

ODA Today

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

QuickBites

Save the dates:

House Bill 463

The provisions of House Bill 463 go into effect March 23. For more information, see pages 3 and 13, plus visit www.oda.org.

ODA Leadership Institute

The ODA will host its Leadership Institute on March 27-28 in Columbus at the Hilton Columbus Polaris Hotel. For more information, see page 10.

ODA Annual Session

The 2015 ODA Annual Session will be Sept. 17-20 in Columbus. For more information, visit oda.org/events.

Inside

U.S. Supreme Court's ruling could impact dental and other professional licensing boards
From the Corner Office, page 2

HB 463 affects workforce supervision
Legal Briefs, page 3

Dental OPTIONS volunteers provide nearly \$1.5 million in donated care in 2014, page 6

Third-party payer audits
Dental Insurance Corner, page 8

Table Clinics: A learning opportunity for those who present and attend, page 11

Opinion & Editorial, pages 14, 15 & 19

Classifieds, pages 16, 17 & 18

Volunteer dentists see nearly 200 children at Give Kids a Smile Ohio kickoff event in Canton

By Jackie Best
Managing Editor

Volunteer dentists from the Stark County Dental Society provided free dental care to nearly 200 children in need on Feb. 6 at the Give Kids a Smile Ohio kickoff event.

"This yearly kickoff is so important as it provides access to dental care to those most in need, demonstrates the caring and compassion of member dentists and our profession, and highlights to policy makers the importance of good oral health to overall health," said ODA President Dr. Thomas Paumier.

The event was the official launch of the Ohio Dental Association's 13th annual Give Kids a Smile program, where dental professionals volunteer their time throughout the year to provide screenings, treatment and oral health education to children.

At this year's Ohio kick-off event, volunteer dentists saw third-, fourth-, and fifth-grade students from Gibbs Elementary at Mercy Medical Center. Volunteers provided dental exams and oral hygiene instruction. The Colgate Bright Smiles Bright Futures mobile van also was on site to provide screenings, plus visited three Canton City Schools in the three days leading up to the kick-off event and saw 373 children.

Shana Rozier, a student, family and community support coordinator with Canton City School District, said the district is grateful for the volunteer dentists, staff and community



Photo provided by Mercy Medical Center
Volunteers from the Stark County Dental Society and Mercy Medical Center general practice resident program provided free screenings to about 200 students from Gibbs Elementary at the Give Kids a Smile Ohio kickoff event.

partners who work together to provide oral health care and education to the students, many of whom are in need of urgent dental care.

"Ironically, when I returned to my office after participating in the Give Kids a Smile event, I was immediately informed that a student was picked up by a parent due to excruciating tooth pain," she said. "Additionally, the school nurse informed me that a student that

was identified during the Give Kids a Smile event last year and needed immediate care was screened again this year and continues to require immediate care. Now that our staff and partners are armed with this information, we will be working more closely with the child's family to identify any barriers that may be preventing this child from receiving the

See GKAS, page 9

ODA Leadership Institute to provide all dentists an opportunity to 'Learn, Lead, Succeed'

By ODA Staff

The 2015 ODA Leadership Institute – Learn, Lead, Succeed – will be March 27 and 28 in Columbus.

Leadership Institute is the ODA's award-winning program developed to help all ODA members become more successful and effective leaders. Attendees consistently rank the event as one of the top leadership development workshops.

The event will kickoff with a keynote presentation by Dr. Marko Vujicic, chief economist and vice president of the ADA Health Policy Institute, that will focus on the changing health care environment and what this means for dentists.

Following his presentation, attendees will be able to choose two of the following breakout sessions:

- "Best Practices for Regulatory Compliance in 2015" presented by Chris Moore,

See Inside

For more information on Leadership Institute, see page 10.



ODA Staff
Leadership Institute gives attendees an opportunity to network and catchup with dentists from across the state. This year's event will be March 27-28 at the Hilton Columbus Polaris Hotel.

- ODA director of dental services.
- "Breaking News! - Hot Tips to Get the Word Out!" presented by Angela Krile, president of Krile Communications, and

Dr. Matt Messina, ADA national spokesperson.

See LEADERSHIP, page 3



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Leadership Institute
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U.S. Supreme Court's ruling could impact dental and other professional licensing boards

On Feb. 25, 2015, the United State Supreme Court issued a ruling in the North Carolina State Board of Dental Examiners v. Federal Trade Commission case that could have significant ramifications for professional licensing boards across the country, including here in Ohio. As regular readers of this column know, I have written multiple columns in the "ODA Today" over the last several months about this case as it wound its way through the courts. While the Supreme Court's ruling brings an end to the litigation between the North Carolina State Board of Dental Examiners (North Carolina Dental Board) and the Federal Trade Commission (FTC), it raises many more questions than it answers in terms of how states are now supposed to implement the court's new mandates on state licensing boards.

Background

In 2010, the FTC initiated action against the North Carolina Dental Board, charging the board with violating federal antitrust laws by excluding non-dentist teeth whiteners from the market. Following a series of administrative proceedings, the FTC issued its final order in the case in December of 2011, ruling against the North Carolina Dental Board and directing the board to stop unilaterally issuing cease and desist orders to non-dentist teeth whitening providers in North Carolina. The board appealed the FTC's Order to the U.S. Court of Appeals for the Fourth Circuit, which issued its ruling in favor of the FTC on May 31, 2013.

The North Carolina Dental Board then appealed to the U.S. Supreme Court. The board's main argument to the high court was that it is exempt from federal antitrust laws under the "state action" doctrine because it was acting as a state agency when it sought to regulate teeth whitening in North Carolina.

The Supreme Court first outlined what became known as the "state action" exemption from federal antitrust laws in the 1943 case Parker v. Brown. Specifically, the Parker court held that a state's anticompetitive acts directed by the legislature are exempt from federal antitrust laws. The court noted that under America's "dual system of government," the states are "sovereign" and "there is nothing in the language of the Sherman (Antitrust) Act or its history that suggests that its purpose was to restrain a state or its officers or agents from activities directed by its legislature."

States have a tradition of delegating the responsibility for licensing certain professionals to state licensing boards. Federal courts have long recognized that such licensing regimes are the states' responsibility in order to protect the public, and the



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Standing: Chad Hanke, Tamara Zwick, Cheryl DeVore and Terry Thomas

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Legal
Briefs

Keith Kerns, Esq. ODA Director
of Legal & Legislative Services

HB 463 affects workforce supervision

This month, House Bill 463 will go into effect. HB 463 was developed from a series of recommendations by the 2013 ODA House of Delegates aimed at improving access to quality, comprehensive dental care by focusing on delivery system enhancements and workforce development.

The bill was unanimously approved by the Ohio General Assembly and signed into law by Gov. John Kasich on Dec. 19, 2014.

The following is a description of the workforce supervision changes contained in HB 463, which go into effect March 23.

Kerns to leave ODA to run Ohio Optometric Association

By ODA Staff

ODA's director of legal and legislative services, Keith Kerns, has announced he is leaving the ODA to take over as the new executive director of the Ohio Optometric Association (OOA). Kerns has worked at the ODA for more than 13 years and has had a monthly column in the "ODA Today" during much of that time.

In announcing his decision, Kerns said that it was "bittersweet" because while he was excited to be taking over as the executive director of a statewide professional association, he would "miss the work, the staff and the members" at the ODA.

ODA's executive director, David Owsiany, said that he was pleased for Kerns. "Keith has been a loyal member of the ODA staff who has consistently demonstrated a commitment to our member dentists. I am sure he will bring that same commitment to the OOA as their new executive director," Owsiany said.

The OOA is a statewide professional association representing over 1,400 Ohio optometrists. OOA's current executive director, Rick Cornett, is retiring after more than 17 years of service to optometry.

Supervision Changes Impacting the Utilization of Dental Hygienists

Direct Supervision – *Practice when a dentist is physically present in the office*

HB 463 will allow a dentist to supervise up to four dental hygienists working under the dentist's direct supervision.

General Supervision – *Practice when a dentist is not physically present in the office*

HB 463 lowers the experience requirement for hygienists to practice without the presence of a dentist to one year and 1,500 hours of clinical experience and extends the time period in which a hygienist may provide services to a patient to one year from the last examination date instead of seven months. Finally, HB 463 allows hygienists to re-cement temporary crowns and re-cement permanent crowns with temporary cement under general supervision.

Fluoride and Education Supervision – *A new level of supervision in which dental hygienists may apply fluoride varnish and desensitizing agents and provide nutritional guidance in any location, without a prior dental examination by the supervising dentist.*

Oral Health Access Supervision – *Practice in designated underserved areas without prior dental exam*

HB 463 streamlines the Oral Health Access Supervision program (OHASP) by allowing permit applicants to pay fees with check or credit card, allowing a referral after hygiene services to any licensed dentist rather than only the supervising dentist and requiring the dental board to publish a list of emails of permit-holders to facilitate new outreach opportunities. 5,300 patients have received preventive services through OHASP since its inception, with 97 percent of those patients finding a dental home by receiving a follow-up examination and treatment plan by a dentist.

Supervision Changes Impacting the Utilization of Expanded Function Dental Auxiliaries

General Supervision – *Practice when a dentist is not physically present in the office.*

HB 463 allows EFDAs to perform: application of sealants, topical fluoride, fluoride varnish, disclosing solutions, desensitizing agents, caries susceptibility testing, oral hygiene home care and the re-cementation of temporary crowns and re-cementation of permanent crowns with temporary cement on patients of record without a dentist being physically present in the facility. The services may not be provided for more than 15 consecutive business days.

In order to perform the aforementioned duties, an EFDA must meet the following requirements:

- (1) Have at least two years and 3,000 hours of experience as an EFDA;
- (2) Have successfully completed a dental board approved course in medical emergencies; and
- (3) Be employed by, or under contract with, the supervising dentist or a government entity that employs the EFDA to provide services in a public school.

Additionally, the supervising dentist must complete the following requirements:

- (1) Evaluate the EFDA's skills;
- (2) Examine the patient not more than one year prior to the date that the EFDA provides services to the patient;
- (3) Establish written protocols or standing orders for the EFDA to follow during and in the absence of an emergency;
- (4) Complete and evaluate a medical and dental history of the patient not more than one year prior to the date of services to determine that the patient is in a medically stable condition; and
- (5) Notify the patients that the supervising dentist will be absent from the location and that the EFDA cannot diagnose the patient's dental health care status.

Supervision Changes Impacting the Utilization of Certified Dental Assistants

General Supervision – *Practice when a dentist is not physically present in the office.*

HB 463 allows CDAs to perform: application of sealants, fluoride varnish, disclosing solutions, desensitizing agents, caries susceptibility testing, oral hygiene home care and the re-cementation of temporary crowns and re-cementation of permanent crowns with temporary cement on patients of record without a dentist being physically present in the facility. The services may not be provided for more than 15 consecutive business days.

In order to perform the aforementioned duties, a CDA must meet the following requirements:

- (1) Hold a current dental assistant certification from the Dental Assisting National Board (DANB) or the Ohio Commission on dental assistant certification;
- (2) Have at least two years and 3,000 hours of experience as a CDA;
- (3) Have successfully completed a dental board approved course in medical emergencies;
- (4) Be employed by, or under contract with, the supervising dentist or a government entity that employs the CDA to provide services in a public school; and
- (5) Have completed the necessary training (two hours of didactic and six hours of clinical instruction) to engage in the application of sealants.

Additionally, the supervising dentist must complete the following requirements:

- (1) Evaluate the CDA's skills;
- (2) Examine the patient not more than one year prior to the date that the CDA provides services to the patient;
- (3) Establish written protocols or standing orders for the CDA to follow during and in the absence of an emergency;
- (4) Complete and evaluate a medical and dental history of the patient not more than one year prior to the date of services to determine that the patient is in a medically stable condition;
- (5) Notify the patients that the supervising dentist will be absent from the location and that the EFDA cannot diagnose the patient's dental health care status; and
- (6) Observe the CDA successfully apply six sealants.

Supervision Changes Impacting the Utilization of Dental Assistant Radiographers

General Supervision – *Practice when a dentist is not physically present in the office.*

HB 463 allows dental assistant radiographers to take X-rays without the dentist being physically present in the office if the dentist has examined the patient not more than one year prior to the X-ray and the dentist has ordered the radiologic procedure.

LEADERSHIP, from page 1

- "Parliamentary Procedure 101" presented by Dr. Michael Halasz, ODA speaker of the house.
- "Third-Party Audits: Preparation Through Compliance" presented by Dr. Steve Adair, president of Palmetto Dental Consulting.

Following the breakout sessions, ODA President Dr. Thomas Paumier and ODA Executive Director David Owsiany will give an update on what's happening with dentistry in Ohio.

The first day's presentations will conclude with a membership panel, where leaders in recruitment and retention efforts will discuss ways that all dentists can help improve ODA membership numbers.

The day will end with a reception, where dentists can enjoy a drink while catching up with colleagues.

The second day will begin with an update on the American Dental Association from Dr. Joseph Crowley, ADA seventh district trustee.

Next Dr. Ted Wymyslo, chief medical officer at Ohio Association of Community Health Centers, will present information on the patient centered medical home, where he will discuss how dental practices fit into this delivery care model.

The day will conclude with a presentation from Marilyn Moats Kennedy, president of Moats Kennedy, Inc., where she will discuss generational differences and how to motivate people of different ages.

Leadership Institute is free for ODA members and dental students, and is sponsored by Superior Dental Care. For more information and to register, visit oda.org/events.

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Some entities required to hold terminal distributor licensure for compounded drugs

Starting April 1, certain business entities, including some dentists, will be required to hold a terminal distributor of dangerous drugs license in order to possess, have custody or control of, and distribute dangerous drugs that are compounded or used for the purpose of compounding.

