians with no insurance

Communication/ Addresses



Our area is rural and does not have street names that show up on a GPS or map. Many times there may not be cell phone or even telephone service. The K'ima:w Medical Center supports the local emergency dispatch and their radio system with \$50,000 annually. The ambulance is able to communicate with the local dispatch through cell phones (with boosters) and 3 med-net radios. Maintaining dispatch service locally is essential because the dispatchers need to know the area in order to direct the ambulance crew to the call. Also, new employees spend time learning the area and where people live.

An example of this: A person calls with instructions to their home which likely includes directions to leave the highway on a certain road. Go down the road until you come to a dead oak tree or fence remnant, maybe a reference to a popular barn that is no longer there, or even a reference to someone's old homestead (long since burned down) or an abandoned car.

For example: Go down Pine Creek road, there is a blue house on your right with stain glass windows, take the road before that house. If you went to the Rodeo Grounds you went to far.

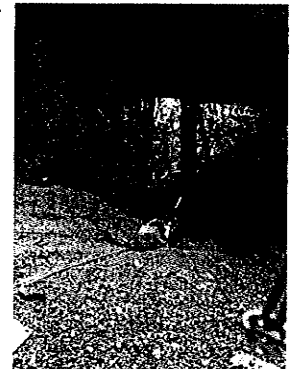


Qualified Staffing / Training

The K'ima:w Medical Center Ambulance service provides staffing for two ambulances with four staff, 24 hours per day, 7 days per week, 365 days per year. Both units are Advanced Life Support (ALS) units. All paramedic personnel have current California paramedic licenses, advanced cardiac life support, pediatric advanced life support, pre-hospital trauma life support, and over the bank rope rescue training. Emergency Medical Technician (EMT's) staff members are certified and also receive over the bank rope rescue training.

The employees must have this specialized training in order to ensure the most beneficial outcome for our patients in the most dire situations and due to the extremely long transport times from our area to a local hospital. For example, if a car accident results in the car going over the bank and into the river 200 feet below, our personnel must be able to rescue the patient from the scene. If a person has a heart attack, our paramedics must be able to administer life-saving medications and keep the person alive for a much longer than normal transport time to the hospital due to the distance involved.

The Hoopa Tribe has left some shares with IHS to provide some of the training for our staff.



RPMS
Karuk Tribal Health and Human Services Program
Health Board Meeting
December 13, 2012
Patricia White, RPMS Site Manager

RPMS Requests for November:

- 4 requests to add new users to RPMS. This includes users that Amy Coapman added to the system.
- 4 requests for data or reports from RPMS. All completed.
- 4 request for end user support. (Reset passwords, access problems etc.)

Operations Summary: Attached is an *Operational Summary* for October 2012. In October we had 1,634 visits. See the report and graphs for the breakout of visits by location, clinic type, and provider type. The summary contains the ten leading purposes of visits by diagnosis code and the dental service categories.

Other Activities in November:

- **November 1 & 8, 2012:** Reference Lab Webinars-I participated in conference calls on these days in preparation for the bidirectional lab interface. For a number of years we have been working with IHS and Quest Labs to have a working bi-directional interface with Quest. This would allow us to order labs in the RPMS/EHR and also receive back test results. We have been receiving results back into RPMS but have not been able to order the test from RPMS.
- **November 14, 2012:** Attended the Bi-Annual Health Staff Meeting. This was an all-day event.
- **November 7 & 16, 2012:** I participated in E-RX Conference calls. These calls were the final set up to go to e-prescribing. We were scheduled to go live with electronic prescriptions on November 7th, but there were some firewall issues that had to be resolved between NOSC (Network Operation Security Center) at IHS, California Area Office (CAO) of IHS, and the Tribes Computer systems. The issues were resolved and we went live on November 16th. Amy Coapman has facilitated much of our set up and has the lead on this project. She has done a great job with this project. All of our providers have the capability of ordering prescriptions electronically. We initially started with Orleans Clinic, but since all went smoothly for Fabian, Amy configured the remaining providers within a few days. The providers can order prescriptions (except for certain class II drugs) via the computer from a patient's pharmacy at the time of the visit.
- **November 9 & 16, 2012:** RPMS/EHR Office Hours conference calls. Each Friday IHS has a conference call regarding EHR, Meaningful Use, and other RPMS issues. This helps us to stay informed and up to date on many things that affect our Health Program.
- **November 27, 2012:** I conferenced with Michelle Martinez at the CAO-IHS and was updated on export processes. Each month data is exported to IHS on the number of patients and visits that are seen in our clinics. The data is uploaded from the area office to the National Data Warehouse (NDW).

"Specifically, the IHS National Data Warehouse gathers, stores, reports, and allows easy access to accurate historical data. It is custom designed to meet the administrative and clinical needs of Indian health end users nationwide. It includes a national enterprise-level database that provides a relatively complete, historical repository of patient registration and encounter information dating back to October 2000."

IHS determines our Indian Patient counts from the data we send them. These numbers help determine our funding from IHS each year.

- **November 29, 2012**- I listened in on a webinar from IHS on meaningful use (MU) measures. This training was to assist us to achieve and maintain Stage 1 performance measures for MU. There are 15 performance measures we will need to meet to fully achieve MU. This training only focused on 4 of them.
 - Clinical Summaries
 - Patient Reminders
 - Medication Reconciliation
 - Patient Specific Education

This session was to examine the four measures, configure them, and integrate workflow in to clinic and EHR Processes. This e-learning class was a 6-hour session.

- **November 28, 2012**: I attended the monthly Executive Director's Advisory Committee Meeting.
- **Health Program Policy Folder**-I created a folder that contains copies of all of the Karuk Tribal Health and Human Services Programs policies. Dale Josephson helped me place it on the file server and configure the settings to make it a "read-only" folder. This will allow health employees to always have access to the latest policies of the program.

Update: *Dentrix Interface with RPMS*-I have sent the contract off for signature and once all are signed, Cimarron Medical Informatics, LLC will begin the process of creating the interface to RPMS. The project should be completed by mid-January 2013.

Budget: Period ending November 30, 2012

Program	RPMS
Budget Code	3000-77
Program Year	2012-2013
Expenses to Date	\$16,0497.82
Balance	\$218,642.14
Percent used	7.05%

Respectfully Submitted,

Patricia C White, RPMS Site Manager

**OPERATIONS SUMMARY FOR KARUK TRB HP Service Unit
FOR OCT 2012
Prepared for December 13, 2012 Health Board Meeting**

(Note: In parentheses following each statistic is the percent increase or decrease from the same time period in the previous year. '**' indicates no data is present for one of the two time periods.)

PATIENT REGISTRATION

There are 17,188 (+4.6) living patients registered at this SU. This number does not represent the 'Active User Population' which is found elsewhere in PCC Reports. There were 72 (+4.3) new patients, 1 (-80.0) births, and 3 (-25.0) death(s) during this period. Data is based on the Patient Registration File.

THIRD PARTY ELIGIBILITY

There were 2,607 (+0.2) patients enrolled in Medicare Part A and 2,494 (+0.1) patients enrolled in Part B at the end of this time period.

There were 54 (+5.9) patients enrolled in Medicare Part D.

There were also 5,707 (+1.5) patients enrolled in Medicaid and 4,245 (+2.6) patients with an active private insurance policy as of that date.

CONTRACT HEALTH SERVICES

Total CHS expenditures (obligations adjusted by payments) for this period were 89,670.57 (+50.2). The number and dollar amount of authorizations by type were:

57 - DENTAL	24	21800.6
64 - NON-HOSPITAL SERVICE	915	67869.97

DIRECT INPATIENT

[NO DIRECT INPATIENT DATA TO REPORT]

AMBULATORY CARE VISITS

There were a total of 1,634 ambulatory visits (+10.6) during the period for all visit types except CHS.

They are broken down below by Type, Location, Service Category, Clinic, Provider Discipline and leading Diagnoses. These do not equate to 'official' APC Visits which are identified in other PCC Reports.

By Type:		
TRIBE-638 PROGRAM	1,634	(+10.6)
By Location:		
YREKA	869	(-6.8)
KARUK COMM HEALTH CLINIC	587	(+30.2)
ORLEANS	178	(+89.4)

By Service Category:		
AMBULATORY	1,612	(+10.9)
TELECOMMUNICATIONS	22	(-8.3)
By Clinic Type:		
PHYSICIAN	502	(-1.4)
FAMILY NURSE PRACTITIONER	298	(+5.7)
DENTAL	229	(-39.3)
PHYSICIAN ASSISTANT	190	(+726.1)
NURSE CLINIC	159	(+40.7)
ALCOHOL AND SUBSTANCE	87	(+3.6)
MENTAL HEALTH	48	(+0.0)
TRANSPORT	42	(+4,100.0)
CHR	33	(+94.1)
BEHAVIORAL HEALTH	22	(**)
CHART REV/REC MOD	10	(+42.9)
PHN CLINIC VISIT	8	(+60.0)
TELEPHONE CALL	3	(-70.0)
TELEMEDICINE	2	(**)
NO CLINIC	1	(**)
By Provider Type (Primary and Secondary Providers):		
HEALTH AIDE	818	(+41.5)
MD	508	(-17.5)
PHYSICIAN ASSISTANT	323	(+976.7)
NURSE PRACTITIONER	311	(+8.4)
DENTIST	231	(-39.2)
LICENSED PRACTICAL NURSE	170	(-20.6)
ALCOHOLISM/SUB ABUSE COUNSELOR	87	(+3.6)
HEALTH RECORDS	78	(+178.6)
LICENSED CLINICAL SOCIAL WORK	70	(+45.8)
CLINIC RN	63	(+687.5)
COMMUNITY HEALTH REP	56	(+211.1)
UNKNOWN	32	(-70.6)
DENTAL HYGIENIST	19	(-56.8)

The ten leading purposes of ambulatory visits by individual ICD Code are listed below. Both primary and secondary diagnoses are included in the counts.

By ICD Diagnosis		
1.	VACCINE FOR INFLUENZA	417 (+56.2)
2.	DENTAL EXAMINATION	229 (-39.3)
3.	HYPERTENSION NOS	147 (+54.7)
4.	VACCINATION FOR DTP-DTAP	75 (+114.3)
5.	HYPERLIPIDEMIA NEC/NOS	73 (+69.8)
6.	LUMBAGO	71 (+69.0)
7.	DEPRESSIVE DISORDER NEC	61 (+35.6)
8.	TOBACCO USE DISORDER	59 (+40.5)
9.	DMII WO CMP NT ST UNCNTR	57 (+23.9)
10.	ALCOHOL ABUSE-UNSPEC	57 (-3.4)

CHART REVIEWS

There were 1,210 (+16.9) chart reviews performed during this time period.

