# ODA Today A publication of the Ohio Dental Association focusing on dentistry in Ohio

## The **Ethics** Issue

## Welcome to The Ethics Issue of the ODA Today!

Starting on page 8, you'll find information and discussions on many of the ethical topics facing dentists today — everything from insurance matters to communicating with patients to questions about a colleague who may have an addiction.

We hope this special Ethics Issue of the ODA Today will provide you with some new insight into ethics and help you take a closer look at the ethical dilemmas you might face in your practice.

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## ADA executive director, dental practice management guru to speak at 2013 ODA Leadership Institute

#### **ODA Staff**

Dr. Kathleen O'Loughlin, executive director and chief operating officer of the American Dental Association, and Gary Kadi, author and dental practice management advisor, will be the keynote speakers during the ODA's 2013 Leadership Institute. The annual two-day event will be held at the Hilton Hotel at Polaris on the north end of Columbus on Friday, April 12, and Saturday, April 13, and is free to all ODA member dentists.

O'Loughlin has been leading the operations of the ADA – the oldest and largest national dental society in the world - since 2009. Founded in 1859, the ADA is the leading source of oral health related information for dentists and their patients and has over 157,000 members from all 50 states, the District of Columbia and Puerto Rico.

Before becoming the ADA's executive director, O'Loughlin served as the chief dental officer for United Health Group and president and CEO of Delta Dental of Massachusetts. She practiced dentistry for over 20 years, while serving as an assistant clinical professor at Tufts University School of Dental Medicine in the Department

#### Register!

Registration is now available! To register, visit www.oda.org/events, call (614) 486-2700 or watch your mailbox for the full program of Leadership Institute events with a paper registration form. Registration is free for ODA member dentists and dental students. Support for the 2013 ODA Leadership Institute is provided by he Delta **Dental Foundation** 

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For more information about Leadership Institute, see pages 4 and 5.

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of General Dentistry.

O'Loughlin received her Bachelor's degree cum laude from Boston University, Doctorate summa cum laude from Tufts University, and Master's degree in Public Health and Health Care Management from Harvard University.

O'Loughlin's keynote presentation on the morning of April 13 will focus on the current challenges facing the dental profession and give an update on organized dentistry's activities on behalf of America's dentists and their patients. Dr. Joseph Crowley, a general dentist from Cincinnati, past ODA president and current Seventh District ADA Trustee, is excited that O'Loughlin will address the ODA Leadership Institute.

"Because of her experience in several high level positions within the dental profession, Kathy has a unique perspective on the practice of dentistry that we will all benefit from hearing," Crowley said.

Kadi is the founder of NextLevel Practice, a dental practice development firm, and has advised dentists on practice management for more than 18 years. With a degree in business management from Rutgers University and extensive experience in the art and science of implementations,

See LEADERSHIP, page 5



Dr. Kathleen O'Loughlin, executive director and chief operating officer of the ADA, will be the keynote speaker April 13 at the ODA Leadership Institute in Columbus.



Gary Kadi, author and dental practice management advisor, will be the keynote speaker April 12 at the ODA Leadership Institute in Columbus.

## **ODA** Day at the Statehouse an important event for dentists

## **ODA Staff**

Day at the Statehouse, the Ohio Dental Association's most important legislative advocacy event, is set for Wednesday, March 20, 2013, at the Renaissance Hotel in downtown Columbus.

Day at the Statehouse gives dentists, spouses and dental students an opportunity to speak one-on-one with legislators about issues important to dentistry and advocate for patients, dental practices and oral health in Ohio. This year, topics will include dental insurance reform, midlevel dental providers and state budgetary issues, including Medicaid changes and tax

"Day at the Statehouse is one of the most important events of the year for the profession," said Ohio Dental Political Action Committee Chairman Dr. Michael T. Schaeffer. "The state legislature can have a dramatic impact on the way we practice, and it's important for policymakers to hear from us."

**ODA Executive Director David Owsiany** echoed those comments. "ODA member

See STATEHOUSE, page 6



Dr. Michael Halasz, ODA speaker of the house, meets with State Sen. Peggy Lehner during an ODA Day at the Statehouse event. This year's Day at the Statehouse will be March 20 in Columbus and will give attendees the opportunity to meet one-on-one with their legislators.

Ohio Dental Association 1370 Dublin Road, Columbus, OH 43215-1098 www.oda.org

## Day at the Statehouse

Wednesday, March 20 Renaissance Hotel | Columbus, Ohio

- Meet one-on-one with your legislators
- Get the latest legislative updates
- Help voice dentistry's message at the Statehouse



## Know the basics of the Electronic Health Record (EHR) incentives programs

Submitted by Cathy Costello, J.D. **Project Manager for Regional Extension** Center Services for the Ohio Health **Information Partnership** 

I imagine that dentists, like so many other health care professionals, have been bombarded by information about electronic health records systems, Electronic Health Record (EHR) incentives and Meaningful Use (MU) to the point it is enough to make your head spin. Our organization, the Ohio Health Information Partnership, oversees two of the big EHR grants for Ohio from the federal government: 1) the Regional Extension Center (REC) grant that provides consultative services for purchase and use of EHR systems; and 2) the Health Information Exchange (HIE) grant that establishes the network that allows hospitals and physicians to connect electronically. As the head of the Regional Extension Center for much of Ohio, I am asked all the time about provider eligibility for the various EHR incentive programs.

For dentists, the short answer to whether you are eligible for EHR incentives is "It depends." Theoretically, all dentists are eligible for both the Medicare and Medicaid EHR incentive programs since dentists were included in the provider categories established by the federal EHR incentive program statutes. Practically speaking, since Medicare pays for very little dental work, the dentist's eligibility would depend on his/her work through the Medicaid program. In Ohio, this EHR incentive program is called the "Medicaid Provider Incentive Program," or "MPIP." Medicaid has expanded eligibility categories starting Jan. 1, 2013, so a dentist wondering about eligibility may want to recalculate using the new eligibility criteria.

#### Year 1 Medicaid Incentives—Adopt/ Implement/Upgrade (A/I/U) or 90-Days of Meaningful Use

Medicaid Year 1 EHR incentives are commonly referred to as A/I/U payments. The A/I/U stands for "Adopt/Implement/ Upgrade," that is, any of the various ways a provider can obtain a certified system that can be used for the Medicaid incentive program. The whole purpose of the first year of the Medicaid EHR incentive program is to assist providers in paying for the upfront costs of an EHR system. Therefore, Medicaid does not require a provider to already be using the system or to be meeting MU in order to draw down the first year of incentives. It is assumed, though, that the first year payment will be followed by subsequent years' filings showing that a provider is meeting MU. This is the whole intent of the program, to move providers into using electronic systems that have standardized capabilities. This, then, will help to improve and coordinate patient care.

The whole process of filing for EHR incentives is called the attestation process, since a provider attests to the fact that he/she has met the requirements of the program. In subsequent years, a provider would attest to meeting Meaningful Use, but in the first year of Medicaid incentives, the provider is only attesting to the fact that he/she is a Medicaid provider, has the required Medicaid patient volume and has either adopted, implemented or upgraded to a certified EHR system.

Payment for Medicaid Year 1 A/I/U is \$21,250. It is a true incentive. As long as the provider meets the Medicaid patient volume threshold and has contracted for a certified EHR system, he/she will be eligible to receive the full incentive regardless of what the total patient volume figure is. The complete Medicaid EHR incentive program payments are \$63,750 extended over a 6-year period: \$21,250 in Year 1 and \$8,500/year in Years 2-6.

Starting in 2013, Medicaid will also

accept 90-days of Meaningful Use for the first payment year (as an alternative to A/I/U) if the provider is up and running on an EHR, meets the Medicaid patient volume requirements and meets Meaningful Use. In this way, Medicaid is expanding the program to help practices qualify practitioners sooner for Meaningful Use payments.

#### **Registration for EHR Incentives**

Registration for either the Medicare or the Medicaid incentive program begins with filing at the EHR Incentives.CMS.gov website: https://ehrincentives.cms.gov/ hitech/login.action. Once you register at that site, you will receive an email from the Medicaid program telling you how to access the Ohio Medicaid website to finish the Medicaid registration.

To file for Medicaid EHR incentives, a dentist must be a Medicaid provider. MPIP requires you to enter your Medicaid provider number before you can continue your Medicaid registration.

#### **Medicaid Patient Volume**

Medicaid eligibility for the EHR incentive program requires a dentist to show that for a 90-day period in the past 12 months he/ she has maintained a 30 percent Medicaid patient volume. This new interpretation for 2013 should allow providers to qualify faster for Medicaid incentives if they are meeting the Medicaid patient volume requirements.

Some points to keep in mind in determining your Medicaid patient volume:

- Medicaid patient volume is defined as any patient encounter where Medicaid fee-for-service or Medicaid managed care paid for all or part of the claim (can be either primary or secondary payer). Starting in 2013, providers can also include in the Medicaid patient volume totals patients that are eligible for Medicaid services whether or not Medicaid paid on the claim. Don't forget Medicaid managed care patients in this calculation!
- If the patient is dual eligible (i.e., Medicare/Medicaid) he or she can be counted.
- If the same patient receives care more than once in the 90-day period, each visit is counted as a separate Medicaid encounter.
- · If the dentist works at a Federally

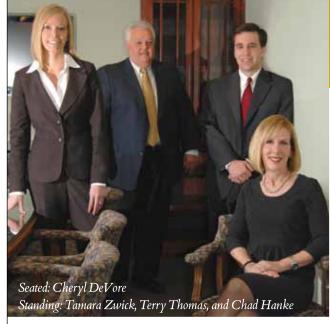
Qualified Health Center (FQHC) or an FQHC- lookalike, then the eligible patient population can expand even further to include "needy" individuals.

