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

QuickBites

Apply for Dentist Loan Repayment program

The Ohio Department of Health (ODH) has already opened the biennial application process for the Ohio Dentist Loan Repayment Program.

Qualified applicants can receive repayment of school loans for working in underserved areas. The application deadline is Dec. 31, 2013, for those who meet the following criteria:

- · Dental students in their final year of dental
- · 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.

Specific information, including FAQs, the application, designated dental-professional shortage areas in Ohio, key components of the program and more are available at www.odh.ohio. gov/odhprograms/ohs/oral/safetynet/loanpgm. aspx or by calling ODH at (614) 466-4180.

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Programs throughout Ohio help provide access to care, resources for veterans, deployed military personnel

By Jackie Best **Managing Editor**

Veterans Day is celebrated each Nov. 11 to honor and thank those who have served in the U.S. armed forces.

While many groups and organizations will celebrate at various ceremonies and events, many people may not know that access to dental care can be a significant problem for many veterans. Only about 8 to 10 percent of veterans are eligible for dental benefits through the U.S. Department of Veterans Affairs, said Dr. Ken Brandt, a past president of the Cincinnati Dental Society.

According to the U.S. Department of Veterans Affairs, eligibility for VA dental benefits is much more limited than for health benefits. Those eligible to receive dental benefits include veterans with a service-connected dental disability, former prisoners of war and those who have service-connected disabilities rated 100 percent disabling. For more information on dental benefits provided by the VA, visit http://www.va.gov/dental/.

Several ODA member dentists and dental societies have created programs to aid veterans. Continue reading below for a sample of what's being done in Ohio.

Leave No Vet Behind

The Cincinnati Dental Society created one



Dr. Bob Bertsch fits a veteran for a prosthetic at a Cincinnati Dental Society's Leave No Vet Behind

of the first access-to-care initiatives aimed at veterans in Ohio. The Leave No Vet Behind program treats veterans who do not have dental insurance and are at 200 percent or below the federal poverty level.

The program got started after a few dentists with the Cincinnati Dental Society learned that the Cincinnati VA Medical Center was seeing a lot of repeat patients in the emergency room who needed dental care. The patients did not have dental insurance, and the hospital could only prescribe

See VETERANS, page 14

Ohio Dental Association members receive bang for their buck

By Jackie Best **Managing Editor**

Ohio Dental Association dues are the second lowest in the country, according to the American Dental Association.

Along with such low dues rates, ODA member dentists receive extreme value from their membership. From professional development to volunteer activities and advocacy to opportunities for involvement, the ODA has something valuable to offer all members.

"Being a member of the ODA has helped me throughout my career in my practice, both in starting up my practice and then continuing on," said Dr. Thomas Kelly, a general dentist from Beachwood. "There's great member benefits from the programs for workers compensation, health insurance for myself and my employees, and then all the advocacy efforts that happen on our behalf at the statehouse."

Continue reading below to learn about the top reasons dentists value their membership in the ODA.

Advocacy

The ODA Advocacy team tracks issues affecting dentistry throughout the year, working to protect dental practices and patients from unnecessary regulations.

"I don't have to tell anyone else that being a dentist is the best career decision there is in the health care profession, but being a member of organized dentistry makes it so much better when we know that there's an organization out there to help us to help our patients," Su said. "You truly get more from the organization than you give."

> Dr. Erwin Su Pediatric dentist from North Canton

"As you become more involved, you're going to find out that the ODA along with ODPAC (the Ohio Dental Political Action Committee) are very effective at the state level at representing the interests of dentists and their patients," Dr. Geoffrey Bauman, a periodontist from Newark.

Camaraderie

One of the top benefits members mention

See VALUE, page 7

Membership renewal season approaching

By ODA Staff

ODA members should watch their mailboxes for tripartite dues statements later this month. ODA membership dues are due Jan. 1, 2014, for the 2014 membership year.

New for 2014, members also will receive an electronic renewal notice via email directing them to www.oda.org to pay their dues.

Members can renew online at www. oda.org, by phone at (800) 282-1526, by fax at (614) 486-0381 or by mail to Ohio Dental Association, 1370 Dublin Rd. Columbus, OH 43215.