INJURIES

There were 79 visits for injuries (+33.9) reported during this period. Of these, 20 were new injuries (**). The five leading causes were:

1.	KNIFE/SWORD/DAGGER ACC	3	(+200.0)
2.	FALL FROM SLIPPING NEC	3	(+50.0)
3.	OVERXRT-SUDN STREN MVMT	3	(-50.0)
4.	PEDAL CYCLE ACC-PEDEST	2	(**)
5.	FALL NOS	2	(+100.0)

EMERGENCY ROOM

[NO EMERGENCY ROOM VISITS TO REPORT]

DENTAL: Note that not all Data Entry is complete at this time

There were 197 patients (-36.7) seen for Dental Care. They accounted for 229 visits (-39.3). The seven leading service categories were:

1.	FIRST VISIT OF FISCAL YEAR	194	(-36.8)
2.	HYPERTENSION SCREENING	81	(+0.0)
3.	LOCAL ANESTHESIA IN CONJUNCTION WIT	74	(-16.9)
4.	INTRAORAL PERIAPICAL, SINGLE FILM	55	(-53.8)
5.	PATIENT REVISIT	38	(-47.9)
6.	LIMITED ORAL EVALUATION - PROBLEM F	36	(+12.5)
7.	BITEWINGS, SINGLE FILM	27	(+575.0)

IN-HOSPITAL VISITS

[NO IN-HOSPITAL VISITS TO REPORT]

PHARMACY

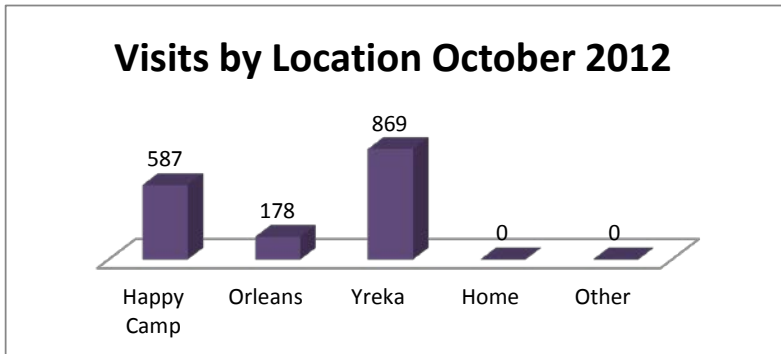
There were 1,767 new prescriptions (+48.9) and 1 refills (+0.0) during this period.

RUN TIME (H.M.S): 0.1.0

Operations Summary Graphs

Visits by location October 2012

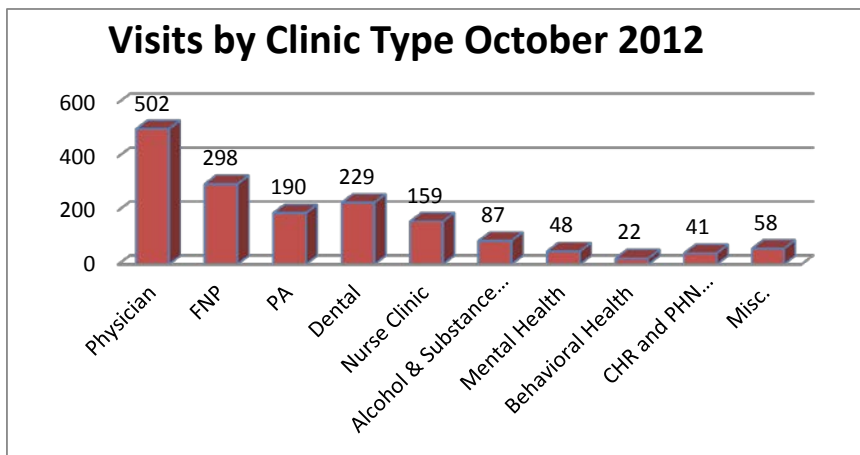
Happy Camp	587	
Orleans	178	
Yreka	869	
Home	0	
Other	0	
Total	1634	



Visits by Clinic Type October 2012

Physician	502	
FNP	298	
PA	190	
Dental	229	
Nurse Clinic	159	
Alcohol & Substance Abuse	87	
Mental Health	48	
Behavioral Health	22	
CHR and PHN (Outreach)	41	
Misc.	58	
Total	1634	

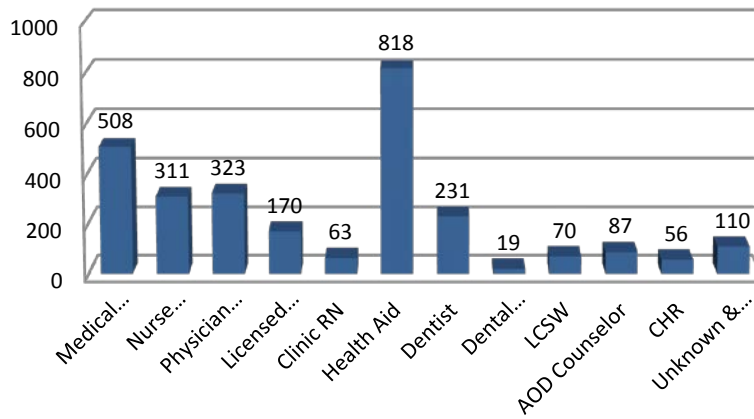
*Misc includes Transport, Telemedicine
Chart Reviews, Telephone Calls



Visits by Provider Type October 2012

Medical Doctor	508	
Nurse Practitioner	311	
Physician Assistant	323	
Licensed Practical Nurse	170	
Clinic RN	63	
Health Aid	818	
Dentist	231	
Dental Hygienist	19	
LCSW	70	
AOD Counselor	87	
CHR	56	
Unknown & other	110	
Total	2766	

**Visits by Provider Type (Primary & Secondary Providers)
October 2012**



Karuk Tribe

Karuk Tribal Health Board Report For Meeting Date December 13, 2012



Dental Yreka Report as of November 30, 2012

1. Our continuing clinic hours of 7:30-5:30 Monday through Friday is working exceptionally well and patients are able to be seen in a timely manner within four to six weeks time for repeat appointments.
2. The support staff (other than the assistants), is joining us at 8:00-5:00 with an hour break for lunch and are enjoying the busyness of the practice. We are continuing to see emergency patients on Tuesdays and Thursdays and we average 12-15 patients seen during our regularly scheduled patients. Additionally, we have a dedicated operatory for the emergencies and whenever a doctor is available, that emergency patient is seen and either treated, referred to a specialist or asked to call back in several weeks to decrease the scheduling burden. Every other week we have emergencies on Wednesday in addition to Tuesdays and Thursdays and this helps to ease the emergency patient burden.
3. The Dentrax System that we launched last month has been wonderful and Patti White has been working on acquiring an interface that will be of different origin than would have originally been planned, but will save the tribe thousands of dollars and will allow our two systems to communicate so that double entries are not required as has been done in the past (will save hundreds of hours as well).
4. Our position for a full time DA/RDA closed mid-November and we hired an RDA, Dawn Mechling, who comes to us with a wonderful background in dentistry and we are pleased to have her join our team here in Yreka!
5. Dr. Veronica Brassae started work on November 1st seeing patients here in Happy Camp. She seems to have made the transition well and we hear wonderful things about her skills and personality!
6. Donita Hill, our Yreka dental hygienist, held a Dental Screening and Fluoride Varnish Clinic at the Karuk Head Start in Yreka, CA. During this clinic, thirty-three children were screened for dental disease and received fluoride varnish treatment. Additionally, each child was given a new toothbrush and timer. This clinic was the first in a series of three scheduled at the Head Start per the clinics' MOA Agreement with Head Start for the school year 2012-2013. She was assisted with this clinic by Jessica Courts, RDA. The findings from this field clinic show that eleven of the thirty-three children served have no current active, visible decay. However, of these eleven children, seven have had previous decay experience that has been treated.


Twenty-two of the thirty-three children had active, visible decay and their parents were notified with a written evaluation sheet and recommendation that their child see a dentist for treatment. As you can see from the previous statistics, only four of the thirty-three children screened have never had a dental caries experience (12%), while twenty-nine of the thirty-three children screened have had a dental caries experience (88%). The Yreka clinic has two additional Fluoride Varnish clinics scheduled at the Yreka Head Start on January 30, 2013 and April 24, 2013. We will keep you updated as information is collected.

7. The Yreka Dental Clinic was visited by representatives from the American Dental Association (ADA), on November 1, 2012. The visit was in association with the Community Dental Health Coordinator (CDHC) Pilot Program, sponsored by the ADA, that our clinic hygienists, Nichole Hokanson and Donita Hill, participated in per Tribal Resolution 10-R-042. The purpose of the ADA visit was to obtain video footage of staff and community interviews, CDHC community activities and the environmental and economic settings of Siskiyou County. The ADA will be making this footage into two videos that they will use to educate Community Colleges and Universities across the Nation about the CDHC Program, in hopes that they will choose to add the CDHC Program to their Academic Curriculum. They will also use the videos to encourage non-profit Foundations to fund the CDHS Programs through grants made available for this use, with the objective of increasing access to dental care for underserved populations. We will bring the videos to the Health Board Meeting when it becomes available to us to share with the council.