Your information on Medicaid patient volume will need to be uploaded to the Medicaid website using a spreadsheet or report to show how you calculated your patient volume data and what your overall patient volume was during that 90-day period.

#### **Certified EHR System**

Once you establish your Medicaid eligibility by calculating your 30 percent Medicaid patient volume, you will need to show that you have legally obligated yourself to purchase or use a federallycertified Electronic Health Record (EHR) system. At the time that you apply for Medicaid incentives, you do not need to be using the system yet; you do not even need to have the system installed. But you will have to show through a contract or purchase order that you have obligated yourself to acquire such a certified system. If you are unsure whether the system you

See EHR, page 6



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## **Leadership Institute**

## The door few successful dentists enter

Editor's Note: Gary Kadi, author of "Million Dollar Dentistry," will be a keynote speaker and will present a breakout session at the ODA Leadership Institute on April 12 and 13. Registered attendees will receive a free copy of his book "Million Dollar Dentistry."

## By Gary Kadi, author and dental practice management advisor

You have already won the game. You have done it all. You are a successful D.D.S. with a BMW, have a black AMEX, kids at ByU, MIT and NyU. You are an overachiever with an 8,000 square foot home in the best gated community.

You are a top One-Percenter and you know what it means to be winning at a higher level, but still, you know there is another hill to climb even beyond where you are now.

You've achieved more than you or your parents could've ever dreamed of.

You should be feeling like you are on cloud nine, but you realize that something is missing and only 911 comes to mind.

Success is not success until it is complete. So many dentists who have practiced for decades and have reached the top are asking themselves the same question – "Now what?"

All the money you have made has gone toward good causes; back into your practice, your kids, great experiences and some fun toys. Oh yeah, maybe some of the leftovers even went into your retirement, too!

It's like you have won the game, but you have stopped winning.

Being successful can be a very lonely place. The more success you achieve, the lonelier life can become. As a former successful discontent myself, I too had to overcome the daily funk that I was living in. To the outside world, I had it all, but inside I was living in an empty place. I got on a mission to break out of it. I had won the game yet was wallowing in the locker room of life. I had stopped playing and dreaming, and therefore had no wins.

After my personal bout with not knowing life after success, I set out to unlock the opportunity of experiencing sustained fulfillment and satisfaction.

Over a decade ago, I decided to establish a very unique dental practice management firm. Our organization focuses on mobilizing the Complete Health Dentistry movement and creating one-of-a-kind results and experiences for doctors, teams and patients. Instead of focusing on the means, like handling accounts receivables and broken and canceled appointments, we provide tangible end results. In other words, we ask our clients to imagine their ideal practice and lifestyle, then we reverse engineer a custom solution implemented by working shoulder to shoulder with you to ensure change.

Dr. Eric Henize of Cincinnati is a great example of a doctor who has dramatically transformed his life, team and bank account in one year. In the first year of his curriculum, the revenue of his practice increased by \$400,000 and his team became more empowered and proactive with treatment recommendations. He also learned to use the confidence and relationship that patients have with other members of the practice to help them make good decisions about investing in their oral and ultimately in their systemic



Submitted photo

Gary Kadi, author of "Million Dollar Dentistry" and dental practice management advisor, will be a keynote speaker and will present a breakout session at the ODA Leadership Institute in Columbus on April 12 and 13.

health. In our second year program Dr. Henize's practice purchased two other practices and he added two additional team members and an associate dentist. He was able to do all of this while maintaining a healthy revenue stream, which enabled his team to continue to provide pro-bono care and create other means to give back to their local community. Dr. Henize supported several team members as they developed new leadership skills and led the team toward an even greater participation in the NextLevel Practice-Complete Health Dentistry Community. He and another team member were also honored with the opportunity to work as liaisons on behalf of NextLevel Practice at the AAOSH annual session.

Another highly successful dentist with whom we work is Dr. Rachelle Boudreau who is also based in Cincinnati. Her practice's return on investment in 10 months is above \$314,000, and like Dr. Henize, she learned some crucial ways to continue having it all. She realized how much potential lied within her practice and through implementing the 5-Step Case Acceptance formula, the production increased instead of backsliding as it had done in the past several years. She discovered that images are crucial for patient education, case acceptance and communicating to them how important caring for their mouth is.

One of the things that stop dentists in achieving all that they desire is what I call their <u>capacity to have</u>. This is not smoke and mirrors stuff, but just something we don't know exists. A blindspot. We put a subconscious box around what we think

See KADI, page 5

## Leadership Institute valuable for all dentists

### **ODA** staff

Several past attendees recently pointed out that the Ohio Dental Association's Leadership Institute is designed to meet the needs of all dentists, regardless of their type of practice, career path or stage of their career.

For example, Dr. Brittany McCarthy, a general dentist from Columbus who chairs the ODA's Subcouncil on New Dentists, points out that "the Leadership Institute provides a great deal of valuable information especially to young dentists, whether they are employees in a large group practice or solo practitioners trying to get a practice off the ground." According to McCarthy, "the ODA's Subcouncil on New Dentists had a lot of input in designing the curriculum to ensure that younger dentists will get a huge benefit from attending."

She believes that dental practice management advisor Gary Kadi's motivational keynote presentation and breakout session on the "team-driven morning huddle" will be of particular interest to young dentists seeking to motivate staff, improve productivity and gain a balance between their personal and professional lives.

ODA President Dr. Kim Gardner, a general dentist from Chardon, explains that the ODA Leadership Institute will be valuable for all dentists who are interested in recharging their batteries, gaining valuable techniques to manage and motivate their staff, learning about the latest legislative and regulatory issues impacting the practice of dentistry and developing strategies to maximize their dental practices' potential.

"Every dentist in Ohio would benefit from attending the ODA's Leadership Institute in many different ways, and we offer it all to our members for free," Gardner said.

The event's location – in the Polaris area on the north end of Columbus – of-

fers many nearby worthwhile attractions as well. ODA's Director of Meetings and Conventions Suzanne Payne Brooks points out that "the Hilton-Polaris property is beautiful, and the Polaris area offers wonderful options for shopping, dining and family fun."

"The ODA's Leadership Institute is designed to attract dentists with its outstanding speakers and programming, but it also offers interesting social options for spouses and families with children," said Payne Brooks.

Visit www.oda.org/events for information and to register.

For the latest updates on Leadership Institute

Follow the ODA on Twitter!

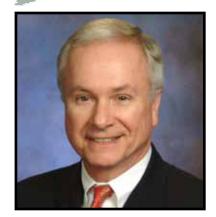


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ATTORNEY AT LAW

R. Recker has practiced general dentistry



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800.224.3529 (p) 888.469.0151 (f) recker@ddslaw.com (e) Frank R. Recker has practiced general dentistry for 13 years and served as a member of the Ohio State Dental Board before entering the legal profession. Areas of practice include:

- Administrative Law before State Dental Boards
- Dental Malpractice Defense
- Practice-related Business Transactions

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

A sampling of various cases can be obtained online. Questions regarding representation can also be addressed to Dr. Recker via e-mail at recker@ddslaw.com.

www.ddslaw.com

## **Leadership Institute**

## Institute's agenda packed with quality speakers and information

#### **ODA Staff**

The ODA's 2013 Leadership Institute will feature high-quality, interactive training from start to finish. Below is a brief description of the program.

#### Friday, April 12, 2013

On Friday, April 12 starting at 11 a.m., practice management guru, Gary Kadi will open the program with his keynote presentation "The New Leadership Paradigm: Stop Living to Work, and Start Working to Live," which is designed to help dentists meet their productive potential while maintaining a life balance.

Following lunch, attendees will have the option to attend two of the following three breakout sessions:

- The Team-Driven Morning Huddle -Gary Kadi will provide a step-by-step format for structuring morning staff huddles designed to make dental practices more efficient, fun and profit-
- Employment in the Dental Office: The Do's and Don't's - ODA's Director of Legal and Legislative Services Keith Kerns will address common employment issues in the dental office and offer strategies for managing staff and minimizing employee difficulties.
- Update on Dental Regulations -ODA's Director of Dental Services Chris Moore will provide the latest information on dental regulations in Ohio, including recent developments related to dental wastewater, the Occupational Safety and Health Administration (OSHA)'s Hazard Communication Standard and enforcement of infection control regulations.

Following the breakout sessions, the ODA's advocacy team will participate in a panel discussion on the latest legislative activities impacting the practice of dentistry at the Ohio Statehouse and in Congress. The advocacy team will be available to answer attendees' questions

In the fall of 2012, the ODA contracted with an independent survey research firm to conduct the largest survey of Ohio dentists ever. During the Friday afternoon Leadership Institute session, ODA's Executive Director David Owsiany will review the survey results, including information related to employment trends in dental offices, the types of technology dentists are incorporating in their practices and the most common types of dental insurance contracts dentists are signing.

The first day of the 2013 ODA Leader-

ship Institute will conclude with a social reception open to all attendees.

#### Saturday, April 13, 2013

On Saturday, April 13 at 8 a.m., the program will kickoff with breakfast followed by a presentation by ODA Executive Director David Owsiany discussing how the new federal health care reform law will impact dentists as health care providers, employers and consumers of health insurance.

The highlight of the Saturday session will be a keynote address by American Dental Association Executive Director and Chief Operating Officer Dr. Kathleen O'Loughlin discussing the state of dentistry and the ADA, and she will answer attendees' questions.

Access to dental care has become a lightening rod issue for the media, activist groups and policymakers with discussions often focusing on radically changing the practice of dentistry without any likelihood of maintaining quality care or even significantly expanding access to care. The Saturday morning session at the Leadership Institute will include a panel discussion by dentists who have worked within their own communities and local dental societies to address access to dental care in a positive manner.

