

ODA Today

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

QuickBites

Save the dates:

Give Kids a Smile Day

The 2015 Give Kids a Smile day is scheduled for Feb. 6. To register your event, contact ODA Manager of Public Service and ODA Foundation Morgan Veach at (800) 282-1526 or morgan@oda.org.

ODA Day at the Statehouse

The 2015 Day at the Statehouse will be held March 4 in Columbus. See page 4 for details.

ODA Leadership Institute

The ODA will host its Leadership Institute on March 27-28 in Columbus at the Hilton Columbus Polaris Hotel. See page 9 for details.

ODA Annual Session

The 2015 ODA Annual Session will be Sept. 17-20 in Columbus.

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Governor signs HB 463 into law to improve access to dental care

By ODA Staff

On Dec. 19, Gov. John Kasich signed ODA-backed House Bill 463 into law to help improve access to quality dental care across Ohio.

"House Bill 463 will improve access to much needed dental care for all Ohioans in a safe, effective way," said Dr. Thomas Paumier, Ohio Dental Association president. "The Ohio Dental Association would like to thank the governor and the General Assembly for passing this important legislation."

HB 463, the Ohio Dental Care Modernization Act, was developed from a series of recommendations created by the ODA's Task Force on Auxiliary Utilization and Access to Care and approved by the 2013 ODA House of Delegates. The recommendations are aimed at improving access to quality, comprehensive dental care by focusing on delivery system enhancements and workforce development.

"The ODA's Task Force on Auxiliary Utilization and Access to Care developed a comprehensive list of recommendations that research has shown will help improve access to quality dental care," said Dr. Henry Fields, task force chair and an ODA past president. "House Bill 463 puts many of these recommendations into law, and Ohioans will begin to see results in improved access to dental care provided by qualified dental health professionals."

The task force's recommendations were provided to policymakers seeking positive solutions to Ohio's access to care concerns.



ODA Staff

Then-ODA President Dr. Paul Casamassimo speaks at a press conference in favor of House Bill 463 at the 2014 Day at the Statehouse. ODA Executive Director David Owsiany (left) looks on with Sen. Joe Uecker (R-Loveland) and Rep. Terry Johnson (R-McDermott). Johnson introduced HB 463, which was recently signed into law. Uecker introduced companion legislation in the Ohio Senate.

More information

For more on House Bill 463, see pages 3 and 4, and watch future issues of the "ODA Today" for details on how this legislation will affect you.

In response, State Rep. Terry Johnson (R-McDermott) along with a bi-partisan list of co-sponsors introduced the legislation to enact the ODA's recommendations.

"I would like to thank Rep. Johnson for his leadership and commitment throughout the process of creating this legislation and seeing it through the course of becoming a law," said ODA Executive Director David Owsiany. House Bill 463 was passed unanimously

by the Ohio House and Senate and contains several key provisions.

Delivery System Enhancements

Dental Medicaid Reimbursement Study: HB 463 calls for a study on dental Medicaid reimbursement policies and fees by representatives of the Department of Medicaid, Department of Health, legislators and dentists. Ohio ranks 40th in the nation in reimbursement for Medicaid dental services, and Ohio dental providers have not seen a fee adjustment since the 2000 state fiscal year. A handful of states, including Maryland, Tennessee and Connecticut, recently raised dental Medicaid reimbursement levels, and

See HB 463, page 11

Dentists to hold Give Kids a Smile events across the state

By Jackie Best
Managing Editor

The 13th Annual Give Kids a Smile kick-off event will be held on Feb. 6 at the Mercy Medical Center in Canton. The kick-off event is one of many Give Kids a Smile programs that will take place throughout the year to help children in need receive access to quality dental care.

"It is great to host the kick-off for GKAS at Mercy Medical Center in Canton," said ODA President Dr. Tom Paumier. "The opportunity to have the GPR Residents and Stark County Dental Society members work together to screen children from Canton city schools is a great way to have our newest colleagues be exposed to one of the many ways organized dentistry addresses access to care. It also highlights Mercy's Age 1 dental program to educate our community about the importance of a dental visit by a child's first birthday and providing a dental home for those most in need."

At the kick-off event, GPR residents and Stark County Dental Society volunteers



Photo provided by Dr. Raj Vij

Kids at the 2014 Give Kids a Smile kick-off event. This year's kick-off event will be Feb. 6 at the Mercy Medical Center in Canton.

will provide dental screenings to third-, fourth- and fifth-grade students from Gibbs Elementary School. The Colgate Bright Smiles Bright Futures mobile van will also be on site

to provide screenings, plus will visit three Canton City Schools in the three days leading

See GKAS, page 5



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Delivering dentistry's message

Back in April 2014, Ohio Dental Association immediate past president Dr. Paul Casamassimo (then president) and I presented testimony on behalf of the ODA in favor of House Bill 463 before the Ohio House Health and Aging Committee. We testified again on Dec. 3, 2014, before the Senate Medicaid, Health and Human Service Committee. I know many of you have followed the progress of House Bill 463, which is a multi-pronged approach to updating the Ohio Dental Practice Act and enhancing our ability to break down barriers to care especially for the underserved. This column discusses some of the major provisions of House Bill 463 and highlights the testimony we gave in support of those provisions.

House Bill 463 was the product of the ODA's Task Force on Auxiliary Utilization and Access to Dental Care. Over the last four years, the Task Force met on several occasions getting input from various parties and studying various options for improving access to care in Ohio and better maximizing the potential of the existing dental team. The Task Force's recommendations were presented to the ODA House of Delegates, which gave its approval. The recommendations of the Task Force became the basis for House Bill 463, which was introduced by Rep. Terry Johnson (R- McDermott) in February 2014.

Medicaid study

The ODA knows that the dental Medicaid program is the centerpiece of any attempts to improve access to dental care. Accordingly, House Bill 463 creates the Medicaid Payment Rates for Dental Services Workgroup comprised of legislators, representatives of the Ohio Department of Medicaid and Ohio Department of Health and practicing dentists.

In testimony, Casamassimo explained the current situation as follows:

"We are fortunate in Ohio because policymakers like yourselves have made it a priority to continue the adult portion of our dental Medicaid system. However, work remains to help improve the program and ensure that it is viable. Ohio's Medicaid reimbursements for dental care are 10th from the bottom in the United States, and Ohio's dental providers have not witnessed an increase in reimbursement rates since the year 2000. In fact, Medicaid reimbursements for dental services in Ohio do not even cover the cost of overhead in most dental offices. On average, Ohio Medicaid reimburses dentists less than 40 percent of their regular fee and the typical dental office overhead is 60 percent to 65 percent."

Casamassimo also shared with the committee that in states that have increased dental Medicaid reimbursements, more dentists participate in the Medicaid program and more Medicaid patients get dental care services. He concluded by explaining that "Ohio's dental patients and providers will benefit from an in-depth

study on this critical issue as called for in House Bill 463."

Workforce enhancements

The ODA has a long history of presenting proactive legislation to utilize dental team members in an efficient and effective manner. In testimony, I had a chance to share that history with legislators:

"The ODA has a long-standing tradition of addressing access to dental care through workforce initiatives. In the past, we have supported expansion of duties for all dental team members – including dental hygienists, certified dental assistants, and expanded function dental assistants. In fact, more than three decades ago, Ohio was one of the first states to implement the expanded function dental assistant into the dental delivery team in Ohio. EFDAs are specifically trained to assist dentists in providing restorative procedures for patients. Some states still do not allow for the practice of EFDAs.

See MESSAGE, page 11



ODA Staff
Sixteen students from the Case Western Reserve University School of Dental Medicine attended the Street of Dreams on Nov. 19.

CWRU students tour five dental offices at Street of Dreams event

By ODA Staff

Sixteen students from the Case Western Reserve University School of Dental Medicine attended the Street of Dreams on Nov. 19.

The Street of Dreams program is a collaboration between CWRU, the Ohio Dental Association and the Greater Cleveland Dental Society (GCDS) where students have the opportunity to tour sev-

eral dental offices in the Cleveland area to learn about their options for practicing after graduation.

Drs. Tom Kelly and Stuart Katz led the students (all in their third or fourth year) on tours of five different dental practices, where they learned about different practice models.

"On Wednesday, Nov. 19, 2014, a

See STREET OF DREAMS, page 7

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

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

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

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Legal Briefs

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

House Bill 463, The Ohio Dental Care Modernization Act promoted by the ODA, was signed into law by Gov. John Kasich last month after unanimous approval from the legislature. Among its many provisions to promote increased access to comprehensive dental services, the new law offers additional incentives for new graduates to practice in the state.