Dental Budget Report

1.	<u>I.H.S. Budget 3000-41- Yreka Dental - Appropriations – \$902,326.26 year to date Expenditures \$89,922.77– Outstanding Encumbrances- \$ 309.41-Unencumbered Balance \$812,094.08 - used 0.099%</u>
2.	<u>I.H.S. Budget 3000-42–HC Dental– Appropriations - \$593,071.50 - year to date Expenditures \$49,447.11 - Outstanding Encumbrances- \$784.17- used –0.083%</u>
3.	<u>HRSA Dental Supplies 3400-09-7500.03 as of 11/30/12-Appropriations \$7,835.57 - Year to date Expenditures \$0.00– Outstanding Encumbrances \$4,655.79- Unencumbered Balance -\$ 12,491.36- % used.</u>
4.	<u>HRSA budget 3400-09-7502.00 – Dental Lab/Pedodontist Referrals – Appropriations \$0.00year to date Expenditures \$ – Outstanding E. \$0.00– Unencumbered Balance - \$0.00.</u>
5.	<u>Dental Lab Indian 3900-00-7600.00 – Appropriations \$ 85,000.00 –year to date Expenditures \$15,067.00– Outstanding E. \$15,870.50 – Unencumbered Balance \$54,062.27 – 36.40% Used.</u>
6.	<u>Dental Lab Non Indian 3900-00-7601.00 – Appropriations \$10,000.00 – year to date Expenditures \$764.42 – Outstanding encumbrances \$1,800.00–Unencumbered Balance -\$7,435.58– 25.64% used.</u>
7.	<u>Yreka Dental supplies 3900-00-76.06- Appropriations \$20,000.00 – year to date Expenditures \$3,632.67 - Outstanding encumbrances \$25,579.99–Unencumbered Balance -\$9,212.66- 146.06 % used</u>
8.	<u>HC Dental Supplies 3900-00-7600.07 – Appropriations \$10,000.00 – year to date Expenditures \$281.40 – Outstanding Encumbrances \$265.92 -Unencumbered Balance \$ 9,452.68-5.47 % used</u>

Karuk Tribe
Dental Fee Schedule
2013

 Karuk Tribe						
<u>CDT 2013</u>	<u>Current Fees</u>	<u>Purposed New Fees</u>	<u>Fee would Increase By \$</u>	<u>Discounts</u>		<u>Dental Procedure</u>
Exams/Evaluations						
D0120	\$40.00	\$54.00	\$14.00	Sliding Fee		Periodic Oral Evaluation-
D0140	\$56.00	\$81.00	\$25.00	Sliding Fee		Limited Oral Evaluation- Problem Focused
D0145	\$45.00	\$73.00	\$28.00	Sliding Fee		Oral Evaluaton for a patient under three years of age & counseling w/primary Caregiver
D0150	\$58.00	\$96.00	\$38.00	Sliding Fee		Comprehensive Oral Evaluation- New or Established PT
D0160	\$112.00	\$169.00	\$57.00	Sliding Fee		Detailed & Extensive Oral Evaluation-problem focused
D0170	\$40.00	\$77.00	\$37.00	Sliding Fee		Re-evaluation - Limited, Problem focused - Established patient Not to be used for a Post-Operative visit
D0180	\$59.00	\$102.00	\$43.00	Sliding Fee		Comprehensive Periodontal Evaluation -
2013 new code D0190	new code	\$20.00			No Discount	Starting on Jan 01, 21013 - New Procedure- Screening of a Patient: A Screening, including a state or fedeally mandiated dental screening to determine a patient's need to be seen by a dentist for diagnosis.
Radiographs/Diagnostic imaging (including interpretation)						
D0210	\$103.00	\$140.00	\$37.00	Sliding Fee		FMX - intraoral x-rays - complete series (inc bitewings)
D0220	\$21.00	\$30.00	\$9.00	Sliding Fee		First intraoral Periapical single film (x-ray)
D0230	\$15.00	\$26.00	\$11.00	Sliding Fee		each additional PAX film
D0240	\$29.00	\$45.00	\$16.00	Sliding Fee		First intraoral Occlusal film (x-ray)
D0250	\$39.00	\$71.00	\$32.00	Sliding Fee		Extraoral - First film
D0260	\$38.00	\$60.00	\$22.00	Sliding Fee		Extraoral - each additional film
D0270	\$23.00	\$30.00	\$7.00	Sliding Fee		Single bitewing film (X-ray)
D0272	\$35.00	\$48.00	\$13.00	Sliding Fee		Two Bitewing films (X-Ray)
D0273	\$40.00	\$60.00	\$20.00	Sliding Fee		Three bitewing films (X-Rays)
D0274	\$49.00	\$70.00	\$21.00	Sliding Fee		Four Bitewing films (X-Ray)
D0277	\$77.00	\$108.00	\$31.00	Sliding Fee		Vertical Bitewings 7 to 8 films (X-Ray)
D0290	\$130.00	\$149.00	\$19.00		No Discount	Posterior-Anterior or Lateral skull & Facial bone survey film
D0310	Procedure is Referred Out					Sialography
D0320	Procedure is Referred Out					Temporomandibular joint Arthrogram, including injection
D0322	Procedure is Referred Out					Tomographic survey
D0330	\$78.00	\$118.00	\$40.00	Sliding Fee		Panoramic Film
D0340	\$97.00	\$131.00	\$34.00		No Discount	Cephalometric Film

**Karuk Tribe
Dental Fee Schedule
2013**

D0350	\$42.00	\$78.00	\$36.00		No Discount	Oral/facial images (includes intra an extraoral images) This includes both traditional and images obtained by intraoral cameras. These images should be a part of the patient's clinical record. Includes conventional radiographs.
CDT 2013						
	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$		Discounts	Dental Procedure
Tests & Examinations						
D0415	\$21.00	\$30.00	\$9.00	Sliding Fee		Bacteriologic studies for determination of pathologic agents
				Sliding Fee		May include, but is not limited to tests for susceptibility to periodontal disease.
D0416	\$42.00	\$179.00	\$137.00	Sliding Fee		Viral culture (New Code 2005)
D0421	\$26.00	\$153.00	\$127.00	Sliding Fee		Genetic Test for Susceptibility to oral diseases (new code 2005)
D0425	\$21.00	\$101.00	\$80.00	Sliding Fee		Caries susceptibility tests
D0431	\$37.00	\$76.00	\$39.00	Sliding Fee		Adjunctive Predx TST not inc.cytology/bx Procedure(2005 new code)
D0460	\$37.00	\$60.00	\$23.00	Sliding Fee		Pulp Vitality test - includes multiple teeth and contra lateral comparison as indicated
D0470	\$78.00	\$123.00	\$45.00		No Discount	Diagnostic casts / models / or study models
D0486	\$80.00	\$199.00	\$119.00	Sliding Fee		Accession of brush biopsy sample, microscopic examination
D0502	Fee to be set by provider				No Discount	Other Oral Pathology procedures, by Report
D0999	Fee to be set by provider				No Discount	Unspecified diagnostic procedure , by Report - Used for procedure that is not adequately described by a code.(Dentist will determine the fee for the visit (the fee depends in what is done and length of appt.)
Preventive Procedures						
D1110	\$77.00	\$98.00	\$21.00	Sliding Fee		Prophylaxis - Adult
D1120	\$53.00	\$71.00	\$18.00	Sliding Fee		Prophylaxis - Child - Refers to a dental prophylaxis performed on primary or transitional dentition
Topical Fluoride Treatment						
****Codes 1203 & 1204 to be deleted as of 12/31/12 **** New code 1208 to be used starting 1/1/2013						
D1203	\$25.00	\$40.00	\$15.00	Sliding Fee		Child Topical Application of fluoride Topical Fluoride must be applied separately from prophylaxis paste or rinse
D1204	\$26.00	\$40.00	\$14.00	Sliding Fee		Adult Topical Application of fluoride (Adult Dentition regardless of pt's age)
D1206	\$35.00	\$47.00	\$12.00	Sliding Fee		Therapeutic Full Mouth application of Fluoride Varnish done in a single visit
2013 new code D1208		\$40.00		Sliding Fee		Starting Jan 01, 2013- Codes D1203 & D1204 are going to be deleted and new code D1208 will be used for application of Topical Fluoride for all pt's
Other Preventive Services						
D1310	\$0.00	\$25.00	\$25.00	Sliding Fee		Nutritional Counseling for Control of Dental Disease - Counseling on food selection & dietary habits as a part of treatment & control of periodontal disease and caries

**Karuk Tribe
Dental Fee Schedule
2013**

D1320	\$0.00	\$25.00	\$25.00	Sliding Fee		Tobacco counseling for control & prevention of Oral disease - Tobacco prevention & cessation services to reduce the patient risks of developing tobacco-related oral diseases, conditions & improves prognosis for certain dental therapies
D1330	\$0.00	\$25.00	\$25.00	Sliding Fee		Oral Hygiene Instruction
D1351	\$41.00	\$59.00	\$18.00	Sliding Fee		Sealants
D1352	\$0.00	\$103.00	\$103.00	Sliding Fee		PREVENTIVE RESIN RESTORATION MODERATE TO HIGH CARIES RISK PATIENT -PERMANENT TOOTH
CDT 2013	<u>Curent Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts		Dental Procedure
						Space Maintenance
D1510	\$262.00	\$340.00	\$78.00	Sliding Fee		Space Maintainer - Fixed - Unilateral
D1515	\$346.00	\$459.00	\$113.00	Sliding Fee		Space Maintainer - Fixed - Bilateral
D1520	\$325.00	\$417.00	\$92.00	Sliding Fee		Space Maintainer - Removable - Unilateral
D1525	\$445.00	\$523.00	\$78.00	Sliding Fee		Space Maintainer - Removable - Bilateral
D1550	\$57.00	\$94.00	\$37.00	Sliding Fee		Re-cementation of Space Maintainer
D1555	\$50.00	\$85.00	\$35.00	Sliding Fee		Removable of fixed Space Maintainer not placed by provider
						Restorative
						Amalgam Primary & Permanent
D2140	\$103.00	\$143.00	\$40.00	Sliding Fee		One Surface Primary or permanent tooth
D2150	\$133.00	\$192.00	\$59.00	Sliding Fee		Two Surface Primary or permanent tooth
D2160	\$161.00	\$237.00	\$76.00	Sliding Fee		Three Surface Primary or permanent tooth
D2161	\$196.00	\$278.00	\$82.00	Sliding Fee		Four or more Surface Primary or permanent tooth
						Direct - Resin Based Composite Anterior Teeth Primary & Perm.
D2330	\$116.00	\$175.00	\$59.00	Sliding Fee		Resin-based composite - One surface - anterior tooth
D2331	\$149.00	\$216.00	\$67.00	Sliding Fee		Resin-based composite - Two surfaces - anterior tooth
D2332	\$182.00	\$271.00	\$89.00	Sliding Fee		Resin-based composite - Three surfaces - anterior tooth
D2335	\$215.00	\$336.00	\$121.00	Sliding Fee		Resin-based composite - Four or more surfaces - anterior tooth
						Composite Crown
D2390	\$252.00	\$490.00	\$238.00		No Discount	Resin Based composite Crown - Anterior Tooth
						Posterior Composites Primary & Permanent
D2391	\$136.00	\$194.00	\$58.00	Sliding Fee		Resin Based composite - One Surface - posterior tooth
D2392	\$178.00	\$252.00	\$74.00	Sliding Fee		Resin Based composite - Two Surfaces - posterior tooth
D2393	\$222.00	\$312.00	\$90.00	Sliding Fee		Resin Based composite - Three Surfaces - posterior tooth
D2394	\$272.00	\$371.00	\$99.00	Sliding Fee		Resin Based composite - Four or more Surfaces - posterior tooth
						Gold Foil Restoration
D2410	\$206.00	\$729.00	\$523.00		No Discount	Gold Foil - One Surface