Any members who have moved, changed their email address or changed any other contact information should contact the ODA by calling (800) 282-1526 or emailing membership@oda. org to ensure they receive their dues statements. To verify the information the ODA has on file, sign onto www.oda.org

See MEMBERSHIP, page 6





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- Dr. Tom Graham Ohio Dental Association Services Corp. Chairman of the Board



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A quick guide to dentists providing expert testimony

Occasionally, I get calls from dentists who have been approached about providing expert testimony in a malpractice case or a dental board hearing. Generally, they are seeking guidance on the ethics of providing such testimony.

When a patient's dissatisfaction with treatment leads to litigation or the filing of a complaint with the state dental licensing

board, independent dentists may have the opportunity to testify as expert witnesses in the ensuing proceedings. Often times such expert testimony is crucial in determining an outcome of the case because the judges, jury members or hearing officers usually do not have the expertise to decide the matter and need the assistance of outside, independent experts to help determine the applicable standards of care and whether those standards have been met.

In fact, the American Dental Association's "Principles of Ethics and Code of Professional Conduct" contemplates dentists testifying "when that testimony is essential to a just and fair disposition of a judicial or administrative action." Ultimately, the judge, jury, hearing officer or administrative agency, depending on the type of proceeding, will determine whether the standard of care was met, based on the evidence, including the expert testimony.

However, one potentially unethical

See TESTIMONY, page 10

Families could face various scenarios under Affordable Care Act in 2014 ODA Staff to have insurance coverage beginning

As 2014 approaches and the Affordable Care Act continues to be implemented, employees may have questions about insurance options and requirements for their family members.

Small businesses that employ fewer than 50 employees do not face any penalties for not providing affordable health insurance to their employees. However, employees may need to know whether they have access to affordable insurance through their employer when determining whether they or their families may be eligible for a subsidy on the insurance exchange.

Employer-sponsored insurance plans may offer access to coverage for dependents, but for the purpose of determining the affordability of the coverage, the Affordable Care Act looks only at the cost of the individual coverage for employees. Individual coverage is considered affordable if it is no more than 9.5 percent of the single income. This means an employer could require employees to pay the entire cost of the premium for dependent coverage, no matter the cost, but still be considered affordable for the individual.

For families, the situation becomes more complicated. For family coverage, health insurance is considered affordable under the Affordable Care Act if the cost of premiums is 8 percent or less of the family's adjusted gross income. This family affordability percentage is used to determine subsidy eligibility and penalties for the family; however it does not affect whether an employer-sponsored insurance plan is considered affordable.

The federal government determines subsidy eligibility and amounts on a sliding scale based on several different factors, including income as a percentage of the federal poverty level and the cost of an insurance plan on the exchange.

For the most part, people are required

to have insurance coverage beginning in 2014 or face a penalty. In 2014 the penalty will be \$95 per adult and \$47.50 per child (capped at \$285 per family) or 1 percent of adjusted gross income (capped at the average yearly premium of a bronze level plan), whichever is higher. The penalty will be collected when federal income tax returns are filed. If a child is subject to the penalty for not having insurance coverage, the adult or couple who can claim the child as a dependent for federal income tax purposes is responsible for paying the penalty. Penalties increase over the next several years.

Families could fall into one of several different scenarios that could affect their eligibility for a subsidy and potential penalties they could face. Continue reading below to learn about some scenarios that may apply to families.

Scenario 1: If the family has access to health insurance through either spouse's employer that is considered affordable and chooses not to accept the coverage, that family would be subject to the penalty unless they secure qualified insurance elsewhere. A family in this scenario would not be eligible for subsidies on the insurance exchange.

Scenario 2: If a family only has access to insurance through one family member's employer and that single coverage is considered affordable (9.5 percent of the single income) but the family coverage is not (8 percent of family income), the spouse and children would have the option to accept the unaffordable insurance or turn it down and not face a penalty. These family members would not be eligible for a subsidy on the insurance exchange because they have access to health insurance from an employer offering affordable single coverage. However, they could still purchase health insurance on the exchange at full cost.

See FAMILIES, page 4

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President's Message



President's Message

Paul S. Casamassimo, DDS, MS, FAAPD, FRCSEd, ODA President

Resolution 11-13: New Dentists' Involvement at ODA and Dental Schools

The 2013 House of Delegates passed a resolution charging our Subcouncil on New Dentists to provide the 2014 House with a report on the state of the new dentist in Ohio. I was pleased that the House saw the urgency to look at our next generation of dentists. They are our lifeblood and the future of oral health care for our citizens. They are also a generation of dental graduates challenged by change, including new regulations, increasing competition and staggering educational debt.

