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OHIO DENTAL ASSOCIATION
Informing - Representing - Serving

ODA Today

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

QuickBites

Medicare delays prescriber enrollment deadline

The Centers for Medicare and Medicaid Services has delayed the enforcement of the Medicare Part D prescriber enrollment requirements until Feb. 1, 2017.

In order to ensure prescriptions written for patients who are covered by Medicare are not denied, dentists need to enroll as a Medicare provider, opt out of the Medicare program or enroll as an ordering/referring provider.

CMS encourages prescribers to submit their Medicare enrollment applications or opt-out affidavits to their Medicare Administrative Contractors before Aug. 1, 2016. For more information, visit oda.org and watch future issues of the "ODA Today."

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2016 Annual Session to feature events celebrating ODA's 150th anniversary

By Jackie Best
Managing Editor

The 2016 ODA Annual Session will be the main event celebrating the ODA's 150th anniversary. This year's Annual Session will be Sept. 15-18 at the Greater Columbus Convention Center.

"2016 is a very special year for the Ohio Dental Association," said Dr. Greg Beten, 2016 ODA Annual Session chair. "We have been working to incorporate the 150th anniversary celebration into a wonderful continuing education event for all of our members. We will be offering some new and unique courses that will involve our members' entire staff."

The ODA's 150th anniversary celebration activities will take place throughout the event. The ODA's 150th Anniversary Gala and Award Celebration will take place Friday, Sept. 16 in honor of the ODA's 150th anniversary and will include a sesquicentennial cake ceremony. Additionally, lapel pins and pens commemorating the 150th anniversary will be available on-site at Annual Session, and a 150th anniversary video will be shown.

"The Ohio Dental Association worked hard on a video commemorating the 150th Anniversary that will be playing in various venues during the meeting," Beten said. "There will be some great surprises throughout the weekend that reflect back on our rich history as an association."

This year's Annual Session has a strong lineup of speakers covering a variety of topics for the entire dental team.

"We are delighted to have Dr. Gordon

See ANNUAL SESSION, page 10

ODA Staff

The 2016 ODA Annual Session will feature a wide variety of courses for the entire dental team, including hands-on courses and a variety of courses on Sunday based on feedback from attendees. Annual Session will be Sept. 15-18 in Columbus.

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> *– Dr. Greg Beten, 2016 ODA Annual Session chair*

ODA, ADA working to prohibit insurance companies from setting fees for non-covered services

By ODA Staff

The Ohio Dental Association and the American Dental Association are lobbying for two pieces of legislation that would prohibit insurance companies from setting fees for non-covered services.

Dental insurance plans are dictating fees for dental services that the insurance company does not cover for enrollees. This practice is fundamentally unfair and unnecessarily interferes with the patient-dentist relationship.

On the national level, the ADA is supporting the Dental and Optometric Care Access Act of 2015 (H.R. 3323). This legislation, which was introduced by Rep. Buddy Carter (R-GA), would prohibit non-covered services provisions in dental and vision plan coverage for federally regulated plans.

Additionally, the legislation creates some rules for provider network participation, including:

- Not permitting plans to offer nominal payments for otherwise non-covered services in an effort to have such services considered covered
- Permitting changes to the provider network agreement only when agreed to in writing by the doctor
- Limiting network agreements to two years

The legislation was introduced in the House in July 2015 and has been referred to the Subcommittee on Health. Attendees to the ADA Washington Leadership Conference in May will discuss this issue when they meet with their legislators.

In Ohio, the ODA is supporting House Bill 95, which would prohibit the practice of dental insurance companies setting prices for services the insurers don't even cover for state regulated plans.

House Bill 95 was passed by the Ohio House and is pending in the Ohio Senate. Attendees to the ODA Day at the Statehouse in April will discuss this issue when they meet with their legislators.

To date, 36 states have passed measures to limit non-covered services provisions in dental plans.

American Dental Association fee data shows that passage of non-covered services legislation has very little impact on the fees dentists charge, and, if anything, suggests that the rate of inflation for dental fees is slightly reduced following passage of non-covered services legislation.

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The Director's Chair

David J. Owsiany, JD
ODA Executive Director

Justice Scalia's legacy

Much has been made of Justice Antonin Scalia's recent death. Conservatives view his death as a great loss for America and the U.S. Supreme Court. Liberals view it as an opportunity to add another progressive voice to America's highest court. Unquestionably, Scalia had a significant impact on American law over the last 30 years. It is unclear how lasting that impact will be as many on the left and now some on the right are pushing an agenda that is inconsistent with his approach to constitutional interpretation. This should be of great concern to all who value the rule of law, representative democracy, separation of powers and federalism.

When President Reagan appointed Scalia to the Supreme Court in 1986, the prevailing orthodoxy in the legal academy and the federal courts was that the Constitution was a "living" document that has no fixed meaning other than that which was given to it by a majority of Supreme Court justices at any given time. Essentially, justices struck down those state laws with which they disagreed under the guise of constitutional interpretation. For decades, liberal activists used this approach to get unelected federal judges to undermine state laws related to abortion, gun ownership, the death penalty, school prayer, criminal procedure and many other issues.

Scalia rejected this approach. He famously stated that he preferred his Constitution to be "dead." In saying that, he meant that the words of the Constitution have a fixed meaning and a justice's own personal or political views should not be the basis for changing what the Constitution means. University of St. Thomas Law Professor Michael Stokes Paulsen recently wrote that Scalia consistently demonstrated a "faithful adherence to the rule of law." According to Paulsen, in the context of constitutional interpretation, Scalia showed "fidelity to the original public meaning of the words, phrases, and structure of the Constitution's text, understood in historical and linguistic context." This commitment to text and originalism was part of Scalia's great legacy. Today, many federal judges and law professors no longer adhere to the concept of a malleable "living" Constitution but must address the text and meaning of actual words of the Constitution when interpreting it.

Scalia was an adherent of the twin constitutional doctrines of separation of powers and federalism. The separation of powers was intended to ensure that each branch of government was limited to exercise only those powers explicitly granted to it by the Constitution. The legislative branch has the power to make public policy by enacting statutes. The executive branch is charged with executing and implementing the laws enacted by the legislative branch. The judiciary is charged with the duty of case adjudication by interpreting and applying the laws in a neutral fashion. Scalia knew that the checks and balances included in the Constitution effectively limited any branch from accumulating too much power which would jeopardize individual liberty.

Similarly, the doctrine of federalism clarifies that the federal government has specific and enumerated powers and, as defined by the 10th Amendment, "the powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people." Scalia knew that the Constitution's structure meant that the federal government had limited powers, thereby protecting the states from federal encroachment. Scalia recognized what James Madison wrote nearly 230 years ago that the separation of powers and federalism created a "double security" protecting the "rights of the people."

While Scalia's impressive work on the court along with the work of several others, including the late Chief Justice William Rehnquist, current Justices Clarence Thomas and Samuel Alito as well as scholars like the late Robert Bork, have had a significant impact in reestablishing fidelity to the original meaning of the Constitution, that legacy may be short-lived.

In recent years, libertarian activists, who in the past have often sided with the conservative approach, are now pushing to achieve their political goals by going straight to the federal courts to achieve policy outcomes they could not get through the traditional legislative lawmaking process.

The columnist George Will is an exponent of achieving these libertarian "free market" outcomes via judicial fiat. Just a few days after Scalia's death, Will wrote that "America's most interesting and potentially consequential argument about governance is not between conservatives and progressives but among conservatives," concerning "the proper scope of judicial supervision of democracy." Will noted that Scalia "worried" about "the power of appointed justices to overturn the work of elected legislators." But Will argues the opposite: that courts may be too "deferential to legislative majorities."

Just a week before Scalia's death, Will demonstrated his hostility toward the twin constitutional doctrines of separation of powers and federalism that Scalia and Madison held so dear. Will wrote that the U.S. Supreme Court should take up a case involving a challenge to a Connecticut law that limits the performance of certain teeth whitening procedures to licensed dentists.

In the case at issue, the Connecticut Dental Commission argued that there are legitimate public policy reasons to limit certain teeth whitening procedures to dentists, including patient safety issues. The non-dentist teeth whiteners who challenged the Connecticut law argued that there is no legitimate reason to limit teeth whitening procedures to dentists. The Second Circuit ultimately upheld Connecticut law noting that it is not the role of the federal judiciary to weigh the merits of the public policy arguments related to state officials' decisions regarding state health care laws and regulations.

Will, however, disagrees with the Second Circuit, arguing that the Supreme Court should strike down Connecticut law. To bolster his argument, Will points out that it would be legitimate for the court to strike down a law that abridges free speech rights. Of course, Will is absolutely right about that but he doesn't explain what right is being violated by the state of Connecticut's law. Is it the constitutional right to bleach the teeth of others? I can't find that one in my copy of the Constitution.

The stakes of this case are bigger than

See SCALIA, page 7

Legal Briefs

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

New guidance on patient access to medical information

The Office of Civil Rights (OCR) and the Office of National Coordinator (ONC) recently released new guidance regarding patient access to medical information. The regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protect the privacy and security of individuals' identifiable health information and establish an array of individual rights with respect to health information. The HIPAA Privacy Rule generally requires HIPAA covered entities to provide individuals, upon request, with access to personal protected health information (PHI) maintained by the covered entity. This includes the right to inspect or obtain a copy, or both, of the PHI, as well as to direct the covered entity to transmit a copy to a designated person or entity of the individual's choice.