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D2420	\$344.00	\$824.00	\$480.00		No Discount	Gold Foil - Two Surfaces
D2430	\$596.00	\$981.00	\$385.00		No Discount	Gold Foil - Three Surfaces
Metallic Inlay/Onlay Restorations						
D2510	\$546.00	\$924.00	\$378.00		No Discount	Inlay- Metallic - One Surface
D2520	\$619.00	\$954.00	\$335.00		No Discount	Inlay- Metallic - Two Surfaces
D2530	\$714.00	\$1,030.00	\$316.00		No Discount	Inlay- Metallic - Three or More Surfaces
Porcelain / Ceramic Inlay/Onlay						
D2610	\$642.00	\$989.00	\$347.00		No Discount	Inlay - porcelain - One Surface
D2620	\$678.00	\$1,025.00	\$347.00		No Discount	Inlay - porcelain - Two Surfaces
D2630	\$722.00	\$1,088.00	\$366.00		No Discount	Inlay - porcelain - Three or more Surfaces
D2642	\$702.00	\$1,092.00	\$390.00		No Discount	Onlay - Porcelain - Two Surfaces
D2643	\$757.00	\$1,126.00	\$369.00		No Discount	Onlay - Porcelain - Three Surfaces
D2644	\$803.00	\$1,167.00	\$364.00		No Discount	Onlay - Porcelain - Four or more Surface
D2650	\$422.00	\$944.00	\$522.00		No Discount	Inlay - resin based composite- One Surface
D2651	\$503.00	\$962.00	\$459.00		No Discount	Inlay - resin based composite- Two Surfaces
D2652	\$528.00	\$1,001.00	\$473.00		No Discount	Inlay - resin based composite- Three Surface or more
D2662	\$500.00	\$1,023.00	\$523.00		No Discount	Onlay - resin based composite - Two Surfaces
D2663	\$588.00	\$1,062.00	\$474.00		No Discount	Onlay -resin based composite - Three Surfaces
D2664	\$630.00	\$1,097.00	\$467.00		No Discount	Onlay - resin based composite - Four or more Surfaces
Single Crown Restorations						
D2710	\$326.00	\$1,038.00	\$712.00		No Discount	Resin Crown (indirect) - Refers to any resin based crown that is indirectly fabricated.all fiber,porc. Or ceramic reinforced polymer are considered to be resin based.
D2712	\$326.00	\$1,109.00	\$783.00		No Discount	Crown 3/4 resinbased composite indirect (new code 2005)
D2720	\$803.00	\$1,141.00	\$338.00		No Discount	Resin Crown with High Noble Metal (gold) (Au)
D2721	\$752.00	\$1,089.00	\$337.00		No Discount	Resin Crown with Predominantly based Metal (Precious Metal)
D2722	\$769.00	\$1,107.00	\$338.00		No Discount	Resin Crown with Noble Metal (Semi Precious Metal)
D2740	\$824.00	\$1,235.00	\$411.00		No Discount	Porcelain/ceramic substrate
D2750	\$813.00	\$1,201.00	\$388.00	Sliding Fee		Crown-Porcelain/ceramic fused to High Noble Metal (gold)
D2751	\$757.00	\$1,107.00	\$350.00	Sliding Fee		Crown-Porcelain/ceramic fused to Predominantly based Metal (Precious Metal)
D2752	\$775.00	\$1,132.00	\$357.00	Sliding Fee		Crown-Porcelain/ceramic fused to Noble Metal(Semi Precious Metal)

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D2780	\$780.00	\$1,142.00	\$362.00		No Discount	3/4 cast Cr -Porcelain/ceramic fused to High Noble Metal (gold)
D2781	\$734.00	\$1,107.00	\$373.00		No Discount	3/4 cast Cr-Porcelain/ceramic fused to Predominantly based metal
D2782	\$758.00	\$1,115.00	\$357.00		No Discount	3/4 cast Cr-Porcelain/ceramic fused to Noble based metal
D2783	\$802.00	\$1,174.00	\$372.00		No Discount	3/4 cast Cr- Porcelain/ceramic
D2790	\$784.00	\$1,207.00	\$423.00	Sliding Fee		Crown-Single - Full cast high noble metal (gold Crown)
D2791	\$743.00	\$1,067.00	\$324.00	Sliding Fee		Crown-Single full cast predominantly base metal (Precious Metal)
D2792	\$757.00	\$1,107.00	\$350.00	Sliding Fee		Crown- Full cast Noble Metal (Semi Precious Metal)
D2794	\$803.00	\$1,167.00	\$364.00		No Discount	Titanium crown (new 2005 code)
CDT 2013	Current Fees	Purposed New Fees	Fee would Increase By \$		Discounts	Dental Procedure
D2799	\$326.00	\$478.00	\$152.00	Sliding Fee		2013 Revised Code Provisional Crown -Further Tx or completion of diagnosis needed prior to final impression.Single unit not part of a bridge & Not to be used as a temp. for routine crown impressions.
						Other Restorative Services
D2910	\$67.00	\$102.00	\$35.00	Sliding Fee		Re-cement inlay
D2915	\$67.00	\$125.00	\$58.00	Sliding Fee		Re-cement Cast or prefabricated post & core
D2920	\$70.00	\$120.00	\$50.00	Sliding Fee		Re-cement single crown-Permanent Tooth
D2930	\$190.00	\$287.00	\$97.00	Sliding Fee		SSC -Pre-fabricated Stainless Steel Crown -Primary Tooth
D2931	\$215.00	\$349.00	\$134.00	Sliding Fee		SSC -Pre-fabricated Stainless Steel Crown -PremanentTooth
D2932	\$234.00	\$377.00	\$143.00		No Discount	Pre-fabricated resin crown
D2933	\$363.00	\$393.00	\$30.00		No Discount	Pre-fabricated Stainless Steel Crown-w-resin window/aesthetic facing
D2934	\$263.00	\$394.00	\$131.00	Sliding Fee		Pre-fabricated Esthetic Coat stainless crown -primary tooth
D2940	\$73.00	\$132.00	\$59.00	Sliding Fee		Protective Restoration- Not to be used for endo access closure or as a base/liner under a restoration but used to protect tooth and/or tissue form, may be used to relieve pain, promote healing, or prevent further deterioration of a tooth/teeth
D2950	\$182.00	\$287.00	\$105.00	Sliding Fee		Core build-up inc any pins-Refers to building up of anatomical crown when restorative crown will be placed whether or not pins are used
D2951	\$38.00	\$79.00	\$41.00	Sliding Fee		Pin retention - per tooth in addition to crown
D2952	\$277.00	\$449.00	\$172.00	Sliding Fee		Cast Post & core in addition to crown-cast post & core separate from Cr.
D2953	\$139.00	\$348.00	\$209.00	Sliding Fee		Each Additional Cast post same tooth-use with code D2952
D2954	\$230.00	\$358.00	\$128.00	Sliding Fee		Pre-fabricated post & core in addition to crown-Core is built around pre-fabricated post. This procedure includes the core material.
D2955	\$172.00	\$317.00	\$145.00	Sliding Fee		Post removal - Stand alone code just forpsot removal -not in conjunction -w D2955 endodontic therapy

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D2957	\$115.00	\$224.00	\$109.00	Sliding Fee		Each additional prefabricated post -same tooth-to be used with D2954
Labial Veneer						
D2960	\$563.00	\$717.00	\$154.00		No Discount	Labial Veneer (resin laminate) - Chairside procedure
D2961	\$630.00	\$1,083.00	\$453.00		No Discount	Labial Veneer (resin laminate) - Lab processed
D2962	\$684.00	\$1,245.00	\$561.00		No Discount	Labial Veneer (porcelain laminate) - Lab processed
D2970	\$300.00	\$418.00	\$118.00	Sliding Fee		Temporary Crown-Fractured tooth- not to be used forTemporization during crown fabrication.Usually a preformed artificial crown, which is fitted over a damaged tooth as an immediate protective devise.
D2971	\$100.00	\$242.00	\$142.00		No Discount	Additional new crown under existing partial denture
D2975	\$335.00	\$647.00	\$312.00		No Discount	Coping -A thin covering of the remaining portion of a tooth , usually fabricated of metal and devoid of anatomic contour. This is to be used as a definitive restoration.
CDT 2013						
CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts		Dental Procedure
D2980	\$0.00	\$320.00	\$320.00	Sliding Fee		Crown Repair - Necessitated by Restorative Materials Failure: Inclues removal of crown if necessary-Describe Procedure.Does not include a comppaite filling that may be needed on a root surface.
D2981	\$0.00	\$320.00	\$320.00	Sliding Fee		Starting Jan 01, 2013 - Inlay Repair Necessitated by Restorative Materials Failure. Does not include a composite filling that may be needed on a root surface.
D2982	\$0.00	\$320.00	\$320.00	Sliding Fee		Starting Jan 01, 2013 - Onlay Repair Necessitated by Restorative Materials Failure. Does not include a composite filling that may be needed on a root surface.
D2983	\$0.00	\$320.00	\$320.00	Sliding Fee		Starting Jan 01, 2013 - Veneer Repair Necessitated by Restorative Materials Failure. Does not include a composite filling that may be needed on a root surface.
D2990	\$0.00	\$103.00	\$103.00	Sliding Fee		Starting Jan 01, 2013 - Resin Infiltration of Incipient Smooth Surface Lesions: Placement of an infiltrating resin for strengthen stabilizing and/or limiting the progression of the lesion
D2999	Fee to be set by porvider				No Discount	Unspecified diagnostic procedure , by Report - Used for procedure that is not adequately described by a code.(Dentist will determine the fee for the visit (the fee depends in what is done and ligenh of appt.)
Endodontics						
Pulp Capping						
D3110	\$55.00	\$89.00	\$34.00	Sliding Fee		Direct pulp cap - excluding final restoration
D3120	\$43.00	\$91.00	\$48.00	Sliding Fee		Indirect pulp cap - excluding final restoration