In accordance with a recent legislative change, entities required to hold a license are:

1. A business entity that is a corporation formed under division (B) of section 1701.03 of the Revised Code, a limited liability company formed under Chapter 1705. of the Revised Code, or a professional association formed under Chapter 1785. of the Revised Code if the entity has a sole shareholder who is a licensed health professional authorized to prescribe drugs and is authorized to provide the professional services being offered by the entity; or
2. A limited liability company, a partnership or a limited liability partnership, or a professional association, if, to be a shareholder, member, or partner, an individual is required to be licensed, certified, or otherwise legally authorized under Title 47 of the Revised Code to perform the professional service provided by the entity and each such individual is a licensed health professional authorized to prescribe drugs.

The change was implemented to ensure adequate oversight of compounded dangerous drugs after a deadly meningitis outbreak was traced back to a Massachusetts compounding center. The Ohio State Board of Pharmacy has developed a list of frequently asked questions about the new requirement, which can be found at www.pharmacy.ohio.gov/CompoundingTDDD.

ODH conducting tobacco cessation strategy survey

The Ohio Department of Health (ODH) needs your input! ODH would like to know about your experiences with and opinions about tobacco cessation strategies in dental practices so ODH can better understand what dentists know about tobacco cessation strategies, and if/how these strategies are being implemented in dental offices. Your responses will be completely confidential, and the survey should take no more than 10 minutes to complete.

The survey is being conducted by ODH's evaluation partner, Strategic Research Group. To complete the survey, go to <http://www.websrg.com/odhdentist/> and enter your dental license number as your passcode in the highlighted area.

If you have any questions regarding the survey or any problem accessing it, please call Darby Schaaf at (800) 341-3660.

Submitted by Laura Friedenberg, Ohio Department of Health

ODA seeking nominations for Awards of Excellence

The Ohio Dental Association is seeking nominations for its 2015 Awards of Excellence program.

The ODA's Awards of Excellence program recognizes men and women who offer distinguished service to dentistry and improve oral health care by offering treatment, outreach or education.

Members and local dental societies are encouraged to nominate those they know who have made extraordinary efforts to improve the dental profession.

The Awards of Excellence program includes the following five award categories:

- Distinguished Dentist Award – the most prestigious of the ODA's awards, is presented to an ODA member who has demonstrated service, commitment and dedication to the profession throughout his/her career. Nominees should display leadership, dedication, commitment and outstanding contributions at the local, state and national levels.
- Achievement Award – is presented to an ODA member or an individual who has made outstanding contributions to the dental profession and to oral health. Nominees are not required to be dentists, but should display a personal and professional commitment to the profession and the public's oral health. These individuals are honored as ambassadors for the profession to the community.
- Marvin Fisk Humanitarian Award – honors ODA members who offer dedication to improving oral health care in at-risk communities. Nominees may have served overseas or closer to home, spending time and often their own finances and other personal resources to help improve oral health care and fight illnesses.
- N. Wayne Hiatt Rising Star Award – is presented to an ODA member in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice Jan. 1, 2005, or later are eligible. Past award honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.
- Access to Dental Care Program Award – honors an outstanding program (not an individual) that helps reduce the access to care problem in Ohio by offering free or reduced fee dental care to underserved populations.

Nominations for the 2015 Awards of Excellence are now being accepted. To submit a nomination, please review the entry guidelines and submit all required documentation along with an Awards of Excellence nomination form, which can be found at <http://oda.org/member-resources/call-for-nominations/> or you may contact Michelle Blackman at michelle@oda.org or at 800-282-1526.

The deadline to submit nominations for the Awards of Excellence is April 20, 2015.

The ODA will present the awards during the ODA's 149th Annual Session in September 2015 in Columbus.

ODM continues to provide ICD-10 resources

The Ohio Department of Medicaid (ODM) continues to post information about ICD-10 implementation on its website at <http://medicaid.ohio.gov/providers/billing/icd10.aspx>.

ODM has posted its third and fourth billing guidance documents, located under ICD-10 TIPS (Billing Guidance) along the right.

New International Classification of Disease (ICD) codes will take effect beginning Oct. 1, 2015. The Health Insurance Portability and Accountability Act (HIPAA) requires all providers and payers that are currently using the ICD-9 to transition to the ICD-10 codes by October.

ODA Meeting & Event Calendar

Mar.

- 2 ODAF Board of Trustees (call)
- 3-4 Council on Dental Care Programs and Dental Practice
- 4 Day at the Statehouse
- 4 Dental Education and Licensure Committee
- 6 Council on Membership Services
- 6 ODASC Board of Directors
- 13 Statewide Subcouncil on Peer Review
- 26 Executive Committee
- 26 Task Force on the Future of Dentistry in Ohio
- 26 Annual Session Committee
- 26 Council on Access to Care and Public Service
- 27-28 Leadership Institute
- 27 Ad Interim and Strategic Planning committees
- 28 Executive Committee
- 28 Subcouncil on New Dentists

Apr.

- 3 ODA office closed for holiday
- 14 Dental Insurance Working Group (call)
- 17 Subcouncil on Dentists Concerned for Dentists
- 22 Task Force on the Future of Dentistry in Ohio

Don't forget to renew tripartite membership

Ohio Dental Association membership dues must be paid by March 31 for the 2015 membership year in order to continue receiving exclusive member benefits.

Any member who did not pay their dues by Jan. 1, 2015, is considered past due. Dentists who have not already renewed their membership should do so as soon as possible so that membership benefits, including receiving the "ODA Today," do not lapse at the end of March.

Members can renew online at www.oda.org/renew, by phone at (800) 282-1526, by fax at (614) 486-0381 or by mail to Ohio Dental Association, P.O. Box 182039, Dept. 367, Columbus, OH 43218-2039.

Members who have already paid their 2015 dues may also enroll in a pre-payment program for 2016 that spreads dues payments throughout the year. For more information about a pre-pay installment plan for 2016 dues, call the ODA at (800) 282-1526 or email membership@oda.org to request an enrollment form.

Save more than 10% on health insurance

According to industry research, a typical self-insured group can expect to save more than 10 percent (versus traditional health insurance) without having to sacrifice quality of care.

ODA Wellness Trust

The Ohio Dental Association Services Corp. (ODASC) is excited to announce its new health insurance plan, the Ohio Dental Association Wellness Trust, officially went into effect March 1.

Advantages of a self-insured health insurance plan include:

- Ability to design plan and deductible options
- Choose networks and features
- Keep costs low by avoiding the state insurance premium tax and many of the ACA's mandated taxes

Visit oda.org/insurance and download the enrollment form, email insurance@oda.org or call (800) 282-1526 to enroll.

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Dental OPTIONS volunteers provide nearly \$1.5 million in donated care in 2014

By ODA Staff

Volunteer dentists have treated nearly 12,000 Ohioans and provided \$21 million in donated care since Dental OPTIONS (Ohio Partnership To Improve Oral health through access to Needed Services) saw its first patient in 1997.

A private/public partnership between the Ohio Dental Association and the Ohio Department of Health, Dental OPTIONS is a program designed to help Ohioans unable to afford dental care. Most patients are considered the “working poor” and many are senior citizens living on a fixed income. Eligibility criteria also include that the individual has no private dental insurance and is not eligible for Medicaid.

For example, Take Marie, a Dental OPTIONS patient who is 65 years old and retired, receives \$861 per month from Social Security and \$168 per month in

food stamps. After paying her bills and other household costs, she did not have enough money to pay for dental care. After receiving treatment through the Dental OPTIONS program, she wrote a thank you letter to the dentist she saw. In her letter, she said “I’m writing to express my sincere thanks for your time and excellent dental work. Thank you so much for adding confidence, laughter and transformation to my smile. Many blessings to you and your staff.”

During state fiscal year 2014, almost 700 patients completed treatment and about 800 were matched to participating dentists. Over 6,000 other Ohioans who were not eligible for OPTIONS or were in need of emergency treatment were also helped through referrals to other sources, including safety net dental clinics, Medicaid providers and other programs.

“The OPTIONS program has made a

significant impact on the oral health of so many Ohioans over the years,” said Dr. Hal Jeter, chairman of the OPTIONS Steering Committee.

Jeter, who has been an OPTIONS dentist since the program began in 1997, said he encourages ODA member dentists who are not familiar with OPTIONS to learn more – and join the program and help those in their own community.

“You can make a difference by restoring an individual back to good oral health and giving them a healthy smile – and this can often improve their outlook and self-confidence,” he said.

OPTIONS is not about providing a lifetime of free care. It is designed to help restore an individual to good oral health. Upon completion of treatment, the patient is released and expected to assume responsibility for continued good oral health.

Nearly 1,000 dentists participate in the

program, but there is still a need for both general dentists and specialists.

There is an educational/licensure benefit to Dental OPTIONS as well: dentists who participate in the donated component of OPTIONS can receive up to four hours of CE credit each biennium. The CE is awarded at a ratio of one hour of CE for every four hours of volunteer donated care.

To learn more about the program or to download an OPTIONS dentist registration form, visit oda.org/community-involvement/dental-options/ or call Morgan Veach, ODA manager of public service, at (800) 282-1526.

Thanks to all the 2014 Dental OPTIONS providers, listed below, who collectively provided nearly \$1.5 million in volunteer treatment value.

If you are an OPTIONS dentist and your name is not listed below, please email laura@oda.org.

2014 Dental OPTIONS Volunteers

Danute E. Abriani	Murray J. Berkowitz	John Cercek	Bryan Dodd	Michael J. French	Bryan F. Harju
Anthony Adamo	Michael J. Bernard	Erick C. Chamblee	Jane L. Dodson	Frederic Fromm	Jimmie Harper
Shabbir Adenwalla	Mark S. Bernsdorf	Carl G. Chaney	Shaun P. Doherty	Lisa Frost	Paul W. Harr
Afshan Ahmed	Paul M. Bertin	Patrick A. Chaney	Mark A. Domo	Steven Fudge	Andrew Harris
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Rusty M. Albrecht	Brenda Bertsch	Carl Choi	Stephen C. Dowell	Joseph B. Fulton	Mickey Harrison
Stephanie L. Aldrich	Robert Bertsch	Sue Y. Choi	Nathan M. Downey	Robert Fulton	Christopher J. Harter
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Melissa Baker	Neil H. Brofman	Warren L. Craig	Grace S. Evans	David R. Ginn	Jeffrey E. Himler
David A. Ball	Mark E. Bronson	J. Randall Crawford	Scott M. Everhart	Michael P. Glinka	Mitzi L. Hines
Stephen Balzer	H.D. Brown	Curtis Creath	Jon Ewig	William R. Glockner	Stewart A. Hinkley
Gary A. Barker	Lee T. Brown	Brian Crock	Stephen T. Fabry	Robert G. Goble	J. Eric Hires
Pamela Barkett	Molly Brumfield	Martin B. Crombie	Fady F. Faddoul	Doug Goff	Guy Hisrich
Aaron T. Barkley	Donald J. Brunetti	Lori Cronin	Charles R. Fahncke	Joel Golub	Abraham Hoellrich
Robert W. Barnett, Jr.	Gary Brunk	Carolyn B. Crowell	William V. Falk	Mark C. Gorman	David C. Hoenie
Brad D. Barricklow	Richard S. Buchanan	Joseph P. Crowley	Beverly J. Fanz	David Grammel	Matthew Holdship
Richard B. Barry	David Bullard	Jason T. Culley	David J. Farinacci	Michael Grau	Craig Holman
Robert Barsan	Jeffrey Bunkers	Leslie L. Culp	M.A. Faris	Scott E. Gray	Jeffrey J. Holowicki
Mica Bartels	Jerry R. Burgei	Brian D. Cutright	Craig J. Farrell	Bruce Grbach	J. Marc Holser
Manraj S. Bath	Edwina L. Burke	Tara Dailey	Glenn Fausz	John T. Green	G. Douglas Hoover
Barjesh Bath-Walters	Kenneth W. Burman	Eeman Dajani	John C. Felton	Robert Green	Kathleen A. Houk
Eric Batterton	Glenn R. Burns	Edward R. D'Alessandro	Kylene H. Fernandez	Dan M. Greenwood	Berta Howard
Dale R. Bauer	Richard H. Burns, Jr.	Kristina Danielak	Ruby E. Fifer	Bradley Gregory	Gary T. Hubbard
Theodore Bauer	Philip A. Burwinkel	Paul V. Danko	Timothy Fisher	Rimple Grewal	Kevin Huelsman
Geoffrey Bauman	Paul L. Bushi	Leonard Davidson	Lori Fitzgerald	M. Lee Griffith	Kevin D. Huff
Christine Bavola	Ewa Byczek	Gregory Davis	Mark Fixari	Mark L. Grosko	William Glen Hughes
Joseph J. Baytosh	Lee Byerly	John D. Davis	Patrick Flannery	Ronald Grycko	Thomas E. Hull
C. Kip Beals	Timothy P. Cadden	Theresa Davis	Michael Fleitz	Thomas C. Guernsey	William M. Huntzinger
Caleb Beam	Jeffrey S. Caldwell	Alexander M. Della Bella	Todd D. Flere	Hans Guter	Tom Hutson
J. Victor Bean	Craig C. Callen	Dimitris J. Demos	Richard L. Fletcher	David G. Haas	J. Lawrence Hutta
Jacinto W. Beard	Jeffrey Campbell	Dental Center of Northwest Ohio	James B. Flynn	Eric Haas	Luther I. Ike
Justin Beck	Michael J. Carl	Dental Center of Northwest Ohio/Findlay	Jason A. Fomich	Maria C. Haas	Joe F. Inman
Mark Becker	John Carle	James R. Detwiler	Robert Forche	Mark F. Haas	Jack Irvin
Chris Beckner	Virginia Carner	Donna R. DeVore	Mark Ford	Roger Haas	David A. Itkoff
Carolyn D. Bednar	Allen Carnes	Brittany L. Dexter	Amy B. Forloine	Albert H. Hackman	Paul Jackanich
Ted A. Beitelschees	Joe L. Carpenter	Edward Deye	Catherine L. Forster	Andre Haerian	Kyle R. Jackson
Pradeep P. Bekal	Michael D. Carpenter	Thomas J. Dietrich	William E. Foster	Tara L. Haid	Bert Jacob
Charles Bell	Aaron S. Carroll	Thomas G. DiMassa	John C. Fowler	Michael Halasz	Joseph E. Jacob
Valerie R. Bell	Katherine A. Carroll	Laury J. DiMichaelangelo	Brooke Fox	Joshua M. Halderman	Parker M. Jarvis
David C. Bell, Jr.	James G. Case	Mark E. Dinkins	William W. Francis	Robert E. Hamilton	Denver D. Jenkins
Stephen J. Belli	Kent A. Caserta	Charles L. DiPasquale	Jonathan Frankel	Casey Hammond	Robert T. Jensen
Chad M. Belongea	James P. Cassidy	Anthony DiRenzo	Sanford Franklin	Joseph H. Hampton	Hal S. Jeter
John Bennet, Jr.	David Castilla	Douglas A. Dix	Tamila Franklin	Mary Ann Hanlon	Glenn J. Jividen
David A. Bennett	Jack D. Castilla	Philip H. Dixon	David Franz	Patricia Hannahan	Burton Job
Richard M. Benninger	Richard A. Cavolo		Christopher French	Robert Haring	
N. Kent Berg	Jacqueline M. Cerar			George Haritonovich	

