

ODA Today

A publication of the Ohio Dental Association focusing on dentistry in Ohio

QuickBites

Breaking News: Gov. John Kasich vetoes dental Medicaid pilot project, access to dental care initiative

On June 30, Gov. John Kasich signed the state budget bill into law for fiscal years 2016-17. He exercised his line item veto authority on 44 items in the state budget, including two significant access to dental care provisions:

- funding for a demonstration pilot project in 16 rural Appalachian Ohio counties whereby Medicaid would reimburse dentists at 65 percent of dentists' regular fees as determined by the most recent ADA fee survey
- a provision that would have created the "Hope for a Smile" program

For more information, see page 2.

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Annual Session pre-registration deadline approaching

The 2015 ODA Annual Session pre-registration deadline is Aug. 3. After Aug. 3, registration prices increase.

Attendees who register before Aug. 3 will be entered into a drawing to win four tickets to the Taylor Swift concert on Sept. 17.

This year's Annual Session – Excellence in Collaboration – is Sept. 17-20 in Columbus and will feature about 80 CE courses, an Exhibit Hall with more than 230 booths and special events.

Visit www.oda.org/events to find:

- CE track lists to help attendees choose courses based on interest or audience
- A full schedule of events
- Speaker bios
- Course descriptions
- Exhibit Hall interactive floor plan and search feature
- Registration
- Hotel information
- Information on related programs
- Special event details
- And more!



Above: Two Annual Session attendees share a laugh in a CE course together. Left: Annual Session attendees enjoy an ice cream break in the Exhibit Hall. This year's Annual Session will be Sept. 17-20. Visit oda.org/events for details.



Inside

This year, the ODA Annual Session is offering two courses aimed at helping offices be able to make better use of their practice management software - one for Dentrix users and one for Eaglesoft users. For more details, see page 7.

Ohio House passes non-covered services legislation

By ODA Staff

On June 10, the Ohio House of Representatives passed House Bill 95 by a 61-33 vote. The legislation, introduced at the behest of the ODA, would prohibit dental insurance companies from setting fees for services that the insurers do not even cover.

During debate over House Bill 95 on the floor of the Ohio House of Representatives, the bill's sponsor Rep. Anthony DeVitis (R-Green) argued that the legislation addresses a "disturbing trend" in the dental insurance industry whereby insurers are setting fees for services they don't cover. He said the insurance companies' mandates come under contracts that are "non-negotiable." DeVitis pointed out that dentists cannot band together to leverage better deals due to anti-trust laws. DeVitis concluded that House Bill 95 would serve to protect the dentist-patient relationship and rein in overreaching insurance company practices. He also noted that 35 other states have passed similar legislation.

Opponents claimed that House Bill 95

amounted to government intrusion into the free market and expressed concerns that the legislation could lead to higher costs for consumers. Rep. Barbara Sears (R-Maumee), speaking against the bill, argued that the free market and not state intervention should drive choices for consumers. Rep. Nickie Antonio (D-Lakewood) argued that if dental insurers weren't allowed to continue to set the fees for non-covered services, consumers could be forced to pay more. She called the bill "unwarranted government interference into private contracts" and noted that opponents included both labor and business groups.

Responding to the opponents' claims, Rep. Ann Gonzales (R-Westerville), chair of the House Health Committee, noted that states with similar laws have not experienced any increases in costs or disruptions to the dental insurance marketplace.

This past spring, ODA Executive Director David Owsiany and Dr. Steve Moore, a general dentist from West Chester, testified before the Ohio House Health Committee in favor of House Bill 95. On May 13 the Health Com-

mittee passed House Bill 95 by a 12-7 vote, despite opposition from Delta Dental, Ohio Chamber of Commerce, Ohio Education Association, Ohio AFL-CIO, Westfield Insurance Company, America's Health Insurance Plans (AHIP), AFSCME Ohio, Ohio Association of Health Plans and United Concordia.

The Ohio Senate will now take up House Bill 95 with Senate committee hearings likely to be held this fall. ODA president Dr. Tom Paumier, a general dentist from Canton, expressed gratitude for all of the efforts supporting passage of House Bill 95 in the House. He thanked the ODA's advocacy team and ODA member dentists who advocated at the ODA's Day at the Statehouse on March 4 and through phone calls, email messages and letters urging their legislators to vote for House Bill 95.

"Now, we have to do it all over again in the Senate in order to secure passage of this important legislation," Paumier said. The "ODA Today" will provide updates throughout the fall as the Senate begins consideration of House Bill 95.



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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Recent changes to Ohio laws allow dentists greater flexibility with auxiliaries

The Ohio Dental Association initiated legislation (House Bill 463) last year that modernized Ohio's dental laws. The legislation unanimously passed both the Ohio House of Representatives and the Ohio Senate and was signed into law by Gov. John Kasich in December 2014. The law went into effect this past March. Among other things, the new law:

- Doubles the capacity of the Ohio Dentist Loan Repayment Program,
- Makes dental education eligible for Choose Ohio First Scholarships,
- Allows an alternative pathway to dental licensure in Ohio by allowing dental school graduates to complete an accredited dental residency program (PGY 1) in lieu of taking a regional clinical exam, and
- Creates the Ohio Medicaid Payment Rates for Dental Services Workgroup to study Medicaid payment rates for dental services and make recommendations for reform.

In addition, the new law made several changes to the supervision requirements for dental hygienists, EFDAs and certified dental assistants. This column will answer commonly asked questions related to the supervision of dental hygienists.

Q: Under direct supervision (i.e., when the dentist is physically present in the office), a dentist traditionally can supervise only three dental hygienists at a time. Is that still the case?

A: No. The new law allows a dentist to supervise up to four dental hygienists when the dentist is physically present in the office.

Q: In order for a dental hygienist to see patients in a dental office when the employer dentist is not physically present, there are several requirements that must be fulfilled. Have any of those requirements changed?

A: Most of the requirements have remained the same. For example, the dental hygienist may only provide services to patients for not more than 15 consecutive business days when the dentist is not physically present. The supervising dentist must have previously evaluated the dental hygienist's skills and also determined that the patient is in a medically stable condition after reviewing the patient's medical and dental history.

Moreover, in order to see a patient when the dentist is not physically present, the law still provides that the dental hygienist must:

- Successfully complete a course approved by the Ohio State Dental Board in the identification and prevention of potential medical emergencies.
- Comply with written protocols for emergencies as established by the supervising dentist.
- Comply with written office protocols and standing orders established by the supervising dentist.
- Not perform procedures while the patient is anesthetized, definitive

subgingival curettage, definitive root planning, or other procedures identified by the Ohio State Dental Board.

In advance of the hygiene appointment, the patient must be notified that the supervising dentist will be absent from the office and that the dental hygienist cannot diagnose the patient's dental health care status.