Access vs. Authorization

The new guidance provides the following information regarding the distinction between access and authorization:

- Covered entities may require that an individual's request for a copy of his or her own PHI be in writing.
- When an individual directs a covered entity to send the copy of PHI to another designated person, the request must be made in writing, signed by the individual, and clearly identify the designated person and where to send the copy of the PHI.
- Covered entities may require the use of their own forms for these requests for access, provided the form does not create a barrier or unreasonably delay the individual from obtaining access to his or her PHI.
- The guidance emphasizes that covered entities should not use an authorization form for individuals requesting access to their PHI, including directing a copy to a third party, because HIPAA authorization requests more information than is necessary for individuals to exercise their access rights. Requiring a patient to sign an authorization form to access his or her own information is a potential HIPAA violation on the grounds that it may create an unreasonable barrier to access.

Scope, Timeliness and Other Details of Access

The new guidance provides the following information regarding various additional details related to access:

- A covered entity may not require an individual to come physically to a facility to pick up his or her records, insist that an individual submit a request through a web portal or require an individual to give a reason why he or she is requesting access.
- Covered entities must provide an individual with access to all of his or her PHI in the designated record set (DRS). A "designated record set" is broadly defined as a group of records maintained by or for a covered entity, including: medical records and billing records; enrollment, payment, claims adjudication, and case or medical management record systems; and/or other records that are used, whole or in part, by or for the covered entity to make decisions about individuals. Covered entities are not, however, required to create new information, such as explanatory materials or analyses, that does not already exist in the DRS.
- A covered entity must act on an individual's request for access no later than 30 calendar days after receipt of the request.
- The guidance notes, however, that "these timelines are outer limits, and it is expected that many covered entities should be able to respond to requests for access well before these outer limits are reached." Additionally, the guidance also states that if it may take close to these outer time limits to fulfill the request, the covered entity "is encouraged to provide the requested information in pieces as it becomes available, if the individual indicates a desire to receive the information in such a manner."

Fees

The new guidance provides the following information regarding fees:

- A reasonable, cost-based fee may be imposed to provide an individual with a copy of his or her PHI, or to direct the copy to a designated third party. Covered entities may not, however, charge an individual to access his or her PHI.
- Covered entities must inform the individual in advance of the approximate fee that may be charged for the copy, including any associated fees that may impact the form, format or manner in which the individual requests to receive the copy.
- The fee may include only the cost of: (1) labor for copying the requested PHI, whether in paper or electronic form; (2) supplies for creating the paper copy or electronic media (e.g., CD or USB drive) if the individual requests that the electronic copy be provided on portable media; (3) postage, when the individual requests that the copy, or the summary or explanation, be mailed; and (4) preparation of an explanation or summary of the PHI, if agreed to by the individual.
- The fee may not include costs associated with verification; documentation; searching for and retrieving the PHI; maintaining systems; or recouping capital for data access, storage and infrastructure, even if such costs are authorized by state law.
- Under the HIPAA Privacy Rule, entities may (1) use the actual cost, (2) develop an average standard rate based on a schedule of costs for labor, or (3) charge a flat fee provided the flat fee does not exceed $6.50. The guidance makes clear, however, that covered entities must charge the lower of the two rates set by HIPAA and state law. Accordingly, it will be necessary to calculate the fee both ways to determine which formula yields a lower fee and that fee must be used.
- A covered entity may not withhold an individual's PHI on the grounds that the individual has not paid his or her bill for health care services.

You can find the Fact Sheet and FAQs released by the OCR, entitled "Individuals' Rights under HIPAA to Access their Health Information 45 CFR § 164.524," at www.hhs.gov/hipaa/for-professionals/privacy/guidance/access/index.html. For additional information, including an adjusted schedule of fees authorized under Ohio law for producing copies of medical records, please contact the ODA legal department at (800) 282-1526 or consult with an attorney.

Information for this article was provided by Bricker and Eckler, the ODA's outisde legal counsel, in a health care analysis titled "New guidance and information from OCR and ONC on patient access to medical information."

Numbers to know

American Dental Association
(800) 621-8099 or
(312) 440-2500
www.ada.org

Dental OPTIONS
(888) 765-6789

Ohio Department of Health
(614) 466-3543

Ohio Dental Association
(800) 282-1526 or
(614) 486-2700
Fax: (614) 486-0381
Email: dentist@oda.org
www.oda.org

Ohio Dental Association Services Corp. Inc. (ODASC)
(800) 282-1526 or
(614) 486-2700
www.odasc.com

Ohio State Dental Board
(614) 466-2580

Medicaid
Dentists who need to enroll as a Medicaid Provider should contact the HMOs directly. For problems with Medicaid, contact the ODA at (800) 282-1526.

Staffed Dental Societies:

Akron Dental Society
(330) 376-3551

Cincinnati Dental Society
(513) 984-3443

Cleveland Dental Society
(440) 717-1891

Columbus Dental Society
(614) 895-2371

Corydon Palmer Dental Society
(330) 759-5085

Dayton Dental Society
(937) 294-2808

Stark County Dental Society
(330) 305-6637

Toledo Dental Society
(419) 474-8489

ODAF raffle tickets support grants, scholarships

The annual ODA Foundation raffle is one of the primary sources of funding for oral health-related grants and scholarships. Raffle tickets are $100 each, two for $175 or six for $500, and only 700 will be sold.

This year's raffle prizes are:

- Winner's choice of a 2 year/10,000 mile lease (terms established by Crown Mercedes) on a 2016 Mercedes GLC300 4MATIC car or $20,000 cash
- A piece of fine jewelry or watch valued at $3,000
- $1,000 cash

The drawing will be held Sept. 17 at 11:30 a.m. in the Annual Session Exhibit Hall.

Tickets purchased before Aug. 12 will be entered into an additional Early Bird Drawing for $500 cash on Aug. 19. Winners need not be present to win.

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

Medicaid revalidating enrollment of Medicaid providers

The Medicaid fee-for-service program is starting another round of revalidating providers. Federal regulation requires state Medicaid agencies to revalidate the enrollment of all Medicaid providers at least every five years. While this revalidation cycle is not focused on dentists, revalidation letters are being sent to certain providers. Providers who are contacted should review any communication they receive and follow through regarding reevaluation (reenrollment) in the fee-for service or traditional Medicaid program.

Apply for a scholarship from the ODA Foundation

ODA Foundation scholarship applications for 2016 are now available. The deadline to apply is July 1.

Dental students who will enter their second, third and fourth year of dental school in September 2016, are Ohio residents, are members of ASDA and have financial need are eligible to apply for an ODA Foundation Dental Student Scholarship.

To download the scholarship application, visit http://oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/.

It's not too late to plan a Give Kids A Smile event

Dentists across Ohio have been working throughout the year to improve access to dental care through the Give Kids A Smile program.

Through the program, dentists and dental professionals volunteer their time to provide screenings, treatments and oral health education to Ohio children in need.

So far this year, 262 dentists have provided $507,622 worth of free care to 7,731 children at 59 events across Ohio.

There are many ways to get involved with Give Kids A Smile, and participation can be as big or as small as the dentist would like. The dentist determines how many children to see, the scope of care provided, the date and the location of the event. For more information, visit oda.org/community-involvement/give-kids-a-smile/or email kristy@oda.org.

Infection control resources available for dentists

The Centers for Disease Control and Prevention (CDC) has recently released new resources on infection control in dental settings.

To supplement its 2003 guidelines, the CDC released a document with handy checklists and helpful tools for dental professionals. The resources can be found at www.cdc.gov/oralhealth/infectioncontrol/guidelines/index.htm.

Additionally, the American Dental Association provides resources at www.ada.org/en/member-center/oral-health-topics/infection-control-resources and the ODA provides resources online in its Resource Library, which can be found at oda.org/resource-library/.

ODA Meeting & Event Calendar

Apr.

1 Subcouncil on Peer Review (call)
12-13 Council on Dental Care Programs and Dental Practice
12 Executive Committee
13 Day at the Statehouse
15 Subcouncil on Dentists Concerned for Dentists
22 Callahan Commission
27 Dental Education and Licensure Committee

May

12-13 Executive Committee
13 Forensic Dental Team
13 Task Force on Auxiliary Utilization and Access to Care
20 ODA Foundation Board of Directors
20 Council on Membership Services
30 ODA office closed

ODA House of Delegates to meet Sept. 15-16

The ODA House of Delegates is the legislative and supreme authoritative body of the Ohio Dental Association. As such, it speaks for the dentist members of the Association. The House of Delegates is comprised of 131 delegates, who are chosen by the 25 component societies in Ohio, and meets annually. This year, the ODA House of Delegates will meet on Thursday, Sept. 15, 2016 at 9 a.m. and on Friday, Sept. 16, 2016 at 9 a.m. in the Regency Ballroom of the Hyatt Regency Hotel, 350 North High Street, Columbus, Ohio.

Apply for an access to care grant from ODAF

The ODA Foundation's 2016 access to care grant application period is now open. Nonprofit organizations that meet the needs of Ohioans through access to needed dental care or oral health education are encouraged to apply for program funding.