See OPTIONS, page 7

OPTIONS, from page 6

R. Eric Johanssen	Mark A. Logeman	Kinnith R. Morris, Jr.	Mark D. Raisch	Mark J. Silvers	Brent Van Hala
David M. Johnson	Andrea Londono-Shishehbor	J. David Morrison	George (Jerry) E. Ralph	Scott Silverstein	Henry Van Hala
Lisa A. Johnson	Justin M. Long	Michael Mott	Mary Rath	Anthony Silvestro, Jr.	Peg Vanek
R.E. Johnson	Richard M. Loochtan	Cecilia A. Moy	Martin C. Raupple	Eugene S. Simon	David H. Verzella
Robert C. Johnson	Paul M. Loper	Elizabeth Mueller	David Ray	Rick M. Singel	Paul Vesoulis
Kaitlin Johnston	G. Scott Louderback	Donald R. Murdock	Loren A. Raymond	Brian K. Singletary	Katie Vicer Sears
Michael E. Judy	Elizabeth Love	John H. Murphy	William A. Records	David A. Smeltzer	Craig Vinkovich
Joseph J. Jurcak	Robert B. Lowe	Paul S. Murphy	Smitha Reddy	Samuel E. Smiley	Mark Vogley
Jennifer A. Kale	John G. Luber	Jon B. Musser	Deron J. Reisman	Peter Smilovits	Brad Vosler
Alireza Karbassi	Lester M. Lubitz	Bruce A. Mutchler	William E. Renz	Brian K. Smith	Paula Vosler
James A. Karlowicz	Robert W. Lucas	Timothy R. Myers	Michael J. Repasky	Charles C. Smith	William J. Waddell
James R. Karpac	Rand A. Luckner	George Namay	Steven Reubel	Louis R. Smith	Craig A. Wagley
Don Karpinski	Jennifer Ludwig	Vannah E. Nantz	E. John Rewwer	Steven M. Smith	David S. Waldman
Michael J. Kastner	Thomas C. Lyle	Matthew A. Neely	Elliott Rice	Lee E. Snelson	David A. Waldron
James Katz	James S. Madigan	Robert A. Nelson	Lee Rice	Steven L. Snow	Doug Wallace
Frederic A. Kaufman	Michael J. Maistros	William D. Nelson	Chandice A. Richards	Eric L. Snyder	John H. Wallace
Christopher Kayafas	James R. Male	Kayvon F. Nezhad	Lisa A. Richards	William Sockman	Patrick Walsh
Richard D. Keefe	Robert Malek	Simon H. Nguyen	Shelley M. Ridenour	Ronald J. Solomon	Pamela R. Walter
Carole Kelley	John Maley	Kent N. Nicklas	John A. Ritchie	Stephanie Sommer	Patricia Walter
Daniel Kelley	Timothy O. March	Tom Niederhelman	Jennifer G. Robb	Adam P. Sommers	Malcolm Walters
Erin Kemp	Angelo Mariotti	Scott W. Nieman	Julie S. Roberts	Norm Sommers	Steven Walters
Kathryn Kemp	Edward T. Marshall	Matthew S. Niemiec	Caleb A. Robinson	David M. Sorboro	Ryan M. Walton
Richard W. Kennedy	Warren S. Marshall	Scott H. Nightingale	Judy A. Robinson	Patrick J. Soria	Steve C. Walton
Brian T. Kernan	Chris M. Martin	Richard T. Norcross	Katharine S. Rockman	Michael C. Soult	Daniel H. Ward
Faiza Khimji	Christopher J. Martin	Keith A. Norwalk	Scott Rogers	Christopher Space	Dennis M. Ward
Benedict Kim	John R. Mascaró	Scott Null	Paul J. Rohrbach	Thomas E. Sperling	Aico H. Watanabe
Hyo S. Kim	Michael Masonbrink	Brenda M. O'Brien	Michael Rolfes	Ron Spritzer	Glenn S. Waters
David R. Kimberly	Monte E. Masonbrink	William O'Conner	Brandon Romick	Nicholas Staarmann	Halle Waters
G. Paul King	Thomas Matanzo	Patrick W. O'Connor	Barry Ross	Ronald Stanich	William E. Waters
Julia Kinlaw	Jay Maxfield	Casey O'Connor	Jerry Rotella	Joseph S. Stanko	Steven E. Watts
Laura R. Kinlaw	Jay B. Maxfield	Elizabeth A. Odenweller	Kelly Roth	Randall D. Stastny	Wayne R. Wauligman
Dean J. Kiourtsis	James A. Maxwell	R. Randall Ogg	Keith Rottman	David B. Steck	Whitney Wauligman
Mark Klabunde	Joseph P. Mayer, Jr.	Kevin O'Grady	Ronald Rubin	Michael A. Stefan	John L. Wazney
Steven M. Klayman	John L. Mayo	Frank F. Omerza	David G. Rummel	Lata Stefano	Marion L. Wazney
Lawrence R. Kluener	Robert L. Mazzola	Brian M. O'Neill	Jessica Runion	Michael R. Stein	Brian C. Weaver
Richard R. Kneisley	Patrick J. McCabe	Bryan T. Osterday	Jon Runion	Matthew A. Stempowski	David S. Weaver
Gerald R. Knierim	Brittany McCarthy	Angela B. Ott	Christopher Ruskowski	R. Jeffery Stephens	Alan Weber
Kevin M. Knierim	Kelly McClintock	Julie Overberg (Butler)	Joseph R. Ryan	Brian Stern	James Weber
Elizabeth A. Koenig	Michael R. McClure	Andrew C. Palmer	Thomas N. Ryan	Robert B. Stevenson	John T. Webster
Ronald P. Kolodziej	Jim McCray	Charles M. Pap	Michael S. Ryckman	Trudy Stickney-Amstadt	Lee R. Weisberg
Eric J. Koren	Joel McCuen	Matthew M. Parker	Aparna Sadineni	Jon C. Stocker	Jeff Weisbrot
Mamta Kori	Michael C. McCutcheon	Steven E. Parker	Fred Sakamoto	Jason Stoner	Richard S. Weiser
Jeffrey W. Kosman	Christopher A. McDaniel	Rod R. Parsell	Lawrence J. Salata	Elizabeth O. Strange	Gerald M. Weissman
James Kotapish	Catherine McDevitt	Damen Patel	Anthony Salem	John W. Strawman	Harold V. Welch
John N. Kramer	Edward J. McDonnell	Matthew Paulson	Randy Sandow	Erwin T. Su	Richard A. Welfare
Timothy Kreimer	James T. McKown	J. Douglas Paulus	Larry J. Sangrik	Michael T. Sulens	James R. Welland
Deepak G. Krishnan	David L. McNamee	Thomas M. Paumier	John N. Santin	Timothy P. Sulken	Bradley Welsh
Ashley Kriwinsky	Sean A. McNeeley	Kate Pavlick	Perry Sarle	Don K. Summerfield	Elizabeth C. Welsh
Mark Kriwinsky	Maria L. McSoley	Brett S. Pelok	John A. Sauvinsky	R. Neil Sundheimer	Stephen Wendt
Glenn J. Kuemerle	Chris McVey	David R. Pelok	Ronald J. Saxen	Julianne Swayne	Robert C. Wenger
Stephen P. Kuennemeier	Mark A. Meclosky	Mark W. Perko	Scott Sayre	Lee Swearingen	Ryan Wenger
William T. Kunkel, Jr.	John I. Meilinger	Stephen J. Pero	Scott D. Sazima	Andrea S. Sweazy	Terrence L. Wenger
Joyce Kupfer	Brian M. Meister	Thomas Perrino	Danardo Scarso	Ryan Swisher	Mark S. Wenzel
Kim R. Kupper	Joseph T. Mellion	R. Thomas Perry	Michael T. Schaeffer	Monica Swope	Todd W. Westhafer
Rita Kutsikovich	Nicholas P. Mellion	Timothy W. Peters	Manfred Schall	Howard Synenberg	Andrew P. Westmeyer
Brian Kvitko	Zachary Mellion	Matthew W. Peterson	Scott Scharnhorst	Jerome Tabacca	Michael E. Whitcomb, Jr.
Jeff Labishak	Eric R. Menke	William R. Peterson	Richard E. Scheetz, Jr.	Rajiv Taneja	John White
Woodrow L. Lahr	David W. Menning	Kathleen Petit	Robert E. Scheiber	Paul G. Tarlano	Erin Whittaker
Kevin Laing	Timothy J. Merrill	James Petricone	Laura Schiller	Adel Tawadros	George P. Wick
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Thomas D. Lamarre, Sr.	Robert S. Meuselbach	Dale A. Petrill	David Schlosser	Samuel E. Taylor	Jeffrey L. Wilden
Ben Lamielle	Glen R. Meyer	Loren M. Petry	Joseph R. Schmidbauer	Rick L. Terhune	George Williams
Cheryl J. Lampe	Drew T. Meyers	H. John Pfeiffer	E. Karl Schneider	Bryan J. Terhune, Jr.	George T. Williams
Richard Lamping	Patrick Michel	Robert Pham	Keith M. Schneider	Nanette C. Tertel	Janette Williams
Marius M. Laniauskas	Nanette Mick	Terry B. Philbin	Jeffrey R. Schoning	Scott L. Thatcher	Lindsey Williams
Craig C. Lanik	Joseph A. Mika	Mark D. Phillips	Michael R. Schumacher	Christopher Thielen	Michael R. Williams
Jennifer J. Lape	Philip B. Mikesell	James L. Phipps	Rudolf F. Schuster	Darren Thomas	Todd Williams
James J. Large	Allan J. Milewski	Stephen H. Pick	Gary R. Schween	Julie M. Thomas	Vincent Williams
Charles E. Latham	Andrea J. Miller	Roger A. Pickens	Bryan M. Scott	Michael L. Thomas	Edward Wnek
Phillip T. Latham	F. Patrick Miller	Steven P. Pieper	Darrel L. Scott	Christopher Thompson	Gregory Wnek
Sam M. Latif	Lairy W. Miller	James A. Pierce	Tyler Scott	Sarah J. Thompson	Robert Wolcott
Alan Laub	Lytha K. Miller	Steven Pierson	David G. Scurria	William E. Thompson	Janet K. Wolery
Chatherine A. Lawler	Marissa L. Miller	Gary G. Pies	Daniel D. Seikel	Susan Tikson	Edward N. Wolf
Timothy M. Lawrence	Matthew Miller	Brad T. Pittman	Thomas Semans	Jeffrey A. Tilson	Mary Ann Z. Wolf
Martin W. Layman	Robert A. Miller	Elizabeth Plas	William O. Semans	Timothy C. Tilton	Gordon W. Womack
Robert M. Lazarow	Thomas J. Miller	Raymond P. Plona, III	Ryan Serra	Stanley G. Tipton	Jody L. Wright
William G. Leffler	Thomas "T.J." J. Miller, II	Michael J. Pollock	Joseph Sexton	Joy Todd	L. Craig Wright
Carl Alan Legg	Claudia C. Minadeo-Fox	Cindy Pong	Marybeth D. Shaffer	Drake Tollefson	Ralph E. Wyand
Neal Lemmerman	Brian D. Mitchell	Terrence Poole	Shayer Shah	Leonard M. Tomsik	Kenneth A. Wyneski
Ronald Lemmo	Jeff Mitchell	Edward Posluszny	Steve Shall	Robert M. Tootle	Mary Ellen Wynn
James T. Leon	Timothy E. Moats	Neal J. Postel	Wesley Shankland	Phuoc M. Tran	Paul G. Wyse
James E. Lessick	James C. Moeller	Brittany L. Potts	Neeru Sharma	John R. Tranovich	Thomas F. Yash
Jeffrey J. Levin	Kenneth J. Molnar	Ladan Pourmoghadam	Jeffrey D. Shawberry	James M. Trapp	Richard Yauss
Amanda M. Levinsohn	Thomas A. Montagnese	Michael P. Powers	Nannette R. Sherman	Bruce E. Treiber	Jeff Yoest
Steven A. Levinsohn	Julie A. Montgomery	David A. Pressler	Jeffrey Sherwood	John Tromans	Harry Yokum
Kathryn A. Lewis	Kathleen Montgomery	Primary Health Solutions	Ross Shira	Peter Tsivitse	Deborah S. York
Ronald L. Lipp	Robert D. Montgomery	James Puccio	Paul K. Shivers	George Tzagournis	Philip L. Younts
Gregory A. Lis	Bradley Monti	Leone M. Pullella	Mary Kay Shuba	Michael Uhde	Charles J. Yourstowsky
Gregory Lisk	Dennis Moody	Jim Pun	Lloyd Shumaker	Robert A. Uhle	Daniel L. Zidel
Beth A. Loew	P. Michael Moore	Kieo Pung	Tod W. Siefert	Chris Uhlenbrock	James W. Zimmerman
Jeffrey C. Logan	Stephen H. Moore	Azam M. Qadri	Thomas Siefker	Derik E. Utz	Jennifer L. Zoll
James Logeman	Steven Moore	Myriam E. Raber	Kristine Sigworth	Anthony V. Valaitis	Bill Zouhary
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Dental Insurance Corner

Third-party payer audits

Christopher A. Moore, MA
ODA Director of Dental Services

There has been an increasing amount of talk around the country concerning dentists being audited by third-party payers. While some of the situations that have prompted this talk are applicable in Ohio, many are not.