House Bill 463, however, made a few changes to the general supervision requirements for dental hygienists. The new law reduced the experience requirements for dental hygienists to practice when the dentist is not physically present to one year (previously, it was two years) and 1,500 hours of clinical experience (previously, it was 3,000 hours).

Previously, a dental hygienist could not be permitted to see a patient unless the supervising dentist had examined the patient not more than seven months prior to the hygiene appointment. The new law extends that period to one year. Moreover, the new law makes clear that the dental

See **HYGIENISTS**, page 5

Gov. Kasich vetoes dental Medicaid pilot project, access to dental care initiative

By ODA Staff

On June 30, Gov. John Kasich signed the state budget bill into law for fiscal years 2016-17. He exercised his line item veto authority on 44 items in the state budget, including two significant access to dental care provisions.

This past spring, during ODA's Day at the Statehouse and through testimony in the Ohio House of Representatives Finance Subcommittee on Health and Human Services and the Ohio Senate Medicaid Committee, the ODA, its advocacy team and member dentists made the case for increased funding in the state's Medicaid program for dental services. The ODA explained that dental Medicaid rates have not been raised since 2000 and that currently Medicaid reimburses dentists at less than 40 percent of their regular fees. A recent ADA study shows

that Ohio's dental Medicaid rates are 41st out of 50 states (10th from the bottom).

On June 26, the General Assembly passed the final version of the budget bill, which included funding for a demonstration pilot project in 16 rural Appalachian Ohio counties whereby Medicaid would reimburse dentists at 65 percent of dentists' regular fees as determined by the most recent ADA fee survey. The intent of the pilot project was to determine the impact of Medicaid paying at rates closer to market fees. Other states that have raised fees to this level have experienced a significant improvement in Medicaid participation and utilization and in access to dental care for the underserved. Unfortunately, on June 30, 2015, Kasich exercised his line item veto to nix the pilot project.

See **KASICH**, page 3

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Legal Briefs

Nathan E. DeLong, Esq.
ODA Director of Legal & Legislative Services

Independent contractor vs. employee status

Dental offices are often tempted to classify temporary workers such as dental hygienists, associate dentists and in-house lab technicians as independent contractors rather than employees as a way to reduce costs. For example, employers must generally withhold federal income taxes, withhold and pay over social security and Medicare taxes, and pay unemployment tax on wages paid to employees, but not on wages paid to independent contractors. Furthermore, employers may exclude independent contractors from practice benefits that are available to employees such as workers' compensation insurance, vacation pay,

sick leave and health insurance. Lastly, classifying workers as independent contractors reduces employers' potential exposure to certain lawsuits, such as age discrimination. These incentives, however, do not justify misclassifying a worker as an independent contractor.

There can be major legal and tax risks for employers who misclassify the status of their workers. Employers who misclassify their workers risk getting audited by one or more government agencies, including the Department of Labor, Social Security Administration, Workers' Compensation Offices, Department of Job and Family Services, and Internal Revenue Service (IRS). If the IRS finds a company guilty of misclassifying its workers, the IRS may require the company to pay all back withholding taxes plus interest. The IRS may also levy huge fines and press criminal charges against company owners. In addition, misclassified or disgruntled independent contractors may later allege that an employer-employee relationship existed in an attempt to hold the employer

liable for withholding and payroll taxes. They have successfully sued employers for unemployment insurance, stock options, overtime pay, retirement benefits, profit sharing, disability payment, workers' compensation and more. Therefore, it is critical that employer dentists correctly determine whether the individuals providing services in their office are employees or independent contractors.

There are specific guidelines for determining the status of a worker. The IRS previously used 20 factors to distinguish independent contractors from employees but dropped that approach in favor of a "control" standard. The legal test is whether there is a right to direct or control the means and details of the work. It is not necessary that the employer actually direct or control the manner in which the services are performed; it is sufficient if the employer has the right to do so. The test divides into three categories: behavioral control, financial control, and the relationship of the parties.

Behavioral Control: Professional work-

ers who are engaged in an independent trade, business, or profession in which they offer their services to the public are independent contractors and not employees. However, most professionals are not providing services to the public independently, but on behalf of the practice where they work. While the instructions for professional services may be minimal, nearly all practices have policies covering operations to which the worker is subject (e.g., when and where to do the work, what tools or equipment to use, where to purchase supplies or services, what work must be performed by a specified individual).

Financial Control: In professional practices, the practice almost always maintains control over all financial and business aspects of its operation, including setting fees, billing the clients, collecting the fees and paying operating expenses. Although it is possible for the professional to be an independent contractor if the worker sets the fees, bills the patients or clients, and pays rent for use of the premises and equipment, this in reality rarely happens.

Relationship of the Parties: A nominal independent contractor agreement, in and of itself, is not sufficient evidence for determining a worker's status. The substance of the relationship, rather than the label, governs the worker's status.

In a vast majority of cases, dental offices should classify staff members as employees rather than independent contractors. While there are some businesses that fall into vague areas of employment law, dental offices generally do not meet the qualifications to classify anyone as an independent contractor.

If you have independent contractor workers, review the arrangements carefully in consultation with your legal counsel. The IRS will perform an analysis for an employer and determine whether a worker is an independent contractor or an employee. In order to obtain this determination, file IRS Form SS-8 with the IRS.

KASICH, from page 2

Kasich also vetoed a provision that would have created the "Hope for a Smile" program. Among other things, this program would have funded a mobile dental unit for use statewide in providing dental care to underserved Ohioans. The program would have also allowed dentists who provide free care to underserved Ohioans to deduct the value of that care from their state income taxes.

ODA president Dr. Tom Paumier expressed disappointment in the governor's vetoes, noting that the Ohio Department of Health has branded dental health as the "number one unmet health care need in Ohio" and recently recommended paying higher Medicaid rates for dentists providing care to Medicaid patients in Appalachian counties. "It is surprising that Governor Kasich would veto the dental Medicaid pilot project since the idea for it came from the Ohio Department of Health's report," Paumier said. In 2012, the Ohio Department of Health published "Hills and Valleys: The Challenge of Improving Oral Health in Appalachian Ohio," which recommended testing fee differentials for primary care dentists practicing in Appalachia and expanding the use of mobile dental systems to increase access in underserved areas.

The final budget included an increase in the dental Medicaid budget of \$1.5 million in fiscal year 2016 and \$3 million in fiscal year 2017, which amounts to about a 1 percent overall increase.



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- Practice-related Business Transactions

Dr. Recker also represents multiple national dental organizations and individual dentists in various matters, including First amendment litigation (i.e. advertising), judicial appeals of state board proceedings, civil rights actions against state agencies, and disputes with PPOs and DMSOs.

Todd Newkirk was formerly an Ohio Assistant Attorney General representing several Ohio State agencies. Mr. Newkirk has been associated with Dr. Recker since 2007 and has also represented many dentists across the country. Email Mr. Newkirk at newkirk@ddslaw.com.