A recent pair of articles in the Oct. 7 "Columbus Dispatch" speaks to the challenge of educational debt for our new dentists, through the eyes of our fellow professionals. One article described the decline in law school applications in the U.S. due to the educational debt, which is typically about \$108,000. The cumulative drop in applications to Ohio's five law schools was a whopping 39 percent since the 2009-10 school year. Prospective law students see ahead of them significant

FAMILIES, from page 3

For example, take a family where the husband's employer offers insurance to him that is considered affordable as an individual, but adding family members becomes unaffordable under the law. The husband would be required to accept the employer-provided insurance or pay the fine. If his wife only has access to insurance through her husband's employer, she could choose to accept the plan or turn it down and not face a penalty. They could also choose to cover their children under the husband's insurance or turn it down and not face the penalty. The wife and children also could purchase insurance on the exchange at full cost.

Scenario 3: Currently employers may define dependents as an employee's children but do not have to include the employee's spouse. If the employer offers affordable single coverage to the employee but does not offer any coverage options for the spouse, the employee is required to accept the employer's insurance or face a penalty, and the spouse is required to purchase coverage on their own or through the exchange (and could be eligible for a subsidy based on the guidelines set forth under the Affordable Care Act) or face a penalty.

Scenario 4: If a person or family does not have access to any insurance either through an employer or a spouse's employer, that person or family would have the option of purchasing insurance on the health insurance exchange. In this case, they would be eligible for a subsidy on the exchange if they qualify based on the income guidelines set forth under the Affordable Care Act. If an individual or family in this scenario decides not to purchase health insurance, they would be subject to the penalty.

The above scenarios are general descriptions and should not be construed as definitive answers to an individual's specific circumstances.

To access the health insurance exchange in Ohio and for more information about the exchange, visit www.healthcare. gov.

Why we need to nurture our new dentists

debt, but just as important, the low likelihood of employment upon graduation. The estimate today is that jobs exist for only half of Ohio's law graduates! The accompanying article speaks to the crisis in educational indebtedness for college students and the despair many face knowing that with their level of indebtedness, the restrictive loan rules, and the poor economy, they will never be without debt. Ohio is one of the 10 worst states in student loan defaults.

Fortunately, the future for dental graduates is not as dire, but for the path ahead, barring any changes in law, tuition levels and employment opportunities, the tea leaves predict a similar outcome to that experienced by other professional graduates eventually. Tuition levels are at an all time high and increases are common. We see an ever-increasing number of graduates choose corporate practice as a way to ensure employment, relieve some of their debt, and enjoy a lifestyle they have worked so hard to achieve for two decades. The dream of independent practice is waning.

The American Dental Association

recently conducted an in-depth analysis of student indebtedness and compared dental graduates with other professions. If it is any consolation, physicians, pharmacologists, veterinarians as well as dentists are all headed for lives of financial restraint because of educational debt. We can't even fully speculate as to what the future will hold for our profession, as the Affordable Care Act unfolds and more regulation and fee control enters the workplace.

So, I asked our Subcouncil on New Dentists to look at what is in store for our graduates. I hope that the answer they provide is still optimistic about what awaits them. We know already that corporate practice offers security in the short-term, but remains an unknown for long-term employment, independent practitioner decision-making, traditional community relationships, and service to our rural citizens. It shouldn't surprise anyone familiar with corporate practice that an emerging model that would employ dental therapists at supposed lower costs would be tantalizing.

We also need to be aware that large tuition debt affects practice location and

association membership. Monthly payments of over \$2,000 are not uncommon, and most graduates can assume they will make a monthly loan payment equivalent to a mortgage payment. Rural practice without some sort of tuition loan forgiveness grows increasingly unlikely for today's graduates. High production goals and more expensive treatment plans are tempting ways to attack the mountain of debt. Sadly, association membership can become one of the expendable costs that seem painless for the new graduate who may not be aware of the protections and benefits of association membership.

The Subcouncil on New Dentists has its work cut out for it. My hope is that it provides a report that honestly and openly discusses the challenges awaiting new graduates, offers directions and choices for our future colleagues, can be used to counsel those in predental programs wisely and challenges our schools and our association to address these problems.

Some have characterized student loan indebtedness as the next fiscal crisis

See PRESIDENT, page 5



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Nominations sought for ODA vice speaker position

A call for nominations is now extended for the position of the Ohio Dental Association vice speaker of the House of Delegates. According to the ODA's bylaws, candidates for this appointed position must be an Active, Retired or Life member in good standing of the ODA. The term of office for the vice speaker is one year.