For example, much attention has been focused on Medicaid Recovery Audit Contractors (RACs) in other states, and particularly Nebraska. Medicaid RACs, or recovery auditors as they are also known, are private entities that contract with state Medicaid departments to identify and recover overpayments and underpayments made on behalf of the Medicare program. The Affordable Care Act expanded the RACs' scope to include services provided to Medicaid beneficiaries.

The December 2013 Nebraska Medicaid Annual Report indicated that state's RAC objectives were "to reduce erroneous payments, identify and recover overpayments, and identify underpayments in the Medicaid program." To meet these objectives Nebraska utilized a private contractor that was paid on contingency based on the actual money it recovered from that state's Medicaid providers.

The Nebraska RAC targeted for overpayment recovery around 300 dentists who had been paid a \$22 fee for cleanings that were done within less than six months of the patient's last

cleaning. The dentists' problems were compounded by the time and energy needed to respond to the audits.

The Nebraska dental provider manual includes six-month frequency language while also affording the dentist flexibility to determine the actual frequency based on the patient's need. The Nebraska Medicaid policy is consistent with the Academy of Pediatric Dentistry's dental periodicity schedule for children and allows high-risk children more frequent visits to prevent more serious dental issues.

According to Nebraska dentists, the RAC's narrow auditing focus undermined the dentist's ability to assess a patient's risk and determine medical necessity. It also reportedly set up a situation where the RAC was incentivized to look for ambiguity and unclear language in the Nebraska dental provider manual in order to identify and recover overpayments from dentists.

The result of the audits saw many dentists pay the requested amount and then limit or discontinue treating patients covered by Nebraska Medicaid. It also prompted dentists elsewhere in the country to worry that RAC activity might come to their state.

The 2014 ODA House of Delegates considered the RAC activities in other states and decided to proactively address the issue in Ohio through adoption of Resolution 18-14 (Medicaid Audit Preparation). Resolution 18-14 charged the ODA Council on Dental Care Programs and Dental Practice (CDCPDP) with conducting research and gathering information related to Medicaid audits and making such information available to member dentists to ensure ODA mem-

bers are taking appropriate steps so they are prepared and equipped to respond to Medicaid audit inquiries.

The CDCPDP formed a task force comprised of council members and dentists from the ODA Medicaid Working Group to address this resolution. The task force has since fulfilled its charge and now wishes to inform the membership of its findings.

The task force identified significant differences between the rules governing the Ohio and Nebraska Medicaid dental programs. Ohio's rules do not allow the type of interpretation that Nebraska's RAC employed thereby effectively making the type of situation that occurred in Nebraska inapplicable in Ohio.

Ohio Medicaid has made overpayment recovery requests of Ohio dentists within the last five to 10 years. These requests, however, have been limited to a straight dollar for dollar repayment of the money initially erroneously paid by Medicaid and did not employ extrapolation methods. The ODA has not received a report of Medicaid using extrapolation with an Ohio dentist in around 20 years or more.

The ODA's top leadership has met with Ohio Auditor of State David Yost on the Medicaid RAC issue. During the meeting, ODA leadership expressed concerns about the Nebraska situation. Following the meeting, Dr. Paul Casamassimo, ODA past president and a pediatric dentist,

said he was pleased with the auditor's response. Casamassimo said the auditor indicated that while he understands his role to protect the state from fraud and abuse, he is committed to being fair to all involved.

While it does not appear the types of Medicaid RAC activities that have occurred in other states are imminent in Ohio, it is still important for Ohio dentists to be aware of and utilize existing resources to minimize their prospects of adverse auditing actions.

Dr. Steve Adair will be presenting a seminar, "Third-Party Audits: Preparation Through Compliance," on March 27 at the Hilton Columbus Polaris Hotel as part of the 2015 ODA Leadership Institute.

The seminar is not limited to Medicaid audits and will provide valuable information to all dentists. It will focus on helping dentists develop a compliance program and proper dental record documentation in order to reduce their practice's exposure to negative outcomes. Member dentists should either call the ODA at (800) 282-1526 or go to oda.org/events to register for this free program.

"It does not appear that Ohio dentists have been the subject of widespread

See AUDITS, 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."

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Photo provided by Mercy Medical Center

Dr. George T. Williams, a general dentist in Canton, with his son Dr. George R. Williams, a general practice resident at Mercy Medical Center, at the Give Kids a Smile Ohio kickoff event at Mercy Medical Center in Canton.

GKAS, from page 1

proper care and treatment that is needed.”

She added that the district is fortunate to have a care coordinator and school nurses who work together to link students and families to Mercy Medical Center’s Dental Clinic and other dental services in the area for follow-up care.

“I’m confident Give Kids a Smile has positively impacted thousands of children’s lives through screenings, definitive treatment and oral health education” said Dr. George R. Williams, a general practice resident at Mercy Medical Center. “Yet, we must do more because the need is too great. One day is not enough. We must continue our relentless pursuit of preventive dentistry through patient education in our offices and community daily. It’s one thing to give kids a smile for a day. It’s another to provide the tools needed for a child to smile for a lifetime.”

Dr. Williams’ father, Dr. George T. Williams, a general dentist in Canton, also volunteered at the event.

“Give Kids a Smile was a family affair! My wife, Claudia, and my staff were volunteers along with my son George and the rest of the dental residents,” said Dr. George T.

Williams. “It was a joyous occasion when George chose dentistry as his profession and it continues as we work together educating our community, developing lasting relationships with our patients, and promoting solid dental programs to the children. Unfortunately George and I were in two different areas screening the school kids. I did hear though he was a



Photo provided by Mercy Medical Center
Students from Gibbs Elementary at the Give Kids a Smile Ohio kickoff event in Canton.



Photo provided by Mercy Medical Center
Gibbs Elementary students smile as they leave the Give Kids a Smile Ohio kickoff event at Mercy Medical Center.

great Dr. Rabbit!”

In addition to screening patients, Dr. George R. Williams dressed as the Colgate mascot, Dr. Rabbit, to visit with the students.

He said his dad has been a role model throughout his life.

“My dad has been a tremendous influence in my life and decision to join the dental profession,” he said. “It’s so much fun to share the same passion and be

able to work side by side with him. Minus his constant razzing about me wearing the purple Dr. Rabbit bunny suit at Give Kids a Smile.”

Kristin Byrne, TV reporter/anchor with WEWS NewsChannel5 in Cleveland, emceed the event, and U.S. Rep. Jim Renacci, U.S. Rep. Tim Ryan, Assistant Superintendent of Canton City Schools Dan Nero, Canton City Health Commissioner Jim Adams and ODA President Dr. Thomas Paumier spoke at the event.

The U.S. House of Representatives, U.S. Senate, Ohio House of Representatives and Ohio Senate presented proclamations and commendations.

“By every measure this year’s Give Kids a Smile kick-off event at Mercy Medical Center in Canton was a success,” Paumier said. “With two U.S. congressmen and two state legislators as well as the Canton City schools assistant superintendent and Canton City Department of Health commissioner attending, key policy makers were educated on the importance and value of good oral health starting at a young age. This personal interaction is vital when advocating for resources to improve access to care for those most in need. Additionally the image of the profession was enhanced by volunteer members who educate, screen and treat the children who participated.”

In addition to the event at Mercy Medical Center, volunteers with the Stark County Dental Society went into 12 Canton City Elementary Schools to provide free dental care to 1,474 children. Nearly \$100,000 in free dental care is estimated to have been donated through the Stark County Dental Society’s initiatives on this Give Kids a Smile kick-off day.

Across Ohio, local dental societies and individual dental offices held Give Kids a Smile events on the kick-off day and will hold events throughout the year. For 2015, about 1,600 volunteers are expected to provide nearly \$800,000 in care to about 19,000 children in need in Ohio.

For a full list of Give Kids a Smile dentist and clinic participants, see the April issue of the “ODA Today.”

AUDITS, from page 8

third-party payer audit or review activity by either public or private third-party payers,” said Dr. Manny Chopra, chairman of Council on Dental Care Programs and Dental Practice. “I encourage all dentists and their billing staffs, however, to follow the terms of their participating provider contracts and handbooks, to follow proper coding practices and to maintain good documentation, record-keeping and claims submission practices to help minimize risk.”

Claims information submitted to third-party payers, including the correct date of service and actual treating dentist’s identity, must be consistent with the information that is recorded in the patient’s record. Diagnoses, codes and progress notes should be clear and easy to understand.

It may be beneficial to pre-determine certain work before beginning treatment. Dentists who see multiple claim denials for the same procedure, e.g., crowns, may want to consider pre-determining that procedure before proceeding with treatment. Similarly, “questionable” or less than clear cut treatment plans and higher dollar treatment plans are good candidates to pre-determine.

“Using good business sense and putting yourself at the dental consultant’s desk can be helpful in deciding whether or not to pre-determine certain work,” Chopra said. “Pre-determination delays may cause some patients to not pursue treatment, but that can be less costly in the long run than losing patients due to

aggressiveness and higher than expected out-of-pocket expenses.

Participating provider contracts and manuals should be readily accessible to the dentist and billing staff and must be complied with to ensure the dentist is fulfilling his/her contractual obligations.

Participating provider manuals can also be helpful to non-participating dentists by providing insight to the carrier’s expectations with respect to documentation and other matters.

Dentists who follow the advice of some speakers or dental equipment salespeople relative to the unbundling or coding of services may put their practices into a situation that garners a much higher degree of third-party payer scrutiny than would otherwise be the case.

Current ADA CDT codes must be utilized in the manner they are intended. The CDT is designated by the federal government under HIPAA as the national terminology for reporting dental services. The CDT’s nomenclature and descriptors define the intended use for each procedure code and are not subject to interpretation. Using the remarks section (box 35) of the ADA claim form can provide helpful information to third-party payers to assist them in understanding and properly processing claims.

The newest version of the code, the CDT 2015, took effect Jan. 1. It contains 16 new procedure codes, 52 revised procedure codes, five deleted procedure codes and over 10 changes to the subcategories and their descriptors. The CDT 2015 and other coding resources may be purchased from the ADA by call-

ing (800) 947-4746 or going online to www.ada.org/8832.aspx or visiting iTunes Marketplace or Google Play Store for the CDT 2015 Code Check app.

Other resources specific to Medicaid include the Ohio Medicaid dental e-manual (<http://emanuals.odjfs.state.oh.us/emanuals/GetTocDescendants.do?nodeId=%23node-id%28431%29&maxChildrenInLevel=100&version=8.0.0>) and publications from the Centers for Medicare and Medicaid Services: Medicaid Compliance for the Dental Professional (<http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/>

Provider-Education-Toolkits/Downloads/Dental-Presentation-Handout-9_13.pdf), Adding Value to Your Practice (<http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Provider-Education-Toolkits/Downloads/adding-value-dental-practice.pdf>) and Medicaid Compliance and Your Dental Practice (http://www1d.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Medicaid_Compliance_ICN908668.pdf). The American Association of Pediatric Dentists is also expected to release a white paper on RAC audits.

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Dentistry's partnership role in achieving total health for our patients

By Theodore E. Wymyslo MD, FAAFP
Chief Medical Officer, Ohio Association of Community Health Centers

Comprehensive, coordinated health care is the hallmark of the new model of care many of you have been hearing about around Ohio – the Patient-Centered Medical Home (PCMH). In this model of patient care, managing the patient's total health means addressing their biological, psychological and social needs, many of which occur when the patient is not in your office. Being patient-centered entails designing your system to be available and easily utilized by patients according to THEIR needs, schedules and definitions – not around the convenience of the providers. The term "home" refers to where all the known health information on the patient resides – the collection of data and communications from ALL the points of health contact in the community.

For the PCMH model to work, there must be a sense of TEAM among all providers so that each knows what the other is doing, and so they can effectively co-manage decisions with the patient as partner. In order to be effective, its communications must extend beyond its own walls and into the rest of the community ... into the Patient-Centered Medical Neighborhood.

Electronic Health Records (EHRs) can be a useful tool for this information exchange, but only if the various health providers can push and pull information with the primary care office where the total health



Dr. Theodore E. Wymyslo

information resides. This process allows the dental practice to reinforce health advice and plans of the primary care practice, inject their own oral health plan into the patient's personal plan of care, and make joint health decisions with the primary care provider (PCP) to optimally benefit the whole patient. Similarly, the PCP reinforces the oral health plan of care to enhance patient adherence.

Many feel expanding the role of the dental office in the total health of patients presents a wonderful opportunity to more effectively address the cause of 70 percent of premature death and chronic disease prevalence in our population – lifestyle choices. All of us in health care need to be engaged in the solution to this problem if we hope to be successful. Indeed, the Robert Wood Johnson Foundation has undertaken a new direction with this challenge in mind ... that of "Creating a Culture of Health in America." They anticipate this will be a 20 year effort – one whole generation – to realize the culture change we need to get our entire population focused on optimizing health and well-being, rather than treating illness and trying to correct the adverse effects that poor lifestyle choices have had on

our patients.

Unless the health professions all join together in this effort and utilize a system of care that facilitates patient co-management and care coordination, it is unlikely we will be successful in battling the epidemics of obesity, inactivity and addiction that plague our population today.