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Pulpotomy					
CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts	Dental Procedure
D3220	\$129.00	\$212.00	\$83.00	Sliding Fee	Therapeutic pulpotomy (excluding final restoration)-Pulpotomy is the surgical removal of the pulp with the aim of maintaining the vitality of the remaining portion by means of a adequate dressing. Not the first stage of root canal therapy
D3221	\$142.00	\$252.00	\$110.00	Sliding Fee	Pulpal Debridement Primary & Permanent teeth- Debridement for relief of acute pain prior to conventional root canal Therapy.Do not use if. this code if endodontic is completed on the same day.
D3222	\$0.00	\$321.00	\$321.00	Sliding Fee	Partial Pulpotomy for Apeoxogenesis- Removal of the portion of the pulp and application of a medicament with the aim of maintaining the vitality of the remaing portion to encourage continued physiological development and formaton of the root. Not to be considered the first stage of root canal therapy.
Endodontic Therapy on Primary teeth - Endodontic Therapy- Includes Peimary teeth with out Succeddaneous & Permanent teeth (inc Tx plan, Clinical procedures, working & final PA X-rays & follow up care)					
D3230	\$137.00	\$302.00	\$165.00	Sliding Fee	Pulpal Therapy -Anterior Primary Teeth excluding final restoration. (Resorbable filling- Primary incisors & cuspids)
D3240	\$147.00	\$342.00	\$195.00	Sliding Fee	Primary 1st & 2nd molars.
D3310	\$547.00	\$779.00	\$232.00	Sliding Fee	Anterior Endo Fill (excluding final restoration)
D3320	\$668.00	\$898.00	\$230.00	Sliding Fee	Bicuspid Endo Fill (excluding final restoration)
D3330	\$862.00	\$1,089.00	\$227.00	Sliding Fee	Molar Endo Fill (excluding final restoration)
Other Endo Procedures					
D3331	\$184.00	\$678.00	\$494.00	No Discount	Treatment of Root Canal obstruction ; non surgical access in lieu of surgery, the formation of a pathway to achieve an apical seal without surgical intervention because of a non-negotiable root canal blocked by foreign bodies or calcification of 50% or more of root
D3332	\$0.00	\$482.00	\$482.00	Sliding Fee	Incomplete endodontic therapy; inoperable or fractured tooth Considerable time is necessary to determine diagnosis and /or provide initial treatment before that fracture makes the tooth unretainable.
D3333	\$158.00	\$381.00	\$223.00	No Discount	Internal Root Repair of perforation defects
Endodontic Retreatment					
D3346	\$736.00	\$925.00	\$189.00	Sliding Fee	Retreatment of previous root canal Therapy - anterior tooth, per tooth
D3347	\$736.00	\$1,042.00	\$306.00	Sliding Fee	Retreatment of previous root canal Therapy - Bicuspid tooth, per tooth
D3348	\$1,043.00	\$1,249.00	\$206.00	Sliding Fee	Retreatment of previous root canal Therapy - Molar Tooth, per tooth

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					Apexification/ Recalcification procedures.	
D3351	\$310.00	\$391.00	\$81.00		No Discount	Apexification/recalcification- initial Visit (apical closure/calcific repair of perforations, root resorption, etc.) Inc. opening tooth, pulpectomy, preparation of canal spaces, first placement of medication & x-rays.
D3352	\$136.00	\$286.00	\$150.00			Apexification/recalcification/Pupal Regeneration- interim medication replacement (apical closure/calcific repair of perforations, root resorption, pupal space distnfection etc.) inc x-rays.
D3353	\$475.00	\$593.00	\$118.00		No Discount	Apexification/recalcification- Final Visit - Includes removal of medications and procedures necessary to place final root canal filling material and procedure x-rays
D3354	\$0.00	\$439.00	\$439.00		No Discount	Pupal Regeneration - (Compleateion of regenerative treatment in an immature permanent tooth with necrotic Pulp) does not include the final restoration
					Apicoectomy/Periradicular Services Periradicular surgery is a term used to describe surgery to the root surface (e.g.. Apicoectomy), repair of a root perforation or resorptive defect, exploratory curettage to look for root fractures, removal of extruded filling materials or instruments, removal of broken root fragments, sealing of accessory canals, etc.This does not include retrograde filling material placement.	
D3410	\$626.00	\$755.00	\$129.00		No Discount	Apicoectomy/Periradicular Surgery - anterior tooth
D3421	\$684.00	\$839.00	\$155.00		No Discount	Apicoectomy/Periradicular Surgery - Bicuspid (first root)
CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$		Discounts	Dental Procedure
D3425	\$773.00	\$956.00	\$183.00		No Discount	Apicoectomy/Periradicular Surgery - Molar (first root)
D3426	\$285.00	\$459.00	\$174.00		No Discount	Apicoectomy/Periradicular Surgery - each additional Root
D3430	\$189.00	\$302.00	\$113.00		No Discount	Retrograde Filling- per root
D3450	\$384.00	\$531.00	\$147.00		No Discount	Root amputation - per root
D3460	\$0.00	\$1,684.00	\$1,684.00		No Discount	Endodontic endosseous Implant
D3470	\$766.00	\$868.00	\$102.00		No Discount	Intentional reimplantation (inc. necessary splinting)-for intentional removal,
					Other Endodontic Procedures	
D3910	\$0.00	\$259.00	\$259.00			Surgical procedure for isolation of tooth with rubber dam
D3920	\$300.00	\$503.00	\$203.00		No Discount	Hemisection (inc. any root removal) not including root canal therapy) includes separation of a multi-rooted tooth into separate sections containing the root and the overlying portion of the crown. It may allso include the removal of one or more of those sections.
D3950	\$137.00	\$290.00	\$153.00		No Discount	Canal Preparation and fitting of preformed dowel or post should not be reported in conjunction with D2952, D2953, D2954 or D2957 by the same practitioner
D3999	Fee to be set by porvider				No Discount	Unspecified endodontic procedure, by report-Used for procedure that is not adequately described by a code. Describe procedure. Total Fee depends on what is done and amount of time it takes to complete the treatment.
					Periodontics	
					Surgical Services	

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D4210	\$533.00	\$697.00	\$164.00		No Discount	Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces per quadrant.
D4211	\$228.00	\$334.00	\$106.00		No Discount	Gingivectomy or gingivoplasty - one to three teeth, per quadrant
2013 - D4212	\$0.00	\$334.00				Gingivectomy or Gingivoplasty to Allow access for restorative procedure, per tooth.
D4230	\$400.00	\$805.00	\$405.00		No Discount	Anatomical Crown Exposure -four or more contiguous teeth per quad.
D4231	\$250.00	\$644.00	\$394.00		No Discount	Anatomical Crown Exposure -1 to 3 teeth per quad.
D4240	\$627.00	\$805.00	\$178.00		No Discount	Gingival Flap procedure, inc. root planing - four or more contiguous teeth or bonded teeth spaces per quadrant.- Surgical debridement of root surfaces and the removal of granulation tissue following the resection or reflection of soft tissue flap.
D4241	\$324.00	\$679.00	\$355.00		No Discount	Gingival Flap procedure, inc. root planing -one to three teeth per quadrant.
D4245	\$451.00	\$888.00	\$437.00		No Discount	Apically positioned flap
D4249	\$716.00	\$834.00	\$118.00		No Discount	Clinical crown lengthening- hard tissue- See information in code book on this procedure
D4260	\$1,012.00	\$1,203.00	\$191.00		No Discount	Osseous Surgery (inc flap entry and closure)- four or more contiguous or bonded teeth spaces per quadrant. See CDT code book for more information.
D4261	\$527.00	\$961.00	\$434.00		No Discount	Osseous Surgery-(inc. flap entry and closure) one to three teeth, per Quadrant.
D4263	\$306.00	\$772.00	\$466.00		No Discount	Bone replacement graft- first site in Quadrant.
D4264	\$153.00	\$614.00	\$461.00		No Discount	Bone replacement graft- each additional site in quadrant.
D4265	\$0.00	\$608.00	\$608.00		No Discount	Biologic materials to aid in soft and osseous tissue regeneration
D4266	\$369.00	\$904.00	\$535.00		No Discount	Guided tissue regeneration - resorbable barrier, per site
D4267	\$475.00	\$1,044.00	\$569.00		No Discount	Guided tissue regeneration - non-resorbable barrier, per site (inc membrane removal)
CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts		Dental Procedure
D4268	\$0.00	\$903.00	\$903.00		No Discount	Surgical revision procedure, per tooth
D4270	\$749.00	\$905.00	\$156.00		No Discount	Particle tissue graft procedure
D4271				as of 01/01/13	No Discount	Free soft tissue graft procedures (inc donor site surgery)
D4273	\$655.00	\$1,211.00	\$556.00		No Discount	Subepithelial connective tissue graft procedures.
D4274	\$232.00	\$718.00	\$486.00		No Discount	Distal or proximal wedge procedures.
D4275	Procedure is Referred Out					Soft tissue Allograft
D4276	Procedure is Referred Out					Combined Connective tissue & double pedicle graft
2013 - D4277	Procedure is Referred Out					Free Soft tissue Graft Procedure (including donor site surgery) First tooth or Edentulous Tooth Position in Graft
2013 - D4278	Procedure is Referred Out					Free Soft tissue Graft Procedure (including donor site surgery) First tooth or Edentulous Tooth Position in Graft. Each additional contiguous tooth or edentulous tooth position in the same graft site.

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						Non-Surgical Periodontal Services
D4320	\$341.00	\$584.00	\$243.00		No Discount	Provisional splinting-intracoronaral- this is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify teeth involved.
D4321	\$298.00	\$503.00	\$205.00		No Discount	Provisional Splinting - Extracoronaral This is an interim stabilization of mobile teeth. A variety of methods and appliances may be employed for this purpose. Identify teeth involved.
D4341	\$185.00	\$277.00	\$92.00	Sliding Fee		Periodontal scaling & root planing-four or more contiguous teeth per quadrant
D4342	\$106.00	\$201.00	\$95.00	Sliding Fee		Periodontal scaling & root planing-One to three teeth per quadrant.
D4355	\$128.00	\$196.00	\$68.00	Sliding Fee		Full Mouth Debridement to enable comprehensive evaluation & diagnosis
D4381	\$100.00	\$151.00	\$51.00		No Discount	cervicular tissue, per tooth, by report.
						Other Periodontal Services
D4910	\$115.00	\$149.00	\$34.00	Sliding Fee		Periodontal Maintenance - this procedure is instituted followig periodoantal therapy and continues at varying intervals, deterined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes the removal of bacterial plaque and calculus from supragingival and subgingival regions, site specafic scaling and root planing where indicated and polishing the teeth.
D4920	\$95.00	\$110.00	\$15.00	Sliding Fee		Unscheduled dressing change (by someone other than treating dentist)
D4999	Fee to be set by provider				No Discount	Unspecified Periodontal procedure, by report - use for procedure that is not adequately described by a code. Describe procedure. Fee is determined by provider based on what is done and the amount of time it takes to complete the procedure.
						Prosthodontics (removable)
						Complete Dentures
D5110	\$1,030.00	\$1,731.00	\$701.00	Sliding Fee		Complete Denture - Maxillary (upper)
D5120	\$1,030.00	\$1,731.00	\$701.00	Sliding Fee		Complete Denture - Mandibular (lower)
CDT 2013	Current Fees	Purposed New Fees	Fee would be in 70% for our area & Increase By \$	Discounts		Dental Procedure
D5130	\$1,123.00	\$1,769.00	\$646.00	Sliding Fee		Immediate Denture - Maxillary (upper) - Inc. limited follow up care only:Does not include future rebasing/relining procedures or complete new denture
D5140	\$1,123.00	\$1,780.00	\$657.00	Sliding Fee		Immediate Denture - Mandibular (lower)- Inc. limited follow up care only: Does not include future rebasing/relining procedures or complete new denture.