The deadline to submit an application for funding consideration is July 1. Priority consideration will be given to projects that have documented the need for the program, show long-lasting results, and are geared toward the underserved.

For more information, visit oda.org/community-involvement/oda-foundation/odaf-grants-and-scholarships/.

What's the difference between SEO and PPC?

Running the online part of your business

Story Submitted by ProSites

In today's world, you have to keep up with so much just to stay competitive. A business without a digital presence is at a disadvantage so, tough as it is, you must adapt to it. Otherwise, your practice is lost among the hundreds – if not thousands – out there that exist just in your area alone.

It used to be that if you wanted to reach potential patients, you would have to shout your message to the masses with flyers, direct mailers, local TV and radio commercials, depending on your budget. But now, you no longer need to search for patients, because with the accessibility and convenience of the Internet, people have become information seekers rather than information consumers.

But now that everyone's online, you need the correct tools and a strong, consistent presence to succeed. The rules are always changing, but it is just as important as running the business itself.

What is Search Engine Optimization (SEO)?

Consumers of anything are impatient and want everything to be easily accessible. If it isn't, they move on pretty quickly. How does your dental practice become accessible?

Search Engine Optimization (SEO) is the practice of affecting visibility in search results through unpaid, organic means. That means there is no advertising money directly involved in reaching potential patients. It also means that when an interested consumer is looking for a business, the results that show up on a search engine are the most relevant to the person's interests. This is vital because it's been shown that 85 percent of people do not click to the second page of results, and there only is a very limited number of listings per page. The higher your ranking on a results page by using SEO, the better. You're reaching potential patients and they already want to do business.

Key points about SEO:

- SEO results are unpaid.
- SEO delivers measurable results.
- SEO has to do with the content on your site, and the way you send signals to Google.
- SEO can take a few weeks to see results, but once the ball is rolling, it snowballs.
- Rankings are organic and based on keywords that people search for.
- SEO covers various types of searches such as video, image, shopping and news.

What is Pay-Per-Click (PPC)?

Pay-per-click, which is a medium used to direct consumers to websites, is also instrumental in running a business online smoothly. To start, a business (your practice) provides an advertisement to Google, and an ad spend budget that can be drawn from. When an interested searcher types in certain keywords, search results will appear, but so will advertisements called "AdWords" that look just like search results.

Say for example, someone is searching for a dental practice nearby. They could type in their ZIP code or city with the phrase "dentist." If you are utilizing PPC, your advertisement would show up. If the placement and messaging catches the prospective patient's attention, they could possibly click on it to get redirected to your website, rather than clicking on one of the organic listings. Like the name implies, you only have to pay if someone actually clicks on your ad, but not if they only see it. This means you are reaching only people who are interested in your service, and only paying for people who actually take the time to learn more about you.

Key points about PPC:

- PPC is paid advertising.
- This strategy works well with keywords and has immediate results.
- PPC provides results that are measureable and trackable.
- You have to test and change your ads frequently to get the best return on investment.

SEO VS. PPC: Which Do You Use?

Using both strategies is ideal, but what are the differences between SEO and PPC? It depends on what your needs are and what your limitations are in terms of budget, time and goals.

- SEO is a long-term strategy because it takes time to build and see results. PPC is relatively quick and has fast turnaround time in terms of getting your practice seen on page 1 by prospective patients.
- SEO takes maintenance, but PPC takes even more time to maintain. Making sure you aren't going over budget and adjusting to business influxes can take time and research to optimize your digital strategy.
- SEO and PPC are like the differences between getting braces versus a surgery. Both will drive positive results, but like braces SEO takes a lot of upfront effort that pays off in the long run for a very long time, whereas PPC is likened to surgery: it delivers immediate results for your current situation.
- Running strong PPC campaigns at the start can help you achieve SEO goals faster.
- Both SEO and PPC rely on search engines and they produce results based on keywords used

There is no denying how much of an impact the internet has on businesses, and how much extra work it is to keep up with it. You don't need to do it alone. ProSites helps take away the stress of another big thing to worry about so you can focus on your practice and patients full-time. To learn more, call ProSites at (888) 932-3644 or visit www.ProSites.com/Ohio.

ProSites is a dental website design and marketing company endorsed by the Ohio Dental Association Services Corp.

www.odasc.com

Dental OPTIONS participants needed

By ODA Staff

The Dental OPTIONS program is seeking volunteers to help provide care to Ohioans in need.

Dental OPTIONS is a program provided through a joint partnership between the ODA and the Ohio Department of Health that helps eligible, low-income uninsured adults in Ohio obtain access to dental care by linking them with volunteer dentists.

"OPTIONS is a very simple program," said Dr. Tim Bennet, a dentist in Cincinnati. "You sign up saying what procedures you're comfortable doing, then Barb and Nic (OPTIONS referral coordinators) find a patient that meets your abilities and they ask you if you'd be able to see that patient. The patient shows up just like a regular patient at your practice and you're able to treat them as you see fit and within your practice philosophy. It's an incredibly easy way to give back to your community."

The dentist decides how many patients to see each year and the frequency, whether to accept patients eligible for donated or discounted care or both, and the type of patient (elderly, single head of household, disabled, etc.).

Referral coordinators screen patients for eligibility, provide referrals and handle the administrative tasks. The referral coordinators serve as liaisons between the dental office and the patient between appointments. Dentists' volunteer time and assistance are spent solely in practicing dentistry.

"The Dental OPTIONS program is a great way to provide care for the underserved," said Dr. Whitney Wauligman, a dentist in Cincinnati. "The program is really flexible with allowing you to choose which cases and how many cases you are willing to see so there is no pressure to do something out of your comfort zone. The patients are seen in your own office so it's no different than your regular patients except you gain additional satisfaction in knowing you helped someone who otherwise would have had difficulty finding care. The OPTIONS patients that I have seen have been extremely upstanding and appreciative people. You just want to help them and are glad for the opportunity."

> "It's a great practice builder – I've already had three new patients come in just from my OPTIONS patients telling them how wonderful we were."
>
> *– Dr. Tim Bennet*
> *Dental OPTIONS participant*

Nearly 600 Ohioans currently are in need of dental assistance through OPTIONS. Both general dentist and specialist participants are needed in all counties of Ohio.

"It may seem that doing a case for free is something that will set you back on your payments of your student loans, but doing the OPTIONS program can actually bring you a lot in return," Bennet said. "It's a great practice builder – I've already had three new patients come in just from my OPTIONS patients telling them how wonderful we were. These new patients already have made up any money potentially 'lost' from seeing an OPTIONS patient at no cost. The other dentist in my practice has several OPTIONS patients that he still sees once they have gotten back on their feet and come to us religiously, never missing a six month appointment. All of this mixed with just doing the right thing and giving back to those less fortunate, there's really no reason NOT to volunteer."

For more information on the OPTIONS program and becoming a participant, visit http://oda.org/community-involvement/dental-options/.

SCALIA, from page 2

just teeth whitening. As Madison and Scalia so eloquently pointed out, within our republican form of government, the Constitution specifically limits the power of each branch of government and the authority of the federal government vis-a-vis the states in order to protect against federal expansion at the expense of individual liberty and the states' role in American governance. Disregarding these limits gives the federal judiciary new unchecked lawmaking authority at the expense of the states and ultimately the American people. Will and the libertarian judicial activists are essentially arguing to turn the system Madison helped to create and Scalia worked to defend on its head.

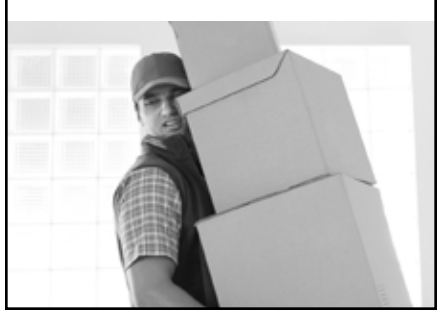
Moving?
New phone number?
New email address?

Contact the Ohio Dental Association Membership Department if you are planning to move your home or practice or if you have changed your phone number, changed your name or changed your email address.

Via email: membership@oda.org

By phone: (800) 282-1526

By mail: Ohio Dental Association
1370 Dublin Road
Columbus, OH 43215-1098



Dental Insurance Corner

Considerations for coding preventive and perio procedures

By Christopher Moore, MA
ODA Director of Dental Services

The Ohio Dental Association has received a number calls recently from dental practices asking about the appropriate use of the adult prophylaxis (D1110), child prophylaxis (D1120) and periodontal maintenance (D4910) codes.

In a nutshell, the answer to the questions is the dental practice must utilize the code that most accurately reflects the procedure(s) that was provided.

A good understanding of how to properly code for the service that has been provided, along with various third-party payer practices, can assist dentists in their expectations and communications with patients and third-party payers.

"Dentists are legally and ethically obligated to provide appropriate informed consent and properly report the service they render, while also not allowing a patient's benefit plan to inappropriately influence treatment," said Dr. Manny Chopra, chair of the ODA Council on Dental Care Programs and Dental Practice. "Doing so can prove beneficial in helping patients better understand that their insurance coverage is based on the policy that their employer is funding and not necessarily their individual clinical needs."