Candidates for the position should be a registered and/or certified parliamentarian or working to obtain his/her parliamentarian certification and should also possess a knowledge and familiarity with the ODA's bylaws. Additionally, candidates should have an understanding of, or be willing to develop an understanding of, the ODA's parliamentary authority, which is the "American Institute of Parliamentarians Standard Code of Parliamentary Procedure."

The vice speaker of the House of Delegates assists the speaker of the House of Delegates and parliamentarian during the ODA House of Delegates meetings, including presiding over the ODA House of Delegates meetings if needed.

Candidates should submit their curriculum vitae and a brief cover letter explaining why they are appropriate to hold the vice speaker position – for example association experience, leadership competencies, etc., to the ODA Executive Director, 1370 Dublin Road, Columbus, Ohio 43215 or at david@oda.org by Dec. 31, 2013.

Dentist, hygienist license renewal due by Dec. 31

This fall, dentists and dental hygienists will receive licensure renewal information from the Ohio State Dental Board. The board will direct licensees to renew licenses and report continuing education compliance online. The information and payment of the renewal fee is due by Dec. 31, 2013. Dentists will need 40 CE credits to renew their licenses and hygienists need 24. Any dentist or dental hygienist who does not receive renewal information from the Ohio State Dental Board by December should contact the board at (614) 466-2580.

Ohio releases opioid prescribing guidelines

The Governor's Cabinet Opiate Action Team recently released guidelines to help health care providers when prescribing opioids.

The guidelines recommend that if a patient is receiving 80 mg morphine equivalency dosing (MED) or above, the health care provider should evaluate how to optimize therapy and safety, and consider possible adverse effects. Above 80 MED, patients are significantly more likely to overdose.

These guidelines are not intended to replace a health care provider's clinical judgment. For more information on these guidelines, plus additional resources for prescribing opioids, visit www.opioidprescribing.ohio.gov.

PRESIDENT, from page 4 -

facing this country, moving past credit card debt and possibly surpassing the economic damage of the recent housing crisis. I felt it was important for our membership to be aware of the wide ramifications of educational debt, be supportive of our new graduates' challenges, and know that the ODA works to help not just our loyal members, but the unborn of our profession and those just learning to walk.

ODA Meeting & Event Calendar

Nov.

- 8 Subcouncil on New Dentists
- 8 Statewide Subcouncil on Peer Review conference call
- 13 ODPAC Board of Directors
- 14-15 Annual Session Committee
 - 15 Council on Membership Services
 - 15 ODASC Board of Directors
 - 20 Dental Education and Licensure Committee
- 21-22 Executive Committee (Off-site)
 - 22 ODA Foundation Board
- 28-29 ODA office closed for Thanksgiving holiday



- 24-25 ODA office closed for Christmas holiday
 - 31 ODA office closed for New Year's holiday

Call for nominations extended for OSDB member

A call for nominations is now extended for the position of dentist board member for the Ohio State Dental Board.

The Ohio Dental Association has the opportunity to recommend nominees to the Governor of Ohio for three possible dentist board member openings on the Ohio State Dental Board (OSDB), which may be vacant in April 2014. Two of these board member positions are for general dentists and the third board member position is for a dental specialist (other than a periodontist, which is already represented on the OSDB).

The ODA Executive Committee is seeking potential candidates who are interested in serving in this capacity on the Ohio State Dental Board. The term of office for Ohio State Dental Board members is four years and meets on average eight to nine times per year.

Criteria that the ODA Executive Committee is seeking in candidates includes:

- · being in practice at least five years
- being familiar with Ohio's Dental Practice Act
- having knowledge about regulatory issues related to dentistry
- having a history of support/involvement with ODA governmental affairs and activities such as Ohio Dental Political Action Committee (ODPAC) membership, grassroots efforts, etc.

Please send a nomination letter along with the nominee's curriculum vitae to the ODA Executive Director, 1370 Dublin Road, Columbus, OH 43215 by Dec. 31, 2013.

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Presented By

William P. Prescott, E.M.B.A., J.D.