Ms. Sandra Ertel, paralegal, has assisted Dr. Recker and Mr. Newkirk in preparing for, and attending, depositions, court appearances and hearings in multiple states.




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Graduating dental students sign up for tripartite membership

This year, more than 140 graduating dental students signed up for organized dentistry through National Signing Day events at the Case Western Reserve University School of Dental Medicine and The Ohio State University College of Dentistry.

The ADA's National Signing Day program aims to increase visibility and awareness of membership in organized dentistry and to encourage new dentists to sign up for membership in the ADA, Ohio Dental Association and their local component societies.

The Columbus Dental Society supported the 2015 National Signing Day at the OSU College of Dentistry on March 6 and 27. At the event, 89 students submitted membership applications, which is about 78 percent of the 2015 graduating class.

At the CWRU School of Dental Medicine, the Greater Cleveland Dental Society supported the 2015 National Signing Day on May 1. At the event, 53 students submitted membership applications, which is about 69 percent of the 2015 graduating class.

Once these students receive their licenses, they will be transitioned into active membership.

These new members will be part of the Reduced Dues Program, which reduces membership fees by 100 percent during their first year after dental school, 75 percent during their second year, 50 percent during their third year and 25 percent during their fourth year.

Important changes to Dental OPTIONS program

The Dental OPTIONS program, offered in partnership by the Ohio Dental Association and the Ohio Department of Health, assists Ohioans who are uninsured for dental care and have special health care needs and/or financial barriers to obtaining dental care. OPTIONS patients are matched with volunteer OPTIONS dentists who have agreed to reduce fees for dental care. There are currently more than 950 volunteer dentists in Ohio participating in the program.

Since 1997, the statewide Dental OPTIONS program has been operated through grants from the ODH to four local agencies to administer the program regionally.

Starting July 1, the Dental OPTIONS is administered through one office rather than regional offices. Some referral coordinators who provide case management are transitioning their records to another agency. The agency that is administering the program statewide will notify participating dentists of the change and will continue to manage the patients currently in treatment. Once the initial transition has occurred, the program will continue to operate as in the past, just through one statewide office.

Since the OPTIONS program began, dentists report providing dental care with a treatment value of greater than \$21,300,000. Thanks to the many dentists who have donated their time and services to help improve the oral health of the most vulnerable Ohioans through the years. It is our hope that these dedicated dentists will continue to volunteer for the OPTIONS program for many years to come.

Story submitted by Ohio Department of Health.

Bureau of Workers' Compensation ready for ICD-10, dental test partners needed

BWC is preparing for the International Classification of Diseases, 10th revision (ICD-10) national implementation on Oct. 1.

To ensure a smooth transition to ICD-10, BWC and the managed care organizations (MCOs) that medically manage Ohio state-funded employers' work-related injuries and illnesses, are implementing measures that allow them to continue processing claims and bills using ICD-9 codes, if necessary, for 90 days past the Oct. 1 effective date.

Be a test partner

While most dentists do not see many workers' compensation covered cases, those that do should know that they may test bill submissions for ICD-10 with the MCOs and BWC by contacting BWC's HPP systems support unit at HPPSSU@bwc.state.oh.us, or working with one of its MCO billing contacts to initiate testing.

Additional information may be obtained by going to BWC's ICD-10 Implementation Guiding Principles fact sheet at <https://www.bwc.ohio.gov/downloads/blankpdf/ICD10ImplementPrinciples.pdf> or emailing BWC's provider relations department at Feedback.Medical@bwc.state.oh.us.

Member-Get-A-Member program: Support organized dentistry, earn \$100 gift card

The American Dental Association's Member-Get-A-Member campaign can benefit current tripartite members while helping to grow participation in organized dentistry.

Dentists who recruit any new, active member before Sept. 30 will be rewarded with a \$100 American Express Gift Card for each new eligible member they recruit (up to five new members and \$500).

Tripartite members know first hand the benefits of joining organized dentistry and are in a strong position to encourage non-members to join and strengthen the organization. More members in organized dentistry leads to a stronger voice, more resources and greater recognition for dentistry.

For more information about the program and complete rules, visit <http://www.ada.org/8185.aspx>.

HYGIENISTS, from page 2

hygienist can re-cement temporary crowns and re-cement permanent crowns with temporary cement when the dentist is not physically present.

These final two changes are designed to create some additional flexibility by allowing a dental office to schedule the follow-up hygiene appointment within one year of the dentist's examination of the patient and allowing a patient who has had a crown pop off to come to the office to get it recemented with temporary cement by a dental hygienist at least until the dentist is available.

In a future column, I will review recent changes to the supervision laws for Expanded Function Dental Auxiliaries and Certified Dental Assistants.

ODA Meeting & Event Calendar

Jul.

- 3 ODA office closed for holiday
- 10 Council on Access to Care and Public Service
- 14 Dental Insurance Working Group
- 14 Annual Session Committee (call)
- 21-22 Council on Dental Care Program and Dental Practice
- 29 ODASC Shareholder's Meeting
- 29-31 Executive Committee

Aug.

- 5 Dental Education and Licensure Committee
- 7 Council on Membership Services
- 11 Dental Insurance Working Group (call)
- 18 Annual Session Committee (call)
- 24 ODA Foundation Board of Trustees (call)
- 24 Executive Committee (call)

Purchase raffle tickets to support ODA Foundation

The annual ODA Foundation raffle is one of the primary sources of funding for grants and scholarships. Raffle tickets are \$100 each or six for \$500 - and only 700 will be sold.

This year's raffle prizes are:

- First Prize: Winner's choice of a 2 year/12,000 mile lease (Lease terms established by Crown Mercedes) on a 2015 Mercedes c300 or \$20,000 cash
- Second Prize: Piece of fine jewelry or watch valued at \$3,000
- Third Prize: \$1,000

The drawings will take place Sept. 19 at Annual Session.

Tickets purchased by Aug. 12 will be eligible for an extra prize through the early bird drawing, with a prize of \$500.

For more information about the raffle and how to purchase tickets, visit <http://oda.org/community-involvement/oda-foundation/odaf-raffle/>.



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Course to provide tips and tricks for Dentrax users

By Jackie Best
Managing Editor

The 2015 Ohio Dental Association Annual Session will feature a course designed for Dentrax users aimed at providing tips and tricks to help offices increase productivity and profitability.

"We've found most practices don't use a large percentage of the software that's available to them," said Cindy Sipe, certified Dentrax profitability coach and eServices coach, who will be presenting the Dentrax Insight Seminar on Sept. 17 from 1 to 5 p.m. and Sept. 18 from 9 a.m. to 1 p.m.



Cindy Sipe, certified Dentrax profitability coach and eServices coach at Henry Schein.

Sipe said she often hears from course attendees that they learned about features of Dentrax that they had no idea were there. She said the course can help dental offices understand what they don't know about the software and how to use some of the features they may not be aware of.