Use of D1110 and D1120

The D1110 (prophylaxis – adult) and D1120 (prophylaxis – child) procedure codes are preventive in nature. According to the American Dental Association's CDT 2016: Dental Procedure Codes (CDT), they include "removal of plaque, calculus and stains from the tooth structure in the permanent [or primary in the case of a child] and transitional dentition." They are "intended to control local irritational factors."

While the prophylaxis codes are dentition-specific and not age-specific, many dental benefit plans include age restrictions to determine the level of benefits available. The ADA recommends that when dental plans "differentiate coverage of specific procedures based on the child or adult status of the patient, this determination be based on the clinical development of the patient's dentition" and "for the sole purpose of eligibility for coverage, chronological age of at least 21 be used to determine enrollment status."

Each insurance company's administrative policies and the terms of the dental benefits contract purchased by each employer govern the age a patient is considered an adult for reimbursement purposes. Many third-party payers reimburse for the D1110 code when the patient is 14 years old or older.

Most dental benefit plan contracts cover two cleanings in a calendar year, 12-month period or contract period. Some allow one every six months. Others offer enhanced levels of benefits coverage, e.g., up to four cleanings per benefit year for patients with high-risk medical conditions such as diabetes or pregnancy and periodontal disease, kidney failure or who are undergoing dialysis, heart conditions or who have suppressed immunity due to chemotherapy and/or radiation treatment, HIV positive status, organ transplant and/or bone marrow transplant.

Benefit plans often do not pay for most or all of a prophylaxis if it is provided on the same day as periodontal maintenance or full mouth root planing.

"It is very important for dentists to stress to their patients the importance of understanding the terms of their dental benefit plans," Chopra said. "Doing so can help patients set more realistic financial expectations of what their insurance companies will and will not reimburse for."

Use of D4341 and D4342

The D4341 (periodontal scaling and root planing – four or more teeth per quadrant) and D4342 (periodontal scaling and root planing – one to three teeth per quadrant) procedure codes are therapeutic, not prophylactic, in nature. According to the CDT, they involve "instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces … Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs." These procedures "may be used as a definitive treatment in some stages of periodontal disease and/or as part of pre-surgical procedures in others." A carrier may question the utilization of the D4342 code when a dentist is simply managing a patient's acute conditions.

The D1110 and D4342 codes may be provided and reported on the same date of service. Many benefit plans, however, have limitations or exclusions that are designed to deny benefits for these procedures when they are reported on the same date of service.

Many benefit plans cover scaling and root planing in the same quadrant once every 24 months, though some employers fund plans that allow this procedure once every 12 months. If special circumstances exist to warrant

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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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retreatment within the 24-month period, the dentist should provide a narrative to request additional consideration. It is important to note that some managed care contracts prohibit dentists from billing the patient for the root planing if the special consideration request is denied.

Insurance companies will likely request additional information (e.g., full-mouth periodontal charting, full-mouth X-rays, periodontal diagnosis, case type and treatment plan) before issuing benefits if more than two quadrants of scaling and root planing are performed on the same date of service.

In determining benefits, carriers may look for documentation that includes full-mouth periodontal charting including four to six probing depths per tooth, indication of furcation involvement, mobility or bleeding upon probing.

If scaling and root planing (D4331 or D4342) or osseous surgery (D4260 or D4261) are submitted in conjunction with any type of full mouth prophylaxis (including D1110 and D4910), then dentists may expect carriers to benefit for the scaling and root planing or osseous surgery procedures while reducing the reimbursement for the prophylaxis procedures. For instance, if an adult prophylaxis (D1110) or periodontal maintenance (D4910) and scaling and root planing (D4341 or D4342) are performed during the same visit, the carrier may reduce the reimbursement for the preventive procedure in relation to the number of quadrants having scaling and root planing. For example, reimbursement for the preventive procedure may be reduced by one-quarter if one quadrant of scaling and root planing is performed on the same date. Some carriers, however, will not provide any reimbursement.

Other carriers will not reimburse for prophylaxis and periodontal maintenance procedures that are done on the same date or within 60 days of periodontal surgical procedures and periodontal scaling and root planing, as they consider them to be included in the more extensive procedure. Many carriers will also not provide any reimbursement for periodontal maintenance procedures if the periodontal surgery was done more than a certain number of years ago.

If scaling and root planing are performed during the same visit as a gingival flap procedure (D4240 or D4245), many insurance companies will likely disallow reimbursement for the scaling and root planing by basing the benefit determination on the most comprehensive procedure that was performed during that visit.

"Insurance company websites and provider office reference guides can be helpful in determining patients' benefits," Chopra said.

Use of D4910

According to the CDT, the D4910 (periodontal maintenance) procedure code is "instituted following periodontal therapy and continues at varying intervals, determined by the clinical evaluation of the dentist, for the life of the dentition or any implant replacements. It includes removal of the bacterial plaque and calculus from supragingival and subgingival regions, site-specific scaling and root planing where indicated and polishing the teeth. If new or recurring periodontal disease appears, additional diagnostic and treatment procedures must be considered." Full-mouth charting is also completed at this time.

The ADA's CDT 2016 Companion speaks to the appropriateness of using the prophylaxis code for recall visits after active periodontal therapy and a period of maintenance as being "a matter of clinical judgment by the treating dentist." Benefit design should not guide the clinical determination of procedure performed. A periodontal maintenance procedure is defined to include the "removal of plaque, calculus and site-specific scaling and root planing and follows periodontal therapy. The prophylaxis procedure includes removal of plaque, calculus and stains and is intended to control local irritational factors. Follow-up patients who have received active periodontal therapy (surgical or non-surgical) are appropriately reported using the periodontal maintenance code D4910. However, if the treating dentist determines that a patient's oral condition can be maintained with a routine prophylaxis, delivery of this service and reporting with code D1110 may be appropriate."

The CDT descriptor for the periodontal maintenance code does not include an evaluation. If an evaluation is performed, the appropriate diagnostic evaluation code should be reported separately. The reimbursement practices of some insurance companies may not handle the evaluation separately and may include it, curettage, root planing or polishing within the reimbursement for the D4910.

The CDT 2016 Companion reports scaling and root planing (D4342) "performed as part of the maintenance procedure should not be reported separately. However, if new or recurring periodontal disease appears at the time of the maintenance procedure, additional diagnostic and treatment procedures must be considered."

Dental insurance plan limitations, however, may limit, exclude or not recognize certain combinations of codes that are performed on the same date of service.

Dental benefit plans commonly limit reimbursement for periodontal maintenance to two every 12 months or contract period. Some employers, however, fund plans that limit the number of prophylaxes (D1110, D1120, D4355 or D4910) anywhere from one to four per contract period.

Some insurance companies allow a D1110 alternative benefit if the patient receives a third and/or fourth periodontal maintenance procedure during the same year, and, pending the dentist's participating provider contract, the patient may then be responsible for the remainder of the dentist's D4910 fee.

Dentists may find it helpful to provide the documentation to the patient's third-party payer when they encounter unusual circumstances that require different intervals of treatment than are typically covered by the patient's benefit plan. Insurance companies will only provide benefits for the D4910 code if they have a history of periodontal therapy. If they do not have this historical information (for example, the patient's insurance coverage has switched to a new carrier), then the dentist may want to consider providing this history or documentation that active periodontal treatment has been performed with their initial claim submission.

From a regulatory perspective, the Ohio State Dental Board has stated a dental hygienist may perform periodontal maintenance on a patient when the supervising dentist is not present in the office, provided the hygienist and supervising dentist are in compliance with the Ohio Dental Practice Act.

The OSDB has further stated that periodontal maintenance is not a permissible duty for a dental hygienist when the care is provided in the Oral Health Access Supervision Program.

As noted earlier, while benefit plan limitations as well as insurance company contractual obligations and administrative rules directly impact actual third-party payer reimbursement levels, they should not drive the diagnosis or treatment plan.

Chopra also encouraged dental practices that are struggling with these or other types of coding issues to purchase the CDT 2016 and its Companion from the ADA (available at 800-947-4746 or http://www.ada.org/en/publications/ada-catalog/cdt-products).

OSU dental students participate in health expo

Story submitted by OSU College of Dentistry

March Madness is a community event co-sponsored by the OSU College of Nursing to engage the Near East Side neighborhood to address health disparities in their community. The event was held on March 5 at the Eldon and Elsie Ward Family YMCA. The event was a health expo that provided screenings for hypertension, heart disease, diabetes, depression and vision. Fitness and nutritional activities were also offered.

Colgate Bright Smiles, Bright Futures® mobile dental van program works to screen more than 10 million children each year for common oral health conditions. These dental vans are based in hub-cities and travel to under-served rural and urban communities in the United States to help raise awareness about the importance of children's dental health. The Chicago based van was onsite at March Madness and several OSU College of Dentistry students under the supervision of faculty Dr. Canise Bean provided the screenings on the mobile van at this outreach event.

Want updates on the latest dental news in Ohio?

NewsBytes, the ODA email newsletter, is sent to members regularly to help keep them up to date on the latest news affecting their patients and their practices.

To register for this informative e-newsletter, or to update your email address, send an email to dentist@oda.org.

Sign up for

NewsBytes!