First, the act changes dental licensure laws to provide an added incentive for dental students who complete a residency program following dental school. Under current law, in order to qualify for a dental license in Ohio, a person must have: 1) graduated from an accredited dental school, 2) passed parts one and two of an examination administered by the National Board of Dental Examiners, 3) passed a written jurisprudence exam issued by the Ohio State Dental Board, and completed one of the following: successfully pass a clinical examination administered by one of four regional testing agencies or have been licensed and in good standing in another state for the previous five years. House Bill 463 provides a third option and allows dentists who have successfully completed an accredited residency program operated by a dental college or hospital to obtain a dental license.

According to statistics from the Ameri-

Law encourages new dentists to practice in state

can Dental Association, around 20 percent of graduating dentists pursue additional training in a residency program. In Ohio, there are 35 accredited dental residency programs in operation. Many of these programs are hospital-based and provide care for vulnerable populations. As a result, dental residency programs are a large part of the community's dental safety net.

Several states, including New York, California, Connecticut, Minnesota and Washington have added the residency licensure option. The ODA first supported the option through a resolution adopted by the ODA House of Delegates in 2004. The American Dental Association, American Dental Education Association and the American Student Dental Association also support the residency licensure option. The ODA believes this licensure approach will help bolster dental residency programs so that they can continue to recruit top tier dental school graduates and provide care as an important part of our dental safety net.

Opponents of the residency licensure option have argued that it would allow graduates at the bottom of a graduating class who were unwilling to take a clinical exam or unable to pass the exam an avenue to obtain licensure to the detriment of the public. However, a recent study reported in the "New York State Dental Journal" found that these "fears have not been borne out." In fact, there is no data to suggest any increase in adverse occurrences, malpractice actions, or licensing board discipline in those jurisdictions that allow for residency licensure.

In the end, legislators agreed that the completion of an accredited supervised clinical training program is at least as cred-

ible a predictor of a licensure candidate's credentials as a one- to two-day exam, which maintains a final passage rate of over 90 percent.

In addition to the new licensure option, the new law doubles the capacity of the successful Ohio Dentist Loan Repayment Program, which provides student loan repayment assistance for dentists who agree to work in dental professional shortage areas and treat patients regardless of their ability to pay. The program has

placed 26 dentists in dental professional shortage areas since its creation about a decade ago. And over 86,000 patients have received care delivered by loan repayment recipients. The program is fully funded through a surcharge on dentists' licensure fees every two years. In recent years, loan repayment applications have exceeded the capacity of the program so consequently, the new law will increase the surcharge by an additional \$20 in order to double the program.



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

ODA Day at the Statehouse helps educate Ohio legislators

By ODA Staff

Day at the Statehouse, the Ohio Dental Association's most important grassroots advocacy event, will be March 4 at the Columbus Athenaeum in downtown Columbus.

Day at the Statehouse gives dentists and dental students an opportunity to speak with their legislators about issues important to dentistry and advocate for issues that impact their patients, their dental practices and oral health in Ohio.

"Grassroots advocacy is one of the best ways for us as dentists to educate policymakers," said Dr. Mike Schaeffer, ODPAC chair. "Day at the Statehouse gives us an opportunity to sit down with our legislators and get to know them and make sure they get to know us, as dentists and as constituents. It is also an opportunity to make sure they have all of the information they need to make an informed decision, and to advocate on behalf of our patients and our practices."

Day at the Statehouse will include a luncheon for attendees, briefings from the ODA advocacy team on current topics affecting dentistry in Ohio and tips on how dentists can effectively discuss those issues with legislators.

Attendees may also participate in a conference call prior to Day at the Statehouse that will provide an overview of the issues dentists will be asked to discuss with legislators during the event. Before the event, attendees will also receive written materials about the topics that will be discussed.

Registration will open at 8:30 a.m. March 4, and the event will begin with a legislative briefing at 9 a.m. The legislative briefing will be repeated during lunch

at noon.

To register for Day at the Statehouse, visit www.oda.org/events, call (800) 282-1526 or email liz@oda.org. Day at the Statehouse is free for ODA members, dental students and spouses.

"If you have never attended Day at the Statehouse, I would encourage you to attend," Schaeffer said. "The stronger the numbers we have, the stronger our message will be."



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ODA members can pre-pay 2016 dues over 10 months

The Ohio Dental Association offers members the opportunity to pre-pay next year's tripartite membership dues in monthly installments for no additional cost.

Members may begin paying their 2016 dues over a 10-month period (February-November) once they have paid their 2015 membership dues.

Monthly payments differ depending on the cost of each individual's dues category, the cost of component society dues and the time of year a member enrolls. New dentists in the reduced dues program can benefit even more by enrolling in the pre-pay installment program early on and paying their dues in smaller monthly installments before they transition into paying full active dues, which should make that transition even smoother.

For more information or to be enrolled in a pre-payment plan for 2016, call the ODA at (800) 282-1526 or email membership@oda.org to request an enrollment form.

ODA seeking nominations for Awards of Excellence

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

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

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

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

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

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

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

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

GKAS, from page 1

up to the kick-off event.

The GKAS kick-off event will also feature presentations from ODH Director Richard Hodges and other dignitaries. Kristin Byrne, TV reporter/anchor for WEWS in Cleveland, will MC the event. National and state policymakers and local civic leaders are expected to be in attendance.

In addition to the dental care that will be provided at Mercy Medical Center, volunteers with Stark County Dental Society will visit 12 Canton City Elementary Schools to provide free dental care.

Nearly \$100,000 in free dental care is expected to be donated through the Stark County Dental Society's initiatives on this Give Kids a Smile kick-off day.

Across Ohio, local dental societies and individual dental offices will hold Give Kids a Smile events on the kick-off day and throughout the year.

For 2015, about 1,600 volunteers are expected to provide nearly \$800,000 in care to about 19,000 children in need across Ohio.

"GKAS is a great opportunity to underscore the importance of oral health beginning at an early age and often may be the only way many of these children will receive dental care," Paumier said. "Many of our members not only volunteer to screen patients, but to provide follow-

up care when needed. It is very rewarding to see so many children's lives impacted in a positive way, whether it is reinforcing their good oral hygiene or eliminating their pain and dental disease. I encourage all dentists to volunteer for GKAS in their communities to demonstrate organized dentistry's commitment to addressing access to care issues and educating children and their families of the importance of good oral health."

Participating dentists decide the scope, location, number of children and dates of their events. Programs range from basic screening and preventive care to full restorative.

The U.S. Surgeon General continues to report that 51 million school hours are lost each year due to dental disease – and that a child in pain from dental disease will most likely have difficulty functioning in school. In 2011, the Ohio Department of Health reported that access to dental care is our state's number one unmet health care need for children and low-income adults. Dentists can help make a difference in the lives of some of the most vulnerable children by hosting or participating in a Give Kids a Smile program.

For more information, dentists can visit <http://oda.org/community-involvement/give-kids-a-smile/>, or contact ODA Manager of Public Service and ODA Foundation Morgan Veach by calling (800) 282-1526 or emailing morgan@oda.org.

ODA Meeting & Event Calendar

Jan.

- 1-2 ODA closed for holiday
- 12 Subcouncil on New Dentists (call)
- 13 Dental Insurance Working Group (call)
- 13-14 Council on Dental Care Programs and Dental Practice
- 16 Council on Access to Care and Public Service
- 22-23 Executive Committee

Feb.

- 6 Give Kids a Smile Kick-Off Event
- 10 Dental Insurance Working Group (call)
- 13 Finance Committee
- 18 Dental Education and Licensure Committee

Goldberg honored by CWRU with Distinguished Alumni Award

Submitted by CWRU

Jerold Goldberg, DDS, (DEN '70, DEN '74), recently retired dean of Case Western Reserve University School of Dental Medicine, received the university's Distinguished Alumni Award for his contributions and career achievements.

Goldberg is an oral surgeon, scholar, author, educator and academic leader. According to the nomination petition, Goldberg is highly respected by faculty, staff and students, and is the distinguished embodiment of talent at the university.

Goldberg joined the dental school's faculty four years after graduating from the school in 1970. He proceeded to chair the Department of Oral and Maxillofacial Surgery for 10 years. He became the school's interim dean in 1996, with the permanent appointment the following year. He held that position until retiring after the 2013-14 academic year. He continues to contribute to the school through fundraising efforts.

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ODA Foundation raises more than \$200,000 in 2014 for grants, scholarships

By ODA Staff

The Ohio Dental Association Foundation raised more than \$200,000 in 2014, thanks to nearly 1,300 donors.

ODAF primarily raises funds through donations made on dues statements and through the annual raffle fundraiser at Annual Session. Many members participate in both fundraisers.