The course will cover aspects of Dentrax including finding patients overdue for recall and treatment, reducing no shows to keep chairs full, improving and streamlining the patient billing process, simplifying and automating insurance billing and claim tracking, collecting and managing accurate patient information, improving and simplifying schedule management, tracking practice profitability, streamlining patient payments, finding and tracking patients with outstanding balances, preventing collection problems and automatic insurance eligibility checks.

"The course is designed to teach some of most important features to boost productivity," she said. She added that the tips are aimed at helping make attendees' jobs less stressful.

Additionally, Sipe will talk about the newest version of the software, G6, that is currently being released. She'll touch on some of the new features and why an office might want to upgrade.

Sipe said an advantage to taking this

Dentrax Insight Seminar

Speaker: Cindy Sipe*, certified Dentrax profitability coach and eServices coach

Time: 1-5 p.m. Thursday, Sept. 17 (Course Code T23); and 9 a.m. to 1 p.m. Friday, Sept. 18 (Course Code F40)

CE Hours: 4, OSDB Category C
Fee: \$25

Recommended Audience: Dentists, hygienists, assistants, office managers, front desk staff

Learning Objectives: Increase production through recall and case acceptance, improve billing processes and collection processes, discover the top features you're not using

class at Annual Session is attendees can often learn about how other offices are using the software through comments and questions throughout the course.

Attendees will be able to use the features they learned about as soon as they're back in the office.

"We really designed it for everyone in the dental team to come, everyone will get valuable tips," Sipe said.

She said many people will attend the course and learn the information they need, but other attendees may find they would like more details on how to use the software. Those people can look into a profitability coaching program offered by Henry Schein after the class.

For more information about this course and the ODA Annual Session, plus to register, visit oda.org/events. Annual Session – Excellence in Collaboration – is Sept. 17-20 at the Greater Columbus Convention Center and will feature a variety of CE, an Exhibit Hall and special events.

**Cindy Sipe replaces previously announced presenter Jason Mc-Night.*

Course to provide info on latest updates to Eaglesoft

By Jackie Best
Managing Editor

The 2015 Ohio Dental Association Annual Session will feature a course aimed at Eaglesoft users to provide updates on the new features of Eaglesoft 17. The course will also cover e-services that can help offices work more efficiently.

"I'm going to be going over all the features of Eaglesoft 17, which is a fairly new software that is out," said Amy Reichert, technology advisor II for Eaglesoft at Patterson, who will be presenting Get to Know Eaglesoft 17 on Sept. 17 from 3 to 5 p.m. and Sept. 18 from 10 a.m. to noon.



Amy Reichert, technology advisor II for Eaglesoft at Patterson.

Two new features that will be discussed in the course are the customized medical history form and Eaglesoft Mobile, Reichert said. Additionally, topics to be covered include online updates through Patterson auto update, importing 3D images into Eaglesoft through the 3D viewer by Dolphin, how to ensure proper exposure for Schick 33 digital images, the ability to receive the latest news and technology updates through Eaglesoft News Feed, increased security for provider and patient notes, how to link directly to CareCredit applications, and integrating with Emdeon's Clinician EHR Lite.

Reichert said attending the course at Annual Session is beneficial because attendees will be able to meet local advisors and possibly see a familiar face, plus they will be able to learn from other offices taking the course.

"It's nice when offices ask questions; offices learn off of

Get to Know Eaglesoft 17

Speaker: Amy Reichert, technology advisor II for EagleSoft at Patterson

Time: 3 to 5 p.m. Sept. 17 (Course Code T38) and 10 a.m. to noon Sept. 18 (Course Code F54)

CE Hours: 2, OSDB Category C
Fee: \$25

Recommended Audience: Dentists, hygienists, assistants, office managers, front desk staff

Learning Objectives: Discover applications you are under-using, understand new updates to e-services, improve usage and understanding of the software.

other offices. My favorite part is the Q and A," Reichert said. She added that she finds offices are able to better implement the things they're learning when they're able to receive hands-on attention in a course compared to taking a webinar.

The course is aimed at existing Eaglesoft users, but Reichert said she's had courses where new users have jumped in because they want to learn about the software.

After attending the course, offices will receive a printout of the lecture that they can use to implement the things they learned in the course as soon as they get back to the office. Additionally, Reichert said she will provide contact information for a person to help offices implement Eaglesoft e-services. These trainings would be done online so that offices could begin implementing features whenever they would like.

"We want to show our support for our Eaglesoft customers, and let them know we're always here to help," Reichert said.

For more information about this course and the ODA Annual Session, plus to register, visit oda.org/events. Annual Session – Excellence in Collaboration – is Sept. 17-20 at the Greater Columbus Convention Center and will feature a variety of CE, an Exhibit Hall and special events.



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Does your team have an ODA Annual Session tradition?

We'd like to hear from you! An upcoming issue of the "ODA Today" will feature teams who have a tradition of coming to Annual Session together. Do you go out to the same restaurant each year? Do you attend certain courses together? Do you have another Annual Session tradition that makes the event special for your team? We'd like to hear about it! Email your team traditions to jackie@oda.org to be considered for an upcoming story.

Like the ODA Annual Session Facebook page!



Dental Insurance Corner

ODA works to reverse Medicare Advantage Plan's fee withhold

By Christopher A. Moore, MA
ODA Director of Dental Services

The Ohio Dental Association has received numerous complaints from ODA member dentists in northeastern Ohio regarding a Canton-based Medicare Advantage Plan's (MA Plan) 2 percent withhold or payment reduction. The reduction is explained on the MA Plan's explanation of benefits (EOB) as a "Withhold Amount Sequestration – reduction in federal payment. This amount is not patient responsibility."

The dentists who have contacted the ODA have reported that representatives of PrimeTime Health Plan stated the 2 percent sequestration fee withhold is required by the Affordable Care Act and Medicare. They also stated that the dentists, none of whom contract with the MA Plan, are prohibited from balance billing their affected patients for this fee reduction. They additionally reported that the MA Plan has been unwilling to provide them with any written justification for its position beyond the EOB.

The ODA is not aware of any other administrator in Ohio or the rest of the

country that has taken an action similar to this MA Plan. Similarly, in researching the MA Plan's reported position the ODA has been unable to identify any information to support MA Plan's justification for its actions.

"The federal sequestration actions occurred in 2013," said Dr. Manny Chopra, chair of the ODA Council on Dental Care Programs and Dental Practice. "We don't know why this plan decided to apply them now or why they are apparently the only one in the nation to have chosen to do so. We also cannot find any basis for the plan's applying this fee reduction on dental services that are not covered by Medicare to begin with."

During a recent conference call with representatives of the dental profession, officials at the Centers for Medicare and Medicaid Services (CMS) flatly stated in response to a question that CMS is not requiring MA Plans or other administrators to take this type of action.