Past Columbus Dental Society President Dr. Angelo Mariotti will discuss how Columbus Dental Society members created a successful twice-a-month "volunteer night" at the Columbus Health Department's dental clinic. ODA Vice President Dr. Thomas Paumier will discuss the Stark County Dental Society's successful efforts to create a general practice dental residency at the Mercy Medical Center in Canton that has become a significant part of the community's dental safety net. ODA Immediate Past President Dr. Mark Bronson will discuss the Cincinnati Dental Society's successful efforts to create and sustain the Roselawn Dental Clinic, through which Cincinnati-area dentists provide dental care to needy children from various communities in the northern Cincinnati area. The panelists will discuss their experiences in developing these successful access to care initiatives and answer attendees' questions.

The Leadership Institute will conclude with the very popular ODA Executive Committee Town Hall Session, where all of the ODA's officers will be available to answer attendees' questions about the ODA, dentistry in Ohio or any other dental-related topic.

## LEADERSHIP, from page 1

marketing and management consulting. Kadi has successfully assisted many dentists in revitalizing their dental practices with authenticity, courage and devotion to giving back and working for a higher cause.

Kadi has written several books, including The Dentist: America's Unsung Healthcare Hero and Million Dollar Dentistry. He has appeared on CNN, and has been featured in Time, Dentistry Today and Dental Economics. Kadi's keynote presentation "The New Leadership Paradigm: Stop Living to Work, and Start Working to Live" will kick-off the 2013 Leadership Institute at 11 a.m. April 12. Following lunch, Kadi will then present a breakout session on the "Team Driven Huddle" where he will provide "a step-by-step format to being more efficient, making a bigger difference, having more fun and being more profitable." For more on Gary Kadi, see his article "The Door Few

Successful Dentists Enter" on page 4.

In addition to the presentations from O'l oughlin and Kadi, attendees will have the opportunity to hear several other highly-regarded speakers on important and interesting topics, including recent legislative and regulatory issues impacting dentists in Ohio, how to deal with employment and other legal issues in the dental office, and how health care reform will impact on the practice of dentistry. Attendees at the 2013 ODA Leadership Institute can earn as many as three free continuing education hours.

ODA President Dr. Kim Gardner, a general dentist from Chardon, believes every Ohio dentist will benefit from attending the ODA's 2013 Leadership Institute. "This year's Leadership Institute is focused on providing valuable information that every dentist can utilize and incorporate in their professional and personal lives," Gardner said. "I invite our members to take advantage of this unique opportunity."

### Register!

Registration is now available! To register, visit www.oda.org/events, call (614) 486-2700 or watch your mailbox for the full program of Leadership Institute events with a paper registration form. Registration is free for ODA member dentists and dental students.

## 2013 ODA Leadership Institute Schedule

#### Friday, April 12

11:00 a.m. - 12:00 p.m.

12:00 p.m. - 1:00 p.m.

1:00 p.m. - 2:00 p.m.2:15 p.m. - 3:15 p.m.

3:30 p.m. - 4:00 p.m.

4:00 p.m. - 4:30 p.m.

digm: Stop Living to Work, and Start Working to Live" Lunch

**Breakout Session Round 1** Breakout Session Round 2

> from: The Team-Driven Morning Huddle; Employment in the Dental Office; Update on Dental Regulations Update on Legislative Issues Impacting Dentistry at Ohio Statehouse and in Congress by ODA's Advocacy Team "Trends in Dental Practice in Ohio" - Review of ODA Mem-

During the breakout session rounds, attendees can choose

Keynote Speaker, Gary Kadi: "The New Leadership Para-

bership Survey Results 4:30 p.m. - 6:00 p.m. Reception hosted by Delta Dental Foundation

## Saturday, April 13

7:45 a.m. – 8:30 a.m. 8:30 a.m. – 9:00 a.m.

Breakfast

**Dental Center** 

"How Health Care Reform Will Impact Dentistry," David

9:00 a.m. – 10:00 a.m. Keynote Speaker. Dr. Kathleen O'Loughlin, ADA Executive Director

10:00a.m. – 11:00a.m. "Addressing Access to Care In Ohio: What Dentists Are Doing in Their Own Communities" - Panel Discussion Dr. Angelo Mariotti, Columbus Dental Society's volunteer program at the Columbus Public Health Dental Clinic Dr. Mark Bronson, Cincinnati Dental Society's Roselawn

> Dr. Thomas Paumier, Stark County Dental Society's relationship with the General Dentistry Residency Program at Mercy Medical Center

11:00a.m. – 11:30a.m. "Ask Your Leaders," ODA Executive Committee Town Hall meeting

#### **Hotel Accommodations**

### **Hilton Columbus Polaris**

For reservations, please call 1-800-HILTONS or the Hilton Columbus Polaris Hotel directly at (614) 885-1600 and ask for the Ohio Dental Association rate of \$139/per night. Online reservations may be made at www.hilton.com using Group Code OHDENA.

### KADI, from page 4

we deserve and allow only that into our lives. I do not ask my clients to think outside the box but to remove the box. This "have-it-all" mindset opens people up to experiencing life to its fullest. We do not need to suffer to have all the things we want. They can come easily, but this is not how we were taught from our past generations. Instead, we have been taught by people who lived during the most economically depressed time in history that "lack" prevails. We challenge teams to rethink this old school mentality and how it affects their practice and their lives. We work with the natural laws and fundamentals of business and personal development while emphasizing the overlooked processes that are at the heart of having it all. This is why we have created the initiative © Healthy Mouth. Healthy Practice. Healthy Lives.

## Healthy Mouth.

We believe there is a huge opportunity to make a stand to have all your patients achieve and maintain a healthy mouth. It is amazing to see how many of our clients are gun-shy about presenting all the care a patient needs. I can empathize. If I were told no or had gotten resistance in every interaction over so many years, I would be too. The reason this has happened and why we have become so insurancedriven is that there has been no system to assist the patient in buying treatment. Think about it; when was the last time you bought something that you didn't think you needed, was going to cost you thousands of dollars, was an uncomfortable experience and took lots of time away from the things you truly enjoy?

## Healthy Practice.

Your practice becomes very healthy (and wealthy) because you are helping people overcome their misunderstanding and fears of dentistry. You will transform the millions of dollars of dentistry that is sitting in your charts and put it in your schedule.

### **Healthy Lives.**

You and your team will lead very healthy lives because you will enjoy the sense of satisfaction and fulfillment knowing that you are making a difference for your patients and each other. Most importantly, living your ideal life right now, not someday when

You have learned how to be successful. Our job is to have you unlearn some of the things that are holding you back from the most fulfilling and amazing adventure your career can offer. Once you relearn some key things about yourself and your practice, you will enjoy all the joy, satisfaction, wealth and peace that go along with the "have-it-all" mindset.

You are the author of your life and practice. You have choices every day, although some days may feel like life is happening to you. Your mind is designed to keep you safe. The fulfillment in practice and in life is swinging out and taking on new, exciting opportunities and challenges. Practicing dentistry has so much to offer for you, your family, your team and your community. Many of us easily get caught in the success trap and coast on autopilot. Whether you are at halftime or in the fourth quarter of your personal BCS (Because you Can Succeed) Championship! 00000-H-I-000000!

## In Other News

#### EHR, from page 2

are using or considering purchasing is certified, you can check on the HealthIT. gov federal website that lists all certified healthcare IT products: http://oncchpl. force.com/ehrcert. Of the almost 3,000 products listed for ambulatory practices, there are few certified systems that are geared specifically for dental practices. If you are planning to use a non-dental product to meet Meaningful Use, you should know how to overlay your dental practice's needs with this more generic EHR product to track all the Meaningful Use measures.

The first few pages of your EHR contract showing the name and version number of the system you are planning on using will need to be uploaded along with the signed and dated signatory page.

#### Subsequent Years' Filing

Medicaid, unlike Medicare, does not require a provider to file every year to show MU. It is OK to skip a year's filing if you have a problem getting your system installed or tracking the MU measures. However, the overall goal of the program is to file for six years from 2011 through 2021. The first year is always A/I/U if you are not ready to meet Meaningful Use. The second year would then be 90 days of Meaningful Use, as measured by the federal MU measures. The third and subsequent years require a whole years' tracking of MU, including the submission of Clinical Quality Measures.

## Meeting Meaningful Use as a Dentist

Many dentists assume that they cannot meet Meaningful Use since many of the MU measures do not reflect the clinical work done in a dental practice. This is not true. Dentists, like many medical specialties, can interpret the MU measures to track what is or is not done in the normal scope of that specialty's practice. If a certain measure does not apply to a dental practice, then the dentist should take an exclusion for that measure.

## Handling Exclusions for Meaningful Use

An example of how to take an exclusion for a MU measure as a dentist would be the MU measures relating to electronic prescriptions, or e-prescribing. One MU measure requires a provider to enter prescription orders into his/her EHR system (i.e., Computerized Prescription Order Entry, or CPOE). Another measure requires the provider to generate and submit these prescriptions electronically. If a dentist does little or no prescribing, then he/she would take an exclusion for this measure. The exclusion does not prevent a provider from meeting MU. The exclusion for these two measures states: "An Eligible Professional (EP) who writes fewer than 100 prescriptions during the EHR reporting period would be excluded from this requirement. Exclusion from this requirement does not prevent an EP from achieving meaningful use."

In this way, dentists can still meet MU even if several of the measures do not apply to them. A complete list of the MU measures to review can be found on the CMS EHR Incentive website: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf

## Points to Consider When Deciding Whether to File

• If you are considering applying for Medicaid EHR incentives, the process is straightforward and can be done directly by you and your office staff. It is not complicated and the Ohio Medicaid program is known nationally for its responsive help desk for incentive questions. If you have questions about eligibility or the Medicaid incentives generally, you can call the MPIP Help Desk at 877-JFS-MPIP or email them at MPIP@jfs.ohio.gov.