Practice Transition Attorney
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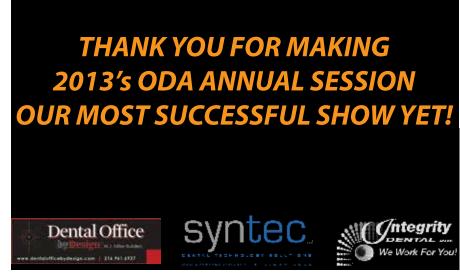
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Politics & Policy



Legal Briefs

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

In September, the Ohio Dental Association's House of Delegates overwhelmingly approved a comprehensive list of legislative initiatives developed by the Task Force on Access to Care and Auxiliary Utilization aimed at improving access to quality, comprehensive dental care. The initiatives are a collection of recommendations compiled by the task force over its last three years of deliberations. Labeled "Access to Care: Blueprint for Success," the recommendations could be provided to policymakers seeking positive solutions to Ohio's access to care concerns. The blueprint focuses on three main areas of recommendations: delivery system enhancements, workforce development and educational outreach.

Delivery System Enhancements

Highlighting the recommendations on dental delivery system enhancements are several areas of improvement for the state's dental Medicaid system. First and foremost, the blueprint outlines the need for a Medicaid fee adjustment. 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, as a result, participation in the program increased dramatically. The task force and House of Delegates recognize that adequate reimbursement levels are a

MEMBERSHIP, from page 1

and click on "my account" in the black bar along the top and then click on "my profile" along the left hand side.

Membership Status

Ohio Dental Association members who have retired from the practice of dentistry can receive ODA benefits at a fraction of the cost of active membership.

ODA members with Retired Membership status pay 25 percent of ODA active dues but receive 100 percent of the benefits. To qualify for Retired Membership, dentists must no longer earn an income of any kind by means of their dental license. Dentists must also submit an Affidavit for Retired Membership, which is then reviewed by the dentist's local component society, the ODA and the American Dental Association.

Members over the age of 65 might also be eligible for reduced ODA membership dues. Dentists eligible for Life Membership must be at least 65 years old and have 30 consecutive years of membership. Dentists who are 65 or older and have 40 years of total membership are also eligible for Life Membership.

Additionally, members who qualify for both Retired and Life Membership are eligible for Retired Life Membership. Retired Life members can enjoy ODA membership at no cost. However, if Retired Life members wish to continue receiving "ODA Today," they must subscribe to the publication for \$15 per year.

Dentists who are interested in obtaining Retired, Life or Retired Life Membership status should contact the ODA Membership Department at (800) 282-1526 or membership@oda.org.

ODA House of Delegates sets blueprint on access to care

key consideration to improving access for Medicaid recipients. This recommendation becomes even more important considering Gov. John Kasich's recent decision to expand Medicaid eligibility in accordance with the provisions of the Affordable Care Act. Several hundred thousand additional recipients may become eligible for dental coverage as a result of the decision.

Other suggested improvements to the Medicaid program include: establishing uniform administrative procedures to make Medicaid more consistent with private insurance payers, considering enhanced reimbursement for providers whose patient population includes a significant portion of Medicaid recipients, expanding case management and considering the development of a commercial third-part payer pilot program similar to the Healthy Kids Dental program in Michigan, which pays commercial rates for Medicaid services and maintains policies that make recipients administratively indistinguishable from private pay patients.

The blueprint also recommends that policymakers consider the establishment of hospital-based dental clinics, provide small business loan incentives to dentists

in underserved areas and to fully fund currently operating, successful programs like Dental OPTIONS and mobile outreach programs operated through the state's dental schools. Finally, the blueprint recommends adoption of a temporary volunteer professional license for dental providers who participate in free care events such as Mission of Mercy, Remote Area Medical and other programs.

Workforce Development

Workforce development is the second key principle of the ODA's access blue-print. Among other initiatives, the blueprint calls for the promotion of general practice and pediatric dental residency programs through facility funding and licensure incentives. Several locations in Ohio have recently created residency programs and are finding success in providing quality educational opportunities and a dental safety net for the community.

The expansion of dental student loan repayment programs and creation of new scholarship opportunities for dental students are other key components of the workforce development recommendations. Ohio's dentist student loan repay-

ment program began nearly a decade ago through the adoption of legislation promoted by the ODA. The program is fully funded through a \$20 surcharge on dentists' licensure fees every two years and funds 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 task force recommended an additional \$10 increase in the fee to accommodate the demand. However, the House of Delegates modified the recommendation and voted to increase the fee by \$20, which would essentially double the program.

