

Provider Newsletter

Fall/Winter 2024



Oral Cancer Screening (OCS): Early Detection Saves Lives

Oral cancer is a growing concern, with over 54,000 new cases of oral and oropharyngeal cancer diagnosed annually in the United States. Despite advances in treatment, survival rates remain significantly lower when cancers are discovered in later stages—underscoring the critical role of routine screening and early detection.

Why It Matters

Oral cancers often present without pain in the early stages and may go unnoticed by patients. Unfortunately, many are diagnosed only when the disease has advanced, contributing to a five-year survival rate of around 40–50%. When detected early, this number improves to over 80%, making regular screening a lifesaving intervention.

Who Should Be Screened?

The American Dental Association recommends that all adults, particularly those over age 18, be screened for signs of oral cancer during routine dental exams. Individuals with risk factors—such as tobacco and alcohol use, HPV infection, or prolonged sun exposure—are at even greater risk and should be monitored closely.

What to Look For

Providers should conduct a systematic visual and tactile examination, including:

- Ulcers or red/white patches that do not heal within two weeks
- Lumps or thickening in the cheek, tongue, or floor of the mouth
- Persistent sore throat or hoarseness
- Difficulty swallowing
- Unexplained weight loss or persistent lymphadenopathy

Adjunctive screening tools (e.g., light-based detection or brush biopsies) may be considered when clinical suspicion is high, including a referral to a specialist.

Take Action

Early diagnosis begins with vigilance. Incorporate oral cancer screening into every patient visit, document findings thoroughly, and refer promptly for biopsy or specialist evaluation when needed. Educating patients about symptoms and risks can also empower them to seek timely care.

By staying alert and consistent with screening protocols, providers can make a measurable difference in patient outcomes—and potentially save lives.

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Public Policy

The Plan welcomes Provider participation on its Public Policy Committee, which meets quarterly at the Plan's corporate office in Orange, California. In order to be considered for membership, please write or call the Plan's Provider Relations Department at 1-800-811-51

Provider Dispute Resolution Process

As previously notified, providers have the right to utilize the WDS provider dispute resolution process, which was developed to provide a fast, fair and cost-effective dispute resolution mechanism. WDS will not discriminate or retaliate against a provider (including, but not limited to, the cancellation of the provider's contract) because the provider filed a provider dispute. The provider dispute process is available at no cost to the provider.

For additional information regarding the provider dispute process, please contact the Provider Relations Department at 1-800-811-5111.

Disclosure of Review Processes

Upon request, the WDS Member Services department will send you a copy of the guidelines and criteria that are used to determine if a service is covered or not when a dentist or WDS provider sends requests to WDS for benefits and/or claims for payment to an enrollee, a dentist or a member of the general public. You may ask for this information by writing to Western Dental Services, Inc., P.O. Box 14227, Orange, CA 92863, or by calling WDS Member Services at 1-800-992-3366.

Credentials

To ensure that your credentials are always current, don't forget to submit your renewed credentials to WDS **prior** to the expiration of the previous credentials. WDS must maintain copies of your current, valid California dental license, malpractice insurance cover page and DEA certificate in your provider file. Also, please remember to notify WDS Provider Relations whenever your office has a new associate dentist or dental specialist or when there are changes or updates to your credentials.

Reminder, please respond to the California Senate Bill 137 mailers sent to the office to confirm that the information we currently have in our provider directory is correct and up to date.

Encounter Data Submission

The California Knox-Keene Act requires all Dental HMOs to monitor plan enrollee utilization. The WDS Utilization Management (UM) Committee meets on a quarterly basis to review utilization trends to ensure that Plan enrollees are receiving services. WDS also uses the utilization data to develop new plans and review existing provider compensation for the managed care dental program.

Please submit your encounter data by the 10th day of the month for the previous month's encounters. To submit monthly encounter data, please use a standard ADA claim form.

New Policy: Encouraging Nonpharmacological Treatments

Nonpharmacological therapies seek to give patients a sense of control and decrease fear, distress, anxiety, and pain without the use of medications. Nonpharmacological therapies are relatively inexpensive and safe when compared with traditional pharmacological treatments. Pursuant to AB 2585, as codified in Health & Safety Code § 124962, Western Dental Services, Inc. ("WDS" or the "Plan") encourages the use of evidence-based nonpharmacological therapies for pain management. Refer to the Provider Guide on the Western Dental website at www.westerndental.com to review the entire policy.

Language Assistance Program

Many people who live in Western Dental's service area speak a language other than English. Even if they know some English, they may prefer to speak another language when discussing their dental health or dental plan benefit matters. Having a fully functioning Language Assistance Program ("LAP") in your office is a state requirement that became effective January 1, 2009.



Since 2009, we have contacted our provider network seeking services in a foreign language to determine if your offices knew how to handle such requests. Thank you to all offices that have provided the proper language assistance. For those who did not know how, the phone call then changed into an instructional call so that your offices could properly handle such calls in the future. As a reminder, here are some of the most important facts:

- Language Assistance is always available at no cost to both the provider and the member.
- If you need assistance with a Western Dental member calling your office requesting services in another language, you may instruct the patient/member to contact the Member Services department at **1-800-992-3366**, or you may call for them. Simply request to speak to someone who speaks the preferred language, and the Western Dental member service representative will make arrangements for an interpreter to join the call. Please allow time for connection to this service.
- Face-to-face interpreters in languages other than English (including Sign Language) may be available in

some circumstance for special instructions. Western Dental Member Services department at **1-800-992-3366** has more information available about this service.

- Vital Documents such as plan brochures, provider directories, important forms and letters about Western Dental services, language rights and certain outreach materials are produced in English and Spanish in accordance with LAP requirements. You may instruct your patients who need these documents in Spanish to call the Plan to receive these materials.

As a reminder, the Language Assistance Program (LAP) bulletin is included with your rosters each month for reference. Additionally, we have sent out a reminder card that you can post near your reception desk to make it easy for your office to contact Western Dental when language assistance is needed. We will continue to make "secret shopper" calls to confirm that our providers understand and know how to use the LAP. If you need more information regarding LAP requirements for contracting dentists, please contact Provider Relations at **1-800-811-5111**.

To Report a PROVIDER DIRECTORY Inaccuracy

In compliance with State requirements for providing an accurate provider directory, Western Dental Services now offers several easy ways to update your information or report a potential provider directory inaccuracy. The regulation requires WDS to verify and confirm with all contracted providers that their information is current and up to date. Notifications will be sent to all contracted providers every six months and will require an affirmative response within 30 days acknowledging the notification was received and information about any applicable changes to the data on file. To report any updates or provider directory inaccuracies contact Provider Relations at 1-800-811-5111, via email at **ProviderDirectoryUpdate@westerndental.com** or by using the online change form available on our website, <http://www.westerndental.com>.