So I will challenge dentistry to keep expanding its focus by joining with the PCMH model of care in addressing the total health of the patient – their biopsychosocial well-being. Help us reinforce the importance of good nutrition, encourage greater physical activity, confront and discourage addictions of all types, pay attention to the safety of relationships and housing, reinforce the importance of immunizations, be aware of fluoride in the water and lead in the paint in our patients' communities, and be sure your patient is part of a coordinated health care delivery system. I will similarly challenge medical health care providers to increase their efforts to achieve good oral health, reinforcing your guidance given to your dental patients when they visit our medical practices. Only by all health professions working together as a team, with the patient, can we achieve the culture change we look for and need to achieve in America.

Dr. Wymyslo will present "Dentistry's Role in the Patient-Centered Medical Home Model of Care" at the ODA Leadership Institute on March 28. Leadership Institute is March 27-28. Visit oda.org/events for more information and to register.

Changing health care environment to impact dental practices

By ODA Staff

As the health care delivery system in the U.S. evolves because of health care reform, insurance changes, economic situations and more, dentistry is at a crossroads.



Dr. Marko Vujicic

In 2013, the American Dental Association released a comprehensive analysis of the dental care sector in a report titled "A Profession in Transition: Key Forces Reshaping the Dental Landscape." This environmental scan was carried out as part of the ADA's 2015-20 Strategic Plan development process.

According to a news release from the ADA, some of the key findings include:

- While more children have been visiting the dentist, primarily due to the expansion of public insurance programs, dental care use has declined among working age adults, particularly the young and poor, a trend that emerged prior to the recent economic downturn. Dental benefits coverage for adults has steadily eroded in the past decade.

• Total dental spending in the United States slowed considerably in the early 2000s and has been flat since 2008. This trend is expected to continue, resulting in dentists looking for more efficient ways to serve their patients, as well as a likely increase in consolidating dental practices.

• The Affordable Care Act (ACA) is expected to expand children's dental benefits, both public and private, but it does not address the many key access to care issues facing adults.

An article titled "A Profession in Transition" published in the February 2014 issue of the "Journal of the American Dental Association" by Marko Vujicic, PhD; Hilton Israelson, DDS; James Antoon, DMD; Roger Kiesling, DDS; Thomas Paumier, DDS; and Mark Zust, DDS, gives an overview of the findings and what they mean for the profession.

"This is a critical moment for dentistry and a time for the profession to define its destiny," according to the article. "Given the profound environmental changes on the horizon, this is a watershed moment for the profession. It is not a time for complacency. Ignoring what is happening in the health and consumer environment will mean ceding the future of the profession to others. This environmental scan, through its thoughtful, objective empirical research, has provided key information needed to help shape a strategy for the

challenges ahead and for charting a course for the dental profession."

The article states that dentists will see pressure from governments, employers and individuals to increase the value and reduce the costs of the services they provide. A shift toward value-based payments within both public and private plans is expected.

The article also states that there will be an increase in coordination of care among various health care professionals, which will "provide an opportunity to bridge the gap between dental care and primary care and between oral and whole-body health."

Vujicic, who is chief economist and vice president of the Health Policy Institute at the American Dental Association, will expand upon these findings in a keynote presentation at this year's ODA Leadership Institute on March 27.

His presentation, "Opportunities for the Dental Profession in a Radically Different Health Care Environment," will review important developments in the dental sector within the past decade, identify game changers that will reshape the dental practice environment in the coming years, and will identify new opportunities for the profession.

Leadership Institute will be March 27 and 28 at the Hilton Columbus Polaris Hotel. For more information and to register, visit oda.org/events.

2015 Leadership Institute Schedule

Friday, March 27

10 a.m.

Registration opens

11 a.m.

Welcome from Dr. Thomas Paumier, ODA president

11 a.m. – noon

"Opportunities for the Dental Profession in a Radically Different Health Care Environment," presented by Dr. Marko Vujicic, Chief Economist and Vice President, ADA Health Policy Institute (1 CE Credit)

Noon – 1 p.m.

Lunch

1 – 2 p.m.

Breakout Sessions – Round 1

- "Best Practices for Regulatory Compliance in 2015," presented by Chris Moore, ODA director of dental services (1 CE Credit)

- "Parliamentary Procedure 101," presented by Dr. Michael Halasz, ODA speaker of the house

- "Third-Party Audits: Preparation Through Compliance," presented by Dr. Steve Adair, president of Palmetto Dental Consulting (1 CE Credit)

2:15 – 3:15 p.m.

Breakout Sessions – Round 2

- "Best Practices for Regulatory Compliance in 2015," presented by Chris Moore, ODA director of dental services (1 CE Credit)

- "Breaking News! - Hot Tips to Get the Word Out!" presented by Angela Krile, president of Krile Communications, and Dr. Matt Messina, ADA national spokesperson

- "Third-Party Audits: Preparation Through Compliance," presented by Dr. Steve Adair, president of Palmetto Dental Consulting (1 CE Credit)

3:30 – 4 p.m.

"Update on the State of Dentistry in Ohio," presented by Dr. Thomas Paumier, ODA president, and David Owsiany, ODA executive director

4 – 4:30 p.m.

"Strategies for Membership Recruitment and Retention," Panel Discussion

4:30 – 6 p.m.

Reception

Saturday, March 28

7:30 – 8:30 a.m.

Registration and Breakfast Buffet

8:30 a.m.

Welcome from Dr. Thomas Paumier, ODA president

8:30 – 9 a.m.

ADA Update from Dr. Joseph Crowley, ADA seventh district trustee

9 – 10 a.m.

"Dentistry's Role in the Patient-Centered Medical Home Model of Care," presented by Dr. Ted Wymyslo, chief medical officer at Ohio Association of Community Health Centers (1 CE Credit)

10 – 11 a.m.

"Getting the Most from Millennials," presented by Marilyn Moats Kennedy, president of Moats Kennedy, Inc.

Leadership Institute is free for ODA members and sponsored by Superior Dental Care.

Visit oda.org/events to register.

New dentists are invited to two special events at the 2015 ODA Leadership Institute

A new dentist reception for those in practice 10 years or less will be at 7 p.m. Friday, March 27 at Star Lanes at Polaris. The free event will feature bowling, food and drinks. Dentists must RSVP to this event by emailing Karli@oda.org.

A free luncheon hosted by the Subcouncil on New Dentists will take place at the close of Leadership Institute at 11 a.m. March 28. Marilyn Moats Kennedy will lead a discussion about "Connecting with People Who Don't Share Your Values." Dentists in practice for 10 years or less and students are invited to attend. Register for Leadership Institute and the luncheon at oda.org/events.

Table Clinics: A learning opportunity for those who present and attend

By Jackie Best
Managing Editor

Table Clinics have always been a part of dental continuing education meetings, and they continue to adapt with the times. They have been known as poster sessions and essay programs, and were the main focus of the ODA's first Annual Session in 1866.

2015 ODA Annual Session attendees will again have the opportunity to present and attend Table Clinics, but this year they have a new day and time: Friday, Sept. 18 from 4 to 6 p.m.

"We are excited to have a new day and time this year for the Table Clinics," said Dr. Denise Hering, chair of the Table Clinics. "We hope it will give more people the opportunity to view the presentations. Dental students will attend Annual Session on Friday, so it will open up the opportunity for more students to be involved – either presenting their research or viewing the clinics. I hope to see you there!"

Table Clinics, which are informal, interactive presentations that last up to 15 minutes, are presented by dentists, dental students, dental staff and dental residents each year during Annual Session.

Presentation topics are designed to promote education and dialogue among dental professionals by addressing some of the clinical issues they face in day-to-day practice.

"Attendees can go from table clinic to table clinic and in short period learn a lot of different things," said Dr. Fady Faddoul, professor and vice-chair of the Department of Comprehensive Care and director of the Advanced Education in General Dentistry program at the Case Western Reserve University School of Dental Medicine. "A lot of the Table Clinics are not just basic science research, a lot of them are cases, they are research that is relevant to a clinical practice. Every year when we walk around and look at what students have done, we learn something. It's a little jewel you can take with you to your practice."

He added that attending Table Clinics is a great way for practicing dentists to support students and residents, who are the future of the profession.

Faddoul said that the residents in his program are required to present a Table Clinic at Annual Session and they are subsidized for their trip to do so at the ODA Annual Session. He said there are a lot of reasons why he feels it's important for students and residents to present a Table Clinic.

"It's educational, it fosters collegiality, it helps them understand what we keep talking to them about in regards to lifelong learning," he said. "It showcases their efforts and work, and it gives our school and program visibility with our colleagues. The other part of it is that if you think about dentistry, a lot of it is the dentist being able to communicate with a patient and explain in clear words what they're going to do. Presenting a Table Clinic gives the residents an experience where they have to talk to people about their work. It's the same as talking to a patient."

Presenters and attendees have the opportunity to earn CE credit under Category G: Table Clinics of the Ohio State Dental Board's CE requirements, and top presenters are eligible for cash prizes. There will be one Best of Show prize of \$500, two \$250 prizes for the graduate dental student category, one \$250 prize for the pre-graduate dental student category and one \$250 prize for the dental auxiliary category.

Presentations are judged by a panel of ODA member dentists on the quality and effectiveness of the presentation. Judges



ODA Staff

This year's Table Clinics will take place Friday, Sept. 18 from 4 to 6 p.m. during the ODA Annual Session

use criteria including uniqueness, mastery of subject, relevance to dentistry, delivery, use of visual aids and the presenter's ability to field questions.

Table Clinics will be held Friday, Sept. 18

from 4 to 6 p.m. in the Exhibit Hall during the 2015 Annual Session, held Sept. 17-20 at the Greater Columbus Convention Center. Presentations are given several times during the two-hour time slot, and

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there is no viewing or presenting fee to registered attendees.

"I strongly encourage everyone to participate in the table clinics, both from the presenters' standpoint and the attendees'," Faddoul said. "It's a great experience."

Individuals interested in presenting must complete a Table Clinic application.

See TABLE CLINICS, page 15



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- Administrative Law before State Dental Boards
- Dental Malpractice Defense
- 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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House Bill 463 provides alternative pathway to dental licensure

By ODA Staff

Ohio Gov. John Kasich signed House Bill 463 into law at the end of last year to improve access to quality, comprehensive dental care. The law goes into effect March 23. One aspect of the law allows successful completion of an accredited residency program to count toward one of the requirements of licensure in lieu of a clinical exam.

Under this alternative pathway to licensure, residents who successfully complete a residency program accredited or approved by the Commission on Dental Accreditation of the American Dental Association and operated by a dental school or hospital would not be required to take a regional board exam to secure licensure in Ohio.

"By providing an alternate pathway to licensure via CODA-approved residency completion, we will be not only addressing the access to care crisis by increasing the quantity of work force, but also the quality of work force," said Dr. M. Frank Beck, program director of the General Practice Residency Program at St. Elizabeth Health Center. "The additional year of residency training in lieu of the board

exam will increase the provider's skill set, expanding the scope of services he or she is able to provide, further addressing access to care issues by diminishing the number of specialty referrals necessary as a consequence of additional training."

New York, California, Connecticut, Minnesota and Washington maintain some type of residency licensure provisions.

There are 35 accredited residency programs in Ohio and most, if not all, serve as an important part of the dental safety net for their communities. Programs typically treat indigent and uninsured patients, Medicaid recipients and those with systemic health problems and special needs.

"This additional year of training will create a dental work force not only capable of providing an increased scope of services; but also capable of providing dental care in a variety of venues and capable of providing care for special needs and ever-increasing medically complex patients," Beck said.

House Bill 463 supports dental residency programs by giving them an additional tool for attracting qualified residents.

"Overall, this is a very good thing," said Jerome McMahon, DDS, director of the Advanced Education in General Dentistry

Residency Program at the University of Cincinnati. "In the long term, it will increase the overall demand for these types of programs. The increased interest could lead to the creation of new programs or increase the size of existing programs."

Admission into a dental residency program is highly competitive. A 2011 survey of Advance Dental Education by the ADA reported that there were over 51,000 applications for about 3,200 residency positions.

Dr. George T. Williams, who is on the faculty at the Mercy Medical Center GPR program, said the extra year of training after dental school can be extremely helpful for new dentists developing their skills.

"There is so much to know in the dental profession from root canal therapy to crown and bridge to managing a medically compromised patient. All this knowledge that the residents are exposed to in their GPR is a continuation of the knowledge learned in dental school and hopefully a lifetime of continued learning," Williams said. "The GPR allows the residents to further develop their hand skills under the watchful eyes of practicing dentists. The personal growth after one year in the GPR allows the dentist to have confidence,

experience and a better understanding on patient management. While a GPR isn't for everyone, the vast majority of graduating dentists will greatly benefit."

He added that at Mercy, residents must go through a process to ensure they have developed their skills before receiving a certificate of completion.

"At Mercy Medical Center's GPR, the residents have to master different procedures to gain their certificate of completion," Dr. Williams said. "We, as faculty, are the ones stating the dental resident is ready to be a licensed dentist. I believe an accredited GPR is in the best position to verify the skill levels of the individual having seen, worked and mentored the residents throughout the year."

McMahon added that residency programs are beneficial for both the residents and the communities they serve.

"Residency programs are good for residents because they get an extra year worth of training in an academic setting with accreditation standards. They are also very beneficial to the community as a safety net," McMahon said. "In many areas, residency programs are the only place these vulnerable patients can receive the care they need."

Doctor: Protect thy patients and protect thy self

By Jennifer L Nieto
Best Card

"A health record has everything — financial account information, Social Security number, health information," said Al Pascual, a senior analyst at Javelin Strategy & Research.

In today's litigious world, however, it is important that you protect your patients, your practice and yourself. You must strive to ensure that your office is processing your credit card transactions in a safe manner, and that your medical information is protected from cyber-attack as well. The recent massive breach of Anthem Blue Cross Blue Shield's medical records has certainly driven this message home. Even before this hack, alarming

statistics regarding electronic breaches in health care have been rampant, many citing McAfee Labs report of November 2014, the February 2014 SANS Institute report, and an FBI PIN (Private Industry Notification) issued in April 2014.