Other recommendations in workforce development include modifications to the

See BLUEPRINT, page 15

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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VALUE, from page 1

as being important is the ability to connect with dentists throughout the state. Through various meetings and events, ODA members can easily meet other dentists and discuss important issues affecting dentistry.

"Many dentists are in solo practices or small group practices, and it can get lonely being by yourself all day every day," said Dr. Erwin Su, a pediatric dentist from North Canton. "When I meet with my fellow dentists at the local, state or national level, it is very nice to be able to get together and talk about the challenges and the rewards of being a dentist."

Giving Back to the Community

The ODA has many opportunities for dentists to give back to their community. Give Kids a Smile helps provide dental care to low income children, Dental OPTIONS helps provide care on a sliding fee to low income adults, and the ODA Foundation collects donations to provide grants and scholarships to help improve access to care.

A Voice in the Profession

Being a member of the ODA allows dentists to bring their voice and opinion to the profession of dentistry.

"Through various committees of the ODA, dentists can actually work together toward the betterment of our own profession, and together we can make a difference," Bauman said.

By becoming involved with ODA councils and committees, members can shape the direction of the organization and the profession.

"One of the reasons I value my involvement is because I have a voice in the organization," said Dr. Jennifer Kale, a general dentist from Twinsburg. "The



ODA Sta

One of the top aspects of ODA membership that dentists say they value is camaraderie and the opportunity to connect with their peers.

more involved a member becomes, the more they begin to understand just how much the ODA does to support the practice of dentistry."

Information

Through the "ODA Today," NewsBytes, and the members-only section of www. oda.org, the ODA provides members with access to information that can't be found anywhere else. ODA staff members are also a valuable resource for information.

"The members-only section of the Ohio Dental Association's website has a wealth of knowledge — a lot of stuff that you can't find anywhere," said Dr. Michael Halasz, a general dentist from Kettering. "It has all kinds of tidbits from things you need posted in your office from an OSHA (Occupational Safety and Health Administration) point of view to just anything you want to know. And the other thing I

value is just the staff here knows so much about everything."

Ethics

Each member of the ODA agrees to the "American Dental Association Principles of Ethics and Code of Professional Conduct." This code holds members to a higher standard, and the ADA and ODA provide resources and information to members about ethics. Organized dentistry also provides a forum for members to discuss current ethics issues.

"I'm very interested in the ethics of the profession and certainly concerned about things that threaten that, and therefore being able to discuss this with other dentists I feel that we'll be able to make a positive impact," said Dr. Najia Usman, an endodontist from Medina.

Continuing Education

ODA members have the opportunity to attend CE courses at a reduced rate. The ODA Annual Session offers a wide variety of courses presented by nationally known speakers to help dentists increase their knowledge or improve a skill.

ODASC-endorsed products

The Ohio Dental Association Services

Corp. researches products that would be useful to dentists and their practices to help members save time and money. Members can feel confident in knowing that the endorsed products are high quality for a reasonable price. And many of the products include additional savings just for ODA members.

Peer Review

Peer review offers dentists and patients an opportunity to resolve disputes and is an alternative to the court system. Volunteer dentists make a decision in the mediation in the clinical exam, and peer review is not a disciplinary process. The only thing peer review can do is to find that a refund is in order or that any balance that is still outstanding be waived.

Contract Analysis

The American Dental Association and ODA provide a free contract analysis service to members. Before a dentist decides to sign on to become a preferred provider with an insurance company, they can ask the ODA for a contract analysis to help understand any potential pitfalls.

To learn more about these resources and everything the ODA does for its members, visit www.oda.org.

"I don't have to tell anyone else that being a dentist is the best career decision there is in the health care profession, but being a member of organized dentistry makes it so much better when we know that there's an organization out there to help us to help our patients," Su said. "You truly get more from the organization than you give."

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Dental Insurance Corner

Dental Insurance Corner

Old issues still raising concerns and possibly costing dentists money

Christopher A. Moore, MA
ODA Director of Dental Services

The Ohio Dental Association is again receiving calls from member dentists on issues that have arisen within the past five years and continue to generate concern and confusion. They include the payment method of a small number of third party administrators (TPAs) and the use of electronic health records.

TPA credit card payments

This controversial payment method involves the reimbursement of dentists who have provided care to patients covered by self-funded/self-insured benefit plans that utilize certain TPAs' administrative services.