"Saying 'thank you' is the most important and most enjoyable part of serving as the chair of the ODA Foundation," said Dr. Billie Sue Kyger, 2014 ODA Foundation chair. "Many of you have given of your time, your treasure, and your talent. We are so grateful for your heartfelt generosity! As a result, our Foundation has awarded more than \$125,000 in 2014 in

scholarships to help students with their educational debt and grants to help outreach programs. Our ODA Foundation is self-sustaining, growing and truly making a difference for our dental profession."

This year, the ODA Foundation established a new designated fund, the Rehwinkel Dental Society Fund, which brought \$20,000 to ODAF. The Foundation has nine other designated funds, including the Bob and Peg Hinkle Family Fund. The Hinkle family donates annually to their fund, and they donated nearly \$17,000 in 2014.

Donations to the ODA Foundation help fund grants and scholarships to improve the oral health of the citizens of Ohio and enhance the dental profession in the state.

ODA Foundation scholarships help to

defray the cost of dental education, which continues to rise. New graduates often report that it is a financial burden to begin paying off student loans after graduating while also trying to start a career, and scholarships can help offset this high cost.

Grants help improve access to oral health care by supporting community oral health programs and increasing oral health literacy for vulnerable populations. Grants go to programs that provide services to people in need who would otherwise go without dental care.

"Dentistry is and has always been a 'giving' profession," said Dr. Kim Gardner, 2015 ODAF chair. "We do what we do because it is in our nature as providers of health care. Giving is inherent in a professional person, especially a professional

who cares for others. We particularly care about those who will be filling our shoes in the future and realize that we can help by providing scholarships to help defray the cost of their education. We also care about programs that are helping those who require much needed dental care. Making a commitment of caring through the ODA Foundation is more important now than it has ever been. I encourage you to join your fellow professionals in support of this worthwhile endeavor."

For more information about ODAF and how to donate, visit oda.org/community-involvement/oda-foundation/.

The following is a list of ODAF donors who gave at an advanced level of \$100 or more in 2014. Thank you to all 2014 donors!

2014 ODAF donors \$100 and up (Nov. 1, 2013 – Oct. 31, 2014)

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* These donors have given a cumulative amount of more than \$1,000 over the years.

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Street of Dreams, from page 3

group of intrepid Case dental students braved the cold and snowy day to visit five dentists and their dental offices," Katz said. "They found out about the differences between fee-for-service and insurance driven practices. They saw how a group of dentists were able to get together and not only create a building for dentists to practice in, but how it enhanced their financial future. They found out about retaining good staff, designing a contemporary dental

office and about practice management. This greatly added to their knowledge learned at Case."

Dr. Ryan Wenger, Dr. Jason Schermer, Drs. Marius Laniauskas and Richard Miller, Dr. William Nemeth and Dr. Scott Alperin opened their practices for the students to tour. The offices were located in a single building in Mayfield Heights.

The event concluded with an informal event at Bar Louie with refreshments and networking. CWRU School of Dental Medicine Dean Kenneth Chance attended the reception, along with members of GCDS



ODA Staff

CWRU dental students toured five offices in the Cleveland area at the Street of Dreams event on Nov. 19.

and CWRU alumni staff.

For information about getting involved with the Street of Dreams program, please

contact Karli Hill, ODA director of membership and marketing, at karli@oda.org or (800) 282-1526.

Dental Insurance Corner

Treatment decisions versus benefits decisions

Christopher Moore, MA
ODA Director of Dental Services

How can an insurance company or even its dental consultant make treatment decisions about the care a dentist provides without ever seeing the patient? How can they make treatment decisions based on X-rays alone? The Ohio Dental Association receives many calls throughout the year from member dentists expressing these or similar concerns.

Many times the dentist's concern involves an insurance company's use of language that makes the dentist question whether the carrier is making a treatment determination. Other times it concerns a third-party payer's application of a least expensive alternative treatment (LEAT) clause. (On its website, the American Dental Association defines LEAT as "a type of cost containment measure used by many third-party payers. Under a LEAT clause, when there are multiple treatment options for a specific condition, the plan will only pay for the least expensive treatment." It is hoped that the least expensive treatment option would also be considered professionally acceptable.)

Most if not all of the time it would be considered inappropriate for an insurance company to determine the best treatment option for a patient. In fact, many carriers are typically careful to state they do not determine or dictate treatment and their decisions should not be interpreted as such. Actual treat-

ment decisions should be made by the patient and the dentist, not the insurer.

The insurance company's job is to make benefit determinations. These determinations are typically based on the patient's benefit plan and the insurance company's payment policies.

The benefit plan is typically provided as a contract between the patient or the subscriber and the employer who is providing or sponsoring the benefit.

Most benefit plans contain limitations (services that are covered only under certain circumstances) and exclusions (services that are not covered under any circumstances) that limit the third-party payer's financial responsibility. Some of the limitations and exclusions may make no sense to the average dentist from an oral health care or treatment perspective.

For example, not too long ago a dentist complained to the ODA's Dental Insurance Working Group that a claim for an X-ray he took while doing an exam was denied. The dentist questioned how could the insurance company expect him to do an exam without taking an X-ray? Not taking the radiograph would, in the dentist's eyes, amount to substandard care.

After contacting the patient's employer to look at the patient's benefits more closely, it was learned that the patient had multiple benefit plans from which to choose. He selected a dental benefit option that was limited to one exam and cleaning per year. This option was fully funded by the employer and had no employee payroll deduction. The other benefit options that the patient passed

over all covered two cleanings and exams per year along with radiographs. They also required the patient to partially fund them through a payroll deduction.

The patient's penny wise pound foolish approach to selecting his dental benefits plan speaks to a problem that most dentists recognize – patients many times have no idea about the benefits to which they are entitled yet try to hold the dentist accountable for decisions relative to them.

Another more common example involves plans that limit a patient to one cleaning every 180 days as opposed to two cleanings a year. From an oral health care or treatment perspective (the dentist's concern) there is probably little or no difference between providing a prophylaxis on day 179 versus day 180, but from a benefits perspective (the insurance company's) the one day difference determines how much the patient and third-party payer each pay toward the cost of the cleaning.

Less clear cut situations involve an insurance company's payment policies. Some carriers post these policies on their websites while others do not. These policies determine the criteria the third-party payer wants to see met before authorizing

benefits for the service in question.

For example, many insurers have a payment policy that crowns are only covered as a benefit when teeth cannot be restored with amalgam or composite resin restorations. It would be up to the insurer's dental consultant to make the professional determination if the tooth in question cannot be restored by something other than a crown based on the information the dentist submits with claim.

When disputes with third-party payers arise, the dentist may want to keep in mind that he/she is probably on stronger ground if the matter centers on treatment whereas the insurance company may be in a better position if it is focused on benefits.

The dentist examined the patient, formed a diagnosis and with the patient developed a treatment plan that best meets the patient's needs. The treatment plan may or may not have aspects that are actually covered as reimbursable expenses under the patient's benefits plan. The insurance company may be on shaky ground if it wants to dispute the dentist's treatment

See **INSURANCE**, page 15

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

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ODASC makes it possible.

The ODA Wellness Trust* (ODAWT) is a private, non-profit, self-funded, health benefit plan. This plan is being exclusively developed by ODASC to help members battle the increasing cost of healthcare benefits. ODAWT will utilize the buying power of its association members as a combined group to provide healthcare benefits at extremely competitive rates.

Spiraling health care costs represent an enormous challenge to the profitability of dental care providers and their employees. Larger organizations have addressed these challenges by implementing their own self-funded arrangements as a way to control those costs and better manage their benefit programs. Through the use of an association based self-funded trust, ODAWT will be able to offer members the same cost efficiencies larger organizations use to control their health care benefit costs.

Watch the "ODA Today" for updates and important information about ODAWT. ODA members and their staff who need to enroll in insurance should call ODASC. Experienced ODASC staff members can help dentists and staff to choose a health insurance plan from the marketplace that will best suit their needs, and then help them enroll.



www.odasc.com | (800) 282-1526

*The ODA Wellness Trust is currently pending approval.

ODASC
OHIO DENTAL ASSOCIATION COLLECTIVE INSURANCE COOPERATION, INC.

ODA Leadership Institute set for March 27-28

By ODA Staff

The 2015 Ohio Dental Association Leadership Institute – Learn, Lead, Succeed – will give members the resources they need to rejuvenate their work and become leaders in their own practices, communities and lives. This year's Leadership Institute will be March 27-28 at the Hilton Columbus Polaris Hotel.

This year's event will feature presentations on trends in dentistry in Ohio and the U.S., the patient-centered medical home, working with millennials and updates on organized dentistry and membership recruitment. Breakout sessions will provide more detailed information on topics of interest to attendees, and members also will have a chance to network and catch up with friends colleagues from across the state. Attendees will also be able to earn up to four CE credits.