- Cyber criminals are selling health record information on the black market at a rate of \$50 per partial health record (versus \$1 for a stolen credit card or social security number). These electronic records are used in filing fraudulent insurance claims, obtaining prescription medication, and for conducting identity theft activities.
- Rather than using this medical records information immediately, thieves often sit on this type of information for over a year (as opposed

to credit card numbers, which are used as quickly as possible). "What they like to do is season the data for a time, to allow the credit monitoring subscription to expire, and wait until people get sloppy or complacent about monitoring their accounts for fraud," said Pam Dixon, executive director of the World Privacy Forum.

- There was a 600 percent increase in health care breaches for the first 10 months of 2014 over 2013.
- The highest concentrations of compromised health care organizations were found in California, Texas, New York and Florida (states known for the highest rates of medical fraud).
- The FBI stated that the health care industry "is poorly protected and ill-equipped to handle new cyber threats exposing patient records, billing and payment organizations, and intellectual property." Almost all things digital in health care are getting compromised — radiology imaging software, medical devices, faxes, printers, virtual private networks and routers. To make matters worse, health care information technology (IT) professionals believe that their defenses are adequate "when clearly the data states otherwise."

"If someone steals your credit card and home address, they might be able to buy something, but you can usually get that locked down quickly. With medical records and a Social Security number, it's not so simple," said Tony Anscombe, AVG Technologies.

How many new credit cards were you issued in 2014? If you shopped at Home Depot or Target, or you dined at PF Chang's or even Dairy Queen last year, odds are you have a couple new credit cards in your wallet. You were told that your account may have been compromised and you can get a free credit report to ensure no identity theft has occurred, etc. All of these merchants use online systems for processing credit cards, which appear to be the most readily hacked type of system. Swiping a credit card on a terminal using an analog telephone line continues to be what Best Card feels is the safest method for accepting credit cards and we are not aware of any breaches using this good

old-fashioned technology. While most secure, processing over a phone line is not always the most efficient way to process cards. Digital and VoIP (voice over IP) telephone lines can make transmitting difficult, and if your practice has a lot of recurring payments, an online system can save hours of staff time. If your dental practice swipes a credit card using an online system/Ethernet based connectivity — PCI (payment card industry) security standards require quarterly scans of your network.

QUARTERLY NETWORK SCANS and YOUR PRACTICE? They don't have to break the bank — and they can help you sleep at night. Thousands of Best Card dental offices are using online/ethernet-based systems that require network scans. Over 50 percent of our dental practices fail their first scan. These dental practices have malware software, anti-virus protection, and a wireless network that is separate and they do a fairly good job of trying to secure their systems. Reasons for failure are numerous and can include:

- not updating to Windows 7 or higher
- unused ports being left open that need to be closed with Internet service provider or firewalls
- outdated firm-ware routers
- lack of patches or updates for software, etc.

It is important to correct any critical weaknesses identified. Again, these scans do not have to cost a fortune. For example, Best Card charges \$36 annually for the mandatory PCI self-assessment questionnaire completion and only \$20 more for our dental practices who are required (or choose) to do the quarterly scans. (Even offices that use a terminal are often paying for the scans because they simply feel it is a good business practice to check for system weaknesses.) For no additional charge, these practices can run the scans more often if desired (such as after dental software updates). While Best Card maintains a \$50,000 security breach policy on their merchants, this coverage is for forensic audit costs to determine how the breach occurred and not for costs related to patient identity theft, etc.

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See SECURE, page 19



The Explorer

Matthew J. Messina, DDS
Executive Editor

Owning the message

A major dental company is actively running ads on television promising to “fix dentistry.” Their implication is that the current practice of dentistry is broken. They attempt to paint the profession as dishonest and devious. Their characterization of dentists in private practice is that we are not responsive and do not care about patients. In the ads, we use unfair business practices and are unavailable to meet the needs of the patient.

It has been my experience that nothing could be further from the truth. While there are examples of members of our profession who do not subscribe to the highest ethical standards, these individuals are few and far between. The vast majority of our colleagues are caring, committed professionals who have the best interest of our patients foremost in our minds. Seeing them disrespected makes me angry.

It only takes a quick Internet search to reveal a litany of complaints against this national corporation. It is curious that so many of the complaints are over the same issues that their ads claim to be “fixing” in dentistry. It would be comical if the situation weren’t so serious.



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

Vaccination

There are two “givens” in my life ... now!
The first one is:

I WILL WALK THROUGH HOT COALS TO PROTECT MY GRANDCHILDREN

The second one is:

I WILL GIVE MY OPINION ABOUT MY GRANDCHILDREN'S WELFARE ... NO MATTER WHAT THE CONSEQUENCES ARE

I realize many of you can relate to the first edict but may be uncomfortable with the second one. And please don't forget my previously published “Primary Philosophical Tenant” of life, which is, “If you don't ask the question ... you'll never get an answer.”

I'll admit the second “given” is fraught with danger.

Recently I posted a comment on Facebook about a CNBC commentator's interview exchange with one of my Kentucky senators, Rand Paul, and Rand's opinions about what the government's vaccination policy should be.

“So, what should the norm be?”

The thrust of my FB comment was, “I know everyone has been told at one point or another, in their lives, that we should NEVER stick Q-tips in our ears (specifically the external auditory canal). However, I think it's time for all of us to do such because we all have wax buildup. We can't hear what other people are saying ... therefore we're NOT LISTENING to each other ANYMORE!”

False advertising is not my area of emphasis here, since the prosecution of misrepresentation in professional advertising rests with the individual state dental boards. What does concern me is the fact that we are allowing others to control the message.

When we, as a profession, do not contest this messaging, we allow a corporate entity to denigrate the practice of dentistry. The power of media to tell stories is immense and I think that we are naïve in believing that “everyone sees these ads for what they are.”

We know that this series of ads is a smear campaign against dentistry. We also believe that our patients know what quality people we are – and they do. Patients who have a good relationship with their dentist are unlikely to change to a corporate dental clinic based upon this ad campaign. However, statistics show that nearly 50 percent of Americans do not have a dental home – and have no experience with relationship-based dentistry. The members of this impressionable group are at risk to believe the story that they are being told about the profession.

The longer we allow this narrative to go uncontested, the more impact it has. If you tell a lie long enough, it eventually becomes the prevailing belief. Once a story is established, the level of effort required to break it with the truth increases exponentially. Watching the constant political campaigning in the media should teach us that negative campaigning works. We hate to admit that it does, but the power of words and images to destroy an idea (or a reputation) is indisputable.

Thanks to anti-trust laws, as a profession, we cannot directly oppose the misleading advertisements of a dental corporation. However, I would suggest

I used to be a “Card Carrying Republican” but now I have no party affiliation. I would probably be classified as a closet Libertarian, with a “<” or a “>” symbol attached.

The “<” philosophy slants the following way.

If your grandchild doesn't get vaccinated for Measles and comes to school or Disneyland with an infectious case of the disease, then shame on you. If my grandchild, who is vaccinated, has weak antibodies for Measles and comes down with a roaring case of red dots all over his body, I'm going to sue the parents of that diseased child. I'll make their lives miserable if my grandson ends up being STERILE or DIES from a secondary infection because of their decisions.

Citizenship in this country comes with social responsibility, and there are consequences for violating the democratic norm.

No vaccination for specific diseases should automatically carry a “No Public Education” for your child ... LAW!

#NANNYSTATERULES=“<”

The “>” side of me believes, “If a law is going to result in you, as a parent, to state ‘Nah baby nah ... I'm not doing it,’ then your civil disobedience should result in you being responsible for the education of your child.” I'm OK with that. And by the way, when you bring your child to Disneyland or any other public venue, if you're not carrying documentation of your child's vaccination records, then there's no admittance for your child.

“Public allowed” carries rules.

“Private Only” also carries rules, but only for that set of individuals that have agreed to not foist their beliefs on the rest of us.

My oldest grandchild is now entering the “wilderness” years. I remember when my three daughters did the same thing. They disappeared, only to emerge years later ... unscathed, un-infected college students.

that we take a better course. Rather than speak about what we are against, we need to promote what we are for.

The time has come for the ethical and committed professionals who make up the majority of dentists and their teams to stand up and show what we believe. I know you're out there! Work with me on this one.

We must counter the ads with our own narrative. Tell the stories on social media of the good things that we are doing. Be visible in the community as the honorable person that you are. What makes this work is that it is not an act. We don't have to make this up. We have such a fantastic story to tell. We simply shouldn't be afraid to shout it and let the light shine on who we are.

The ADA, ODA, and local components are also highlighting stories of the good works of our fellow dentists and team members. We should link to those reports and promote each other. We are, truly, all in this together. As we allow TV ads to denigrate us all while grumbling quietly to ourselves, we allow the profession to be collectively weakened. In the end, it is the patients who are hurt, when they lose faith in the professionals who are best able to help them achieve health.

If we all stand together and celebrate the caring profession that we are, we can return to the position of high esteem that dentistry has traditionally held. The damage is not irreparable at this point, but I would not recommend that we stand passively for too long. It's high time for us to own the message ourselves and fight back!

I've had about enough of being painted as the bad guy. Are you with me?

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

Janie (fictitious name) is my “sunshine on a winter day granddaughter.” Imagine how I felt when my daughter recently shared the latest DRUG information, currently occurring among pre-teen public school children in Lexington, Kentucky. The middle school kids have adopted a new version of spin the bottle. I'll call it “WHEEL OF DRUGS.” The kids steal their parents' narcotics, muscle relaxants (you name it ... they got it) ... place them on a “Roulette” wheel layout on the floor (flat surface preferred) and then the “kids” spin the bottle. If the bottle stops on a drug containing compartment then the child takes that specific drug. There are no pharmacists overseeing this activity.

WOW ...!

Additionally, my daughter informed me that Janie is being educated about oral sex at her elementary school.

Thank goodness sex education is current.

I wrote about the GARDASIL vaccine for HPV a couple of years ago. I have emphatically informed each of my daughters that their children, at the appropriate time (physician advised) should be vaccinated to prevent being infected with HPV (SEE GIVEN #2 ... above)

I know that my middle daughter is going to follow my advice, but ultimately she and my son-in-law made the informed decision

See VACCINE, page 18

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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Average
Jane

Kara M. Morris, DDS, MS
Guest Columnist

Dear Granola Mom

Dear Granola Mom,

Hello, it's me, Dr. Kara, your friendly, compassionate pediatric dentist. I write to you today in support of fluoride, dental sealants and radiographs as beneficial components of your child's overall dental care plan. I am grateful that you have sought care in my office. I am here to listen to your concerns, and hopefully dissipate some of the fears you have about these interventions.

I know the articles you have read. I know that you, like many parents, take the time to research the health care procedures that you obtain for yourself and your children. I am neither insulted nor intimidated by the information you bring with you to your appointments. I am grateful for the importance you have placed on your child's oral care. And, ultimately, I respect that you have the final authority on whether or not to choose these interven-

tions for your child.

I know you are worried that fluoride is a by-product of Chinese fertilizer production. You are worried that fluoride is deposited in your bones and that it causes neurologic changes. Do you have concerns that the BPA in sealants will cause early onset puberty? Maybe you worry that the screening bitewings I recommend will cause scary tumors with equally scary names. Maybe your child has had previous radiation, and you are knowledgeable this type of X-ray imaging has cumulative effects, and that every millisievert actually really does count. I agree, it does count.

I know all of these things, because on some occasions, I'm a Granola Mom, too. I, too, am trying to raise healthy kids in a world of Internet experts, where everything has gone crazy and everything is harmful. In the grocery store I have guilt buying my children blueberries because of their high residual pesticides and salmon because of the artificial red coloring. I read that dryer sheets and baby lotion are full of poisons, too. My daughter's bottom is blanketed 24/7 in diapers that contain weird chemicals and bleached paper fabric. It's a scary time to be a parent. At least that's what my Facebook feed is trying to tell me.

Granola Mom, maybe you have concerns about vaccinations, too. I can't speak much on that topic, but there are days I feel that parts of dentistry are just one celebrity opponent away from a full-

on public assault, much like our friends in pediatric medicine are undergoing. I know that a measles outbreak + antivaccinationists + Disneyland equal a great news story, and we are all victims of that type of inflammatory media. I am sorry and hurting for the soldiers on both sides of the antivaccination battle. I will not deny good science, but I also know that all the good science in the world is not enough to eliminate deeply-rooted fears or counteract years of developing mistrust of a health care system. These types of emotional problems are not necessarily rational, and have to be addressed by rebuilding trust, one patient-provider relationship at a time. I don't know if excommunicating people from a health care system for their beliefs and fears can accomplish this type of peace.

And that's why I'm here, Granola Mom. To listen and respond as a knowledgeable ally, not an adversary. In light of this, I want you to know a few things that are certainly true: in a child with high risk for decay, twice-yearly fluoride treatments can reduce the odds of cavities forming by about 30 percent. Appropriately timed radiographs will help me identify cavities when they are very small, and therefore need small, less invasive restorations, or no surgical treatment at all. The sealants I place contain no BPA, and will help your child's permanent teeth stay cavity-free throughout most of his or her adolescence.

Granola Mom, please know that I will not recommend any of these procedures for your child unless truly necessary. I will err on the side of conservatism with these interventions, knowing that "first do no harm" is more than just a catchy phrase. But, that said, I will not agree with you when you say fluoride is poison or that sealants are harmful. They are not. They are not.

Like all good medicine, they are simply tools to help us fight the larger foe, dental disease. This is the problem that really can get your child sick, or missing school, or into the hospital prepped for emergency general anesthesia.

Weigh those choices, Granola Mom, and get back with me on your decision about this fluoride varnish application. Either way, I will still be your friendly, compassionate pediatric dentist. We may agree to disagree, but I will always be here to listen and educate and provide quality oral care. And maybe someday, we'll pass through the grocery store together, sharing recipes and our favorite essential oil combinations, in a world with only healthy children who eat all of their vegetables and there are no cavities in sight.

Until then, I'll keep fighting the good fight, and you keep doing what you feel is right for your family.

