

**Affiliated Practice Dental Hygiene
7 Common Myths****1. Dentists do not want to collaborate with APDHs.**

With changes in the economy and the healthcare system, dentists are becoming increasingly more interested in collaborating with others to build their business. The time commitment to be an AP dentist is minimal and the referrals from the APDH can be significant. An APDH should consider partnering with a dentist that is public health minded, accepts AHCCCS patients, and is comfortable treating the APDH's target population. The AP dentist is not required to be located in the same geographic location as the APDH or be in active practice, however, the AP dentist is required to have an active Arizona license.

2. APDHs cannot receive reimbursement for their services.

APDH can receive direct reimbursement for their services from the largest AHCCCS plan in Arizona, United Healthcare Community Plan (UHC CP). So far UHC CP is the only plan reimbursing APDHs. The 1st step is to get a National Provider Identification number. The 2nd step is to get an AHCCCS provider identification number. The 3rd step is to be contracted with UHC CP. The 4th step is to submit a claim to UHC CP for payment for the services you provide for your patients. ASDHA believes all health plans should reimburse APDHs and will continue working toward this goal.

3. The required training to become an APDH is not available.

The required training to become an APDH is to complete 12 hours of continuing education in the following areas to be included in the already required 54 hours: a) 4 hours in medical emergencies and b) 8 hours in two of the following: pediatric, special health care needs, preventive dentistry, or public health community-based dentistry. Several continuing education providers offer these continuing education courses.

4. Services provided by APDH can be billed by and paid to the dentist.

When practicing under an AP agreement, services provided by an APDH must be billed by and paid to the APDH that provided the services. An APDH provides services to patients before a dentist does an exam; therefore, the patients are patients of record of the APDH. An APDH has a National Provider Identification number and an AHCCCS number. This identifies the APDH as a provider that rendered services. It is illegal for a provider to bill for services that were provided by another provider.

5. A dentist must see the patients after they receive care from an APDH.

It is ideal for patients to visit the dentist, but is not required by law. However, it is required for the APDH to direct patients to the affiliated practice dentist for diagnosis, treatment or planning that is outside the dental hygienist's scope of practice. The AP dentist can refer patients to be treated by another dentist who might be more suited due to factors such as 1) being in active practice, 2) being geographically available, or 3) providing specialty services.

6. The requirements of Affiliated Practice are too restrictive.

In 2015 ASDHA worked with AzDA to ease and lift restrictions on Affiliated Practice. Legislation was successfully passed that made it easier to enter into AP relationships, eliminated financial qualifiers, increased AP settings, expanded services that can be provided, and allow continued care by an APDH after consultation. To view details and revised statutes go to <https://dentalboard.az.gov>

7. The AP dentist is responsible or liable for services provided by the APDH.

The statutes state, when practicing under an AP agreement, the APDH is responsible and liable for all services rendered by the APDH. To confirm this, ASDHA obtained a written opinion by the Arizona Attorney General stating that the legislature intended a different level of oversight and responsibility than what is described as direct or general supervision where the supervising dentist is responsible and liable.