- · Consulting groups that state they can get you Medicaid incentives frequently only cover the first year Medicaid incentive payment. They do not continue to work with your practice to assist you in meeting MU in subsequent years. Read the contract before you sign with a consultant so you know what services are being provided! Potential liability for taking incentive payments without moving ahead to MU in a reasonable amount of time will rest with you, the provider. You are the Medicaid provider and will be liable if CMS or Medicaid decides that you acted in bad faith in drawing down the incentives while not intending to move ahead to MU.
- For approximately the same amount as the "fee" charged by some consulting groups whose sole purpose is to "assist" you in drawing down Medicaid incentives, you can contract with a true EHR consultant that can work with you on workflow issues and help you reach MU.
- Drawing down the first year Medicaid incentive is actually the easiest part of the process. The issue with moving to MU is how to adjust your workflow in the office to allow you to track the MU measures as a dental practice. Your work as a provider needs to be assessed to see how best to use an electronic system to assist with your clinical needs.
- If you want more information on health information exchange (connectivity to a hospital or other providers is an important part of Meaningful Use in later years) or are interested in connecting to an HIE to exchange your records with other providers, you can contact CliniSync at http://www.clinisync.org/

Cathy Costello may be reached via email at ccostello@ohiponline.org or by phone at (614)664-2607. General information about the Regional Extension Center program can be found at the Ohio Health Information Partnership website http://www.clinisync.org/.Regional Extension Center information for the Cincinnati area can also be found at the Tri-State Regional Extension Center website http://www.tristaterec.org/.

Practice Sales

#### STATEHOUSE, from page 1

dentists and dental students are very effective advocates at the Statehouse," said Owsiany. "Legislators have great respect for the profession and rely on the advice dentists provide as experts in oral health and small business."

Day at the Statehouse is a free event and includes a continental breakfast for early arrivals, extensive briefings on current legislative issues to prepare attendees for meetings with legislators, a luncheon buffet, the popular dental student mentoring program, Statehouse tours and several new offerings, including free "micro" CE courses throughout the day.

ODA members are asked to register by Feb. 20 and may do so by visiting www.oda.org/events or by contacting Keith Kerns, ODA director of legal and legislative services, at (800) 282-1526 or keith@oda.org.

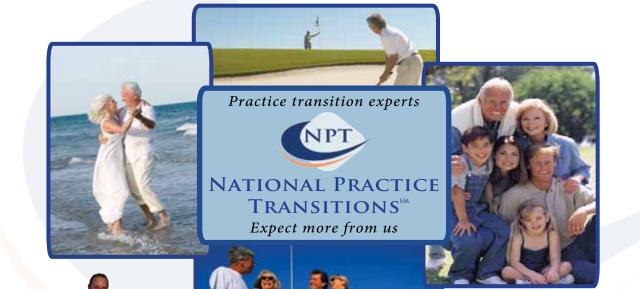
## New Offerings for 2013 Day at the Statehouse

- "Micro CE" Courses the ODA will be conducting several 30 minute continuing education courses throughout the day that attendees are free to attend during breaks in their legislative meeting schedules. These courses will provide attendees with CE credit and valuable information on current topics in dentistry.
- Streamlined Scheduling Attendees will have more control over their day and will be able to schedule legislative meetings in concert with other dentists from their local legislative district(s). A running list of registrants will be available at www.oda.org/events so dentists can check and see who else from their area plans to attend.





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## ODA seeking nominations for Awards of Excellence

#### **ODA Staff**

Each year, the Ohio Dental Association honors those who have offered distinguished service to dentistry, and members and local dental societies are encouraged to nominate those they know who have made extraordinary efforts to improve their profession and their world.

The ODA Awards of Excellence recognize men and women who give of their time and talent to improve oral health care by offering treatment, outreach or education.

The most prestigious of these awards is the Distinguished Dentist Award, which has been presented annually since 1967 to a dentist who has demonstrated service, commitment and dedication to the dental profession throughout his or her career.

Nominees for the award must be ODA members in good standing and should display leadership, dedication, commitment and outstanding contributions at the local, state and national levels.

The Achievement Award, given since 1978, honors those individuals who have made outstanding contributions to the dental profession and to oral health. Nominees are not required to be dentists, but should display a personal and professional commitment to dentistry and the public's oral health. These individuals are honored as ambassadors for the profession to the community.

The Marvin Fisk Humanitarian Award

honors those who offer dedication to improving oral health care in at-risk communities. They may have served overseas or closer to home, spending time and often their own finances and other personal resources to help improve oral health care and fight illnesses, such as oral cancer.

Since 1991, the N. Wayne Hiatt Rising Star Award has been presented to a dentist in practice 10 years or less who has demonstrated outstanding leadership and commitment to organized dentistry. ODA members who began to practice Jan. 1, 2003, or later are eligible. Honorees have shown outstanding initiative, a strong commitment to volunteerism and promise for continued accomplishment within the profession.

The Access to Dental Care Award is given to an entity that helps reduce the access to care problem in Ohio by offering care to underserved populations through free or reduced fee dental care.

Nominations for the 2013 Awards of Excellence will be accepted through March 22, 2013. Award entry information and nomination forms are located at www.oda.org or you may contact Michelle Blackman at the ODA at 800-282-1526 or at michelle@oda.org.

The 2013 Awards of Excellence recipients will be honored at a special ceremony during the ODA's 147th Annual Session, which runs Sept. 19-22, 2013, in Columbus, Ohio.

## Ohio Department of Health accepting applications for the Ohio Dentist Loan Repayment Program (ODLRP)

Looking for assistance in paying off dental student loan debt while also making a difference to those less fortunate?

Student loan repayment funds are available through the Ohio Department of Health for eligible Ohio dentists who contractually agree to treat patients in areas of the state designated as having a dental professional shortage, and to provide that care regardless of a patient's ability to pay.

The current loan repayment application process is under way, with all applications due to the ODH by March 1, 2013.

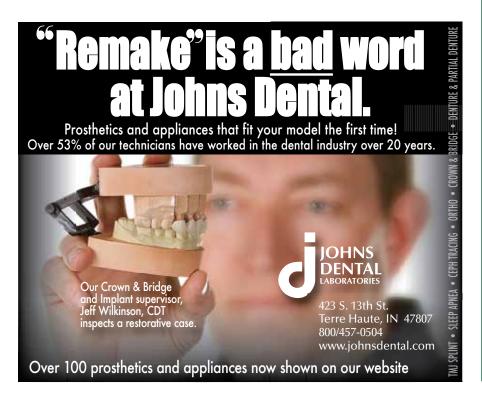
Eligible applicants for the Ohio Dentist Loan Repayment Program (ODLRP) funding include:

- 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.

Information on the loan repayment programs, including the current application, are posted online at http://www.odh.ohio.gov/en/odhprograms/ohs/oral/safetynet/loanpgm.aspx. Interested applicants can also call Mona Taylor at the Ohio Department of Health's Bureau of Community Health Services and Patient-Centered Primary Care at (614) 466-4180.

## **Correction:**

In the Continuing Education listing on page 15 of the January *ODA Today*, the course "Medical Complications in the Dental Office" was listed as a home study course and should have been listed as a video through the Dayton Dental Society. For more information about this video course, contact the Dayton Dental Society at (937) 294-2808.



## **ODA Meeting & Event Calendar**

Feb.

- 8 Statewide Subcouncil on Peer Review
- 22 Finance Committee Council on Membership Services

Mar.

- 19 Ohio Dental Political Action Committee
- 20 Dental Education & Licensure Committee
- 20 Council on Dental Care Programs & Dental Practice
- 20 Day at the Statehouse

## Bureau of Workers' Compensation rule changes impact certification and reimbursement processes

The Ohio Bureau of Workers' Compensation (BWC) has taken steps to increase the availability and quality of care to Ohio workers injured on the job. Health care providers must pay special attention to these rules that went into effect in 2013 as they impact BWC's certification and reimbursement processes.

The rules add a number of health care professionals to those that can be certified to treat injured workers. These include adult day care facilities, anesthesiologist assistants, independent diagnostic testing facilities, and sleep laboratories. The additions are the result of BWC's engagement of health care professionals, who recommended expanding injured workers' access to quality providers, as well as providers' access to the system.

The rules also strengthen certification requirements to bring them more in line with nationally recognized standards and clarify decertification protocols for providers with repeated violations of workers' compensation rules or statutes.

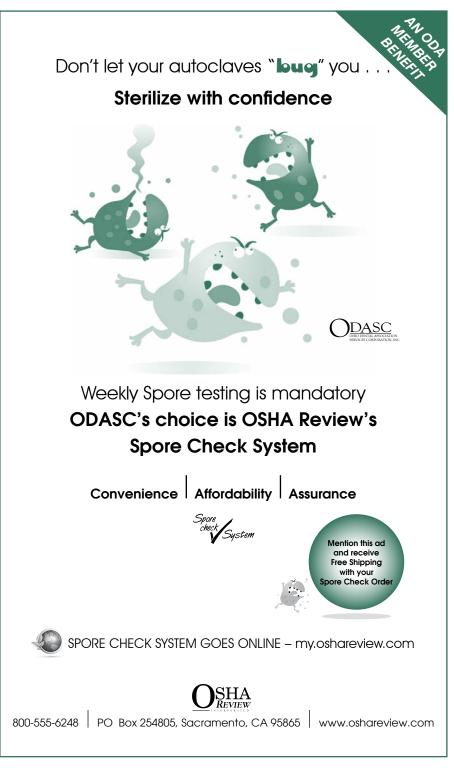
For more information visit www.ohiobwc.com or contact the Provider Relations Contact Center at feedback.medical@bwc.state.oh.us or 1-800-OHIO-BWC (option 0,3,0) with questions.