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Partial Dentures - Inc. Routine Post-Delivery Care						
D5211	\$869.00	\$1,285.00	\$416.00	Sliding Fee		Maxillary partial denture - resin base- Inc. any conventional clasps, rests and teeth) (upper).
D5212	\$1,010.00	\$1,303.00	\$293.00	Sliding Fee		Mandibular partial denture-resin base- Inc. any conventional clasps, rests and teeth) (lower).
D5213	\$1,038.00	\$1,910.00	\$872.00		No Discount	Maxillary partial denture - cast metal Framework with resin denture base Inc. any conventional clasps, rests and teeth.
D5214	\$1,138.00	\$1,912.00	\$774.00		No Discount	Mandibular partial denture-cast metal Framework with resin denture base Inc. any conventional clasps, rests and teeth.
D5225	\$869.00	\$1,705.00	\$836.00	Sliding Fee		Maxillary Partial dent,flexable acrylic base(new code 2005)
D5226	\$1,010.00	\$1,673.00	\$663.00	Sliding Fee		Mandibular Partial denture flexavle acrylic base
D5281	\$663.00	\$1,079.00	\$416.00		No Discount	Removable unilateral partial denture-one piece cast metal (inc clasps and teeth.)
Denture Adjustments						
D5410	\$56.00	\$96.00	\$40.00	Sliding Fee		Adjust complete denture - maxillary (upper)
D5411	\$56.00	\$96.00	\$40.00	Sliding Fee		Adjust complete denture - mandibular (lower)
D5421	\$56.00	\$96.00	\$40.00	Sliding Fee		Adjust partial denture - maxillary (upper)
D5422	\$56.00	\$96.00	\$40.00	Sliding Fee		Adjust partial denture - mandibular (lower)
Repairs to Complete Dentures						
D5510	\$122.00	\$226.00	\$104.00	Sliding Fee		Repair broken complete denture base
D5520	\$116.00	\$201.00	\$85.00	Sliding Fee		Replace missing or broken tooth - complete denture (each tooth)
Repairs to Partial Dentures						
D5610	\$132.00	\$218.00	\$86.00	Sliding Fee		Repair resin denture base
D5620	\$142.00	\$307.00	\$165.00	Sliding Fee		Repair cast framework
D5630	\$173.00	\$282.00	\$109.00	Sliding Fee		Repair or replace broken clasp
D5640	\$112.00	\$201.00	\$89.00	Sliding Fee		Replace broken teeth - per tooth
D5650	\$153.00	\$238.00	\$85.00	Sliding Fee		Add tooth to existing partial denture
D5660	\$183.00	\$291.00	\$108.00	Sliding Fee		Add clasp to existing partial denture
CDT 2013	<u>Curent Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts		Dental Procedure
Denture Rebase procedures						
D5670	\$448.00	\$803.00	\$355.00		No Discount	Replace all teeth and acrylic on cast metal framework (maxillary)upper
D5671	\$448.00	\$815.00	\$367.00		No Discount	Replace all teeth and acrylic on cast metal framework (mandibular)lower
D5710	\$418.00	\$634.00	\$216.00	Sliding Fee		Rebase complete maxillary denture (upper)
D5711	\$432.00	\$629.00	\$197.00	Sliding Fee		Rebase complete mandibular denture (lower)
D5720	\$427.00	\$601.00	\$174.00	Sliding Fee		Rebase maxillary partial denture (upper)
D5721	\$427.00	\$599.00	\$172.00	Sliding Fee		Rebase mandibular partial denture (lower)

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						Denture Reline Procedures
D5730	\$255.00	\$367.00	\$112.00	Sliding Fee		Reline complete denture (maxillary) - chairside
D5731	\$255.00	\$367.00	\$112.00	Sliding Fee		Reline complete denture (mandibular) - chairside
D5740	\$234.00	\$360.00	\$126.00	Sliding Fee		Reline maxillary partial denture - chairside
D5741	\$234.00	\$362.00	\$128.00	Sliding Fee		Reline mandibular partial denture - chairside
D5750	\$341.00	\$469.00	\$128.00	Sliding Fee		Reline complete denture (maxillary) -Lab
D5751	\$341.00	\$469.00	\$128.00	Sliding Fee		Reline complete denture (mandibular) -Lab
D5760	\$336.00	\$463.00	\$127.00	Sliding Fee		Reline maxillary partial denture -Lab
D5761	\$336.00	\$463.00	\$127.00	Sliding Fee		Reline mandibular partial denture -Lab
						Interim Prosthesis
D5810	\$498.00	\$941.00	\$443.00	Sliding Fee		Interim complete denture (maxillary)
D5811	\$535.00	\$940.00	\$405.00	Sliding Fee		Interim complete denture (mandibular)
D5820	\$417.00	\$755.00	\$338.00	Sliding Fee		Interim Partial Denture (maxillary) inc. clasps & rests
D5821	\$442.00	\$755.00	\$313.00	Sliding Fee		Interim Partial Denture (mandibular) inc. clasps & rests
						Other Removable Prosthetic Services
D5850	\$99.00	\$225.00	\$126.00	Sliding Fee		Tissue Conditioning, Maxillary (upper) (temp. reline)
D5851	\$99.00	\$223.00	\$124.00	Sliding Fee		Tissue Conditioning, Mandibular (lower) (temp.reline)
D5860	\$800.00	\$2,352.00	\$1,552.00		No Discount	Overdenture - complete, by report
D5861	\$800.00	\$2,237.00	\$1,437.00		No Discount	Overdenture - Partial , by report
D5862	\$375.00	\$769.00	\$394.00		No Discount	Precision Attachment - by report
D5867	\$0.00	\$417.00	\$417.00		No Discount	Replacement of replaceable part of semi-precision or precision attachment (male or female component)
D5875	\$0.00	\$416.00	\$416.00		No Discount	Modification of removable prosthesis following implant surgery.
D5899	Fee to be set by Provider				No Discount	Unspecified removable Prosthesis procedure, by report, use for procedure that is not adequately described by a code. Describe procedure. Fee to be determined by provider, based upon procedure and amount of time it takes to complete the procedure.
D5900 to D5999 Maxillofacial Prosthetics and D6000 to D6199 Implant Services Procedures are not done in our Clinics						
CDT 2013	<u>Curent Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts	Dental Procedure	
Fixed Prosthodontics						
Fixed Partial Denture Pontics / Bridge Pontics						
D6205	\$501.00	\$1,056.00	\$555.00		No Discount	Pontic indirect resin based composite (New Code)
D6210	\$766.00	\$1,166.00	\$400.00		No Discount	Pontic - Cast high noble metal

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D6211	\$718.00	\$1,089.00	\$371.00		No Discount	Pontic - Cast predominantly base metal
D6212	\$749.00	\$1,107.00	\$358.00		No Discount	Pontic - Cast noble metal
D6214	\$771.00	\$1,196.00	\$425.00		No Discount	Pontic - Titanium -
D6240	\$757.00	\$1,197.00	\$440.00		No Discount	Pontic - porcelain fused to high noble metal
D6241	\$699.00	\$1,107.00	\$408.00		No Discount	Pontic - porcelain fused to predominantly base metal
D6242	\$737.00	\$1,136.00	\$399.00		No Discount	Pontic - porcelain fused to noble metal
D6245	\$781.00	\$1,219.00	\$438.00		No Discount	Pontic - Porcelain/ceramic
D6250	\$747.00	\$1,152.00	\$405.00		No Discount	Pontic - Resin with high noble metal
D6251	\$689.00	\$1,132.00	\$443.00		No Discount	Pontic - Resin with predominantly base metal
D6252	\$711.00	\$1,132.00	\$421.00		No Discount	Pontic - Resin with noble metal
D6253	\$355.00	\$856.00	\$501.00		No Discount	Provisional Pontic - Pontic utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. Not to be used as a temp. for routine proc.
Fixed Partial Denture Retaines - Inlays/Onlays						
D6545	\$318.00	\$917.00	\$599.00		No Discount	Retainer - cast metal for resin bonded fixed prosthesis
D6548	\$350.00	\$1,016.00	\$666.00		No Discount	Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6600	\$631.00	\$1,073.00	\$442.00		No Discount	Inlay - porcelain/ceramic, two surface
D6601	\$662.00	\$1,141.00	\$479.00		No Discount	Inlay - porcelain/ceramic, three or more surface
D6602	\$675.00	\$1,084.00	\$409.00		No Discount	Inlay - cast high noble metal, two surface
D6603	\$742.00	\$1,128.00	\$386.00		No Discount	Inlay - cast high noble metal, three surface
D6604	\$661.00	\$1,060.00	\$399.00		No Discount	Inlay - predominantly base metal, two surface
D6605	\$701.00	\$1,121.00	\$420.00		No Discount	Inlay - predominantly base metal, three or more surfaces
D6606	\$651.00	\$1,064.00	\$413.00		No Discount	Inlay - cast noble metal, two surface
D6607	\$722.00	\$1,129.00	\$407.00		No Discount	Inlay - cast noble metal, three or more surfaces
D6608	\$686.00	\$1,112.00	\$426.00		No Discount	Onlay - porcelain/ceramic, two surface
D6609	\$716.00	\$1,248.00	\$532.00		No Discount	Onlay - porcelain/ceramic, three or more surfaces
D6610	\$728.00	\$1,167.00	\$439.00		No Discount	Onlay - cast high noble metal, two surface
D6611	\$796.00	\$1,262.00	\$466.00		No Discount	Onlay - cast noble high metal, three surface
D6612	\$724.00	\$1,104.00	\$380.00		No Discount	Onlay - predominantly base metal, two surface
D6613	\$757.00	\$1,213.00	\$456.00		No Discount	Onlay - predominantly base metal, three or more surfaces
D6614	\$708.00	\$1,140.00	\$432.00		No Discount	Onlay - cast noble metal, two surface
D6615	\$736.00	\$1,250.00	\$514.00		No Discount	Onlay - cast noble metal, three or more surfaces
D6624	\$675.00	\$1,163.00	\$488.00		No Discount	Inlay - Titanium
D6634	\$708.00	\$1,206.00	\$498.00		No Discount	Onlay - Titanium
CDT 2013	Curent Fees	Purposed New Fees	Fee would Increase By \$	Discounts		Dental Procedure