In a letter jointly signed by ODA President Dr. Tom Paumier and Chopra to the MA Plan, the ODA expressed its concerns

See FEE, page 9

ODA members who would like to submit a dental insurance related question, problem or concern may do so by sending the appropriate information to the ODA Dental Insurance Working Group, 1370 Dublin Road, Columbus, OH 43215, or 614-486-0381 FAX, or chrism@oda.org. To see past issues of the Dental Insurance Corner, visit www.oda.org/news and choose the category "ODA Today" and subcategory "Dental Insurance Corner."

June 19, 2015

PrimeTime Health Plan
P.O. Box 6905
Canton, Ohio 44706

To Whom It May Concern:

The Ohio Dental Association is a professional membership association representing over 5,400 (or about 75 percent) of Ohio's dentists. Our members look to us for information and assistance in a number of areas, including third party payment issues.

The ODA has received numerous complaints from Ohio dentists regarding PrimeTime Health Plan's application of a two percent sequestration fee reduction for non-Medicare covered services.

The dentists who have contacted the ODA have reported that PrimeTime representatives have stated the two percent sequestration fee reduction is required by the Affordable Care Act and that the dentists, none of whom contract with PrimeTime, are prohibited from balance billing their affected patients for this fee reduction for these non-Medicare covered services.

The ODA is not aware of any other administrator in Ohio or the rest of the country that have taken an action similar to PrimeTime's. In researching PrimeTime's reported position, we have been unable to identify any information to support PrimeTime's justification for its actions.

During a recent conference call with representatives of the dental profession, officials at the Centers for

Medicare and Medicaid Services flatly stated that CMS is not requiring PrimeTime or other administrators to take this type of action.

Based on these facts, we request that PrimeTime immediately discontinue its withholding practice of applying a two percent sequestration fee reduction to non-Medicare covered dental claims.

Thank you for promptly addressing our concerns. Please contact me if you have any questions regarding them.

Sincerely,

Thomas M. Paumier, DDS
President
Ohio Dental Association

Manny Chopra, DMD
Chairman
ODA Council on Dental Care Programs and Dental Practice

cc: Philip H. Dixon, DDS
Stephen C. Dowell, DDS
Keven D. Huff, DDS
Caleb A. Robinson, DDS
David M. Johnson, DDS
Kelly A. Roth, DDS
Erin Astley, DDS, Subdistrict 6 Representative, ODA Council on Dental Care Programs and Dental Practice
Robert L. Mazzola, DDS, 7th Trustee District Representative, ADA Council on Dental Benefit Programs
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Keys to managing your cash flow

By Lynne Leggett
Dental Consultant

One of the biggest complaints I hear from my clients is the time it takes to get paid from insurance companies. For the average practice, insurance payments represent approximately 50 percent of their generated income. Therefore, the length of time it takes to get paid for claims has a significant impact on your cash flow. The more time spent processing claims, the longer the negative impact to your cash flow.

Before I started my own consulting business, I worked as a practice administrator and have used similar systems to get paid from insurance companies. If your practice files claims on your patients' behalf, please make it a goal to get paid as soon as possible. This can be accomplished by using a vendor like ClaimX by ExtraDent. Utilizing a product like this will enable you to manage the claims process faster and more accurately, thereby improving your cash flow. Look for a vendor that provides the following capabilities: electronic eligibility, electronic claims, claim status, claim tracking, detailed reports, ERAs, WatchDog and patient statements.

There are several things that you can do to reduce the time between submitting the claim and receiving payment. I suggest a daily review of the upcoming schedule and running an electronic eligibility report on every patient that has insurance. Depending on the claims vendor, you should be able to run eligibility from your appointment book in your practice management software several days in advance of the appointment date. This way, your staff is armed with the knowledge of what insurance will pay and what the patient will owe for his or her visit. This information will help your staff have intelligent conversations about treatment plans and increase



case acceptance.

When the patient checks out, their claim should be sent electronically. If you are using a claims vendor that has real time capability, please use this function so that you can collect the penny what the patient owes at the time of service. If this is done, then you will not have additional time or money spent sending a statement. ClaimX has two levels of claim validation checking that occurs before the insurance company receives the claim. This allows for the majority of claim errors to be corrected before submission. Therefore, sending your claims correctly on the day of service, with no errors, will ensure getting paid from the insurance company in a timely fashion. By shortening this length of time, you are improving your cash flow.

After you send a claim there may be times that you need to know the status of it with the insurance company. It may be your office policy that you do not send a statement to the patient until insurance pays the claim. By using a system like ClaimX, which has real-time claim status checking capability, you will be able to use this function electronically and get the information that is needed within a few minutes of submitting the request.

From a cash flow perspective, it is a great benefit to be able to see when you can expect payment from an insurance company. Your practice also has the ability to have claims that are past their normal payment date highlighted so that your staff can spend their time on those claims instead of calling on all outstanding claims. The ability to spend less time on outstanding claims will save time and money for your office. This function is

called claim tracking or watchdog depending on the claims vendor.

Utilizing an ERA (electronic remittance advice) enables your practice to know which claims have been paid as well as the amount paid. If you are sending secondary claims, having this information from the primary insurance will help you send your secondary claims faster, thereby getting paid from both insurance companies promptly.

I am a big proponent of making technology work for you and therefore making your life easier. Once the insurance company pays their portion, the next step is creating a patient statement. By sending electronic statements, you are able to just click a button instead of wasting time stuffing envelopes. Do not be concerned if you like to write notes on your statements. You will have this opportunity at the bottom of your statement to customize if needed. This ability also enables your office to send statements every day if there is a remaining balance that the patient owes. It is a good business practice to post checks and send statements every day so that you shorten the payment time thus improving your cash flow.

Managing your claims process effectively is one of the keys to improving your cash flow. Knowing you have options as a practice owner with a company that focuses on this segment of your business is very beneficial. Take the time to find the right vendor for you and your business goals.

ClaimX is an endorsed product by the Ohio Dental Association Services Corp. (ODASC). ClaimX can be reached at 866-886-5113, Opt 1.

As the founder of Victory Dental Management, Lynne has over 20 years of business experience in several different industries. Her passion is to help dental practices reach their full potential, increase their productivity and profitability while enabling them to deliver the best patient care and customer experience. Lynne is a member of the Academy of Dental Management Consultants and frequently writes for Dental Products Report.com, Dentistry IQ.com, multiple state association newsletters, and The Observer. Please contact Lynne Leggett at victorydentalmanagement@verizon.net or www.victorydentalmanagement.com.

Frank Gates Services Co now CareWorksComp

Ohio Dental Association members who are enrolled in the Ohio Dental Association Services Corp. Workers' Compensation discount plan should receive renewal quotes in the mail this summer.

Information will come from CareWorksComp, which is the new name for Frank Gates. CareWorksComp helps dentists reach their highest possible discount on Bureau of Workers' Compensation premiums through multiple savings tiers.

For more information, call an ODASC representative at (800) 282-1526.