"The Leadership Institute is a unique opportunity to spend time with colleagues from across the state who desire to expand their leadership skills through networking and by obtaining the latest updates affecting the dental profession," said ODA President Dr. Tom Paumier.

"This year's Leadership Institute is particularly relevant as Dr. Marko Vujicic, vice president of the ADA Health Policy Institute, will provide the latest research related to trends within the profession affecting every dentist regardless of their type of practice or stage in their career. Complementing this information will be a presentation by Marilyn Moats Kennedy on generational differences in consumer behavior to enable the participants to implement strategies to best meet the needs of patients. Additionally the break out sessions will help enhance communication skills and better educate practitioners in best practices related to Medicaid and insurance audits. This truly is a 'can't miss' experience and amazing membership value as it is sponsored by Superior Dental Care and the ODA, with no cost to participate."

Keynote speakers this year will include Dr. Marko Vujicic, chief economist and vice president of the Health Policy Institute at the American Dental Association; Dr. Ted Wymyslo, chief medical officer for the Ohio Association of Community Health Centers; and Marilyn Moats Kennedy, founder and president of Moats

Kennedy, Inc.

On Friday afternoon, attendees will be able to attend two of the following breakout sessions:

- "Best Practices for Regulatory Compliance in 2015" – Chris Moore, ODA director of dental services, will present up-to-date and easy-to-use information on new regulatory compliance issues affecting dental practices. Attendees will earn one CE credit.
- "Breaking News! - Hot Tips to Get the Word Out!" – Angela Krile, president of Krile Communications, and Dr. Matt Messina, ADA national spokesperson, will help attendees develop the skills necessary to communicate oral health issues with patients and the community.
- "Parliamentary Procedure 101" – Dr. Michael Halasz, ODA speaker of the house, will provide methods of conducting meetings in a fair, orderly and expeditious manner through a working example of presenting a motion, amending it, referring it and ending debate.

See LEADERSHIP, page 11

2015 Leadership Institute Schedule

Friday, March 27

10 a.m.

Registration opens

11 a.m.

Welcome from Dr. Thomas Paumier, ODA president

11 a.m. – noon

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

Noon – 1 p.m.

Lunch

1 – 2 p.m.

Breakout Sessions – Round 1

- "Best Practices for Regulatory Compliance in 2015," presented by Chris Moore, ODA director of dental services (1 CE Credit)
- "Parliamentary Procedure 101," presented by Dr. Michael Halasz, ODA speaker of the house
- "Third-Party Audits: Preparation Through Compliance," presented by Dr. Steve Adair, president of Palmetto Dental Consulting (1 CE Credit)

2:15 – 3:15 p.m.

Breakout Sessions – Round 2

- "Best Practices for Regulatory Compliance in 2015," presented by Chris Moore, ODA director of dental services (1 CE Credit)
- "Breaking News! - Hot Tips to Get the Word Out!" presented by Angela Krile, president of Krile Communications, and Dr. Matt Messina, ADA national spokesperson
- "Third-Party Audits: Preparation Through Compliance," presented by Dr. Steve Adair, president of Palmetto Dental Consulting (1 CE Credit)

3:30 – 4 p.m.

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

4 – 4:30 p.m.

"Strategies for Membership Recruitment and Retention," presented by an ODA member panel

4:30 – 6 p.m.

Reception

Saturday, March 28

7:30 – 8:30 a.m.

Registration and Breakfast Buffet

8:30 a.m.

Welcome from Dr. Thomas Paumier, ODA president

8:30 – 9 a.m.

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

9 – 10 a.m.

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

10 – 11 a.m.

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

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



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Dental topics:

- Oncologic dentistry and maxillofacial prosthetics
- Local delivery of chemoprevention
- The oral microbiome and systemic disease
- Management of orbital fractures
- Biologic aspects of tooth preparation

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2015 Continuing Education course listing

The following is a list of continuing education (CE) courses, as provided by Ohio component dental societies. For a more comprehensive roster of available CE opportunities, including ongoing opportunities, visit www.oda.org. To sign up for any of the CE classes listed below, use the contact information included with each course listing.

The information contained below was provided by outside third parties. The ODA is not responsible for the accuracy of the information, and individuals are encouraged to contact CE providers directly in order to verify information regarding these CE courses, including qualification for Ohio State Dental Board credit. A CE program or provider's inclusion in this list does not constitute an endorsement by the ODA.

The Ohio State Dental Board requires 40 hours of CE every biennium in order to renew a current dental license.

Member education opportunities are available to help dentists discover new products, new delivery systems, and how to keep up with new rules and trends. There are many ways dentists and in some cases, auxiliary staff, can earn CE credits.

For more information on free and discounted CE courses offered for dentists and staff members through the ODA, opportunities to earn CE online at a special member price, special video taped courses offered to members at discounted rates and member discounted CE courses during ODA Annual session please visit www.oda.org.

2015 Continuing Education Courses

January

- 16 **"Anterior & Posterior Aesthetic Restorations"**; Speaker: Dr. Stephen Poss; CE: 6.5; Location: Youngstown; Contact: Corydon Palmer Dental Society @ (330) 759-5085
- 16 **"Contentious Issues in Dental Practice ~ Consensus & Disputes in Medical and Pharmacotherapeutic Management"**; Speaker: Dr. Daniel Becker; CE: 6; Location: Dayton; Contact: Dayton Dental Society @ (937) 294-2802
- 21 **"The Oral Examination & Common Pathologic Entities" & "Pain Control and Analgesics"**; Speaker: Dr. John Gobetti; CE: 4 each; Location: Elyria; Contact: Lorain County Dental Society @ dr.AstleyLCDS@gmail.com
- 22 **"Infection Control and Regulatory Compliance in the Dental Office"**; Speaker: Christopher Moore; CE: 3; Location: Medina; Contact: Medina County Dental Society @ (330) 723-7566

February

- 5 **"Stuff Worth Knowin' About Money, Practice, and Life!" and Building a Booming Business"**; Speaker: Wayne E. Kerr, DDS, MAGD; CE: 7; Location: Cincinnati; Contact: Cincinnati Dental Society @ (513) 984-3443
- 6 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371
- 7 **"2015/Monitoring Nitrous Oxide Sedation"**; Speaker: Sheri Sauer, CODA, CDA; CE: 6; Location: Columbus; Contact: Columbus Dental Society @ (614) 895-2371
- 18 **"Dentures and Fixed Prost."**; Speaker: Alan Banks from Roe; CE: 7; Location: N/A; Contact: Dr. Hans Guter @ (740) 474-4396
- 18 **"Efficient & Effective Endodontics"**; Speaker: Dr. Phillip Michaelson; CE: 8; Location: Elyria; Contact: Lorain County Dental Society @ dr.AstleyLCDS@gmail.com
- 20 **"Essential Anterior Dentistry: Digital Portrait to Completed Case" (a.m.) then Hands-on (p.m.)**; Speaker: Martin B. Goldstein, DMD, FAGD; CE: 3.5 for a.m. and 3.5 for p.m.; Location: Cuyahoga Falls; Contact: Akron Dental Society @ (330) 376-3551 or Stark Dental Society @ (330) 305-6637

March

- 4 **"Infection Control in the Dental Office"**; Speaker: Fady Faddoul, DDS, MSD; CE: 4; Location: Cleveland; Contact: The Greater Cleveland Dental Society @ (440) 717-1891
- 6 **"The Modern Restorative Practice"**; Speaker: Michael DiTolla, DDS, FAGD; CE: 6; Location: Columbus; Contact: Columbus Dental Society @ (614) 895-2371
- 11 **"Esthetic Dentistry – Redefining the Cliche"**; Speaker: Dr. Foroud Hakim; CE: 8; Location: Elyria; Contact: Lorain County Dental Society @ dr.AstleyLCDS@gmail.com
- 13 **"Modern Endodontics – From Theory to Practice"**; Speaker: Martin Trope, DMD; CE: 7; Location: Cincinnati; Contact: Cincinnati Dental Society @ (513) 984-3443
- 13 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371
- 18 **"Introduction to Implant Surgery for the General Practitioner"**; Speaker: Evan Tetelman, DDS; CE: 4; Location: Cleveland; Contact: The Greater Cleveland Dental Society @ (440) 717-1891
- 18 **Annual Clinic Meeting; "Neck, Back & Beyond: Preventing Pain for Peak Productivity"**; Speaker: Bethany Vilachi, PT, MS, CEAS; CE: 6; Location: Dayton; Contact: Dayton Dental Society @ (937) 294-2802