2016 ODA Annual Session speakers

Thursday, Sept. 15
Dr Gordon Christensen
Dr. Rella Christensen
Dr. Sam Low
Shannon Pace Brinker, CDA, CDD
Dr. Jack Winters
Dr. Jack Griffin
Dr. John Olmsted
Jeff Staads
Dentrix Workshop
EagleSoft Workshop
Nelson Heise, MS

Friday, Sept. 16
The Madow Brothers
Dr. Joyce Bassett
Dr. Alan Atlas
Dr. Jeff Carter & Pat Carter
Dr. Francisco Ramos-Gomez
Betsy Reynolds, RDH
Dr. Charles Wakefield
Shannon Pace Brinker, CDA, CDD
Dentrix Workshop
EagleSoft Workshop
Dr. Michael Caledron
WhiteBoard Marketing

Saturday, Sept. 17
Dr. Hugh Flax
Dr. Jack Griffin
Betsy Reynolds, RDH
Shannon Pace Brinker, CDA, CDD
OAP Panel
Forensic Workshop
Dr. Jay Resnick
Dr. Geza Terezhalmy
Dr. Kathy Flaitz
Christine Taxin

Sunday, Sept. 18
Dr. Keith Norwalk
Dr. Tom Paumier
Dr. Amy Turner-Iannacci
Chris Moore
Lisa Rager

Annual Session to offer free Oral Health Access Supervision Program course

By ODA Staff

In 2010, the Ohio General Assembly created the Oral Health Access Supervision Program (OHASP) designed to help increase access to a dental home for underserved populations. The OHASP allows dentists to send hygienists into certain designated locations like nursing homes, clinics and certain public schools under a new level of hygiene supervision. Both the supervising dentist and dental hygienist must apply for a permit from the Ohio State Dental Board (OSDB) in order to participate in the OHASP. To qualify for participation in the program, a hygienist must complete a course that meets OSDB criteria pertaining to the practice of dental hygiene under the oral health access supervision of a dentist.

As a continued reminder of the ODA's commitment to providing care to Ohio's underserved, as well as its commitment to the dental team, the ODA Annual Session will offer a course that meets those criteria on Thursday, Sept. 15. In order to aid in ensuring dental hygienists and dentists have easy access to the course, the ODA is offering its course free to ADA member dentists and staff registered for the 150th ODA Annual Session.

To qualify for the OHASP permit, a dental hygienist must provide evidence satisfactory to the OSDB that the dental hygienist has done all of the following:

1. Completed at least two years and attained a minimum of 3,000 hours of experience in the practice of dental hygiene.
2. Completed at least 24 hours of continuing dental hygiene education during the two years prior to submission of the application for the permit from the OSDB.
3. Complete a course pertaining to the practice of dental hygiene under the oral health access supervision of a dentist, that meets standards established in rules adopted under section 4715.372 of the Revised Code.
4. Completed, during the two years prior to the submission of the application, a course pertaining to the identification and prevention of potential medical emergencies that is the same as the course described in division (C) (2) of section 4715.22 of the Revised Code.

For more information on OHASP:

- Rule No. 4715-9-06 sets forth permissible practice guidelines for a dental hygienist who chooses to practice under a permit for the Oral Health Access Supervision Program (http://www.registerofohio.state.oh.us/pdfs/4715/0/9/4715-9-06_PH_FF_N_RU_20110314_1407.pdf).
- Rule No. 4715-9-06.1 outlines the course requirements for a dental hygienist who chooses to practice under a permit for the Oral Health Access Supervision Program (http://www.registerofohio.state.oh.us/pdfs/4715/0/9/4715-9-06$1_PH_FF_N_RU_20110314_1407.pdf).

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Christensen with us again this year, along with his wife, Rella, to provide some wonderful updates on materials and techniques on Thursday," Beten said. "The Madow Brothers will be with us Friday morning, and are sure to keep you on your toes all day. Our Saturday and Sunday schedule is loaded with speakers that were brought in in response to feedback from prior attendees. Take a look; you will be sure to find a course that catches your eye."

Several free courses will be offered aimed at employee dentists and new dentists, and there will also be courses addressing access to care issues. This year's Annual Session will also feature a stronger lineup of courses on Sunday based on feedback from attendees.

In addition to these nationally known speakers, Annual Session will feature one of the largest Exhibit Halls in the area, where attendees can comparison shop and speak to knowledgeable sales reps who can answer questions about their products. The Exhibit Hall will contain more than 200 booths.

"Many of our vendors are well aware of the speaking lineup and are waiting for our attendees to visit after classes to see the exciting new products they learn about that day," Beten said. "The exhibitors are great in providing feedback to our committee to make the overall experience in the hall a worthwhile trip. Be sure to look for some of our 150th anniversary memorabilia in the Exhibit Hall as well."

ODA Staff
The Annual Session Exhibit Hall will feature more than 200 booths, where attendees can comparison shop and discuss products with company reps.

In addition to the lineup of speakers and opportunities to shop in the Exhibit Hall, Annual Session will also feature special events for attendees, including a new dentist reception for dentists in practice for 10 years or less, and The Bash! for all attendees.

"As always, we encourage our members and attendees to invite a colleague that maybe has attended in the past to return to help us celebrate our big anniversary," Beten said. "There will be programming geared for all office members, so come prepared to learn. The area surrounding the convention center has a lot to offer to visitors, so come and enjoy the entire weekend."

Registration will open in May. Visit www.oda.org/events for more information and to register, and watch your mailbox for the 2016 ODA Annual Session preview program.

Registration opens next month at oda.org/events

Dentists can help identify oral cancer at early stages

By ODA Staff

April is Oral Cancer Awareness Month, and dentists are the first line of defense in early detection of the disease.

Oral cancers are newly diagnosed in about 132 individuals each day in the U.S., but when found at early stages of development, oral cancer patients have an 80 to 90 percent survival rate.

"Creating awareness, discovery, diagnosis, and referral. When it comes to oral cancer and saving lives, these are the primary responsibilities of the dental community," according to the Oral Cancer Foundation. "The most important step in reducing the death rate from oral cancer is early discovery. No group has a better opportunity to have an impact than members of the dental community. Start a dialog with your patients today."

The dental community can educate the public regarding the risk factors that lead to oral cancer, recognize early signs and symptoms, and develop patient awareness.

Dentists can give patients a "guided tour" of the important areas of the oral environment to examine at home so they can be aware of any changes and bring them to the attention of a qualified dental professional for examination.

The addition of HPV as a risk factor for oral cancer has made it difficult, if not impossible, to easily define high risk individuals. Opportunistic mass screening is the best way to find oral cancer at precancerous or very early stages with high survival rates.

The American Dental Association recommends that dentists "remain alert for signs of potentially malignant lesions or early-stage cancers in all patients," stating that "in patients reporting for routine dental care, screening for oral cancer provided by dentists, is one component of the patient evaluation to detect any oral abnormality."

The average person routinely has conditions existing in their mouths that mimic the appearance of pre-cancerous changes and very early cancers of the soft tissues. There has been a tendency to watch these areas over an extended period to determine if they are dangerous or not. Unfortunately, this philosophy can lead to a situation in which a dangerous lesion may continue to prosper and grow into a later stage, hard to cure cancer. Any sore, discoloration, induration, prominent tissue, irritation or hoarseness that does not resolve within a two-week period on its own, with or without treatment, should be considered suspect and worthy of further examination or referral.

According to the Oral Cancer Foundation, the only conclusive manner to determine if a suspect lesion is dangerous is through a biopsy. Even the most trained eyes cannot determine what is actually going on at the cellular level. Is it a lesion that has become dysplastic? Is that dysplasia high grade and a likely candidate for progression to malignancy? Only a biopsy performed and read by an oral pathologist will reveal the answer. When a dentist refers a patient to someone for biopsy, or to a colleague that has additional education and training, he or she is not only providing a mechanism that allows the patient to obtain a more definitive diagnosis, but potentially deferring legal issues.

When determining whether tissue abnormalities need to be biopsied, the first question that may help is how long has the suspect condition been present? Any condition that has existed for 14 days or more without resolution should be considered suspect and worthy of further diagnostic procedures or referral. Two of the most prevalent lesions that mimic oral cancer are the herpes simplex ulceration and the aphthous ulceration, each resolving of their own accord in approximately 10-14 days. One of the most common diagnoses received with referred patients to a major university cancer pathology department is "an atypical herpetic/aphthous lesion." These all too frequently turn out to be squamous cell carcinomas, which have been under observation for several months.

Still, it would seem impractical at these early timelines to engage in biopsy. An oral brush biopsy is available that makes this decision to get an early diagnosis through biopsy easier to make. Simple, painless and accurate diagnosis of soft tissue abnormalities can be obtained through its use.

Note that this system is not designed to provide the kind of information, specifically cellular architecture, that would be obtained through a punch or incisional biopsy. But it will provide an answer to the question of whether malignancy exists or not, through a quick, minimally invasive, and inexpensive procedure. Should positive results be returned through this system, the brush biopsy must be followed by a conventional biopsy procedure for confirmation. The strong argument for the brush biopsy is that it eliminates the waiting and watching of a suspicious lesion, while it develops from a highly treatable and curable, early stage localized cancer, into a life threatening late stage malignancy.