FEE, from page 8

with the plan's actions and requested that it immediately discontinue its withholding practice.

In a letter dated June 29, 2015, PrimeTime indicated the following:

"In addition to the claim delays for dates of service after January 1, 2015, your practice is seeing a two percent reduction on claims paid in 2015. Per a recent review, the decision has been made to remove the reduction from claim payments on specific ancillary services provided to PrimeTime members. These non-medical services include, dental, vision and hearing. The removal of the above reduction will require additional vendor programming and testing in our new Claims Management System. Unfortunately, at this time we are unable to specify the date this will be completed. We do not want to hold claims pending the system update, so we will continue to release payments including the reduction. As soon as the programming is completed and implemented, a lump sum refund will be issued to your practice equaling all dollars deducted from 2015 claims."

Paumier said he appreciates PrimeTime addressing this issue in a timely fashion and hopes to see the discrepancies cleared up in the near future.

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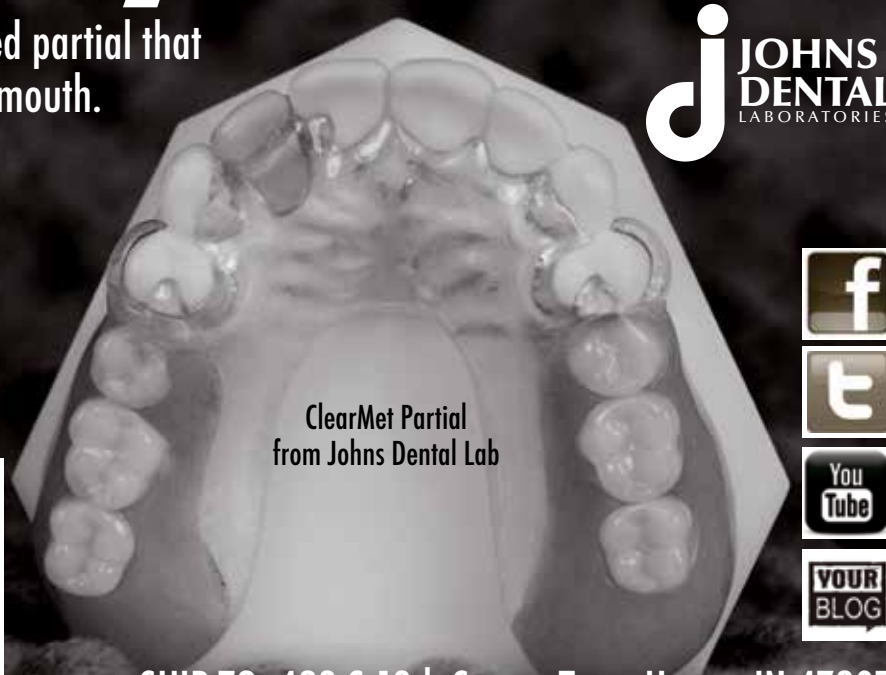
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Distinguished Dentist Award: Dr. Stephen Simpson

By Jackie Best
Managing Editor

Dr. Stephen Simpson has been very involved with organized dentistry throughout his career. In recognition of his efforts, he will receive the Ohio Dental Association Distinguished Dentist Award on Friday, Sept. 18, at the Callahan Celebration of Excellence, held in conjunction with the 149th ODA Annual Session.

"Through his many years of personal and professional service, he exemplifies a member of our profession who has worked in the service of others," wrote Dr. Anita Aminoshariae, president of the Greater Cleveland Dental Society, in a nomination letter. "As a part of the Cleveland dental community, he rapidly became involved in all levels of the tripartite."

Simpson said he's very honored and humbled to receive the award.

"Having known a number of people who've received this award as a member of the House of Delegates and the Executive Committee, I'm very humbled to be considered in the same company," he said.

Simpson said he knew he wanted to be an orthodontist from a young age. As a child he required some extensive orthodontic treatment and wore braces for about six years. During this time, he became close to his orthodontist, enjoyed the office dynamic and saw that being an orthodontist was a pleasant career that is both challenging and energizing.

After receiving his DDS from the University of Tennessee, Simpson went on to earn an M.S. degree in orthodontics from St. Louis University in 1983. Simpson practiced in Illinois for a short time after



Dr. Stephen Simpson is the 2015 recipient of the Ohio Dental Association Distinguished Dentist Award.

graduation, and then met his soon-to-be wife and moved back to her home town of Cleveland. He owned an individual private practice, and recently sold it to Refresh Dental.

"I saw it as a transition from full time ownership and management to being able to just do orthodontics and continue making money before retirement," Simpson said.

He also served on the faculty in the Department of Graduate Orthodontics at Case Western Reserve University and has served on several hospital staffs.

Simpson said his favorite part about being an orthodontist is his interaction with patients.

"It has kept me younger than my chron-

Awards of Excellence

Watch the August and September issues of the "ODA Today" for information on all of the Awards of Excellence winners!

ological age. Dealing with young people keeps you on your toes," Simpson said. He added that he likes that orthodontics is a cooperative treatment, where the patient also has to do his or her part for it to be successful. He likes building a relationship and trust with his patients, and he also finds it rewarding at the end of a treatment program to unveil a patient's new smile.

Simpson has been very involved with organized dentistry throughout his career.

With the Greater Cleveland Dental Society, he has served on and chaired several councils and committees, including the Council on Dental Care/Benefits, the Direct Reimbursement Committee and the Finance Committee. He also served as president in 2001, plus has served as treasurer and editor.

He has also served on several councils and committees with the Ohio Dental Association, including the ODPAC Board of Directors, and as chair of the Council on Dental Care Programs and Dental Practice and as chair of a reference committee. He served as ODA president in 2009-10 and continues to serve as a delegate.

With the American Dental Association, he has served on several task forces, councils and committees. He has served as a delegate and as the 7th District representative to the ADA Council on Dental Benefits and chaired the Subcommittee

on Quality Assessment and Improvement and the Dental Practice Parameters Committee. He has given several presentations on peer review and dispute resolution on behalf of the ADA Council on Dental Benefits across the U.S. He also has served as president of the Ohio Association of Orthodontists and the Cleveland Society of Orthodontists.

Simpson said organized dentistry is important to him because it gives dentists a seat at the table with entities that influence the profession, and allows dentists to deliver care using several different models while accentuating the quality of care and ideals learned in dental school.

"Organized dentistry can help keep our values high, and deliver a clear message to the media and those in positions of power that we stand for our professional ethics and standards, and we are not going to usurp or violate or compromise them for the sake of a dollar," Simpson said.

Simpson is a diplomate of the American Board of Orthodontics and fellow of the American College of Dentists, International College of Dentists and Pierre Fauchard Academy.

Outside of dentistry, Simpson has been active in activities with his church and enjoys spending time with his family. He has been married to his wife for 30 years, and they have four children and three grandchildren. He also enjoys traveling and reading.