April

- 10 **"Endodontics for General Dentist" (a.m.) and then Hands-on (p.m.)**; Speaker: Manor Haas, DDS; CE: 3.5 for a.m. and 3.5 for p.m.; Location: North Canton; Contact: Akron Dental Society @ (330) 376-3551 or Stark Dental Society @ (330) 305-6637
- 15 **Spring Clinic**; Speaker: Various; CE: Various; Location: Toledo; Contact: Toledo Dental Society @ (419) 474-8489
- 15 **"Endodontic Instrumentation: Hand vs. Rotary Instruments"**; Speaker: James Kullild, DDS, MS; CE: 4; Location: Cleveland; Contact: The Greater Cleveland Dental Society @ (440) 717-1891
- 16 **"Infection Control: That Thing You Do. Why do you do it?"**; Speaker: Dr. John Molinari; CE: 6.5; Location: Youngstown; Contact: Corydon Palmer Dental Society @ (330) 759-5085
- 17 **"A Day of Oral Medicine: Pertinent and Practical Information for Your Private Practice"**; Speaker: Mark J. Kutcher, DDS, MS; CE: 7; Location: Cincinnati; Contact: Cincinnati Dental Society @ (513) 984-3443
- 17 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371
- 18 **"2015/Monitoring Nitrous Oxide Sedation"**; Speaker: Sheri Sauer, CODA, CDA; CE: 6; Location: Columbus; Contact: Columbus Dental Society @ (614) 895-2371
- 22 **"Diagnosing & Treating the Worn Dentition" and "Restorative Options for Today's Practice"**; Speaker: Dr. John Gobetti; CE: 4 each; Location: Elyria; Contact: Lorain County Dental Society @ dr.AstleyLCDS@gmail.com

May

- 1 **"The Christensen Bottom Line 2015"**; Speaker: Gordon Christensen, DDS, MSD, PhD; CE: 7; Location: North Canton; Contact: Akron Dental Society @ (330) 376-3551 or Stark Dental Society @ (330) 305-6637
- 6 **North Coast Spring Meeting**; Topics: Various; Speakers: Various; CE: Up to 19; Contact: The Greater Cleveland Dental Society @ (440) 717-1891

May

- 8 **"Diagnosing and Treating the Worn Dentition" and "Restorative Options for Today's Practice"**; Speaker: Thomas Dudney, DMD; CE: 7; Location: Cincinnati; Contact: Cincinnati Dental Society @ (513) 984-3443
- 15 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371
- 20 **TBD**; Speaker: TBD; CE: TBD; Location: N/A; Contact: Dr. Hans Guter @ (740) 474-4396

June

- 6 **"2015/Monitoring Nitrous Oxide Sedation"**; Speaker: Sheri Sauer, CODA, CDA; CE: 6; Location: Columbus; Contact: Columbus Dental Society @ (614) 895-2371
- 26 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371

August

- 7 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371
- 22 **"2015/Monitoring Nitrous Oxide Sedation"**; Speaker: Sheri Sauer, CODA, CDA; CE: 6; Location: Columbus; Contact: Columbus Dental Society @ (614) 895-2371

September

- 17-20 **Ohio Dental Association Annual Session**; Location: Columbus; Contact: ODA (800) 282-1526
- 23 **TBD**; Speaker: TBD; CE: TBD; Location: N/A; Contact: Dr. Hans Guter @ (740) 474-4396
- 25 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371

October

- 2 **"Dental Potpourri"**; Speaker: Dr. Stephen Poss; CE: 6.5; Location: Youngstown; Contact: Corydon Palmer Dental Society @ (330) 759-5085
- 7 **"Management: Prevent the Lawyers from Knocking"**; Speaker: Michael Hauser, DMD; CE: 4; Location: Cleveland; Contact: The Greater Cleveland Dental Society @ (440) 717-1891
- 9 **"Restorative Materials: The Path to Beautiful Dentistry"**; Speaker: Charles W. Wakefield, DDS, MAGD, ABGD, FICD, FACD; CE: 7; Location: Cincinnati; Contact: Cincinnati Dental Society @ (513) 984-3443
- 9 **"The Adhesive Restoration"**; Speaker: John O. Burgess, DDS, MS; CE: 6; Location: Dayton; Contact: Dayton Dental Society @ (937) 294-2802
- 9 **"Come in and Catch it: the review that sticks" & "Great Cases with New Faces"**; Speaker: Dr. John Svirsky; CE: 7; Location: North Canton; Contact: Akron Dental Society @ (330) 376-3551 or Stark Dental Society @ (330) 305-6637
- 21 **"Periodontic for the General Practitioner"**; Speaker: Jason Stroom, DDS; CE: 4; Location: Cleveland; Contact: The Greater Cleveland Dental Society @ (440) 717-1891
- 24 **"2015/Monitoring Nitrous Oxide Sedation"**; Speaker: Sheri Sauer, CODA, CDA; CE: 6; Location: Columbus; Contact: Columbus Dental Society @ (614) 895-2371
- 30 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371

November

- 5-10 **American Dental Association Annual Session**; Location: Washington, DC; Contact: ADA (800) 621-8099
- 11 **"The "All-On-Four"® Implant Prosthesis**; Speaker: Fady Faddoul, DDS, MSD and Faisal Quereshey, MD, DDS; CE: 4; Location: Cleveland; Contact: The Greater Cleveland Dental Society @ (440) 717-1891
- 18 **"Practical Pearls in Restorative Dentistry: A Day with Donovan"**; Speaker: Dr. Terry Donovan; CE: 6.5; Location: Youngstown; Contact: Corydon Palmer Dental Society @ (330) 759-5085

December

- 2 **"Restorative Paradigm: Adhesive Dentistry"**; Speaker: Jay Resnick, DDS; CE: 4; Location: Cleveland; Contact: The Greater Cleveland Dental Society @ (440) 717-1891
- 4 **"Seven Hour Dental Assisting Radiology 2015"**; Speaker: Various; CE: 7; Location: Westerville; Contact: Columbus Dental Society @ (614) 895-2371
- 5 **"2015/Monitoring Nitrous Oxide Sedation"**; Speaker: Sheri Sauer, CODA, CDA; CE: 6; Location: Columbus; Contact: Columbus Dental Society @ (614) 895-2371
- 11 **"Predictably Successful Implant Overdentures"**; Speaker: David R. Cagna, DMD, MS; CE: 6; Location: Dayton; Contact: Dayton Dental Society @ (937) 294-2802

For a more comprehensive roster of available CE opportunities, visit www.oda.org

MESSAGE, from page 3

House Bill 463 continues that tradition of utilizing the dental team to the fullest extent.”

The ODA’s main goal is to enhance the opportunities for dental hygienists, EFDAs and CDAs to deliver prevention services, like dental sealants and fluoride varnish, as well as providing oral health education. I explained to the committee that “we know that most dental disease is preventable, so by enhancing the dental team’s ability to deliver preventive services and oral health education, we can limit patients’ exposure to dental disease in the first place.”

Among other things, House Bill 463 will (1) allow EFDAs and CDAs to participate in school sealant programs, (2) allow a dentist to supervise up to four dental hygienists at a time, (3) reform the general supervision and Oral Health Access Supervision guidelines to allow greater flexibility for dental hygienists to see patients, and (4) allow CDAs and EFDAs to perform prevention services outside the presence of a dentist provided certain safeguards are in place.

Casamassimo summarized the bill’s approach to workforce to the Senate Medicaid, Health and Human Services committee as follows:

“Upon extensive review and research, the ODA believes that Ohio’s dental team can be utilized in a more efficient, effective manner to improve access to dental services. Simply put, we believe that all members of the dental team can perform tasks under their current scope of practice with a lower level of supervision by a dentist.”

Loan repayment and scholarships

About a decade ago, the ODA worked with the General Assembly to pass legislation creating the Ohio Dentist Loan Repay-

ment Program. This program is entirely funded by a \$20 surcharge on dentists’ license fees every two years. With about 7,000 licensed dentists, Ohio’s dentists provide about \$140,000 every two years into the Dentist Loan Repayment Program. The Ohio Dentist Loan Repayment Program provides loan repayment for dentists who agree to practice in designated shortage areas and treat Medicaid patients and otherwise provide care to patients without regard to their ability to pay.

I explained in testimony that:

“This innovative program addresses multiple issues at once. Dental education is very costly with the typical dental student graduating with more than \$200,000 in student loan debt. Moreover, Ohio has more than 80 designated dental professional shortage areas. This program helps to address both of these issues – providing recent dental school graduates with loan repayment assistance while encouraging dentists to provide care in designated shortage areas.”

Since the program’s inception, 26 dentists have participated in the Ohio Dentist Loan Repayment Program providing care to tens of thousands of under-served Ohioans in both rural and urban communities. House Bill 463 doubles the capacity of the Ohio Dentist Loan Repayment Program by raising the fee that the dentists pay to \$40 every biennium. We expect this will result in twice as many dentists participating in the program, caring for twice as many under-served Ohioans.