Sincerely,

Dr. Kara

Dr. Morris may be reached at karaschafer@yahoo.com.

BOARD, from page 2

federal government has traditionally not interfered with those professional licensing decisions. The North Carolina Dental Board argued that it was acting pursuant to authority delegated to it by the state legislature to license dental professionals and regulate the practice of dentistry when it issued the cease and desist orders to non-licensed teeth whiteners.

The FTC, however, argued that the North Carolina Dental Board is not a state actor for purposes of the antitrust exemption because a majority of the board is made up of dentists, thereby reducing the FTC's level of confidence that the board's decision-making process is sufficiently independent from the interests of those being regulated.

According to the FTC, because the North Carolina Dental Board is not a state government actor, the board had to show that its actions were "actively supervised" by the state to qualify for the state action exemption to the antitrust laws. The FTC argued that the North Carolina Dental Board could not show any active state supervision of the board's actions in issuing the cease and desist letters to the non-licensed teeth whiteners.

The Supreme Court rules in favor of the FTC

Justice Anthony Kennedy wrote the main opinion for the court's six-justice majority made up of Kennedy and Chief Justice John Roberts and Justices Ruth Bader Ginsburg, Stephen Breyer, Sonia Sotomayor and Elena Kagan. The court concluded that the North Carolina Dental Board is not a state agency entitled to immunity from the antitrust laws because a "controlling number" of its members are practicing dentists or so-called "market participants." By statute, the North Carolina Dental Board is made up of six licensed

dentists, one licensed dental hygienist, and a public member. Justice Kennedy wrote that "while the Sherman Act confers immunity on the States' own anticompetitive policies out of respect for federalism, it does not always confer immunity where, as here, a State delegates control over a market to a non-sovereign actor." The court found that "state agencies composed of active market participants" pose a risk of "self-dealing" and therefore active state supervision is required as a check on that self-dealing.

The court's finding that the North Carolina Dental Board is not a state agency for antitrust purposes is very significant since most state licensing boards in America have market participants serving on them.

The dissenting opinion written by Justice Samuel Alito and joined by Justices Antonin Scalia and Clarence Thomas, offered a devastating critique of the majority's decision. Alito wrote that the case is very simple: "the North Carolina Board of Dental Examiners is a state agency; and that is the end of the matter." According to Alito, a state licensing board should be exempt from the application of federal antitrust law. Alito wrote that by straying from this "simple path" the majority is "headed into a morass" that will "spawn confusion." Alito pointed out that the court's decision will "create practical problems and is likely to have far-reaching effects on the states' regulations of professions."

The confusion created by this decision is undeniable. As Justice Alito pointed out, "state medical and dental boards have been staffed by practitioners since they were first created" decades ago, noting that "it is reasonable for States to decide that the individuals best able to regulate technical professions are practitioners with expertise in those very professions." However, as a result of this decision, Alito points out that "states may find it necessary to change the composition of

medical, dental, and other boards, but it is not clear what sort of changes are needed to satisfy the test that the Court now adopts." How many dentists are too many on a dental board? Is a "controlling number" a majority of the board or more than a majority or less than a majority?

Justice Alito also notes that the court doesn't tell us what defines an "active market participant." What if the dentist board member is retired or a dental faculty member or a part time practitioner? Alito asks "if board members withdraw from practice during a short term of service but typically return to practice when their terms ends, does that mean that they are not active market participants during their period of service?" Alito concludes "the answers to these questions are not obvious, but the states must predict the answers in order to make informed choices about how to constitute their agencies."

The court's majority opinion further adds to the confusion by providing very little guidance on what would constitute enough "active state supervision" to give state licensing boards immunity from antitrust limitations. According to the court's opinion, the supervisor must:

- Review the substance of the anticompetitive decision
- Have the power to veto or modify particular decisions
- Not be an active market participant

Justice Kennedy concluded that "the adequacy of supervision otherwise will depend on all the circumstances of a case." So, in reality, the court gave the states very little guidance at all on what constitutes "active state supervision."

What does the Supreme Court's opinion mean for state licensing boards?

As a result of the Supreme Court's decision, states will have to examine their professional licensing boards to

determine if a "controlling number" of board members are market participants. Arguably, that would be the case for most of Ohio's licensing boards, including the Ohio State Dental Board, which consists of nine dentists, three dental hygienists, and one public member.

If a board has a controlling number of market participants, there must be some sort of active state supervision of the board's anticompetitive activities. It is unclear what constitutes an anticompetitive activity in the eyes of the court. Does it include all licensing decisions? What about policy decisions that impact on professional practice? Are all licensure disciplinary matters now subject to oversight?

Moreover, it is unclear what "active state supervision" must look like. The court did make clear that the supervisor may not be a market participant (so the supervisor of the Ohio State Dental Board's actions may not be an active licensed dentist) and must have the authority to veto or modify the decisions or actions taken by the board. Basically, the Supreme Court has mandated that the final authority over most regulatory and licensing decisions for such boards must be made by someone who is totally independent from the regulated profession.

Ultimately, these issues will be worked out over time as states, including Ohio, try to comply with the Supreme Court's mandates by reconstituting their professional licensing boards or by defining a new supervisory authority over such boards.

Justice Alito's dissenting opinion summed up the concerns of many when he wrote that by manufacturing these new federal mandates on state licensing boards, the Supreme Court's majority opinion "diminishes our respect for federalism and state sovereignty" and has created a new standard that "will be difficult (for the states) to apply."

TABLE CLINICS, from page 11

The application, plus information about the deadline, rules and regulations will be posted online at oda.org/events under Annual Session by the end of March.

Table Clinics are presented inside the Exhibit Hall, where over 200 vendors will showcase the latest dental trends and technology. Dentists and staff can talk with representatives on-site and try out products for themselves.

For more information about presenting or attending this year's Annual Session Table Clinics, contact Denise Boltz, at (800) 282-1526 or via email at denise@oda.org.



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Medical Protective	2	Practice Impact	11
National Practice Transitions Network	4	Thomas Law Group	2
ODASC	5, 8	Wickens, Herzer, Panza, Cook & Batista	19
OSHA Review	18		

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team of true professionals. Our practice has a modern, progressive atmosphere with an outgoing multi-talented staff. State-of-the-art, freestanding building/facility in a growing, upscale suburban setting. Paperless, digital, CEREC omnica, implants, sedation, etc. The right candidate will have a willingness to learn and an interest in Orthodontics is a plus. An outgoing personality will aid in marketing and public relations duties. Attention to detail and leadership abilities a must. This is an equity opportunity of a lifetime in a wonderful community for a long term career minded applicant. Visit us at Brookviewdental.com. If you are up for the challenge of a fantastic practice, contact us at asmilefixer21@gmail.com with CV and cover letter.

We have more patients that we can treat! We want to continue to provide our patients with high quality state of the art treatment but this requires that we invite an Associate Dentist to join our team. We participate in regular continuing education. We provide extensive cosmetic and restorative treatment for our patients. This is an opportunity to earn an excellent salary and to directly impact your future earning potential. For a confidential interview please call (513) 882-2792.

Equipment for Sale

Biolase Waterlase iPlus 2013. New condition, barely used. \$30,000 delivered. View and try it in Cleveland. (440) 821-5398, Bob.

CEREC Omnicam acquisition unit for sale. Call (330) 467-6066.

Dental equipment and supplies. Retiring March 31, 2015. Joyce S. Stroud, DDS, (513) 984-3040.

Digital Panorex machine for sale, Panoramic Corp PC-1000 with digital conversion. Takes good panorex, 10 years old. \$7000. Ask for Jenny, (419) 472-6645.

Endodontist retiring and selling all equipment, instruments and supplies to one buyer. Includes Zeiss Opmi Pico Microscope, Schick Digital Imaging System, Root ZX II, System B, Sybron Vitality Scanner, Tulsa Dental Ultrasonic Units, Endo Mate Rotary System, Handpieces, Nonsurgical and Surgical Kits, Ultrasonic Cleaner. Many additional instruments and supplies. Email: tfogarty@woh.rr.com.

Liquidating entire contents of Endodontic office. Surgical microscope, analgesia machine, Dexis, System B, sterilizers, NV soft tissue laser, Piezo electric surgical unit, telescopes, chairs, Obtura, pulp tester, heat & touch, Belmont x-ray, rotary system, office equipment, instruments and much more. Call (440) 461-3637.

Practice for Sale

Dental practice and building for sale in county seat 35 miles north of Columbus. Located on the town square. Has large waiting room, 2-3 operatories, lab, front office for rental income. Respond to: retiringdds@hotmail.com.

Excellent opportunity 45 NE of Columbus in very nice town! General practice with incredible growth potential...email for more details to ddspractice@yahoo.com.

Excellent Opportunity in Eastern Lake County! Collections have averaged \$550,000 over the past 3 years with only 24 office hours available each

week due to my family obligations. An experienced and knowledgeable staff makes this possible while also keeping a well maintained facility. I am willing to discuss assisting in the transition. I am selling my dental practice due to the fact that my family is relocating. My husband has a professional opportunity he cannot decline. If you are interested in learning more about this opportunity please contact Mike Ella at (440) 449-6800.

For sale: long standing Toledo general practice with an emphasis on prosthodontics. Retiring owner willing to consider a role reversal--part-time or full-time. Email agent Reggie.VanderVeen@HenrySchein.com or call (616) 485-9482.

Growing, well established general practice Lake County, Northeast Ohio. Free standing building in prime commercial location. Buy practice and building or buy practice and lease. Gross production has increased every year since opening. 2013 gross adjusted production: \$1,442,826.00. Seven state of the art, fully equipped operatories. Entire office recently remodeled. Associate willing to stay. If buyer desires, owner will stay. For more information email exceptionalpractice@gmail.com.

Ohio-30 miles east of Cleveland. Well established fee for service General Practice with annual collections over \$1,000,000.00 for more than five years. 1270sq ft. office, four treatment rooms, digital x-rays, intraoral camera, panorex, and low overhead. Excellent opportunity with benefits of both city and country living. Call (937) 657-0657.

Paragon Dental Practice Transitions currently has multiple GP listings in OHIO, Oral Surgery and PERIO practices in Columbus and Dayton. Please see our website at www.paragon.us.com to see the details of all current listings or contact Jennifer Bruner at (614) 588-3519 and/or email jbruner@paragon.us.com.

Small Town dental office for sale 45-50 min NW from Columbus. Office is currently open only 12 hours per week and collects over \$400K. Great addition if looking to add hours to your current practice or open more days and increase production at this location. Current doctor is moving out of area. Real Estate also for sale. Please email tamcoa@hotmail.com for more information.

Practices for Sale – Ohio. Please call Steve Jordan, (888) 302-3975 or visit pmagroup.net.

Rare opportunity to have a dental practice for a fraction of the cost! Fully equipped dental office for lease or sale in Cincinnati, Ohio. 6 exam chairs, 6 x-ray machines, computers with software; almost 2,500 square feet. Contact (513) 471-3338.

Well established Boardman, Ohio dental practice for sale. 3 fully equipped operatories and panorex. Practice includes 1700 square foot building with full basement. Call (330) 519-9786 or email jfmarsico@gmail.com for more information.

Very successful practice for sale near Columbus area. Well-established, successful, very profitable, and continually growing practice for sale near Columbus area. The owner dentist consistently nets over \$500,000 a year in income, with potential to earn much more. Low overhead, thousands of patients. Owner dentist is relocating out of state. Asking

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Classified ads appear in each issue of *ODA Today*. The cost is \$55 for members (\$88 for non-members) for the first 40 words. Each additional word is \$1. Ads may be submitted via mail or fax to the attention of Amy Szmania, advertising manager, or by email to amy@oda.org. The deadline to place, cancel or modify classified ads is the 1st of the month prior to the month of publication.

ODA Classifieds can also be found online at www.oda.org.

CLASSIFIEDS, from page 17

\$825,000. Serious inquiries only. e-mail: jiwoo20037@gmail.com.

General Dentistry Practice for Sale. Located East of Cleveland. With approximately 3,300 active patients, the Practice collected \$862,000 in 2013 and is expected to collect \$880,000 in 2014. Please email mnadaud@kingbarrett.com for more information.

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Are you looking for a team player with a great attitude? Are you looking for an associate that meets your expectations? Do you have a part-time opening for a top-notch associate? If so, I am looking for you. I have 15 years of diverse experience, including community service and the U.S. Air Force. Let's talk about the possibilities. Please give me a call at (216) 338-6700.

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1150 sq. Dublin dental office for lease off Sawmill Road & 270. 4 operatories equipped. Equipment for sale or lease. Prime location. Great deal. Email: jcheung.dds@gmail.com or call (614) 893-3823.

For lease: approx. 2600 sq ft. dental office; Mentor, Ohio. Great location - 18,000 cars daily, near Wal-mart, Bob Evans, Applebee's, K-Mart etc. Features 6 ops, lab, private Dr. office w/ private bath, customer and employee bath. Renovated approx 5 years ago, great condition. Call TR Hach (owner/agent) for details (440) 479-1607.

For rent - perfect for dental specialist. 1350 sq ft, hi visibility, 50,000 cars per day, excellent demographics. Finished space with built in cabinetry in excellent condition. Plumbing and electric in place - probable \$30,000 savings in leasehold. Loveland, Landen, Symmes Township area, 3284 W. U.S. 22 and 3 (Montgomery Rd). Rent negotiable, can be modified for a young grad. Call either (513)225-3858 or (513) 226-0469.

Newly renovated 1750 sq. ft., four chair dental care office next to oral surgeon in professional building. Ready for your choice of colors for walls and floors. Exceptional location in high-density traffic area in Stow, Ohio. Please call Victor at (330) 388-9814. www.stowprofessionalcenter.com.

Opportunities in Northeast Ohio. Equipped dental office space for rent or possible associate position available in Boardman, Lisbon, and Niles, Ohio. Please call (330) 719-4855 for more information.