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Fixed Partial Denture Retaines (Bridges) - Crowns						
D6710	\$723.00	\$1,060.00	\$337.00		No Discount	Crown - indirect resin based composite
D6720	\$843.00	\$1,135.00	\$292.00		No Discount	Crown - resin with high noble metal
D6721	\$800.00	\$1,107.00	\$307.00		No Discount	Crown - resin with perdominantly base metal
D6722	\$815.00	\$1,124.00	\$309.00		No Discount	Crown - resin with noble metal
D6740	\$887.00	\$1,238.00	\$351.00		No Discount	Crown - Porcelain/ceramic
D6750	\$864.00	\$1,202.00	\$338.00		No Discount	Crown - Porcelain fused to High noble metal
D6751	\$806.00	\$1,089.00	\$283.00		No Discount	Crown - Porcelain fused to perdominantly base metal
D6752	\$825.00	\$1,125.00	\$300.00		No Discount	Crown - Porcelain fused to noble metal
D6780	\$815.00	\$1,152.00	\$337.00		No Discount	Crown - 3/4 cast High Noble Metal (gold)
D6781	\$815.00	\$1,106.00	\$291.00		No Discount	Crown - 3/4 cast Predominantly based metal
D6782	\$757.00	\$1,132.00	\$375.00		No Discount	Crown - 3/4 cast noble based metal
D6783	\$839.00	\$1,184.00	\$345.00		No Discount	Crown - 3/4 cast Porcelain/ceramic
D6790	\$834.00	\$1,184.00	\$350.00		No Discount	Crown - full cast high noble metal
D6791	\$790.00	\$1,089.00	\$299.00		No Discount	Crown - full cast Predominantly based metal
D6792	\$819.00	\$1,125.00	\$306.00		No Discount	Crown - full cast noble metal
D6793	\$331.00	\$589.00	\$258.00			Provisional retainer Crown- Crown utilized as an interim of at least six months duration during restorative treatment to allow adequate time for healing or completion of other procedures. Not to be used as a temp. for routine procedures.
D6794	\$819.00	\$1,139.00	\$320.00		No Discount	Crown Titanium
Other Fixed Partial Denture Services						
D6920	\$140.00	\$1,094.00	\$954.00		No Discount	Connector bar
D6930	\$98.00	\$185.00	\$87.00		No Discount	Recement fixed partial denture (bridge)
D6940	\$222.00	\$469.00	\$247.00		No Discount	Stress Breaker
D6950	\$434.00	\$703.00	\$269.00		No Discount	Presion attachment
D6970	\$270.00	NA	Deleted code		No Discount	Cast Post & core in addition to fixed partial denture retainer
D6972	\$227.00	NA	Deleted code		No Discount	Prefabricated post and core in addition to fixed partial denture retainer
D6973	\$183.00	NA	Deleted code		No Discount	Core build up for retainer, inc.any pins
D6975	\$501.00	\$756.00	\$255.00		No Discount	Coping - metal- To be used as definitive restortation
D6976	\$115.00	NA	Deleted code		No Discount	Each additional cast post -- same tooth use with codes D6970 & D6974
D6977	\$110.00	NA	Deleted code		No Discount	Each additional prefabricated post - same tooth use with code D6972
D6980	Fee to be set by Provider				No Discount	Fixed partial denture repair necessitated by Restorative Materials Faliure , by report
D6985	\$386.00	\$967.00	\$581.00		No Discount	Pediatic partial denture, fixed -This prost. Is used primarily for aesthetic purposes.
D6999	Fee to be set by provide				No Discount	Unspecified fixed procedure by report- Describe Procedure, use for the procedure that's not adequately described by a code. Fee to be determined by provider, based upon procedure and amount of time it takes to complete the procedure.

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CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	<u>Fee would Increase By \$</u>	Discounts	Dental Procedure
Oral and Maxillofacial Surgery- Extractions (inc. local anesthesia, suturing, if needed & routine post op. care)					
Routine Extractions					
D7111	\$89.00	\$145.00	\$56.00	Sliding Fee	Extraction Coronal remnants - deciduous tooth - removal of soft tissue-retained coronal remnants
D7140	\$128.00	\$186.00	\$58.00	Sliding Fee	Extraction erupted tooth, or exposed root (elevation and /or forceps)
Surgical Extractions- (inc. local anesthesia, suturing, if needed & routine post-operative care)					
D7210	\$191.00	\$296.00	\$105.00		Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth.
D7220	\$257.00	\$335.00	\$78.00		Surgical Removal of impacted tooth - soft tissue - Occlusal surface covered by soft tissue: requires mucoperiosteal flap elevation.
D7230	\$343.00	\$425.00	\$82.00		Surgical Removal of impacted tooth-partially bony - Part of crown covered by bone; requires mucoperiosteal flap elevation.
D7240	\$402.00	\$518.00	\$116.00	No Discount	Surgical Removal of impacted tooth - completely bony - Most or all of the Crown covered by bone: requires mucoperiosteal flap elevation
D7241	\$505.00	\$619.00	\$114.00	No Discount	Removal of impacted tooth - completely bony - with unusual surgical complications.
D7250	\$202.00	\$335.00	\$133.00	Sliding Fee	Surgical removal of residual tooth roots (cutting procedure)
Other Surgical Procedures					
D7251	\$0.00	\$498.00	\$498.00	Sliding Fee	Coronectomy- intentional partial tooth removal- intentional tooth is performed when a neurovascular complication is likely if the entire tooth is removed.
D7260	\$2,130.00	\$1,277.00		No Discount	Oroantral fistula closure
D7261	\$585.00	\$869.00	\$284.00	No Discount	Primary closure of a sinus perforation, .
D7270	\$441.00	\$604.00	\$163.00	Sliding Fee	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth. Includes splinting and/or stabilization.
D7272	\$628.00	\$830.00	\$202.00	No Discount	Tooth Transplantation (inc. reimplantation from one site to another and splinting and/or stabilization.)
D7280	\$407.00	\$508.00	\$101.00	No Discount	Surgical access of an unerupted tooth.
D7282	\$200.00	\$571.00	\$371.00	No Discount	Mobilization of erupted or malpositioned tooth to aid eruption. To move/luxate teeth to eliminate ankyolosis; not in conjunction with an extraction.
D7283	\$106.00	\$557.00	\$451.00	No Discount	PLCMT Device Facilitate Eruption impacted tooth
D7285	\$856.00	\$490.00		No Discount	Biopsy of oral tissue - hard (bone, tooth)
D7286	\$327.00	\$349.00		No Discount	Biopsy of oral tissue - soft (all others)
D7287	\$200.00	\$201.00		No Discount	Cytology sample collection - For collection of oral cytolology sample via mild scraping of the mucosa (I.e.brush biopsy).

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D7288	\$80.00	\$209.00	\$129.00	Sliding Fee		Brush Biopsy Transpeithelial Sample Collection (New Code 05)
D7290	\$399.00	\$558.00	\$159.00		No Discount	Surgical repositioning of teeth
D7291	\$100.00	\$347.00	\$247.00		No Discount	Transseptal fiberotomy/supra crestal fiberotomy, by report.
CDT 2013						
	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts		Dental Procedure
						Alveoloplasty - Surgical Preparation of Ridge for Dentures
D7310	\$223.00	\$327.00	\$104.00	Sliding Fee		Alveoloplasty in conjunction with extractions- per quadrant
D7311	\$186.00	\$334.00	\$148.00	Sliding Fee		Alveoloplasty conjunction w/extractions- per quadrant.
D7320	\$346.00	\$478.00	\$132.00	Sliding Fee		Alveoloplasty not in conjunction with extractions- per quadrant
D7321	\$293.00	\$460.00	\$167.00	Sliding Fee		Alveoloplasty no in conjunction w/extractions 1-3 Teeth/space Quad.
						Vestibuloplasty - Any of a series of surgical procdures designed to increase relative alveolar height
D7340	Procedure Referred out					Vestibuloplasty - ridge extension (secondary epithelialization)
D7350	Procedure Referred out					Vestibuloplasty - ridge extension (inc.soft tissue grafts, muscle reattachment, revision of soft tissue attachment & management of hypertrophied & hyperplastic tissue.)
						Surgical Excision of Soft Tissue Lesions-Includes non-odontogenic cysts.
D7410	\$711.00	\$458.00			No Discount	Excision of benign lesion up to 1.25 cm
D7411	\$1,246.00	\$686.00			No Discount	Excision of benign lesion greater than 1.25 cm
D7412	Procedure Referred out					Excision of benign lesion, complicated - Requires extensive undermining with advancement or rotational flap closure
D7413	Procedure Referred out					Excision of malignant lesion up to 1.25 cm
D7414	Procedure Referred out					Excision of malignant lesion greater than 1.25 cm
D7415	Procedure Referred out					Excision of malignant lesion,complicated-Requires extensive undermining with advancement or rotational flap closure
						Surgical Excision of Intra-Osseous lesions
D7440	Procedure Referred out					Excision of malignant tumor - lesion diameter up to 1.25 cm
D7441	Procedure Referred out					Excision of malignant tumor - lesion diameter greater than 1.25 cm
D7450	\$763.00	\$671.00				Removal of benign odontogenic cyst or tumor-lesion greater then 1.25 cm
D7451	\$1,198.00	\$882.00			No Discount	Removal of beign odontogenic cyst or tumor-lesion up to 1.25 cm
D7460	\$763.00	\$633.00			No Discount	Removal of beign nonodontogenic cyst or tumor-lesion greater then 1.25 cm
D7461	\$1,229.00	\$1,006.00			No Discount	Removal of beign nonodontogenic cyst or tumor-lesion up to 1.25 cm
D7465	Procedure Referred out					Distruction of lesison(s), by physical or chemical method, by report
						Excision of Bone tissue
D7471	\$790.00	\$745.00			No Discount	Removal of lateral exostosis (maxilla or mandible)
D7472	Procedure Referred out					Removal of torus palatinus