House Bill 463 will also provide additional scholarship opportunities for dental students in Ohio. Currently, the Choose Ohio First Scholarships program provides scholarships to qualified Ohio students in the fields of science, technology, engineering, mathematics and medicine (STEMM). The program awards Ohio

colleges, universities and their business partners that have developed innovative academic programs to recruit and retain more Ohio students into STEMM fields. To date, Choose Ohio First scholarships have been awarded to more than 4,000 students in 28 programs involving 41 Ohio public and private institutions. Scholarship awards range from \$1,500 to \$5,200 per student, per academic year. House Bill 463 will make dental education eligible for participation in the Choose Ohio First program.

Enhancing dental residencies in Ohio through an alternative pathway to licensure

Both the ODA and the ADA have policy in support of allowing successful completion of an accredited dental residency program as an alternative pathway to licensure. This idea was included in House Bill 463, and I explained this provision in testimony as follows:

“Pursuant to this legislation, to qualify for licensure an applicant must graduate from an accredited dental school, pass parts one and two of the National Board Dental Examinations and pass a jurisprudence exam administered by the Ohio State Dental Board, all of which are required under current law. House Bill 463 will permit applicants the option of completing an accredited dental residency program of at least one year in length – instead of taking a one-shot clinical exam – to satisfy the final step for licensure.”

I explained that several other states allow for this pathway to licensure, including California, New York, Minnesota, Connecticut and Washington, and that there has been no negative impact on dentistry or patient care in those states. I also explained that this new pathway to licensure will be beneficial to Ohio’s

residency programs, which are important parts of the dental safety net in many communities.

Dr. Casamassimo drew on his own experience in explaining to the committee that:

“Residency programs provide excellent clinical experience for new dental school graduates. I served as program director for the OSU pediatric dental residency program at Nationwide Children’s Hospital and can attest that the residents produced by the program are well trained and well prepared for practice and have obtained an added comfort level treating vulnerable patient populations. Each one of the residents was better prepared for practice on the day they left than on the day they entered.”

Conclusion

In addition to our testimony, many of you contacted your legislators during ODA’s Day at the Statehouse and through letters, emails, and calls urging your elected representatives and senators to support House Bill 463. ODA’s professional advocacy team continued to work with legislators on a daily basis at the Statehouse to ensure they understood our issues. And all that effort paid off! In June, the Ohio House of Representatives passed House Bill 463 by a vote of 95 – 0. In December, the Ohio Senate passed House Bill 463 by a vote of 32 – 0. Gov. John Kasich signed House Bill 463 into law on Dec. 19.

This is a tremendous victory for the ODA and dental profession in Ohio. More importantly, passage of House Bill 463 is a victory for Ohio’s dental patients who will benefit from the bill’s reforms in terms of enhanced access to dental care and the efficient delivery of high quality dental services.

HB 463, from page 1

participation in the program increased dramatically. Results of the study will be reported to the governor and members of the General Assembly for their consideration.

Dentist Student Loan Repayment Program: The bill will double the capacity of the Ohio Dentist Student Loan Repayment program, which has placed 26 dentists in dental professional shortage areas since its creation about a decade ago. The program is fully funded through a \$20 surcharge on dentists’ licensure fees every two years and funds student loan repayment for applicants working in dental professional shortage areas who treat patients regardless of their ability to pay. In recent years, loan repayment applications have exceeded the capacity of the program and the bill increases the surcharge by an additional \$20 to double the program.

At the request of the Ohio Dental Hygienists’ Association, House Bill 463

creates a similar dental hygienist loan repayment program that will be funded through a \$10 biennial surcharge on dental hygienists’ licensure fees.

Temporary Volunteer License: The legislation creates a temporary volunteer professional license for dental providers from other jurisdictions who participate in free care events such as Give Kids a Smile, Mission of Mercy, Remote Area Medical and other programs. Volunteers will be able to receive a one week temporary license from the Ohio State Dental Board if they are properly licensed in another jurisdiction and provide the services without remuneration. Holders of the license will be authorized to provide only limited procedures, including routine dental restorative work, the scaling of teeth, and extractions of teeth that are not impacted.

Workforce Development

Dental Residency Programs: House Bill 463 helps bolster dental residency programs by creating an alternative pathway to licensure for residents who

successfully complete an accredited program. These graduates would not be required to complete a regional board exam to secure state licensure. Dental residency programs have become an important part of the dental safety net and the legislation provides these programs with incentives to continue to recruit qualified residents.

Dental Team Changes: Other legislative provisions related to workforce development include modifications to the Oral Health Access Dental Hygienist Supervision Program to improve its effectiveness, expansion of general supervision to allow EFDAs, certified dental assistants and dental assistant radiographers to practice on a limited basis without a dentist being physically present, and allowing a dentist to supervise up to four hygienists at any one time.

Scholarship Opportunities: Finally, the bill expands the Ohio First Scholarship program to apply to dental education. Ohio First was created to help prevent a “brain drain” of the state’s best students and awards scholarships to those pursuing science-based training and medical education. The bill adds dental education to those scholarship opportunities.

“House Bill 463 is an important measure that will help improve access to quality, comprehensive dental services for our most vulnerable populations by improving our dental delivery system, strengthening our dental workforce and maximizing their efficiency,” said ODA Past President Dr. Paul Casamassimo.

Look for more information on the provisions of House Bill 463 on pages 3 and 4 and in upcoming editions of the “ODA Today.”

LEADERSHIP, from page 9

• “Third-Party Audits: Preparation Through Compliance” – Dr. Steve Adair, president of Palmetto Dental Consulting, will provide information on creating a compliance program and proper dental record documentation in case of a third-party audit. Attendees will earn one CE credit.

Friday’s programming will end with a reception where attendees can catch up with friends and meet new colleagues. Programming will continue Saturday morning, with breakfast and prominent keynote speakers.

The Leadership Institute is the ODA’s award-winning program developed to

help all ODA members become more successful and effective leaders. Leadership Institute is free for ODA members and dental students.

The ODA has reserved a block of rooms at the Hilton Columbus Polaris Hotel for \$141 per night, which can be reserved by calling (614) 885-1600 or (888) 864-8055 and asking for the Ohio Dental Association rate.

Registration will be available this month at oda.org/events, by calling the ODA at (800) 282-1526, or via mail with a paper registration form that will be mailed this month. Watch future issues of the “ODA Today” and “NewsBytes,” plus follow @OhioDentalAssoc on Twitter for more information.

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The Explorer

Matthew J. Messina, DDS
Executive Editor

A clean sheet of paper

At this time last year, 2014 was set to be a year of great change. Two children were scheduled to graduate from college, Caitlin with a Doctorate in Physical Therapy from Duquesne University and Mike with a BS in Pharmaceutical Sciences from The Ohio State University. The year passed in a flash and everything went according to plan. However, I am left with the feeling that 2014 vanished and I really don't have much to show for it personally.

As 2015 dawns, there seems to be less on the table. Mike will be starting medical school this July. Caitlin is working. Brian will be finishing his junior year of high school and starting his senior year in the fall. I'm behind schedule with the writing of my third novel. Loyal fans are waiting patiently, but as the author, I feel the pressure to deliver in the first half of 2015.

My 35-year high school reunion was last August. It was interesting to return to Mentor and see old friends. Several of my classmates are retiring this year, and they are considering what to do with the next phase of their lives.

Whenever I want to horrify my staff, I remind them that, according to ADA statistics, the average age at time of retirement for a general dentist is 70. I'm 53, so clearly I have a long way to go.



It's Your Choice

Robert Buchholz, DDS
Guest Columnist

Don't say I didn't warn you, volume II

Those of you that just graduated from dental school need to grasp what I'm writing ... NOW! The next 40 years is your time!!!! Many older members of our profession often refer to the last quarter of the 20th century as the "Golden Years" of dentistry. I personally think the next quarter century will also be "Golden." There will be millions of us old f*#ts carrying our Golden Buckeye cards, trying to preserve our dentition and our retirement nest egg. However, you're going to need to meet us half way. We're "Boomers" and we've been spoiled. Our parents liked Ike. We were the first children to be routinely numbed up for dental work, or at least I was.

During my years of practice when patients were too old and physically unable to come to the office for care, except for an extreme emergency, I was not equipped to visit and care for them definitively at their home. If I did a house call, it would be strictly for diagnostic purposes and any treatment would have been palliative. If they disappeared from my patient list it was no sweat; a new, younger patient's name would take their place in the files. The elderly became "inactive" patients. That attitude is no longer acceptable. If they can't come to you then you need to go to them. Invest in portable

I'm considering what more I can do to make a difference in the world. As each year seems to pass more quickly than the one before, I feel the pressure more acutely, especially at this time of year when I am planning the future. I am heartened to find out that I'm clearly not alone.