## Ohio Safety Congress & Expo set for April 9-11

The Ohio Bureau of Workers' Compensation is hosting the Ohio Safety Congress & Expo on April 9 through 11 at the Greater Columbus Convention Center.

This conference will provide solutions for worker safety, workers' compensation and rehabilitation sessions, an equipment and services expo and CEUs.

Visit www.ohiobwc.com for more information or to register.







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# The Ethics Issue

## Welcome to the Ethics Issue of the ODA Today!

What should I do if I want to terminate a relationship with a

What should I do if I know of another dentist who may have an addiction?

What consequences might my actions cause?

What is the best way for me to communicate with my patients?

How can dentists maintain trust with their patients?

How should I handle patient records?

This month's Ethics Issue of the ODA Today will take a look at these questions and several other ethical dilemmas that dentists

Dentists hold a special level of trust with their patients and society. This level of trust often requires dentists to make ethical decisions on everything from treatment options to insurance

Maintaining high ethical standards often requires dentists to go above and beyond what is required by law, and sometimes there is not a clear-cut solution to every ethical dilemma.

As members of the American Dental Association, dentists voluntarily agree to abide by the ADA Principles of Ethics and Code of Professional Conduct. The ADA Code is an evolving document that arises from the implied contract between the dental profession and society.

The ADA Code has three main components: The Principles of Ethics, the Code of Professional Conduct and the Advisory Opinions. For more information about the ADA Code and other ethics resources, visit www.ada.org and search for "ethics guide."

We hope you enjoy our look into some of the ethical dilemmas facing the dental profession today!

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## From the Corner Office





The Director's Chair

David J. Owsiany, JD **ODA Executive Director** 

I am pleased to participate in the ODA Today's symposium of columns related to various ethical issues confronting dentists. The ODA regularly gets calls from our member dentists seeking guidance on how to handle specific scenarios in an ethical manner. One of the most common questions we get is how to terminate the dentist-patient relationship in a proper way. Terminating the dentist-patient relationship requires the dentist to exercise care to minimize the risk of patient abandonment.

#### Obligation to Treat Patients -**Avoiding Discrimination**

There is a difference between refusing to treat new patients and terminating an existing patient relationship. Generally, dentists are free to accept new patients into their practice as they see fit. However, there are exceptions to this general rule. The American College of Dentists Ethics Handbook for Dentists (ACD Ethics Handbook) states that dentists should "avoid actions that could be interpreted as discriminatory" and advises dentists "must be aware of laws and regulations that govern discrimination." Similarly, The American Dental Association Principles of Ethics and Code of Professional Conduct (ADA Code) mandates that dentists avoid refusing to treat a patient based solely on his or her race, creed, color, sex, or national origin. Of course, state and federal laws provide heightened protection for people in these protected classes as well.

Similarly, pursuant to the Americans with

## Ethical considerations for avoiding patient abandonment

Disability Act, a dentist should not refuse to treat a patient because he or she has a disability. For example, a dentist should not refuse to treat a patient solely because the patient is HIV positive or has been diagnosed with AIDS. In general, when accepting new patients, dentists must be aware of laws and ethical guidelines that govern discrimination and must avoid acting in violation of those laws and guidelines.

#### **Terminating the Dentist-Patient** Relationship – Avoiding Patient **Abandonment**

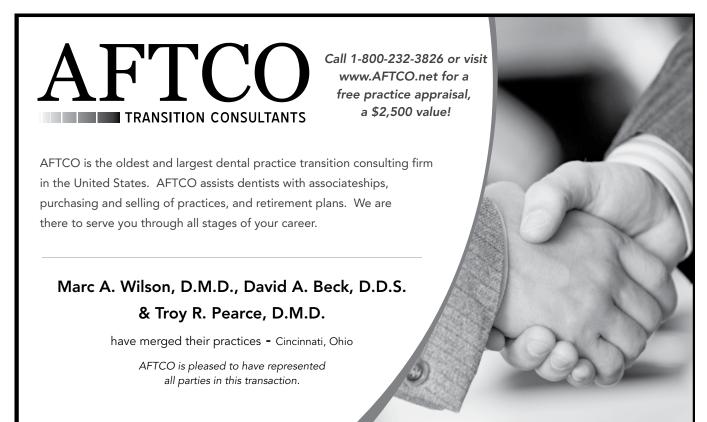
Once a dentist-patient relationship has been established, however, the dentist's

obligations change and a duty may exist beyond only protected classes. Both the ADA Code and the ACD Ethics Handbook warn that, in terminating an existing relationship with a patient, the dentist must avoid "abandoning" the patient. In defining patient "abandonment," the ADA Code states that "once a dentist has undertaken a course of treatment, the dentist should not discontinue that treatment without giving the patient adequate notice and the opportunity to obtain the services of another dentist." This concept of "abandonment" may also be the basis of a civil lawsuit if the dentist does not exercise care in terminating the dentist-patient

relationship. Liability for patient abandonment can arise when the dentist does not give adequate notice of termination and the dentist's refusal to treat causes injury to the patient.

The best way to avoid a claim of abandonment is not to terminate the dentistpatient relationship during the course of treatment. If the relationship must be terminated prior to the completion of treatment, the dentist should discuss the problem with the patient, offer to assist in finding the patient a new dentist, and obtain the patient's consent to end the

See PATIENT, page 10



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# Continuing Dental Education





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- Dental Esthetics
- Temporomandibular Disorders
- Practice Management
- Digital Photography

For details, registration and additional CE course offerings: www.dent.osu.edu/ce

## **Politics & Policy**



Legal Briefs

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

Recently, the Ohio Supreme Court ended a decade long advocacy battle for the ODA. In 2002, the ODA played a key role in passage of a major tort reform measure that overhauled the state's medical and dental malpractice laws. Among other changes, the measure placed caps on damages and allowed for the introduction of collateral source benefits at trial. However, from dentistry's perspective, the most significant provision in the tort reform package was the creation of a four-year statute of repose.

A statute of repose is a legal provision that sets a time frame in which a legal right extinguishes. In other words, the statute of repose places an effective time limitation on when dental malpractice suits may be filed against a treating dentist. The statute of repose adopted as part of the tort reform overhaul bars actions filed more than four years after the date of treatment, except in the case of those patients who are mentally infirm and with minors, in which case the four years begins to run upon emancipation.

The law has been on the books for a decade and during this time has faced a significant court challenge from trial lawyers who opposed its initial adoption. These opponents claimed the provision was an unconstitutional denial of a citizen's right to seek redress through the courts. In 2011, a lower court agreed with the opponent's arguments and declared the provision inconsistent with the Ohio Constitution. However, in 2012, the Supreme Court of Ohio took up the case for review. In December, the court issued its decision in the case of Ruther v. Kaiser and overturned the lower court ruling. The Supreme Court found that the statute of repose does not unfairly deny patients a right to access the court system and is therefore consistent with the Ohio Constitution. There is no further appeal for the case.

Hopefully, the positive conclusion of the decade long battle over the statute of repose will bring much needed certainty and relief to Ohio dentists on a number of issues, including record retention.

### **Record Retention**

Patient records, including X-rays and study models, play an important role in the defense of a malpractice claim. Consequently, dentists are wise to closely examine the issue of records retention and should consider establishing a conservative retention policy.

### PATIENT, from page 9 -

relationship, if possible. Each step a dentist takes in terminating the relationship should be documented in writing. The best practice is to terminate the relationship in writing via certified mail or some form of electronic communication that documents when the patient receives the notice of termination.

The written communication should make clear that the dentist is terminating the relationship and offer to provide copies of the patient's records to a new dentist at the patient's direction and consent. The letter can discuss the reason for the termination (e.g., the patient's failure to follow instructions related to treatment or care, missed appointments, etc.) but does not have to give a reason.

Because both dental ethics and the

# Supreme Court decision may change retention standards for records; ethical issues remain

Ohio did not have an effective time limitation for when malpractice claims could be filed prior to the Supreme Court's decision in Ruther v. Kaiser. The statute of limitations for a malpractice claim is one year from the accrual of the claim. However, the legal definition of "accrual" is when the patient knew or should have known that he or she sustained an injury as a result of treatment or lack thereof. This effectively extends the statute of limitations indefinitely. Accordingly, the ODA, legal professionals and many liability insurers typically recommended that records be retained indefinitely in order to defend lawsuits

However, the positive outcome of the *Ruther v. Kaiser* case is sure to change these recommendations. Dentists should review the issue closely with legal counsel and obtain guidance from their liability carriers when establishing a new records retention policy.

#### **Access and Confidentiality**

Ohio law defines a medical record as "data in any form that pertains to a patient's medical history, diagnosis, prognosis or medical condition and that is generated and maintained by a health care provider in the process of the patient's health care treatment."

Both state law and ADA Principles of Ethics and Code of Professional Conduct (Code) requires dentists to safeguard these data and treat the information as confidential. Section 1.B. of the Code states that "dentists are obliged to safeguard the confidentiality of patient records. Dentists shall maintain patient records in a manner consistent with the protection of the welfare of the patient."

Although the dentist owns treatment records, a patient maintains an absolute right to access those records. This absolute right means that a patient has a right to view or obtain a copy of their records regardless of whether they have an existing balance. State law and the *Code* requires health practitioners to make a patient's records available in a reasonable time upon receiving a request from a patient.