Instead of reimbursing the dentist via check or electronic funds transfer, some TPAs send the dentist a credit card or a credit card number to pay for those dental services the dentist has submitted a claim for. None of the dentists who have contacted the ODA are in contracting arrangements with the TPAs nor have any requested to be paid in this manner.

Dentists must pay a transaction fee in order to use the card just as they would if a patient presented a credit card to make a payment. When this issue first surfaced a number of years ago, dentists who processed the TPAs' credit card payments reported being charged as high as a 5 percent transaction fee.

It is unknown what the TPAs send to patients of dentists who do not accept assignment of benefits.

Some of the TPAs have asserted their $\,$

decision to utilize this payment method is care without adding anything to the quality justified by state law. care without adding anything to the quality

The section of the law in question was contained in legislation that established the 2009 operating budget for the State of Ohio. It contained a provision (Ohio Revised Code 3901.381(F)) requiring third-party payers that receive electronic claims from contracted providers, including dentists, to electronically pay those providers for those claims. The law, which became effective on Oct. 16, 2010, also prohibits providers from refusing to accept these payments because the payment was transmitted electronically.

The Ohio Department of Insurance (ODI) subsequently provided regulatory guidance to the insurance industry relative to this law. In a Sept. 27, 2010 letter, ODI stated insurers are required to make a good faith effort to obtain a provider's account information in order to make electronic payments.

However, if an insurer is unable to obtain that information either because the provider refuses to provide it or for any other reason, the insurer must continue to make timely payments to the provider in the same manner it had prior to the Oct. 16, 2010, effective date of the law.

A number of insurers responded by giving dentists the option of opting out of being paid electronically.

"The ODA has previously expressed its strong concerns to TPAs that have utilized these payment methods without the dentist's consent," said Dr. Manny Chopra, chairman of the Council on Dental Care Programs and Dental Practice. "We believe this practice unnecessarily increases the dentist's cost to provide

care without adding anything to the quality of the care. Dentists who do not want to be paid in this manner should be free to opt out of it and be reimbursed via other acceptable means."

Many dentists have reported when they informed the TPA of their desire to opt out of the credit card payment method that the TPA agreed to pay them via check, some in four to six weeks after they recovered the funds that had been allocated to the credit card.

It appears at least one TPA issued a credit card number as payment to a dentist who does not accept credit cards at all. This dentist reported that upon complaining, the TPA said it would first have to recover the funds that had been allocated to the credit card and then would issue a check.

It is unknown how a credit card issuer would respond to a complaint that a dentist refused to accept a credit card payment made by a business such as a TPA as opposed to an actual patient because the credit card issuer could consider it a violation of the merchant agreement.

The ODA Dental Insurance Working Group continues to monitor and respond to this situation as warranted.

Concerns involving TPAs that provide

reimbursement in this manner are not limited to Ohio or even to dentistry. Other association publications have previously alerted their readership to this payment method. The American Dental Association is monitoring the situation and other associations representing Ohio health care practitioners have also reported their members have received payments in this manner in the past.