At the Center for Health and Wellbeing at Princeton University, postdoctoral fellow Hannes Schwandt has recently published research asserting that regret peaks around age 50. When we are young, we have bold dreams and captivating visions of what we can do with our lives. The world is full of opportunity and success is there for the making, if we work hard. As we age, time is fleeting and our ability to achieve our dreams begins to look more difficult. Nearing 50, we understand that we are most likely past the half-way pole in our race and feel compelled to measure our progress against our predictions. It is a rare person who feels that they are ahead of the pace set by our dreams. Past 50, we come to grips with our mortality and reassess our plans. Regret decreases, as we convince ourselves that there isn't much more we can do anyway, so we become happy accepting where we are.

The older I get, I realize that the young have the advantages of enthusiasm and energy. I have the advantage of experience and the wisdom that it creates. It takes both to change the world.

The young are celebrated for the lightning bolt types of change that they can produce. Think of Zuckerberg, Gates, Jobs and Wozniak. But wisdom is earned and can allow lasting, progressive change.

The pain of regret is for lost opportunity. We sense what we should have done, or could have done, and lament what we did not do. As we move into the home stretch of our careers, regret goes away because we truly have missed the opportunity. When time is gone, we cannot bring it

back. It moves in a linear way, racing ever away from us like a train.

As we gain understanding, we can use the advantage of age and wisdom, but that wisdom carries with it an obligation to act. Watching the train go by does not make it OK to stand at the station. We must catch the train and get on.

I have learned that there is value in going to work each day and making a difference. I may not change the universe, but I can influence others and increase the level of health and happiness in my little corner of the world. And my sphere of influence is larger than I think it is.

I am planning for the new year with an eye to reducing any regret that I have. Results may be imperfect, but I can try. And that is enough. The challenge is to expand my vision to see new ways to try.

Marketing guru Seth Godin reminds us that when planning something new, we often tell ourselves that we need to begin with a clean sheet of paper. The proverbial blank slate. However, the thing about a clean sheet of paper ... is that it still has edges.

The challenge then, in order to break new ground and come up with creative solutions, is to change the shape of the clean sheet. To make a difference in the world, can I first make a difference in my thinking. To be open to change in a new way. To let go of the dreams that burden me with regret, so that I can see a new path and find the energy to make it happen. To rekindle the enthusiasm of youth and channel the power of wisdom.

When I find a blank sheet that is the shape of my vision, then 2015 can truly be a new beginning, a fresh start. Though I no longer have unlimited time, I have more than enough to change the world, one person at a time. Beginning with me!

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dental equipment. A portable unit, according to a Henry Schein representative, costs \$36,000. This includes the Dexis Platinum Sensor System and Nomad X-ray unit. The patient chair is the largest item and a small SUV would be handy or a hatchback with a fold down rear seat would suffice. The portable cart has an air compressor, vacuum and bottled water.

I've never been an advocate of professionals advertising, but this is one time I'd encourage it. Let the public know that you'll come to them.

"I VISIT, & TREAT THE ELDERLY'S DENTAL NEEDS IN THE COMFORT OF THEIR HOME!"

Indeed, millions of "Boomers" will be residing in the homes of their children. My guess is, 50 percent will be in nursing homes and the other 50 percent will not. Or it might be a hybrid form of care, with the elderly parent(s) living with their child until that senior's health deteriorates beyond the capabilities of that caretaker. Honestly, ask yourself, which of your children would love to brush your teeth and tongue twice a day. Just for fun, ask your child(ren) to role play and observe their response.

Dentistry will always be the stepchild of health care as it relates to physician care. If truth be known, the last anatomical area that receives attention, in elder care facilities, is the mouth.

Hopefully one of my three daughters will say, "Mom and Dad ... I've got this."

If one of them accepts the challenge to care for us in the future, they'll know from our experiences with their grandmother that diet choices become unhealthy with aging. More carbohydrates are consumed because they provide an instant burst of energy. Candy, especially in the form of mints, serves this process. Candy also stimulates saliva production, which is essential for those suffering from drug

induced xerostomia. Sugarless mints also stimulate saliva flow, but side effects include intestinal distress.

I know what choice of sweets I'll make!

I also know the consequences. In six months a non-carious tooth, with a slight bit of root structure exposed, can turn into brown, carious mush when mints are placed next to it 24/7!

A new symbol has appeared in social media recently. It's called "Trending." Pick out a random chart from your file cabinets if you've not gone paperless. No peeking at the name, but the patient has to be in the twilight years of his or her life. If they have an increasing history of decay and subsequent extractions, why not be proactive? If they're "trending" toward an edentulous condition, why not suggest a minimum of three implants in the lower jaw and attach the denture to an implant supported superstructure. Plastic and titanium don't suffer the woes of decay. Do it before they're too old and frail. Extractions, late in life, can become a major, physically traumatic event in a senior's life. It could be the tipping point that accelerates their demise.

This type of cause and effect event is not why I chose to be a dentist!

Whenever you schedule the elderly,

See ELDERLY, page 13

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

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Just Think About It

Paul S. Casamassimo, DDS, MS, FAAPD, FRCSEd, Guest Columnist

Insta-dentagrati- fication

A couple of months ago, my home's aging drain pipes experienced some constipatory problems on a Sunday morning, prompting me to call for help before my basement assumed a decided aromatic earth tone. I didn't turn to our family's trusted plumber of 25 years, but to a roto-franchise. It wasn't that I felt that Bob, our master plumber, couldn't do the job, but because I knew how difficult it would be to get him on a weekend, much less the next week. I suspect that had I called him, he would have encouraged me to seek immediate care for my ailing basement from a quick-fixer anyway.

It occurred to me that there were some parallels between my plumbing-health behavior and the seeking for dental care in emergency departments in these times. I try to care for my pipes, but I honestly don't have the money to do a full-scale rehab of an 80-year-old house's circula-

tion! Yes, I do preventive maintenance, like replacing the galvanized lines with copper pipe over the last 20 years. Yes, I have a plumbing-home, with Bob, but when an odiferous emergency arises, I need instant gratification!

So, based on my own behavior, when I read about the costly use of the emergency department (ED) for largely preventable dental problems and hear that it is solely because of problems accessing dental care, I have to be a bit skeptical. I accept that many fellow Ohioans cannot afford dental insurance or out-of-pocket care to keep them out of the ED, and the data would support that observation. On the other hand, a significant portion of those seeking ED care are privately insured or have Medicaid coverage. In fact, these two groups comprise a significant group of ED dental emergency care seekers for non-traumatic injury nationwide.

My crusade late in professional life is to challenge the growing tendency to use singular data to support a singular conclusion for today's complex problems. ED use for dental problems has been used to demonstrate an access to care problem. But is it really as simple as that?

Probably not.

For example, we know that health care seeking in today's society has changed. In a recent study in a western state, patients were given Medicaid medical coverage, but they did not seek a relationship with a primary care provider, choosing rather to use the ED for desired care. A sig-

nificant proportion of ED care seekers for non-dental problems have medical insurance, suggesting that the ED offers something that the declining availability of medical care – from either physicians or physician-extenders – can't offer, and that is instant gratification. The literature suggests that what the populace wants is immediate care, on their schedule, with an outcome as soon as possible. We all know that physicians increasingly tell patients of record to call 911 for emergencies. Who of us hasn't had that message blurred out when we call for an appointment? Further, physicians are offering EDs as a reasonable care alternative for immediate care for less than serious illness – for things like respiratory distress or abdominal pain. Even our medical colleagues recognize the need for faster care, availability of testing, and specialty access for some conditions.

National data suggest that ED dental visits have increased for the young adult population but for others, not so much. Some have suggested that for children, the rate has increased, and in some places, that might be true, but overall, is not the case over the last decade. In Ohio, the ED use has remained stable and, in almost half our counties, declined slightly over a three-year period (2009-11). In other Ohio counties and in the state overall, the rates vacillate up and down over that three-year period, suggesting that ED use may be an endemic manifestation of changing behavior rather than an indicator of more disease or lack of access to care.

When we put all of these isolated facts together, it is legitimate to ask whether we are seeing not a testament to the lack of access, but an evolving change in health-seeking ethos in this country and perhaps our state. The ED literature in medicine strongly suggests that patients today want something different from a medical home. The idea of maintenance of health, use of regular professional preventive services, and regular care seeking

to fix early problems may have faded in value, and like we see in many aspects of life – from my plumbing, to drive-through fast-food dining, to having to have the latest cellphone – the priority of people today is immediate solution to problems and urges.