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D7473	Procedure Referred out				Removal of torus mandibularis
D7485	Procedure Referred out				Surgical reduction of osseous tuberosity
D7490	Procedure Referred out				Radical resection of mandible with bone graft. .
Surgical Incision					
D7510	\$213.00	\$252.00	\$39.00	Sliding Fee	Incision and drainage of abscess - intraoral soft tissue
D7511	\$322.00	\$391.00		Sliding Fee	Incision and drainage of abscess - intraoral soft tissue complicated
D7520	\$1,015.00	\$539.00			Incision and drainage of abscess - extraoral soft tissue
D7521	\$1,115.00	\$705.00			Incision and drainage of abscess - extraoral soft tissue complicated
CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$	Discounts	Dental Procedure
D7530	\$393.00	\$392.00		Sliding Fee	Removal of foreign body from mucosa, skin or subcutaneous alveolar tissue
D7540	\$435.00	\$739.00	\$304.00	Sliding Fee	Removal of reaction producing foreign bodies, musculoskeletal system. May inc.,but is not limited to, removal of splinters,pieces of wire, etc
D7550	\$253.00	\$647.00	\$394.00	Sliding Fee	Partial Osteotomy/sequestrectomy for removal of non-vital bone.Removal of loose or sloughed-off dead bone caused by infection or reduced blood supply.
D7560	Procedure Referred out				Partial sinusotomy for removal of tooth fragment or foreign body.
Treatment of Fractures - simple					
Procedures D7610 to D7877 are referred out to specialist.					
TMD Dysfunction					
D7880	\$547.00	\$1,087.00	\$540.00	No Discount	Occlusal orthotic device, by report - Presently inc. splints provided for treatment of temporomandibular joint dysfunction.
D7899	Fee to be set by provider			No Discount	Unspecified TMD therapy, by report - Use for procedure that is not adequately described by a code. Describe procedure
Repair of Traumatic Wounds - Excludes closure of surgical incisions.					
D7910	\$325.00	\$327.00	\$2.00	Sliding Fee	Suture of recent small wounds up to 5 cm
Complicated Suturing (Reconstruction Delicate Handling of tissues and Wide Undermining for Meticulous Closure)					
D7911	\$812.00	\$538.00		No Discount	Complicated suture - up to 5 cm
D7912	\$1,461.00	\$894.00		No Discount	Complicated suture - greater than 5 cm
Other Repair Procedures					
D7920	\$0.00	\$2,784.00	\$2,784.00	No Discount	Skin Grafts (identify defect covered, location and type of graft)
D7921	2013 new code - Procedure not done in Karuk Clinics also Procedures D7940 to D7955 are not done in our clinics				
D7960	\$250.00	\$479.00	\$229.00	Sliding Fee	Frenulectomy (frenectomy or frenotomy) - separate procedure
D7963	\$511.00	\$531.00	\$20.00	No Discount	Frenuloplasty
D7970	\$484.00	\$553.00	\$69.00	Sliding Fee	Excision of hyperplastic tissue - per arch
D7971	\$154.00	\$285.00	\$131.00	Sliding Fee	Excision of pericoronal gingiva- Surgical removal of inflammatory or hypertrophied tissues surrounding partially erupted/impacted teeth.
D7972	\$570.00	\$827.00	\$257.00	Sliding Fee	Surgical reduction of fibrous tuberosity

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Procedure Codes D7980 to D7997 are not done in our clinics.						
D7990						Emergency Tracheotomy
D7999	Fee to by set by provider					Unspecified oral surgery procedure , by report-Used for procedure that is not adequately described by a code. Describe procedure.
Orthodontics						
Limited Orthodontic Treatment						
D8010	\$1,700.00	\$2,361.00	\$661.00		No Discount	Limited Orthodontic Treatment of the primary dentition
D8020	\$500.00	\$2,812.00	\$2,312.00		No Discount	Limited Orthodontic Treatment of the transitional dentition
D8030	\$550.00	\$3,323.00	\$2,773.00		No Discount	Limited Orthodontic Treatment of the adolescent dentition
D8040	\$975.00	\$3,588.00	\$2,613.00		No Discount	Limited Orthodontic Treatment of the adult dentition
CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	Fee would Increase By \$		Discounts	Dental Procedure
Interceptive Orthodontic Treatment						
D8050	\$1,700.00	\$2,821.00	\$1,121.00		No Discount	Interceptive Orthodontic Treatment of Primary dentition
D8060	\$2,100.00	\$2,974.00	\$874.00		No Discount	Interceptive Orthodontic Treatment of transitional dentition
					No Discount	Comprehensive Orthodontic Treatment
D8070	\$3,300.00	\$5,511.00	\$2,211.00		No Discount	Comprehensive Orthodontic Treatment of the transitional dentition
D8080	\$4,100.00	\$5,568.00	\$1,468.00		No Discount	Comprehensive Orthodontic Treatment of the adolescent dentition
D8090	\$4,600.00	\$5,595.00	\$995.00		No Discount	Comprehensive Orthodontic Treatment of the adult dentition
Minor Treatment to Control Harmful Habits						
D8210	\$450.00	\$924.00	\$474.00		No Discount	Removable appliance therapy; inc. appliances for thumb sucking & tongue thrusting
D8220	\$450.00	\$1,092.00	\$642.00		No Discount	Fixed appliance therapy; inc. appliances for thumb sucking & tongue thrusting
Other Orthodontic Services						
D8660	\$20.00	\$437.00	\$417.00		No Discount	Pre-orthodontic treatment visit
D8670	\$0.00	\$286.00	\$286.00		No Discount	Periodic orthodontic treatment visit (as part of contract)
D8680	\$300.00	\$585.00	\$285.00		No Discount	Orthodontic retention (removable of appliance, construction & placement of retainer(s))
D8690	\$138.00	\$295.00	\$157.00		No Discount	Orthodontic treatment (alternative billing to a contract fee). Services provided by dentist other than original treating dentist.(open-ended fee arrangement)
D8691	\$100.00	\$226.00	\$126.00		No Discount	Repair of orthodontic appliance-Does not inc.bracket & standard fixed ortho appliances- does inc. functional appliances & palatal expanders.
D8692	\$200.00	\$366.00	\$166.00		No Discount	Replacement of lost or broken retainer
D8693	\$150.00	\$358.00	\$208.00		No Discount	Rebonding/recementing and/or repair, as required, of fixed retainer
D8999	Fee to by set by provider				No Discount	Unspecified orthodontic procedure, by report - Used for procedure that is not adequately described by a code. Describe procedure.
Adjunction General Services - Unclassified Services						
D9110	\$82.00	\$139.00	\$57.00			Palliative (emergency) treatment of dental pain - minor procedure (per visit)

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D9120	\$100.00	\$262.00	\$162.00	Sliding Fee		Fixed partial denture sectioning- Separation of one or more connections between abutments and/or pontics when some portion of a fixed prosthesis is to remain intact and serviceable following sectioning and extraction or other treatment. Includes all recontouring and polishing of retained portions.
D9210	\$25.00	\$70.00	\$45.00	Sliding Fee		Local anesthesia not in conjunction with operative or surgical procedures
D9211	\$0.00	\$102.00	\$102.00	Sliding Fee		Regional block anesthesia
D9212	\$58.00	\$291.00	\$233.00	Sliding Fee		Trigeminal division block anesthesia
D9215	\$0.00	\$0.00	\$0.00	NA		Local anesthesia with procedure
Procedures D 9220 to D9221 are not done in our clinics						
D9230					No Discount	Analgesia, anxiolysis, inhalation of nitrous oxide
Procedures D9241 to 929248 are not done in our clinics						
CDT 2013	<u>Current Fees</u>	<u>Purposed New Fees</u>	<u>Fee would Increase By \$</u>	Discounts		Dental Procedure
Professional Consultation						
D9310	\$135.00	\$143.00	\$8.00			Consultation (diagnostic services provided by dentist or physician other than practitioner providing treatment.)
Professional Visits						
D9410	\$229.00	\$261.00	\$32.00		No Discount	House/extended care facility call
D9420	\$245.00	\$327.00	\$82.00	Sliding Fee	No Discount	Hospital call
D9430	\$46.00	\$81.00	\$35.00			Office call - for opservation- no other services performed
D9440	\$82.00	\$193.00	\$111.00		No Discount	Office Visit - After regularly scheduled Hours
D9450	\$40.00	\$156.00	\$116.00		No Discount	Case presentation, detailed & extensive treatment planning. Established patient-not performed on same day evaluation was done
Drugs						
D9630	NC					Other drugs and/or medicaments , by report Includes but is not limited to oral antibiotics, oral analgesics,& Topical fluoride dispensed in the office for home use: Does not include writing Rx's
Miscellaneous Services						
D9910	\$29.00	\$72.00	\$43.00	Sliding Fee		Application of desensitizing medicament Includes in-office treatment for root sensitivtty. Typically reported on a per visit bases for application of topical fluoride. This code is not to be used for bases, liners, or adhesives used under restortations.
D9911	\$46.00	\$87.00	\$41.00			Application of desensitizing resin for cervical and/or root surface, per tooth
D9920	NA					such as dry socket or removal of bony sequestrum
D9930	NC					Treatment of complications (post -surgical) - unusal circumstances, by report such as dry socket or removal of bony sequestrum
D9940	\$200.00	\$513.00	\$313.00	Sliding Fee		Occlusal guard, by report - Removable dental appliances, which are designed to minimize the effects of bruxisim and other occlusal factors. For TMD Review code check D7880

**Karuk Tribe
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D9941	\$125.00	\$654.00	\$250.00	Sliding Fee		Fabrication of athletic mouthguard
D9942	\$90.00	\$281.00	\$191.00		No Discount	Repair/reline of occlusal guard
D9950	\$179.00	\$387.00	\$208.00		No Discount	Occlusion analysis - mounted case-
D9951	\$81.00	\$201.00	\$120.00			Occlusal Adjustment - limited - presently inc. discing/odontoplasty/enamoplasty- Not for post op filling/crown adjustments
D9952	\$457.00	\$752.00	\$295.00		No Discount	Occlusal adjustment - complete-
D9970	\$34.00	\$226.00	\$192.00		No Discount	Enamel microabrasion
D9971	\$50.00	\$195.00	\$145.00		No Discount	Odontoplasty 1 - 2 teeth; inc. removal of enamel projections
D9972	Procedure not done in Karuk Clinics					External Bleaching - per arch
D9973	Procedure not done in Karuk Clinics					External Bleaching - per tooth
D9974	\$171.00	\$313.00	\$142.00		No Discount	Internal Bleaching - per tooth
D9999	Fee to be set by provider				No Discount	Unspecified adjunctive procedure , by report - Used for procedure that is not adequately described by a code. Describe procedure
Planned Treatment Completed - 9990						