Once confirmation of disease by the pathologist is obtained, the patient should be referred to a proper medical institution or medical professional oncologist. While this process creates a continuous chain of custody and referral during the discovery and diagnostic process, patients with positive findings will continue to need care from their dentist. As they prepare for treatment and for management of oral issues before treatment may begin, as well as during and after the treatment process, the dental professional is a core part of the team that will see to their needs as a cancer patient.

The most important step in reducing the death rate from oral cancer is early discovery. No group has a better opportunity to have a positive impact on this than members of the dental community.

Information for this article was provided by the Oral Cancer Foundation, a national public service, non-profit entity designed to reduce suffering and save lives through prevention, education, research, advocacy and patient support activities. For more information and resources, visit www.oralcancer.org/.

Access articles from current and past issues of "ODA Today" by visiting www.oda.org.

The Explorer

Matthew J. Messina, DDS
Executive Editor

Predictability and change

We love order and predictability in life. People spend years working on predictions. Better predictions, better results. To achieve success, business gurus urge us to "skate where the puck is going to be." We study what has happened in the past and work to understand the patterns. From these, we create models that are designed to predict what's going to happen next. Models that give us solid predictions over time become entrenched as beliefs. We test these theories and then make ourselves feel in control. We have proved our theorem and a paradigm is set. The science is settled. We etch these beliefs in stone. We sleep soundly, comforted by the order in our world.

But what if we're wrong?

When the model doesn't match reality, we often want to throw out reality and cling to the model. The paradigm is entrenched and supported by a history of beliefs. We are comfortable with the way we see the world and current theories reinforce those perceptions. We would rather continue to believe something false than go through the stress of change.

One source of all the stress for us today is the fact that it seems as though nothing we know is true anymore. We no longer seem able to predict anything. Not only can we not anticipate where the puck is going to be so we can skate there, we don't even know where the goal is!

Political pollsters no longer can predict election results. Statements that in the past would have forced a candidate from the race now go unchallenged. "Conventional wisdom" seems to be outdated and irrational thoughts rule the day. Multiple news stories every day make me shake my head in disbelief. There's so much shaking going on that I'm dizzy.

Most of us went into dentistry for the freedom. We set our schedule, decide what work we want to do, hire our staff, and run the business. Freedom lets us make decisions.

With that freedom comes responsibility – being accountable for our actions. I can decide to take a day off if I want to – but if I take too much time off, the office doesn't make enough money. There is a balance to be had here.

Freedom without responsibility sounds great, but it really doesn't exist for long. Eventually, someone or something will hold us accountable for our actions and decisions.

Responsibility without freedom is stressful. This is a world where we feel closed in and trapped. Pressures of work and society weigh down on us and we urge to rebel and run away.

Life today is increasingly stressful. When we can't predict the future with any degree of certainty, we sense the loss of freedom. Decisions are more difficult and the penalties for making a mistake loom large. We delay decisions hoping for more information and the increased clarity that it promises. When no breakthrough is forthcoming, we are forced into choices that seem increasingly daunting, as we know less and can only hope we are right. Decisions have to be made, whether we are ready or not.

As dentists grow more fearful of making the tough calls that come with running a business, there are more groups offering to support us and take away the administrative burden of practicing. If we sign on with their group, all we have to do is practice dentistry – the part we love. They will take care of the day-to-day running of the business – the part we mostly hate. It's very attractive.

But, like the song of the siren, nothing comes without a cost. With the transfer of responsibility comes a loss of freedom. We no longer face the tough decisions, but we don't get to make the easy ones either. We are no longer in charge and have given away one of the reasons we went into dentistry in the first place.

The lack of predictability in the future makes it much tougher to project the course of our practice life. We don't know whether the loss of freedom is worth the reduction in stress. We can't see if the loss of freedom will result in greater stress in the long run.

Sadly, the only thing predictable in the future is change. And the only thing I can see with clarity is that I can't see with clarity. Whether we like it or not, the paradigm has shifted. They say that change happens when people fall in love with a different version of the future. Let's hope that the new version comes with some degree of predictability. We could sure use it!

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

It's Your Choice

Robert Buchholz, DDS
Guest Columnist

Say 'Uncle'

About once a month I make trips to Cincinnati. Every time I return home on I-75, a specific beggar seems to be a fixture at the end of the exit ramp that I take, and I'm not certain he's legit. Sometimes I give him money, but most times I don't make eye contact and keep moving. That's the key to begging success ... it's all about the eye contact.

My worst nightmare is this! What if the beggar is a former dentist? Close your eyes and imagine the following ...

Dr. Beggar had a successful practice before the Great Recession. Afterwards he started losing some patients ... slowly at first but the number of defections were ongoing like an Alaskan glacier slowly creeping along the ground. His overhead costs didn't decrease. The dental supply company that he placed orders with wasn't laying people off. The supply house's sales people, since 2008, haven't had any pay cuts. Perhaps they were and still are sympathetic to Dr. Beggar's plight, but there were still enough other practices that generated generous commissions so that Dr. B's practice problems were just a tiny blip on their radar screen of life.

Dr. Beggar knew about "grey market" supply houses and labs, but he couldn't force himself to use their services because he had a conscience. If there was a dental product that he couldn't validate as safe and couldn't use on his own family members, he'd be darned if he was going to use it on the rest of society.

After some soul searching Dr. Beggar decided to enroll in some insurance plans that dictated the fees that he could charge for specific procedures. Heck, they even told him that some procedures that weren't covered were also included in his contractual fee restrictions. He started signing up for more of these types of dental insurance plans. Because of his conscience, he couldn't bring himself to diagnose oral problems that didn't exist. He wasn't going to do "INVENT A PROBLEM" dentistry. He was aware that his profession had become "commoditized" but couldn't bear the thought of practicing in this fashion.

At this point, Dr. Beggar's accountant met with him. Besides giving him his quarterly bill for services, which, by the way, had gone up 5 percent ... he reminded Dr. B that his overhead expenses had increased again and unless he wanted to start begging the insurance companies to raise their "usual-customary-and reasonable fees," the good doctor needed to look elsewhere for new sources of income.

So Dr. Beggar began accepting Medicaid patients. Since he was a new provider, he was flooded with calls from patients that couldn't find any dentists accepting new patients such as themselves. Dr. Beggar knew about the lack of Medicaid providers. He understood his compatriots' chief reason for not being involved was because of the low reimbursement dollars they received for the services they had rendered. However, Dr. Beggar needed the money. This was one way he could pay off his debts. His vendors that were carrying his accounts receivable, didn't accept bitcoins as payment.

Does this dental practice's "death spiral" sound familiar? I know it well. I've subbed for a dentist in Central Kentucky who's traveled this road.

So let's start at rock bottom ... with the lowest common denominator. Five days a week the ADA Morning Huddle usually makes reference to the fact that all across our country there are not enough dentists participating in the ACA and/or Medicaid programs. Reimbursement is not high enough to entice a provider to sign on as a provider. A 40 percent return for a dollar's worth of production doesn't cut it, unless a dentist utilizes: highly efficient, well trained and licensed auxiliaries ... loves no-shows ... double books the daily schedule and craves the idea of "burning out" in their 40s.

America's dentists are smart enough to make intelligent decisions. They aren't courting collusion. There's no secret midnight meetings and no clandestine association gatherings. The ADA and ODA have done a wonderful job of informing members that price fixing and organized boycotting of specific insurance plans will place dentists in jeopardy of Federal prosecution.

So I'm assuming that most if not all members of our profession pretty much know the economics of providing "bottom feeding" dentistry. At certain reimbursement levels and certainly not lower than the above and maybe slightly higher ... all you'll hear from the profession's members is the sound of silence.

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The Ohio Dental Association, although formally accepting and publishing the reports of committees and the essays read before it, holds itself wholly free from responsibility for the opinions, theories or criticisms therein expressed, except as otherwise declared by formal resolution adopted by the association. *ODA TODAY* (USPS# 0009-846) is published monthly for $15 per year by the Ohio Dental Association, 1370 Dublin Road, Columbus, OH 43215-1098. Periodicals postage paid at Columbus, OH. POSTMASTER: Send address changes to Ohio Dental Association, 1370 Dublin Road, Columbus, OH 43215-1098. Inquiries regarding advertising should be directed to the advertising manager, at (614) 486-2700 or (800) 282-1526.

Opioid doses, prescriptions for Ohio patients continue to decrease

Submitted by Ohio Board of Pharmacy

Opioid prescribing in Ohio continued to decline in 2015, according to a report from the State Board of Pharmacy's Ohio Automated Rx Reporting System (OARRS).

In 2015, the total doses of opioids dispensed to Ohio patients decreased to 701 million from a high of 793 million in 2012, a drop of 11.6 percent. The number of opioid prescriptions provided to Ohio patients decreased by 1.4 million during the same time period. OARRS data also showed a 71 percent decrease in the amount of people engaged in the practice of doctor shopping since 2010.

"This is a positive step forward in Ohio's efforts to address the overprescribing of opioid pain relievers," says State of Ohio Board of Pharmacy Executive Director Steven W. Schierholt. "By encouraging the appropriate prescribing of opioids and greater use of OARRS, we can continue to reduce the overall supply available for misuse and addiction."