It's increasingly harder for traditional medicine to beat the Kroger health trifecta – shopping, flu shot, and gas points to boot, all in one visit!

Will we ever know if this premise is true?

Maybe not. The Dental Quality Alliance, which brings together providers, insurers, epidemiologists, and others to craft quality measures in dentistry, is looking at ED visits for children, but made an expert-driven decision not to look at whether ED dental patients had seen a dentist prior to ED use. This would have helped clarify whether the issue is access rather than a changing ethos. Some existing studies look at follow-up for "real" dental care, such as those programs called ED-diversion, but the jury is still out on whether the ED dental care seeking population seeks follow-up dental care – and is converted to regular care-seeking. Such post-ED opportunities vary widely across the country, which complicates our task of understanding what is going on.

I'll take the risk of proposing that we will always need ED access for dental problems, just like pulmonologists and cardiologists do for their patients. Those 21-to-34 year-olds who do not regularly see a dentist will eventually pay the piper. The Affordable Care Act and Medicaid expansion will likely drive dental care seeking behavior of young adults in the future. A colleague of mine recently told me that across the country, EDs are expanding in anticipation of even more immediate medical care seeking by Americans. I don't think that either dental services or Starbucks may be far behind in America's EDs!

Dr. Casamassimo may be reached at casamassimo.1@osu.edu.

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ELDERLY, from page 12

please believe the following. "Sundowners" syndrome is real. I'm going to make an unsubstantiated recommendation. Don't schedule anyone older than their mid-80s in the afternoon, especially when discussing treatment options and financial terms. The elderly are mentally at their best in the mornings. Also, try to make sure a caretaker/child is present when

any financial arrangements are made concerning treatment options for seniors. Short term memory issues cloud a senior's judgment. They may think they're on top of the world financially but in fact, they're thinking processes are still that of two decades earlier. If everyone isn't on board with finances ... I don't need to remind you what happens.

Hopefully in the coming years there will be more CE courses that pertain to geriatric dental care. I'm sure Dr. Gordon Christensen will begin incorporating some discussion in his "Update" courses and perhaps even have a separate course that is devoted specifically to this topic. I'm not going to suggest that the State Dental Board mandate a specific number of CE hours because that only results in boring speakers. Let's face facts. Trying to convince someone in their 20s to be interested in the habits and pitfalls of the elderly is a dead end street. I was there once.

I could continue to write about this subject and occupy ODA op-ed space for another 12 straight months. But you're only going to get one a year ... again, if I can remember. You see, I'm 68, and as Zeke Emanuel stated, I should only have six and a half more years left before my sidewalk of life is rolled up!

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



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Cincinnati Dental Services, a multi-disciplinary group practice in the greater Cincinnati, OH area, is looking for General Dentists to join our team. We have openings in Fairfield, OH, Milford, OH, or Edgewood, KY. Our doctors enjoy a professional practice experience and comprehensive compensation and benefit package that includes medical, malpractice, disability and life insurances, flexible spending account, and a 401K program with employer matching contribution. Cincinnati Dental Services offers a complete range of routine, cosmetic and specialized dental health services including preventative care, whitening, crowns, dental implants, oral surgery, endodontics, pediatric dentistry and Invisalign. Please contact David Sylvestri at (781) 295-1131, or email dsylvestri@amdpi.com.

Cincinnati Ohio - Associate Dentist, Full Time, needed in our very busy, fast growing, and multiple-location General Practice. Qualifications must include either a year of General Practice experience or a GPR/AEGD residency. Please inquire by calling (513) 454-1800 or send resume to mmeister@meisterdds.com.

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

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Dentist wanted for busy, well established practice in Dayton, Ohio. We are located at the beautiful Greene town center in Beavercreek. The office has 7 operatories and state of the art technology with over \$2,000,000 collected in 2013. We are searching for a full time associate with the opportunity to buy-in or own the practice. Candidates must put the patient's needs first. They must be clinically superior and have excellent people skills. This practice

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Exceptional practice. An excellent opportunity is available for a quality-oriented dentist in a single-location office located in Centerville, Ohio. This is a well-established, two-dentist office from which a partner is retiring. We are seeking an associate for which future partnership/ownership is possible. Please call Dr. Michael Krumnauer at (937) 433-7166 or (937) 885-4130.

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I have clients looking for the right Associates with solid dental skills that wish to practice in the TOLEDO, FINDLAY or SANDUSKY, OHIO area. All are desirable practices that offer great pay and practice environment! If you have an interest in any one of these positions, please reply and attach your current CV. If you are not interested at this time and know of someone who might be, please forward this email: Dentalopportunities5@gmail.com.

Immediate opening in our well-established, busy and growing family practice. Dependable staff. Excellent salary. Qualifications must include either one year of general practice experience or a GPR/AEGD residency. Please inquire by

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Immediate Opportunity – Montgomery. Merit Dental is seeking dental candidates for a practice opportunity in Montgomery. Our philosophy of preserving and supporting the traditional private practice setting provides a great work-life balance, excellent compensation and benefits, and unlimited opportunity for professional development. Our comprehensive support team takes care of the administrative details, providing you the freedom to lead your team while focusing on your patients and skills. If you possess a passion for providing quality care and are looking for a rewarding practice opportunity in Montgomery, please contact Brad Smith by phone at (715) 590-2467 or email at bsmith@midwest-dental.com. Visit our website or apply online at: www.mymeritdental.com.

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

Unique compensation arrangement with an earnings history averaging over \$5,000 daily. Dentist needed one or two days each month in the Boardman, Ohio area. The right candidate will have strong skills with performing simple to complex surgery and placing implants. If you are an Oral Surgeon or a General Dentist with excellent skills in this area of dentistry and are looking to fill one or two days monthly, this could be the perfect opportunity for you. Please contact: Alan Wallace, (800) 313-3863 ext. 2234. Email: alan.wallace@affordablecare.com.

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Practice for Sale

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

Excellent Opportunity in Eastern Lake County! Collections have averaged \$550,000 over the past 3 years with only 24 office hours available each week due to my family obligations. An experienced and knowledgeable staff makes this possible while also keeping a well maintained facility. I am willing to discuss assisting in the transition. I am selling my dental practice due to the fact that my family is relocating. My husband has a professional opportunity he cannot decline. If you are interested in learning more about this opportunity please contact Mike Ella at (440) 449-6800.

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

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PARAGON Dental Practice Transitions currently has IN OHIO many practices for

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State of the art practice for sale in Adrian, Michigan. 9 ops, beautiful facility, and great location. Practice has excellent growth potential with dedicated staff and patients. Long standing within the community. Real estate available as well. Gross 400k. Call (586) 675-5050

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

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INSURANCE, from page 8

decisions.

By the same token, the dentist may be stretching it to argue with the insurer when it comes to benefit determinations. The third-party payer typically has a much better knowledge of the patient's benefit plan, contract limitations, exclusions and insurance company payment policies. To argue the patient is entitled to a benefit solely because the treatment plan is in the patient's best oral health interests will likely not be a winner if the payer does not have justification to provide benefits as defined by the patient's benefit plan.

Given the number of variables that are outside of the dentist's control or even knowledge, it may be advisable to consider predetermination when the work in question involves high fee services or an out of the norm treatment plan.

A predetermination is not a guarantee of payment. It is however, strongly recommended by the insurance industry as a means for the patient and dentist to obtain a clearer picture of the financial expectations associated with the proposed treatment plan. Obtaining a predetermination allows the patient to make a better decision given the treatment options the dentist has provided.

"The ODA's Dental Insurance Working Group has seen numerous negative situations that could have been prevented through predetermination," said Dr. Manny Chopra, chairman of the ODA Council on Dental Care Programs and Dental Practice. "Dentists should also be aware that the ODA's Dental Insurance Working Group and Ohio's external review law are two resources that may be of assistance to them in cases involving treatment disputes or benefits disputes that involve a professional determination."

Additional information concerning the Dental Insurance Working Group and Ohio's external review law may be found on the ODA website at oda.org by searching for the articles "ODA Dental Insurance Working Group and addressing dental insurance disputes" and "Ohio's external review appeal process and the dentist's role as an advocate for patients in obtaining benefits" respectively.

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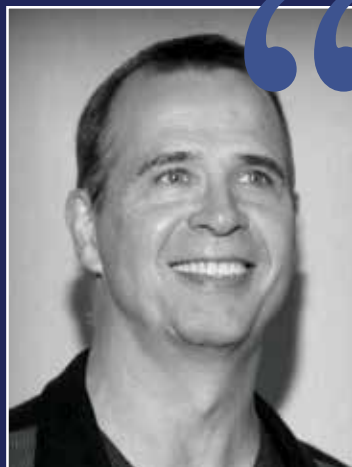
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