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Corrections

- In the January 2015 issue of the "ODA Today," the "2015 Continuing Education course listing" indicated the wrong phone number for the Dayton Dental Society. The correct phone number is 937-294-2808.
- In the February 2015 issue of the "ODA Today," a photo along with the story "2015 ODA Annual Session: Excellence in Collaboration" on page 13 was incorrectly identified. The photo was of Dr. Hans Guter's office.

national expert in transitioning your Pedo or Adult practice from a hospital/surgical center to the comfort and ease of your office and parents and dentists both love this! Medicaid (CareSource/Buckeye/Paramount/Molina, etc.) and most medical insurances accepted. Twenty years experience. Call now (800) 853-4819 or info@propofolmd.com.

Miscellaneous

Hospital based, one year GPR at the University of Toledo. Starting July 1, 2015. ADA Accredited. Rotations are Emergency Medicine, Anesthesiology and Internal Medicine. Emphasis in pediatric, medically compromised patients and all phases of General Dentistry. Salary 50,376 plus benefits. Call Brandi at (419) 383-3504 or brandi.hendrickson@utoledo.edu.

Visit www.oda.org for current and archived "ODA Today" stories.

VACCINE, from page 14

to take action. The problem now is, there is a "new improved" HPV vaccine that is not covered by their medical insurance plan. Their physician told them to "wait a year ... that in one more year perhaps there will be coverage."

Last month I dropped off Janie's chastity belt. It has a year's rental policy.

The HPV vaccination belongs in my ">" compartment.

As a parent, if you believe your child doesn't need to be vaccinated with the HPV vaccine, then that decision is on you. Until your child turns 18 years old, you're the one(s) in control and that's your right.

For those of you parents that choose to vaccinate your child, they should NOW be protected from someone else's HPV infected child. Any capricious sexual activi-

ties that the vaccinated and un-vaccinated children participate in are your responsibility as well as theirs.

I intend to do my best to guide my family's decisions and pray for solid outcomes.

As a dental practitioner, I'm firmly of the opinion that each of you have a responsibility to share HPV vaccination information with the parents of your middle and senior high school patients. Any state licensure should include an obligation to do such. HPV is the only disease that can cause oral and genital cancers and eventually the death of our hormonally challenged youths.

After age 18, if someone chooses to not vaccinate ... it's on them!

By the way, I'm not running for any political office ... and class is dismissed!

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

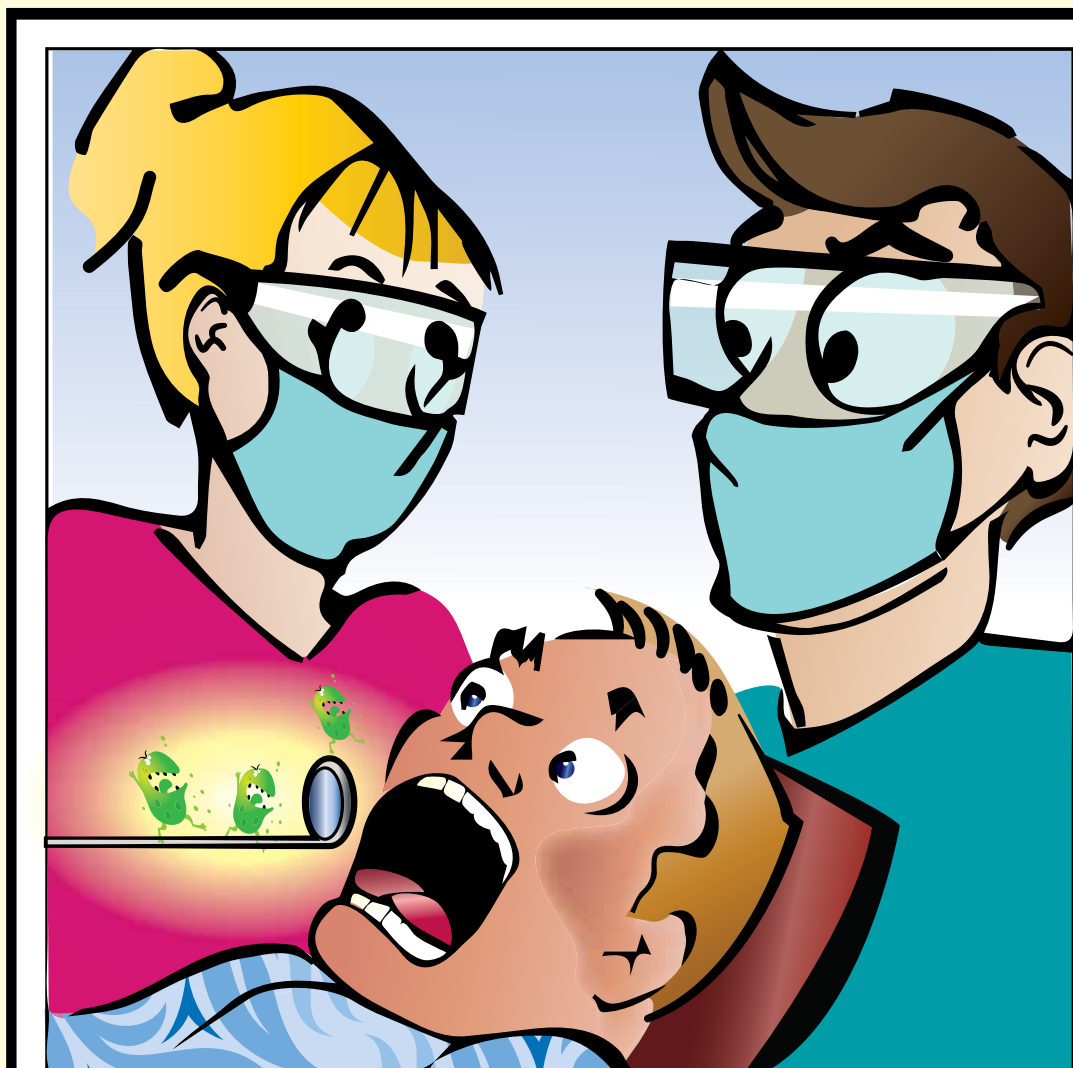
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www.oda.org/generation-d

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Taking one day at a time

This editorial, reprinted with permission, originally appeared in the November issue of the Oklahoma Dental Association Journal. This article was submitted to the ODA Journal anonymously to protect the identity of the author.

April 29, 2011, was a very special day in my life. No, it's not my birthday or anniversary. It's not my daughter's birthday or my wife's birthday. April 29 is the day I was rescued from certain death. On that day (and for several months prior) I felt as if the world had turned against me. I had nowhere to go, no one to talk to, and no idea of what to do with my situation. I was desperate for help. I knew if I didn't get help I was going to lose everything in my life that I had worked so hard to gain, and most likely I would not live to see my next birthday.

What was wrong? I had become addicted to prescription pain medication. I had done so many things to be ashamed of, lied to so many people, and hurt so many others, including friends and family. I had so many issues I really thought they were going to be my demise. I tried over and over again to quit, making a new resolution each morning that this would be the day I get clean, yet each day I ended up taking more than the previous day. It progressed for months until I was finally stealing intravenous fentanyl, morphine, Dilaudid — whatever I had in my cabinet. My addiction was so severe that I would sit at the UPS receiving station waiting for the box of fentanyl to come in, and spending thousands of dollars with three different drug companies so that they wouldn't get suspicious and contact the Drug Enforcement Administration. The problem was I didn't know how to quit. I didn't understand that I was powerless and could do absolutely nothing on my own. It would take an act of God to get me to stop — and that's exactly what happened.

One day after signing a check and getting blood all over it, my wife and office manager cornered me and laid it on the line. "You are out of control" are the words I remember hearing. Sometimes when we hear those words we think of someone who is "wild and crazy" and having a good old time. Well, for me, I heard what they really meant: I HAD NO CONTROL OVER MY ADDICTION OR MY LIFE. At that moment I realized I had lost control of my own will and given it over to drugs and alcohol.

At first, I thought this was the worst day of my life. I envisioned my wife leaving me, my daughter hating me, never being able to practice oral surgery again, living on the streets and begging for money just to get by. But that day actually turned out to be the greatest day of my life. I picked up the phone and admitted myself into the Betty Ford Clinic. Unfortunately, I had already been turned in to the Board of Dentistry, and the very next day I got a visit from a state board official and an officer from the

Do you or someone you know need help with an addiction?

In 1956 the American Medical Association recognized alcohol and/or drug addiction as a disease entity. From that point forward medicine and society have been making progress in treating addiction as a disease as opposed to a problem of will power.

I would like to thank our anonymous colleague from Oklahoma who took the time to share his story, strength and hope.

Here in Ohio, the Ohio Dental Association's Subcouncil on Dentists Concerned for Dentists has been helping guide impaired dental professionals through the process of treatment, aftercare and recovery for many years.

If you have questions concerning alcohol and/or drug addiction please do not hesitate to call the ODA at (800) 282-1526 or me at (937) 609-8025. All conversations will be kept in strict confidence.

*Dr. Mark Wenzel
Chair of the ODA Subcouncil on
Dentists Concerned for Dentists*

DEA. Like all good addicts, I tried to lie my way out of trouble. I assumed I was going to be leaving the office in handcuffs. What I quickly found out was they were there to help me start rebuilding my life. I was given a second chance to get it right, an opportunity to get to the core of my problems and fix them before something drastic really did happen. Yes, I had to take my licks just like everyone else, but through the state board and our excellent recovery program (Oklahoma Health Professionals Program) I was able to start getting my life back on track.

I am now three and a half years past that fateful day and I cherish every bit of help I've received in rehab and through OHPP, both of which have taught me that I must follow certain steps if I want to get sober and stay sober. I am now an active member of Alcoholics Anonymous and I go to meetings four times a week. I have been working the 12 steps of AA, having to suffer through a lot of pain and anguish to make amends to all the people I cheated, lied to and stole from, including my family. I've spent months in counseling getting to the core issues, personality defects and stressors that pushed me to want to get drunk or use drugs to cope with life. I have learned more about myself in these last three and half years than I have in my whole life. Surrender is a word that was not in my vocabulary previously, but now I realize that if I don't surrender my will and my life to the power of God, I'll be right back where I started from. Therefore, each day when I wake up, I ask God for another sober day, I surrender my will to Him, and I live one day at a time.

Letter to the Editor: PPO reimbursements

I recently took a course on dental coding from a dental consultant who discussed a conversation he had with a top level insurance executive. He said that the executive stated that so long as dentists continue to sign up in ever-increasing numbers to his preferred provider organization dental insurance plan, he saw no need to increase the reimbursements for dental procedures.

After I got back from the course, I wrote to three of my less than favorite dental PPO programs, asking them when and how much usual, customary and reasonable fees were increased. Needless to say,

I never received a response, whereupon, I made a decision to act in my own best interests.

I might suggest to my fellow practitioners that, if they suspect that reimbursements have not been updated, to write a letter asking if the insurance UCR fees have been increased, by how much, and when.

As an aside, I found the ADA CDT 2015 Companion Manual to be extremely helpful.

*I. J. Skalsky, DDS
Brunswick, Ohio*

SECURE, from page 13

By October 2015, the payment card industry wants your equipment to be changed to what is considered safer technology — called EMV "chip" technology. The magnetic stripe is to be phased out in favor of chips in credit cards, but that does not mean that your current equipment will cease to function at that time (new terminals will continue to read magstripes as well). Again, this should not cost a great deal of money. For instance, Best Card offers their merchants \$100 off any EMV equipment available on its website (www.BestCardTeam.com — these terminals start for as little as \$249 less \$100 = \$149 cost). Make sure when purchasing EMV equipment that you ensure it is also NFC (near field communication) capable because Apple Pay is here to stay. We feel its tokenization (converts credit card number to a different number identified with your merchant account) is secure.

EMV, NFC AND APPLE PAY? Read more about the new technologies in our links below. Or simply call (877) 739-3952 and we will be happy to email or fax you a newsletter on this.

Jennifer Nieto is president of RJ Card Processing Inc. (d/b/a Best Card), Ohio Dental Association Service Corp.'s endorsed credit card processor. A former CPA/auditor and FDIC Bank Examiner, she was also director of finance for the Colorado Dental Association.

If you'd like more information about the material presented in this article, or literature on preventing embezzlement in your practice, please feel free to call Best Card at (877) 739-3952 or visit www.bestcardteam.com/faqs/ to learn answers to many other common

questions on credit card processing.

Receive a complete and confidential cost comparison by sending a recent credit card processing statement via fax or email to: 866-717-7247 or CompareRates@BestCardTeam.com. Receive \$100 toward new EMV-supported equipment or an online system with Best Card.

Website references and additional reading materials:

1. <http://www.mcafee.com/us/resources/reports/rp-quarterly-threat-q3-2014.pdf>
2. <http://webcache.googleusercontent.com/search?q=cache:dEMUK-dgY8oJ:www.aha.org/content/14/140408-fbipin-healthsyscyberintrud.pdf+&cd=1&hl=en&ct=clnk&gl=us>
3. <http://www.sans.org/reading-room/whitepapers/analyst/health-care-cyberthreat-report-widespread-compromises-detected-compliance-nightmare-horizon-34735>
4. <http://www.businessinsider.com/afp-cyberattacks-to-worsen-in-2015-mcafee-researchers-2014-12#ixzz3OL2JBCXh>
5. <http://flashcritic.com/fbi-health-care-related-cyber-crime-expected-increase-amid-shift-electronic-records/>
6. <http://www.bloomberg.com/news/2013-06-05/states-hospital-data-for-sale-puts-privacy-in-jeopardy.html><http://www.medscape.com/viewarticle/824192>
7. <http://www.medscape.com/viewarticle/824192>
8. <http://www.bostonglobe.com/business/2015/02/06/why-hackers-are-targeting-medical-sector/xxjFN6G3cFJZ8Fh3mF3XhN/story.html>



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Prior to practicing law, Bill worked in the Dental Equipment and Supply Business for 16½ years as a Territory Representative, Equipment Specialist and Saslow Dental-Northern Ohio, General Manager.

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