The Distinguished Dentist Award is the ODA's most prestigious award. It is given to a leader in the profession committed to the advancement of dentistry who is dedicated and committed to organized dentistry at the local, state and national level.

N. Wayne Hiatt Rising Star Award: Dr. Ruchika Khetarpal

By Jackie Best
Managing Editor

As a young dentist, Dr. Ruchika Khetarpal has become very involved in organized dentistry and taken on active roles at the local and state level. For her efforts, she will receive the Ohio Dental Association N. Wayne Hiatt Rising Star Award on Friday, Sept. 18, at the Callahan Celebration of Excellence, held in conjunction with the 149th ODA Annual Session.

"Dr. Khetarpal joined the Cincinnati Dental Society in 2009 and during the past six years has been very involved both locally and statewide," wrote Dr. Michael Schaeffer, president of the Cincinnati Dental Society in a nomination letter.

Khetarpal said she is honored to be nominated and receiving the award.

"I know and have met other new dentists that are just as deserving of this award," she said. "I am lucky that I have a lot of people in and out of dentistry that I can look up to and learn from. I will continue to learn from those more experienced in organized dentistry and hope to be on the forefront in the future."

Khetarpal said she was always interested in science growing up, but wasn't interested in engineering or business. She wanted to be able to work directly with people and help them, and dentistry allows her to do that.

"I saw that daily interaction and really liked that aspect," she said.

While in high school, Khetarpal applied for and was selected for a six year combined undergraduate and dental school program at the University of Detroit Mercy School of Dentistry. Throughout the six-year program, Khetarpal worked as a



Dr. Ruchika Khetarpal is the 2015 recipient of the N. Wayne Hiatt Rising Star Award.

dental assistant and hygiene assistant.

After graduating from dental school in 2007, she wanted to expose herself to different experiences, so she moved to New York City for a general practice residency program at New York Medical College – Metropolitan Hospital. The hospital is a level 2 trauma center, and Khetarpal had the opportunity to work with oral and maxillofacial surgeons and three general practice residents while there.

After her residency, Khetarpal decided she wanted to move back to the Midwest to be closer to her family and also for a more stable job and lifestyle. In 2008, she became an associate at Colerain Family Dentistry in Cincinnati and purchased the practice in 2009. She added a second office location to her practice in 2010.

Khetarpal said getting to know her patients and easing their fears is her favorite part about being a dentist.

"As dentists, we still have the beauty of spending time with patients," she said.

Khetarpal is involved with organized dentistry on the local and state level. She serves on the Membership Committee with the Cincinnati Dental Society and the Council on Membership Services with the ODA. She also serves as a delegate to the ODA. Khetarpal is also helping organize a membership event at the 2015 ODA Annual Session – Bollywood Meets Columbus.

"Dr. Khetarpal has demonstrated strong leadership skills on our Council and Membership Committee," Schaeffer wrote. "She was instrumental in the success of our 'Get to Know the Cincinnati Dental Society' event in 2014 and is on our task force for developing this year's event. ... She has been serving on the ODA Council for Membership Services since 2012, and has been an advocate for young dentists."

Khetarpal said organized dentistry is important to ensure the profession remains strong into the future.

"I think it's important because we've made such an investment in our education, so much money and time, literally blood, sweat, tears," she said. "We need to really back the profession of dentistry and make sure we still have the opportunities we have in our career and field 20 or 30 years for now and for our children."

In addition to the ODA, ADA and CDS, Khetarpal is a member of the American Association of Women Dentists, American Academy of Facial Esthetics and the Spear Study Club.

Khetarpal is also very involved in community service activities. She has participated in the Cincinnati Dental Society's "Leave No Vet Behind" program and Give

Kids a Smile events. She also provides free dental care at the Good Samaritan Free Health Center.

Khetarpal has also been active with the Delta Sigma Delta Fraternity and volunteers with the Queen City Concert Band providing free concerts for the community, and the Young Professional Kitchen Cabinet under Cincinnati Mayor John Cranley on the Neighborhoods committee.

Outside of dentistry, she enjoys playing tennis, participating in a community band and traveling. She has been married to her husband, Kaushik Sarkar, for two years.

The Rising Star Award recognizes a young leader in dentistry with outstanding leadership and initiative and a strong commitment to volunteerism within the community and the profession. This person must demonstrate promise for continued and future accomplishments within the dental profession, and must have been in practice for 10 years or less.

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The Explorer

Matthew J. Messina, DDS
Executive Editor

Too late smart

I was interviewed this week by a reporter for the website buzzfeed.com. According to their website, "BuzzFeed has the hottest, most social content on the web. We feature breaking buzz and the kinds of things you'd want to pass along to your friends." As their slogan, they call themselves, "the media company for the social age."

I'm aware going into the interview that the target audience for this site is 14- to 30-year-olds. These are the Millennials that we would like to reach as a profession. They look extensively to the Internet for information, often as their first source of news and opinion. In fact, a new Pew Research poll reported that Millennials get 61 percent of their news from Facebook (as opposed to 32 percent from ABC News and 30 percent from Fox, for example). Therefore, BuzzFeed is an interview that the American Dental Association and dentistry need to take.

The topic for the day – bad breath. It's an old favorite and one that I've done many times before. We all know the points to cover here, and I began with dif-

ferentiating between simple "I had garlic and onions for lunch" bad breath and the chronic, severe malodor that the reporters love to call halitosis, because it sounds so much more medical. I discussed the possible causes for halitosis and reasons for a person not to ignore it, suggesting that people should seek professional help from their dentist to have bad breath evaluated as part of a thorough oral exam and periodontal screening, including the fact that some causes of bad breath are symptoms of significant systemic medical issues.

Then the reporter really ticked me off. She said, "well, since bad breath doesn't hurt and going to the dentist costs money, most of our readers aren't going to go, so – what else are you going to do for them?"

I tried to be nice, suggesting that the most cost effective treatment is an examination and diagnosis before the problem becomes serious, but that prevention is the cheapest thing going. I discussed the proper way to brush, floss, rinse and even some suggestions for brushing the tongue.

She then said that all that sounded like a lot of work. Wasn't there a pill or rinse or something they could do that was easier?

I told her that good health takes effort and that it was worth the time.

Her response was that her readers wouldn't do all that, so I needed to come up with an easier plan for them. I had given her the right answers, but they just weren't sexy enough for the millennial generation.

I have the old fashioned opinion that my job as an expert was to provide proper context for the seriousness of the problem and to give her readers concrete

techniques to deal with the situation. Her task was to convince her readers that this was important and to understand that help was available.

Her view of her audience was that they weren't interested and therefore we shouldn't even talk about it. I think that's selling the Millennials short and that they do want to know.

I intend to keep teaching and informing the public, even if they don't want to know. Time will tell if I'm right, but I hope that I am. If the reporter is right, then there is no hope for that generation.