The Code also states that "upon request of ... another dental practitioner, dentists shall provide any information in accordance with applicable law that will be beneficial for the future treatment of that patient." When engaging in the disclosure of records to a party other than a patient, it is wise for a dentist to obtain a written, signed release form from a patient prior to disclosing or releasing any records or information relating to a patient's treatment. It is important to note that the provisions of the Health Insurance Portability and Accountability Act (HIPAA) allow the exchange of health information between providers for the purpose of treatment, payment or health care operations.

law generally favor the patient having adequate notice and opportunity to secure a new dentist, a dentist's duty to treat the patient does not necessarily end with the sending of the termination letter. If a dental emergency arises before the patient has a reasonable time to establish a relationship with a new dentist (usually within 60-90 days of the termination), the terminating dentist may have an obligation to provide emergency care.

It is always difficult when the dentistpatient relationship must be terminated. However, by following the guidelines discussed in this column, dentists can avoid running into ethical and legal trouble when dismissing a patient from their practice. There are certain instances where a dentist may or must provide access to patient records, including: in the reporting a crime, communicable disease, vital statistics or child or elder abuse and in response to a subpoena. Dentists should consult with legal counsel prior to disclosure should any of these circumstances occur.

#### **Charging for Copies**

Dental offices may choose to charge patients and others for copies of records. However, a patient's failure to pay for the copies is not an excuse to withhold the records.

State law sets the maximum fees that health care providers may charge for the duplication of patient records. For a current listing of the maximum allowable charges under state law, contact the ODA at (800) 282-1526. It should also be noted that the *Code* provides that copies should be furnished to patients or other practitioners "either gratuitously or for nominal cost."

Ohio law requires dentists and other providers to furnish, upon request, a copy of records without charge to:

- Bureau of Workers' Compensation
- Industrial Commission
- Department of Job and Family Services

#### **Practice Transitions**

Prospective associates and employees are wise to consider the issue of patient records prior to beginning any new employment situation. Similarly, dentists contemplating the sale of a practice should also take into account the possibility of needing access to records in

the future in the event of a malpractice action, insurance inquiry or regulatory board investigation.

Maintenance, storage and availability of patient records are all issues that should be discussed and resolved, in writing, prior to entering into any employment situation or sale. Competing interests exist on this issue. Employers and purchasers have a legitimate interest in limiting an employee's or seller's access to records because those records are an asset for the practice. However, employees, associates and sellers have an interest in obtaining access to the records of the patients they treat in the event of a malpractice action or dental board investigation.

Dentists should work with an attorney to negotiate and craft an agreement on access to dental records that addresses the interests of both parties.

#### **Electronic Health Records**

The topic of electronic health records (EHR) continues to cause confusion for many dental practices. The American Recovery and Reinvestment Act (ARRA) of 2009, known commonly as the "stimulus bill," authorized the federal government to create an incentive program to promote the use of EHR, but did not require the

See RECORDS, page 11

Legal Briefs is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist's own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances.



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Ethics

## **Dental Insurance Corner**

## Dental Insurance Corner

## **Emerging ethical issues related to dental insurance**

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

Dealing with dental insurance can present dentists with a number of situations that have legal and/or ethical ramifications. Some of the issues involved are rather obvious and well established while others are new and in some cases not quite as clear cut.

## Misrepresentation, AKA insurance fraud

The Ohio State Dental Board (OSDB) may take disciplinary action against a dentist for "obtaining or attempting to obtain money or anything of value by intentional misrepresentation or material deception in the course of practice." Misrepresentation of this nature is what is commonly referred to as insurance fraud.

The American Dental Association Principle of Ethics and Code of Professional Conduct (Code) states that "dentists shall not represent the care being rendered to their patients in a false or misleading manner."

Dentists who falsely or deceptively report to insurance companies such things as dates of service, procedure codes, treating dentist or services provided place themselves in both ethical and legal jeopardy.

The ADA *Code* identifies the way in which dentists report treatment dates and dental procedures to third party payers as areas of ethical concern.

"A dentist who submits a claim form to a third party reporting incorrect treatment dates for the purpose of assisting a patient in obtaining benefits under a dental plan, which benefits would otherwise be disallowed, is engaged in making an unethical, false or misleading representation to such third party." It is similarly inappropriate for a dentist to describe on a "claim form a dental procedure in order to receive a greater payment or reimbursement or incorrectly makes a non-covered procedure appear to be a covered procedure on such a claim form."

Misreporting the name of the actual treating dentist is also a concern to both regulators and third party payers.

### Waiving co-payments

It is a violation of the Ohio Dental Practice Act (DPA) for a dentist to:

 Waive any or all of the payment of a deductible or co-payment a patient would otherwise be required to pay if the waiver is used as an enticement to a patient or group of patients to receive health care services from that dental practice.

• Advertise that he or she will waive any or all of the payment of a deductible or co-payment a patient would otherwise be required to pay.

The OSDB can take disciplinary action against a dentist's license for violating this section of the DPA

Under the ADA *Code*, it is unethical for a dentist to accept a third party payer's reimbursement as payment in full and waive any applicable co-payment without disclosing to the payer that the patient's payment portion will not be collected. Failing to disclose the waiver of the copayment is considered over-billing, an ethical impropriety of deception and misrepresentation, as the over-billing dentist makes it appear to the third party payer that the charge to the patient for services rendered is higher than it actually is.

#### **Discounting fees**

Instead of waiving a patient's copayment, dentists may want to consider discounting fees for patients who meet discount eligibility requirements as set by the dentist.

To discount fees, dentists can simply develop criteria that patients must meet in order to receive the discount and then consistently apply it. For example, an office may give a 10 percent discount to all patients who pay their full fee at the time of service. Or the discount could be applied to patients who are employed by a particular employer or are members of a particular union. The criteria are up to the dentist, but the dentist must avoid criteria that could be considered discriminatory in nature. The important thing is that once the criteria are established, the dentist should consistently extend the discount to all patients who meet them.

Additionally, the discount must come off the top. On the patient's claim form or receipt, the dentist's usual and reasonable fee for the service provided should be listed first, then the discount and finally the patient's actual financial liability.

Dentists should be careful to account for the impact any discount policy they institute has on patients covered under participating provider agreements that contain "most favored nation" provisions, which require the dentist to provide covered patients with the lowest price the dentist charges for a service.

#### **Council on Dental Care Programs and Dental Practice**

Dentists interested in serving as at-large members on the ODA Council on Dental Care Programs and Dental Practice are encouraged to submit their resumes to the ODA. The council deals with dental insurance, regulatory compliance, dental practice and environmental issues. Council members serve two-year terms beginning with the ODA House of Delegates in September. Resumes should be sent to the ODA at 1370 Dublin Road, Columbus, Ohio 43215 or faxed to 614-497-0381 or emailed to chrism@oda.org no later than March 18, 2013.

#### **Social couponing**

Many dentists have turned to social couponing, i.e., utilizing Internet-based coupons or vouchers including those that can be shared via social media, as a means to attract patients. The underlying payment structures of some social couponing programs may, however, cause legal and ethical problems for dentists.

The essence of the concern revolves around whether the business arrangement between the dentist and the social coupon marketer involves fee splitting. These concerns are especially heightened if the social coupon company collects and then keeps a percentage of the dentist's fee that is charged to the patient.

A fee splitting arrangement involving a patient covered by Medicaid or Medicare that amounts to a kickback would very likely be violation of federal law that "prohibits any person from knowingly and willfully offering or paying cash to any person to induce the person to refer a patient for services for which payment may be made under a federal health care program."

The ADA Code prohibits dentists from accepting "rebates" or "split fees." This prohibition "applies to business dealings between dentists and any third party, not just other dentists. Thus, a dentist who pays for advertising or marketing services by sharing a specified portion of the professional fees collected from prospective or actual patients with the vendor providing the advertising or marketing services is engaged in fee splitting. The prohibition against fee splitting is also applicable to the marketing of dental treatments or procedures via 'social coupons' if the business arrangement between the dentist and the concern providing the marketing services for that treatment or those procedures allows the issuing company to collect the fee from the prospective patient, retain a defined percentage or portion of the revenue collected as payment for the coupon marketing service provided to the dentist and remit to the dentist the remainder of the amount collected."

Dentists who utilize social coupon com-

pany services may want to consider arrangements that have prospective patients pay all fees directly to the dentist who, in turn, pays the marketer a set advertising fee for the coupon service as a way to legally and ethically address the fee splitting problem.

Difficult issues can arise when a patient has dental benefits coverage and wants to use a social coupon as well.

In non-contracting situations, the insurance company will expect the dentist to report any social coupon discounts he/she gives to those patients covered by the carrier. Failure to do so could have legal, ethical and longer term reimbursement ramifications.

Intentional misrepresentation of a dentist's fees and charges — like failing to disclose a third party payer — can amount to a legal violation of the DPA. Similarly, the ADA *Code* states that "dentists shall not represent the fees being charged for providing care in a false or misleading manner."

Not properly reporting the dentist's usual and reasonable fee and the patient's actual financial liability can also

## See INSURANCE, page 15

Editor's note: Dental Insurance Corner is intended to offer information and general guidance but should not be construed as legal advice and cannot be substituted for the advice of the dentist's own legal counsel. Dentists should always seek the advice of their own attorneys regarding specific circumstances. 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.

# PARAGON DENTAL PRACTICE TRANSITIONS

William E. Renz, D.D.S.

has acquired and merged
the practice of
William H. Howard, D.D.S.

Mason, Ohio

Paragon is proud to have represented both parties in this Ohio transaction.

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use of EHR by providers.

RECORDS, from page 10 ·

Many dental offices still incorrectly believe that they must convert to EHR by 2014. However, nothing in the ARRA, the incentive program or any other section of the law requires dental offices to implement EHR by 2014 or any other date.