To further strengthen efforts to promote safe and responsible opioid prescribing, the Governor's Cabinet Opiate Action Team (GCOAT) recently released Guidelines for the Management of Acute Pain Outside of Emergency Departments. For more information on the guidelines and the work of the GCOAT, please visit www.opioidprescribing.ohio.gov.

Established in 2006, OARRS is the only statewide database that collects information on all prescriptions for controlled substances that are dispensed by pharmacies and personally furnished by licensed prescribers in Ohio. OARRS data is available to prescribers when they treat patients, pharmacists when presented with prescriptions from patients and law enforcement officers only during active investigations.

In October 2015, Gov. John Kasich announced an investment of up to $1.5 million a year to make Ohio the first state in the nation to integrate its prescription monitoring program (OARRS) directly into electronic medical records and pharmacy dispensing systems across the state. As a result, prescribers and pharmacists will be able to automatically check a patient's controlled substance use within the same system they use day-to-day. To date, the Board has received more than 140 requests for integration, including hospitals, physician offices, pharmacies and major health systems.

The complete 2015 OARRS report can be accessed by visiting: www.pharmacy.ohio.gov/OARRS2015

Deadline to apply for Ohio Dentist Loan Repayment Program approaching

By ODA Staff

The deadline to apply for the Ohio Dentist Loan Repayment Program is May 2.

The ODLRP was created in 2003 and is fully funded by Ohio dentists. It provides loan repayment for dentists who practice in designated shortage areas, treat Medicaid patients and provide care to patients regardless of their ability to pay.

Eligible candidates include:

- dental students enrolled in the final year of dental school;
- dental residents in the final year of pediatric or general practice residency or in advanced education in general dentistry programs; and
- general and pediatric dentists.

Eligible applicants can earn up to $25,000 per year in tax-exempt ODLRP funds over the initial two year commitment, and $35,000 per year for optional third and fourth years.

The program is administered by the Ohio Dept. of Health. For more information and to apply for the program, visit http://www.odh.ohio.gov/en/odhprograms/ohs/oral/safetynet/loanpgm.aspx. The deadline to apply is May 2.

UNCLE, from page 12

IS THIS LEVEL OF REIMBURSEMENT CONDUCIVE FOR THE SOLO PRACTITIONER MODEL?

Before going further, I need to make something crystal clear. Third-party dental benefits of any kind are a privilege, not a right. Employers that offer dental insurance are reacting to their employees' demands and needs. If XYZ company intends to be competitive in the workplace with ABC corporation that is offering benefits that XYZ isn't, you can bet XYZ company will lose good staff members. Having written this, both ABC and XYZ will most likely end up offering the same dental benefits package in most instances.

IS THIS COLLUSION IN CORPORATE AMERICA OR AMONGST THE INSURANCE COMPANIES ... OR BOTH?

I'll let y'all answer that question on your own.

Every dentist, EXCLUDING some of our profession's specialists, is at the bottom rung of the third-party payer food chain. Insurance companies, dental IPAs and even TPAs are the kings of the mountain when doling out the dollars for services provided by dentist providers ... but those benefits are dictated by the type of plan that is purchased by the corporate entity. If insurance companies don't sell the dental policy via their own sales force, then they are beholding to insurance brokers that independently sell dental plans to employers. In most instances, businesses have human resource officers or specific benefits managers that brokers deal with concerning costs and the respective levels of coverage.

IF NOTHING CHANGES CONCERNING THE HEALTH CARE REIMBURSEMENT BUSINESS MODEL ... WILL THE SOLO PRACTITIONER SURVIVE IN THE FUTURE?

To be continued ... next month!

Solo practitioner model ... will it survive? My belief is ...

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

ODA Classifieds

Associate Wanted

A small private office with large group benefits. We have thirteen fee-for-service practices. Emphasis on complete treatment. In-house ortho, surgery, endo, implants. Our doctors range in ages from 26 to 72. Full and part time positions are available in Columbus and NE Ohio. Call me for more information. Dr. Sam Jaffe (888) 764-5320 or sam@americandentalcenters.com.

An excellent opportunity, Cincinnati. We are currently seeking general dentists, periodontists, oral surgeons and pediatric dentists to become an integral part of our growing group practice. Income typically consists of a salary with bonuses based upon net production plus benefits including major medical and malpractice. This is not an independent contractor arrangement. No Saturdays or Sundays. Your quality of care and attention to patient satisfaction will determine your ultimate compensation. We are a group of highly spirited individuals with a sense of humor. I look forward to meeting you. Dr. Michael Fuchs (513) 697-2653; cell (513) 505-9987.

Associate Dentists. Earn $230,000/yr plus benefits while providing general family dentistry in a technologically advanced setting. Dental Dreams desires motivated, quality oriented associate dentists for its BUSY offices in Chicago and surrounding suburbs, DC, LA, MA, MD, MI, NM, PA, SC, TX, and VA. We have FT, PT and Saturday only schedules available. Call (312) 274-4524, email hr@dentaldreams.org, or fax CV to (312) 464-9421.

Associate dentist needed for a busy private practice in Athens, OH. Excellent opportunity in a Fee-for Service practice. Modern office with exceptional team. Prefer dentist with experience and/or GPR. 4-5 days/week. E-mail CV to Gindre@aol.com or call (740)707-3639.

Associate Dentist needed for an exceptional opportunity with a possible buy-out option. The right candidate should be a quality oriented, personable dentist for our well established, busy, growing practice. Dependable staff, excellent salary, benefits & incentives. Email, call or fax Kay at kaymcowen@yahoo.com, office (937) 484-5775, fax (937) 484-5771.

Associate dentist opportunity available in well-established, high-tech Dayton/Kettering practice. A few years of experience preferred. Great earning potential with Sign On Bonus. Please inquire by email to shari@dayton-dentistry.com.

Associate position available in Kettering, Ohio 2 days per week. Opportunity to increase to 3-4 days per week. Please call Mr. Sullivan @ (937) 430-4317.

Associate Dentist wanted for a busy, well established practice in North Canton, Ohio. This is a full time position with a well-trained experienced staff. Great patient base, fully computerized office, including CAD CAM design. Practice is FFS only and compensation would be a guaranteed minimum plus production. To inquire call (330) 958-6390 or send CV to NorthCantonDDS@gmail.com.

Associate/Buy in wanted. Over 40 years at great location in Green, Ohio with vast amounts of traffic on two main roads including expressway. Presently FFS and Deltal Premier only. Looking for business knowledgeable man-wife team or wife only. Referring out vast amounts of dentistry. Resume to jckline49@roadrunner.com.

Cleveland area. We have a great opportunity available for a General Dentist in Avon Ohio. Full-time, great salary and benefits for a caring, compassionate individual. Send resume to: AvonDentalCare@yahoo.com.

Columbus: Dentist and Assistant for New Holistic Children's Private practice in New Albany. If you are into nutrition, organics and whole body health this would be perfect for you. Send resume and head shot photo to naadultdentistry@gmail.com. (614) 775-9300.

Dental Associate. Well established, growing, busy dental office in Dublin is looking for an Associate Dentist 3 days a week that has at least 2- 3 yrs. of experience and is looking to grow professionally in a private practice setting, should be available flexible hours. Dependable staff along with EFDA, excellent compensation package available. Please contact aparna@dublinmetrodental.com.

Dentist associate opportunity, full or part time. Generous compensation for the right candidate. Future partnership/ownership possible. Residential suite adjacent to office is available. Practice located east of Cincinnati. Call Mr. Sullivan at (937) 430-4317.

Do what you do best - practice dentistry, while we take care of the rest. ImmediaDent is seeking Full Time and PRN Dentists with a passion to provide quality comprehensive dental care in our modern offices throughout Ohio, Indiana, and Kentucky. ImmediaDent offers all phases of general dentistry to a mix of new and existing patients on a scheduled and walk-in basis in all 24 locations. The ideal dentist for ImmediaDent enjoys performing a variety of dental procedures and is experienced in all phases of general dentistry including oral surgery and endodontics; new graduates with great clinical skills are encouraged to apply. Relocation and Sign-on Bonus up to $25k available for specific locations. To apply today, visit www.immediadentcareers.com or contact Chad Johnson at (913) 428-1679 or via email at chadjohnson@immediadent.com to learn more.

Established Pediatric/Orthodontic/Sports Dentistry Practice in Findlay, Ohio. 2600 square feet, two story, stand-alone dental office in downtown area. Owner is looking for associate/associates transitioning to ownership. To inquire call (419) 348-9555 or E-mail: win58@woh.rr.com.

Exciting opportunities for dentists, hygienists and assistants to provide children with quality dental care in schools in the Cleveland area and throughout Ohio. No evenings or weekends. Email resumes to jobs@smileprograms.com.

Flexible Locum Tenens Opportunity – Midwest Dental is seeking experienced dentists to fill daily/weekly/monthly locum tenens needs to cover leaves and extended vacations. Perfect for dentists wanting to pick up extra hours. We offer competitive pay and give you complete freedom to work as many locum sessions as you'd like! May involve travel with overnight stays. Typically includes 32-36 hours/week when needed. Opportunities are available at practices across the country. Contact Carly Rufledt at (715) 225-9126 or crufledt@midwest-dental.com.

Full time associate position with perfect associate-to-owner opportunity. Contact Reggie.VanderVeen@HenrySchein.com or call (616) 485-9482.