The Millennials have so far been blessed with excellent dental health. Thanks to widespread water fluoridation and good oral hygiene started by their parents, they have a low rate of decay as they enter adulthood. Their life choices from here can either continue that legacy or squander the positive start. They view their teeth as something that they can take for granted. They know the problems that their parents and grandparents had, but they believe that those issues are generational, not age related. They see no reason to be worried about their teeth and are likely to skip regular dental care if it is inconvenient, since they have never known dental pain.

As a profession, we need to continue to let them know that we are there for them, because we know that dental disease has not been defeated. It will rise up to bite them, and the Millennials will need us in a hurry. I only hope that the realization won't come too late. As my dad used to say, "Too soon old, Too late smart!"

Dr. Messina may be reached at docmessina@cox.net.



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

And justice for all...?

Every year it seems a "Perfect Storm" occurs somewhere. The description is always the same. The forces of "XYZ" come together to create an apocalyptic moment. With exception of Mother Nature's nuances, North Carolina's Dental Board members probably still can't believe that the validity of their rulings, concerning tooth whitening procedures performed by non-dentists, would ultimately end up in the hands of the Supreme Court of the United States (SCOTUS).

The anticipated effects of a negative United States Supreme Court ruling concerning the North Carolina State Dental Board's stance about non-dentists offering bleaching services had all types of state regulatory agencies across our country dreading the turmoil that might be generated by a decision against the board.

"X" occurred when the FTC claimed that North Carolina's Dental Board was violating antitrust rules. The board's elected dentists, nominated and voted into office by their fellow North Carolinian licensed dentists, decided that tooth whitening kiosk employees were violating the state's Dental Practice Act. Since the board is a state agency, the members believed they had a right to act in the best interests of the public. Vital tooth bleaching is performed on live tooth structure and every state dental board's mission is to intercede on behalf of the public's oral health and welfare.

Or so they and I thought.

Having written at least a couple op-eds supporting the board's decision, I went even further, questioning why they didn't also include specific Fortune 500 companies' whitening products that place the responsibility for the consequences of their products' negative outcomes on licensed practitioners. It has been my experience that usage of over-the-counter whitening strips can produce as many negative complaints and adverse results as any custom tray containing Proxigel that I delivered to patients.

Kiosk bleaching entrepreneurs finally grew weary of cease and desist orders issued by the dental board and complained to the FTC. The FTC became rankled because the board was solely responsible for the cease orders. No other (active) state representative had input in the board's decision and there was a lack of an additional layer of (judicial) oversight. The board directed additional Dental Practice Act violation letters to the mall owners and also sent notices to North Carolina's Cosmetology Board, which resulted in the disappearance of "spa" whitening services.

The FTC was well educated about whitening procedures and materials. Two of North Carolina's dental school academicians, Drs. Van Haywood and Herald Heymann literally wrote the book about vital tooth bleaching. Using Block Drug's 10 percent carbamide peroxide gel named Proxigel, they initially thought placing the material inside a custom fitting plastic mouth guard type appliance would be therapeutic for periodontal infections. However, an unexpected result of their experimentation was the consistent, uniform lightening of the enamel surfaces of teeth. If there was ever an example of the saying "Making lemonade out of lemons," their discovery was a prime example of such. From the early 90s to the end of the millennium progressive dentists throughout America and the world were whitening teeth with 10 percent carbamide peroxide. In 2000, corporate

American companies began introducing whitening strips and other methods of delivering 10 percent carbamide peroxide and not a single dental board interfered or complained about their introduction of whitening products that incorporated the exact same materials members of the dental profession had been providing for over a decade.

The FTC, in their complaint against the North Carolina Dental Board, asked the board to produce "clinical or empirical evidence that validated any harmful risks from the use of the bleaching materials being sold at mall kiosks." Other than a few anecdotal stories, no studies were introduced into evidence.

So ..."Y" occurred.

The FTC ordered the board to cease and desist their activities and that led to the board appealing the FTC's ruling to the appellate court level. Again the board was found guilty of antitrust activity by attempting to limit tooth whitening services to licensed dentists.

Convinced of their righteousness, the board took their "states' rights" case to SCOTUS. Now I can't speak for SCOTUS as to why they decided to hear the case. They could have declined to hear the case and that would have been the end of this saga.

If only that had been the case.

It takes four of the nine justices voting in the affirmative to hear a case before it becomes part of their docket in a session.

See WHITENING, page 15

The views expressed in the monthly columns of the "ODA Today" are solely those of the author(s) and do not necessarily represent the view of the Ohio Dental Association (ODA). The columns are intended to offer opinions, information and general guidance and should not be construed as legal advice or as an endorsement by the ODA. Dentists should always seek the advice of their own legal counsel regarding specific circumstances.

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WHITENING, from page 12

Somehow, somehow, four justices believed this dental dispute was extremely significant.

"Z" was born and the storm was complete.

I honestly believe the members of North Carolina's Board of Dental Examiners had honorable intentions when they issued their cease edicts. Wondering how a Kiosk's high school graduate employee was going to answer such questions as; how long? ... how often? ... if it hurts, what do I do? ... still makes me shudder. Each of you could easily add another dozen whitening questions you've answered in your career. Vital tooth whitening is not an innocuous procedure.

By a vote of 6 to 3, the FTC's ruling was upheld by SCOTUS. The three most conservative members were in the minority. The most liberal jurists voted with the majority. The Chief Justice and SCOTUS's most moderate justice also joined the majority. The irony of the liberal jurists' vote is, their decision has a more Libertarian slant than a Federalist bias. Frequently they're right there with "Nanny" state type votes. They'll usually side with "The government always knows best" philosophy. This time, their vote throws out any form of regulation and gives a pass to any

"Breaking Bad" chemist. They're giving a big thumbs up for anyone to formulate "whitening agents" and sell them at a minimum, in malls and spas.

Go figure ... huh!

Ohio's Dental Board, in my opinion, has no worries about this ruling. Their board is overseen by the Attorney General's Office. There is judicial oversight. And, each board member is appointed by the governor and is not voted into office by peers. Even though the Ohio Dental Association is asked for vetted candidate names, the final appointee often is someone not included on the list of practitioners provided by the ODA.

The North Carolina Dental Board and any other state dental boards where dentists nominate and then vote their peers into office will continue to have problems with any future judgments they make. Perhaps North Carolina would best be served by appointing neurosurgeons to their dental board. During testimony Justice Breyer expressed high regard for this specialty and Justice Scalia seemingly agreed, basically stating ..."Who better to judge brain surgeons than neurologists."

"Hey ... Dr. Ben Carson ... if this presidential campaign doesn't work out, how about ..."

Dr. Buchholz may be reached at rbuchh@windstream.net.

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DR. BIKRAM SINGH
CARY, NC
Client Since 2005



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DR. MARIA PAPICH-FORSYTH
CUYAHOGA FALLS, OH
Client Since 2014



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