Dental offices that participate in the Medicaid program or are providers through Medicare may be eligible for monetary incentives if the offices adopt an EHR system that meets a "meaningful use" standard. "Meaningful use" has three general requirements; 1) the EHR must be "certified" and be usable in a meaningful way, such as for e-prescribing, 2) the EHR must be able to engage in the electronic exchange of health information in a way that improves quality of health care, and 3) the dentist must submit information on clinical quality measures.

If dental offices do convert to EHR,

there are a few issues to consider. First, any EHR must be able to track the "chain of custody" of a record. This means that the system should record and archive the time, date and author of any changes to a patient chart. This tracking mechanism could prove important in future treatment decisions or in the defense of a lawsuit or other inquiry.

Second, dental offices must consider how the EHR information is stored and account for its safeguarding. Password protections, server integrity and backup are all issues to address with prospective EHR vendors. A data breach in an EHR system can be devastating for a practice. HIPAA violations can carry significant financial and even criminal sanctions.

For additional information on patient records or other legal and ethical issues, visit the ODA website at www.oda.org or call (800) 282-1526.

Your local PARAGON consultant is Jennifer Bruner. Contact her at 866.898.1867 or info@paragon.us.com.



## **Opinion & Editorial**



The Explorer

Matthew J. Messina, DDS Executive Editor

## Speak the Truth

I hope you are enjoying our ethics issue of *ODA Today* as much as we enjoyed creating it. It has been an enlightening experience to call attention to something that is so integral a part of what we do every day. We make decisions so routinely that we often fail to recognize the ethical considerations that are involved. I write often about the ethical nature of professionalism as it relates to the practice of dentistry and our relationships with our patients. Today, I want to broaden the focus.

Ethics is the study of the rules of moral conduct recognized in respect to a particular group or culture. Morality relates to behavior conforming to "right conduct" as determined by that culture. Ethics, to us then, are the principles or habits with respect to right or wrong conduct for our group.

The profession of dentistry does not exist in a vacuum, residing within the walls of our offices. We live and work within the broader world. I believe we have an important role to play in our culture. I know that society is desperately in need of the leadership we bring to the table.

People, as a group, are inclined to be pessimistic, skeptical and fearful. We buy into conspiracy theories without asking the tough questions. Government, the media, religion, companies marketing products, and others willing to trade in that fear have found powerful advantage in fanning the flames of suspicion and doubt. It is far easier to create fear than to provide strength. It is easier to plant the seeds of conspiracy than to argue that one doesn't exist. We live in an age where emotion often trumps logic. When confronted by a mass of facts, people are willing to disregard them, making poor decisions based on gut feelings and instincts.

As a profession, we have been trained

to think critically and look for evidence. Our diagnostic skills are based on observation before jumping to conclusions. We evaluate a problem, list the symptoms and possible causes, then logically select the correct solution and begin treatment. Our ability to assess the situation and look for confirmation of why we choose to believe what we do is a declining skill in today's world.

When arguing against the pop-culture, feelings-based explanations that are rampant on TV and the Internet, we feel at a disadvantage because we are bound by the facts. I struggle with reporters regularly, since our opponents seem to always have a simple point. They can reduce the problems of the day to emotional calls to action based upon a touching human story. My explanation of the science can't be done in a 9 second sound bite. I have to ask people to stick with my response through the whole explanation. After 15 years of frustration, it finally dawned on me that I can't trade nuance for simplicity, and I shouldn't try.

We skip the complicated, time-consuming part at our own risk. While emotion works in the short run, the reality is that subtlety and nuance are the norm, not the exception. Really important concepts require a thorough explanation. Doing it faster renders them less significant and cheapens their value.

There is a fundamental difference between working to persuade and to convince. In the world of marketing, experts know that their goal is to persuade. Marketing guru Seth Godin states that, "Persuasion appeals to the emotions and to fear and to the imagination. Convincing requires a spreadsheet or some other rational device."

My adversaries in the media world are working to persuade. I am left with the more challenging path of convincing based upon scientific facts, then progressing to persuasion to win the day. It is much easier to persuade someone who is in possession of all the facts, someone who is convinced. Then the persuasive part of our arguments can seal the deal.

What does all of this have to do with ethics? The rules of "right conduct" for our culture of professionalism are that we must remain grounded in the scientific method. We believe certain things because those concepts are rooted in the literature and in our training. We remain

continual students, educating ourselves in the latest techniques and medical information. Based upon our learning, we owe it to our patients and to society as a whole to stand firm and resist the tide toward emotional, pop-culture medicine. In politics as well, we must stand and defend our patients, since we are the best, and often the only, advocates for the most vulnerable in society.

We are in a time where the power of the Internet has created boundless opportunity and immeasurable danger. With the click of a mouse, everyone has access to unlimited information, yet they do not have the background or training to evaluate the value and quality of the information they find. We bring the ability to put information into proper perspective. That is a powerful gift, and one that society is desperately in need of now.

The advent of Twitter, blogs, Facebook, Pinterest and other social media outlets has created a way to reach more and more people with ideas, creating a sense of faux intimacy. The Internet is a form of low-resolution mass connection. It's like throwing a thousand bottles into the ocean and waiting to see who gets your message. The value of our profession is that we create real relationships with people that are based upon trust. They trust us because we care. Because we care, we have a vital role to play.

Attention is precious and we need to realize its significance. When we have the attention of our patients individually, or of society as a whole, we need to say what we have to say slowly ... thoroughly. With effect. Supported by science. Backed with the force of our convictions. Our audience is not going anywhere. Certainly not the people we care about. They came to hear what we have to say and will hear us out, even if the explanation is complex. We owe it to them to share the truth with them and give it the respect it deserves.

To be true to our ethical charge as healers, we need to be committed to looking out for the health of our patients and of society as a whole. We must stand up and be counted to speak the truth. It may not be easy, but the right course often runs against the current of popular opinion. As Abraham Lincoln challenged: "Be sure you put your feet in the right place ... then stand firm."

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



## Why Membership Matters: Ethics and Professionalism

In Ohio, the Ohio Dental Association surveys its members about every five years. This is a comprehensive survey that asks questions and asks for opinions about all of the services that the ODA provides for its membership. One of the questions asked is: What is the most valuable thing that organized dentistry does for you as a member? Advocacy is usually the number one answer followed by other services or products that are offered by the ODA. I view advocacy as a vital part of what the ODA offers its members mostly because I am on the front line of our advocacy efforts serving on our Ohio Dental Political Action Committee board

for over 10 years.

However, I personally think the most important thing that organized dentistry offers its members is the American Dental Association *Principles of Ethics and Code of Professional Conduct*. The ADA *Code* is our voluntary pledge as members of the ADA tripartite that guides our conduct as we practice our worthy profession. While I believe most of my fellow ADA members know about the ADA *Code* and probably have read it, I would challenge all of you to read it again. The ADA *Code* is a living document that is updated periodically to continue to guide our profession through the challenges that we face moving into the future.

As a profession, dentistry has enjoyed a long history of trust with the public that we serve. The ADA Code ensures our patients that we put their interests above all else when they present in our offices for treatment. What could be more sacred than that? In this day where outside entities challenge the validity of many professions, including dentistry, what could be more important to our patients than them knowing that we abide by a code of ethics that promises to protect their interests? I would suggest that as a proud member of organized dentistry it might be an excellent idea to display the preamble to the ADA Code in one's office and have a copy of the entire ADA *Code* for patients to review upon request.

Adherence to the ADA *Code* shows that as members of organized dentistry, we stand for something other than increasing profits. It allows us to defend our positions on workforce issues and other challenges to our profession without appearing self-serving or callous to the public. As ADA members, embracing the ADA *Code* is a very powerful individual act that will allow all of us to defend the profession of dentistry one member at a time.

As a leader in the Ohio Dental Association, I have sat through many meetings over the years searching for answers to some of the difficult challenges that face our profession. Sometimes the simplest answers are the best yet most elusive. Relying on our principles spelled out in the ADA *Code* to guide us through the challenges our profession faces seems like the best member benefit I could expect.

Dr. Grbach is a practicing general dentist in Mentor, Ohio, and Treasurer of ODPAC.

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

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The The Ethics

## **Opinion & Editorial**



President's Message

Kim Gardner, DDS ODA President

## The Choice is Yours

Ethic: A set of principles of right conduct. A theory or a system of moral values.

Ethics: The rules or standards governing the conduct of a person or the members of a profession. Synonyms: morals, morality.

- Webster's Dictionary

I sure am glad I'm a dentist. When I look back at the time that I made that decision, it was life changing and it was the right one. Did I think it would be life changing? Nope. Was it the fulfillment of a lifelong dream? Nope. Was I a junior in college trying to figure out what my future could be? Yep. To those who were influenced by your family dentist or orthodontist and encouraged by them to join this profession, I applaud your persistence in following your dream. To those who grew up with a dentist-parent and are now practicing as a result of their guidance, I applaud you also. We all got here by one way or another and today WE are the profession of dentistry.

I am not an ethicist. I have never held a faculty position. I grew up in a small town in southeastern Ohio, raised by hardworking parents. Although my father worked most of his life as an electrician, he was also the recipient of the Purple Heart for wounds he received in World

War II while serving in the U.S. Army. I do not remember my parents ever discussing "ethics" with me. They "lived" ethics every day of their lives. It was their example plus the influence of others outside of my family that shaped the majority of my ethical decision making to this very day. Those "outside" influences have included church, coaches, Boy Scouts, teachers and friends. Were all of my friends the epitome of ethics? Nope. But it didn't take long to figure out which were and which were not. That is probably one of the reasons I have never returned to my college fraternity for a "reunion" since I graduated.