Full-time/Part-time dentist. General Dentist. HealthPark Dentistry has 2 general dentists, 4 specialists (Orthodontist, Pediatric dentist, Periodontist, and Oral Surgeon), 18 operatories, 7000+ patients with no Medicaid, 1500 new patients in 2015, and has won numerous state and national awards for quality of care and organizational excellence. We need an experienced general dentist 1 day per week looking to supplement their income, or a full-time dentist leading to partnership. We are located 7 minutes north of the I-75/I-70 interchange in Tipp City. Walk in, treat your patients, and leave - we do the rest! Contact: Chuck Smith, DDS, MAGD. HealthPark Dentistry www.healthparkdentistry.com - see 360 tour and much more. Email: csmith3@woh.rr.com. Phone: (937) 667-2417.

Great Dentists Wanted – Lorain & Macedonia OH – $$$$ signing bonus: Midwest Dental is seeking great dentists to lead our Merit Dental practices in Lorain and Macedonia. This position offers excellent compensation and benefits, a great work-life balance, and unlimited opportunity for professional development. Our support team handles the administrative details, allowing you to lead your team while focusing on dentistry. If you possess a passion for providing quality care and are looking for a rewarding career opportunity, please contact Brad Smith at (715) 590-2467 or bsmith@midwest-dental.com.

Health Partners of Western Ohio, 329 N. West Street, Lima, Ohio 45801. www.hpwohio.org. HPWO is seeking a full-time Dentist to join our fast-paced and rapidly growing dental department at our brand-new state-of-the-art Bryan Community Health Center located in Bryan, Ohio. BCHC has exceptional up-to-date technology including Gendex digital x-ray sensors and Dentsply Wave One Gold endodontic equipment. Dentist is responsible for providing preventive and primary dental care consistent with the dentist's training and experience in a community health center setting to patients of HPWO. Requirements: The candidate we're looking for must energetic, committed, mission-driven dental provider. To be successful within this role, candidates must have excellent communication skills, mission-driven, willing to embrace the HPWO integrated model of care that utilizes a team-based approach in serving our patient population. The integrated services include primary medical, dental, behavioral health, pharmacy [dispensing and clinical] and chiropractic services. Health Partners of Western Ohio Provider Benefit Package - HPWO offers competitive compensation and benefits: Matching Retirement; Major Medical, Vision and Dental Insurance; Paid Benefit Time; Paid Holidays; No Weekends; Continuing Health Education Assistance; Professional Liability Coverage; Eligible for Ohio Physician Loan Repayment program and National Health Service Corp with a two year commitment. Qualified candidates should email resume/CV to bselden@hpwohio.org.

Looking for long term Associate/Partner! Our practice in Columbus & Dublin is growing. We have an amazing opportunity for an associate/partner. You will manage your schedule, production and staff, while we help you every step to build a long term practice along our practice! (614) 202-2355, drsafavian@gmail.com.

Tiffin, OH dental practice is in search of an associate. Very busy practice with dentist's schedule booked ahead 2 months. Flexible schedule available for associate for 2 - 4 days/week. Thriving practice with a majority of fee-for-service patients. Staff is experienced and associate will be working with an EFDA. High income potential. Candidates with endodontic and oral surgery experience preferred but not required. Please send CV and inquiries to ohdentist70@gmail.com.

Tired of the associateship or buyout

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that never seems to work out? If yes, then we have the associateship or fair buyout for you. Seeking a motivated, caring and hardworking general dentist for the Clayton/Englewood area of Dayton immediately. Please send CVs to daytondentist@hotmail.com or call Sharon at (740) 644-0571.

Equipment for Sale

GENDEX & DEXIS INTRAORAL X-RAY SENSOR REPAIR. We specialize in repairing Gendex & Dexis dental x-ray sensors. Repair & save thousands over replacement cost. We purchase old/broken Sensors! www.RepairSensor.com, (919) 924-8559.

KODAK/CARESTREAM & SCHICK - INTRAORAL X-RAY SENSOR REPAIR. We specialize in repairing Schick CDR & Kodak/Carestream RVG 5100 & 6100 dental X-Ray sensors. Repair & save thousands over replacement cost. We purchase old/broken sensors! www.RepairSensor.com / (919) 924-8559.

Like New - Vita EasyGlaze Glazing and Staining Furnace $350. Contact Bruce Grbach DDS at (440) 255-3165 or bdgrbach@gmail.com.

Practice for Sale

Cincinnati area - two separate offices priced to sell. First, turnkey in residential neighborhood has all equipment and 5 exam rooms. Second, located at busy intersection with 4+ exam rooms. Both are ready for right practitioner. Call now - Rob Hock (513) 322-6313.

Dental Office available. 2000 sq. ft. fully furnished Dental Office on the west side of Cincinnati for rent with options for lease. Fully furnished with 1 Dr. operatory and 2 hygiene rooms, Planmeca Digital panorex, reception area, Dr. office (completely plumbed and wired for second Dr. operatory) and Manager office. Will sell all equipment at a negotiated price. Ready for immediate opening to see patients. This is absolutely a must-see office. Call (513) 454-1800 for more information.

Dental practice for sale. Same location for 45 years - Parma Heights, Ohio. 900 to 1000 active patients. Asking $150,000; this is negotiable. Call (440) 842-7540 or (440) 582-0167.

Long standing general practice with busy hygiene department. Full time practitioner (4.5 days per week) ready to retire. Contact Reggie.VanderVeen@HenrySchein.com or call (616) 485-9482.

Many General Practices: #OH-1213 Medina County. 3 Operatories. Average collections $535,708. Close to Cleveland & Akron. #OH-1245 Lake County. 4 Operatories. Average collections $368,437. Well-established client base. Real Estate also available for purchase. #OH-1267 Warren County. Strong growth. Practice well-established, longevity. Listing price INCLUDES 2nd location (Carlisle, OH). For details contact Jason Gamble, MBA, NPT (National Practice Transitions, LLC) (614) 648.8118 x229, j.gamble@NPTdental.com, or www.NPTdental.com.

Medina County. $650K. No medicaid or DMO. Fast-growing community. 6 ops in upscale facility. Digital pan & intraoral. Many amenities. Brief transition period. Call (330) 283-0946.

Practice for sale in Mansfield area. Incredible growth potential in this underutilized facility. The practice is currently seeing patients three days a week, with $305,000 in gross revenue. The practice has five operatories and could easily be expanded. The purchase of the practice comes with an option to purchase the building. Asking $212,500. Call Practice Directions (614) 450-0993. Email dryoung@practicedirections.com.

Practices for Sale – Ohio. Please call Steve Jordan, (330) 335-9042 or visit pmagroup.net.

Toledo Area. $1.2M opportunity. Very efficient with 52% overhead. No Medicaid. Excellent transition, motivated seller. Move-in condition. Call Stephen, (419) 491-4549.

Very modern, paperless, general practice for sale South of Akron. All the bells and whistles with great patients and the best staff you could ever ask for! Gross Collections $800K. Please contact Tom at pfsmolar@gmail.com for more information.

Space Available

Dental office for lease in Worthington, Ohio. Three and six chair suites available with ability to expand. Plumbing in place. Located on heavily trafficked N. High Street, South of Rout 161. Monument signage available. Call Lauren Tonti (614-224-4331), email ltonti@tontiorg.com.

Dublin & Columbus Office Sharing 1-4 days/wk. Great for a specialist or satellite office or getting warm up for start up! Furnished, 4 ops, dental offices in Dublin and Downtown Columbus both offices are available for rent 1-4 days a week. All supplies and equipment provided. Available immediately. Contact seyedmehr@gmail.com, (614) 202-2355.

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.

Northeast Cincinnati / Loveland / Deerfield Township. 1400 sq. ft.; ideal for dental specialist; approximately $30,000 of leasehold improvements - electric, plumbing, cabinets in place; 2 private bathrooms; ADA accessible; high traffic and visibility; excellent parking; call: (513) 793-4770 or (513) 683-3900.

Pataskala, Ohio. For lease, available immediately. 1150 sq. ft office space used for 10+ years as a dental office. Two operatories plumbed and wired for dental equipment. Reasonable rent includes all utilities except for phone and cable. Call Daryl at (614) 804-2278.

2000 sq. ft. fully furnished Dental Office on the west side of Cincinnati for rent with options for lease. Fully furnished with 1 Dr. operatory and 2 hygiene rooms, Planmeca Digital panorex, reception area, Dr. office (completely plumbed and wired for second Dr. operatory) and Manager office. Will sell all equipment at a negotiated price. Ready for immediate opening to see patients. This is absolutely a must see office. Call (513) 454-1800 for more information.

Professional Dental Services

In Office Anesthesia Services-Exceptionally seasoned medical anesthesiologist, 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

AFTCO, the oldest (since 1968) and largest dental transition firm in the U.S., is expanding once again. We are looking for enthusiastic sales professionals who want a new and lucrative career in the ever-expanding healthcare business. Our average consultant has been with us for over 19 years! If you are a motivated, independent self-starter, and if high commission income potential interests you, then visit our website at www.aftco.net and send your resume to careers@aftco.net.

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ODA Today Classified Advertising

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 http://www.oda.org.