As a profession, dentistry must epitomize ethics. We have been highly educated. I think we tend to forget this fact as we "age" in the profession. We talk about "dental literacy" and "dental IQ." We try to educate our patients in prevention techniques and discuss treatment plans with them that may be way over their heads

and then wonder why they are not really taking care of the beautiful dentistry we just performed for them. Continuous positive reinforcement by doctor and staff is the rule for the rest of their lives. Careful explanations of the options for treatment and advantages and disadvantages of each need to be the norm. What would you say if the patient were your family member? Do you use your position of educational superiority for your own benefit or your patient's?

In the Dec. 10, 2012 *ADA News*, the headline reads, "Dentists Rank High in Gallup Poll." The article goes on to say that "dentistry has moved up to No. 5 in the latest Gallup Poll asking the public to rate professions based on their honesty and ethical standards." Dentists have an "honesty rating of 62 percent this year – slightly lower than physicians, pharmacists and nurses, but tied with their 2006

See CHOICE, page 15



Between the Lines

Ken Jones, DDS, JD Guest Columnist

## Friends

I Have a Friend in Trouble: He is an alcoholic. He's in denial. He says he can control his drinking, and sometimes it looks like he can. He can't. He refuses help

and excuses his behavior and his DUIs. He is in danger of losing his license to practice. He is in danger of losing his credibility. He is in danger of losing everything he has worked so hard to attain. He is in danger of losing those who care about him.

I Have a Friend in Trouble: He's my friend. I've known him for years. Although I don't see him very often, I do consider him my friend. He's a good dentist. He's intelligent and hard working. I think, right now, he considers me to be his friend.

I care about him and the other lives he may affect. I dread the day that I see the headlines that say, "Local Dentist Kills Mother of Three in Alcohol Related Car Crash." I'll feel guilty if I do nothing, but

I can't always be his designated driver.

I Have a Friend in Trouble: He is in trouble <u>now</u>. Last night I saw him falling off his bar stool and took him home. Today, I once again deal with queries from others of his friends and colleagues who ask, "Does he have a problem?" I'm more honest now. I don't cover for him. I tell them, "Yes."

His problem is now. His problem is continuous. His problem is not only immediate, but it will be forever. He will not be cured. At best, he will always be recovering. At worst, he will be dead. He is now, and always will be a friend with a problem — a friend in trouble — though he may soon no longer consider me to

be his friend.

I Have a Friend in Trouble: My friend and I have choices to make. I can confront him, as others have, and let him, if he will, seek treatment voluntarily. Fewer repercussions that way. But, he's already turned down help from those other friends. I can make a formal complaint and the dental board can and will confront him, suspend his license, and force treatment or force him to hit rock bottom.

Yes, he and I <u>both</u> have choices to make, but I have to make <u>my</u> choice soon. His trouble touches my life, too.

#### After all, what are friends for?

Dr. Jones may be reached at jonesddsjd@aol.com.



It's Your Choice

Robert Buchholz, DDS Guest Columnist

## Consequences

"For every action there is an equal and opposite reaction" – Sir Isaac Newton's Third Law

Or there should be!

I can't begin to elaborate on all the times my wrongful actions led to needed punishments. In my formative years the rod was delivered, not spared. As I matured, or so I thought, I decided to challenge the administrator of pain, man to man, and got thumped. From that junction forward any behavior not meeting societal norms was met with "groundings." These were the consequences I received and deserved, I now realize, but as a pre-teen and teen was unable to predict because I failed to ask myself, "If I do this, what will happen to me and those around me?" That's why we call it growing up.

So why, in 1969, married, with a B.S. in Zoology, sitting in the "pits" at Ohio State University (no "THE" then) would the smartest classmate, as "grown up" as me, decide to switch a lower molar typodont tooth to the maxilla and vice versa so he didn't have to use a mirror during the preparation test?

CONSEQUENCE: His fellow student, to his immediate left, calmly got up and told the instructor about his seat mate's north-south confusion and the offender was awarded an F. Ultimately, this scarlet letter also ended up costing him the number one GPA in our class. Is there much

difference between coveting something and greed?

I've written before that dental schools need to establish testing criteria that can measure the existing moral compass of its applicants. An FBI agent and I discussed the testing he had to take, in order to qualify for Quantico training. The FBI rarely errs in its selections. Failing that, prior to admission future doctors should be informed that following their second year of studies, their performance will be evaluated before advancement is justified. Admission will not necessarily equal a diploma. Perhaps a more liberal use of the scarlet F would produce the needed CONSEQUENCES.

Being a member of an esteemed profession is and should be an honor.

Being a member of our associations also should be. Some state associations truly take this to heart. When a member violates the association's ethics code, they lose their right of membership. Any state association that is paying lip service to enforcement is being cowed by our legal system. Strike your code of ethics if CONSEQUENCES don't exist.

You're skeptical?

Push ...

If only, in 1976, when the UAW negotiated dental benefits became effective all across our country and Michigan dentists raised their crown fees, almost in unison, from \$200 to \$400, they would have had the foresight of the CONSEQUENCES of their GREED!

Shove ...

Over the next four decades insurance companies tried several formulas to reign in unanticipated utilization costs. First was "Capitation Dentistry," then "Closed Panel Dentistry," followed by "HMO Dentistry" and finally PPOs. In Ohio one CONSEQUENCE was the formation of two IPAs, by dentists who desperately were seeking an answer to insurance companies'

abuse. I'll grant that MDs blazed the way for our profession in reimbursement policies, but I can't help but wonder about what the economic, "If we had collectively behaved more intelligently," results might have been.

Prior to this last recession PPOs still remained the weak sister to indemnity insurance, but now indemnity Insurance reimbursement is becoming a dying breed.

Push back harder ...

"I'll show those insurance companies I don't need them, I'll only do esthetic dentistry." Let's rip up "ten over ten" (teeth) on everyone. Let's set up new higher centers of cosmetic learning, issue wondrous and oh by the way worthless diplomas, and claim we're "The Best Dentists in America," in Cleveland, Columbus or Bluebell. Full Monty ...

Set fee limits on not covered procedures regardless of a dentist's contractual

The cat and mouse game never ends. Insurance companies print on their envelopes, "Report Fraud" ... dentists hold charges ... insurance letters deny payment because a cleaning was done one day early ... radiographs are lost — or so insurance clerks report, when questioned. The tit for tat battle will continue forever as long as there is a third-party payer.

I could continue ... but it would be as painful as watching Forest Gump play table tennis with himself.

Sir Isaac, you were oh so correct!
I've never written that I have the right solutions to any of our profession's ethi-

cal dilemmas. I'm as guilty as all of you, when crossing some lines that I knew were wrong, and like everyone, I was very skilled at rationalizing them away. A friend once said to me, "It's OK; it's called survival."

He was right, in that we're humans, but it has never made me feel at peace.

A pastor friend of mine was writing a sermon at the same time I was drafting this op-ed. In it he referenced another pastor's sermon about lying.¹ That pastor mentions that the average person lies(cheating also counts) 23 times a day. That's a quarter million whoppers, give or take, in my professional career?

Certainly not something to be proud of. The bottom line is this. The first three months of our training were designed to ingrain us with an appreciation for the beauty of the human tooth. We waxed them, carved them and molded clay to imitate them. And fortunately, most of us learned at this point just how valuable tooth anatomy is. So much so that every time we pick up a drill to destroy tooth structure, we do minimal damage, and our goal is always to educate the patients about how not to let it happen again. Now that's ethical dentistry.

I'll leave it to the higher power to judge me as to how well I did, when my time on earth is finished!

<sup>1</sup>Jim Cymbala: Brookland Tabernacle Church

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#### CHOICE, from page 13

score." "Nurses scored the highest of all the professions tested — with 85 percent of respondents rating the ethics and honesty of nurses as very high or high. Rounding out the top 10 after nurses were pharmacists, physicians, engineers, dentists, police officers, college teachers, clergy, psychiatrists and chiropractors." It goes on to say that, "Gallup has conducted this poll periodically, but doesn't always include dentists as one of the professions tested."

How does that make you feel, Doc? Happy? Elated? Ho Hum? When I scored 62 percent on a test, it wasn't something I celebrated. It is nice to know that we can have the same score that we had six years ago and move up. They must be grading on a curve! Although we should be modestly happy that we have moved up, I thought we used to be No. 1 or No. 2 or No. 3. How did the engineers beat us? WE SHOULD BE No. 1 or No. 2 or No. 3! Will we continue to ascend toward the nurses or descend to the level of chiropractors? The choice is really yours.

Many things influence our decision making. Ethics really is decision making when it comes right down to it. What is right and what is wrong? Have you informed before you performed? How do you use your position of trust granted to you by your profession for the benefit of your patients? Take a look at the ADA Code of Ethics and Professional Conduct. Your membership in this organization is attached to this Code. It is who WE are. Let's see if we can move back to No. 2 or No. 1 the next time Gallup asks.

## 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.

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#### INSURANCE, from page 11

impact upon the insurance company's determination of the profession's customary fee and the carrier's accompanying reimbursement amount for the service in question.

Dentists should also be careful to account for their patients' co-payments when submitting insurance claims in order to comply with both the DPA and the ADA *Code*.

Finally, dentists should consider any actions they may need to take in cases where a coupon holder does not redeem a coupon he or she purchased, thereby creating a situation where the dentist may have been paid for a service that was never delivered.

Dentists who participate in contracts with third-party payers, like preferred provided organizations (PPOs), are cautioned to be aware of any impact a social coupon program would have on their patients who are covered by the contracted payers. For example, if a PPO contract requires the dentist to provide patients it covers with the lowest price the dentist charges for a service (a provision that is commonly knows as a "most favored nation" clause), then the PPO may be able to argue the dentist must also extend the social coupon fee to the PPO's covered patients if that fee is less than the PPO fee.

As the profession continues to address social couponing and other yet-to-be thought of issues related to third-party payment, it will be prudent for dentists to carefully consider and exercise caution if they decide to incorporate these models into their practices.

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