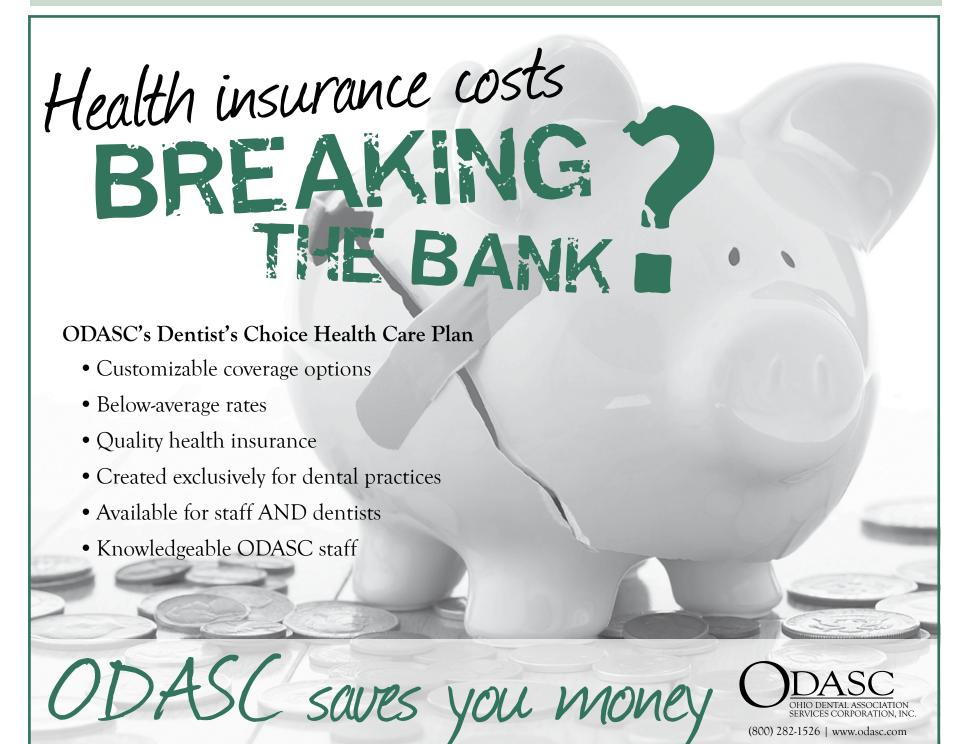
Electronic health records

Many dentists continue to contact the ODA under the impression that they must utilize electronic health records (EHR) by 2014.

The federal American Recovery and Reinvestment Act (ARRA) of 2009, commonly referred to as the "stimulus bill," sought to boost the nation's economy by funding infrastructure projects and other initiatives. It also authorized the federal government to create an incentive program to promote the use of EHR. Through the Center for Medicaid and Medicare Services (CMS), the federal government has issued the rules to govern the EHR incentive program

See INSURANCE, page 13

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.



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In Other News

Dentist providers needed for ODH Ryan White Part B Program

ODA Staff

The Ohio Department of Health HIV Care Services (HCS) section is seeking dentists throughout the state to become providers and help improve the oral health status of Ohioans enrolled in the Ryan White Part B Program.

The Ryan White program works with organizations to provide HIV related services to people who do not have sufficient health care coverage or the financial ability to cope with the disease.

"Based on our data collection, less than 20 percent of the HIV-positive clients (enrolled in the Ryan White program) are receiving an oral health service," said Laurie Rickert, community-based programs administrator with HCS.

Rickert said approximately 7,500 people living with HIV/AIDS (PLWHA) in Ohio are enrolled in this program. Of that number, 1,286 received at least one oral health service from April 1, 2012 and March 31, 2013, at a collective treatment value of over \$1.2 million.

According to Rickert, the Ryan White Part B program reimburses dentists for a wide range of services, from basic exams, cleanings, restorative and endodontic services to periodontic services and dentures. However, she added, one of the primary barriers to obtaining oral health care for this population is the limited number of dental providers enrolled in the program – currently less than 15 dentists in Ohio, she said.

Dr. Richard Bohme of Dayton has been with the program since 2007, both as a provider and in helping Rickert to determine the oral health services provided through the Ryan White program that are so critical for those who are HIV-positive. Bohme describes the program as a "great service to the clients as well as the participating dentists," and said the "claims process is very easy, and the treatment plan acceptance is very high."

Dentists enrolled as providers in the Ryan White Part B program must be Medicaid-certified and have a provider

See PROVIDERS, page 15

TESTIMONY, from page 3

arrangement dentists want to avoid is agreeing to be an expert witness based on a contingency fee. The ADA's advisory opinion related to "expert testimony" states that it is "unethical for a dentist to agree to a fee contingent upon the favorable outcome of the litigation in exchange for testifying as a dental expert." In fact, in many jurisdictions, including Ohio, court rules and/or codes of professional conduct for lawyers prohibit contingency fee arrangements for expert testimony. The main reason that the ADA and many other professional associations find contingency fee expert testimony to be unethical is because such arrangements create an undue financial incentive for biased testimony in favor of the hiring party.

When giving expert testimony, dentists should provide their opinions in an honest, objective manner based on the information before them. They should also be willing to acknowledge any limitations on their ability to speak definitively regarding the issues under scrutiny.

The role of the expert is to assist the fact-finding body – whether a jury, judge, or administrative agency – by providing objective, science-based testimony. Doing anything less than that is not only unfair to the dentist whose services are at issue but is also detrimental to the administration of justice and protection of the public.

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Ohio Dental Political Action Committee continues building success in 2013

ODA Staff

2013 proved to be another successful year for the Ohio Dental Political Action Committee (ODPAC) in fundraising, as it received more than \$253,000 in contributions

Dr. Michael Schaeffer, chairman of ODPAC, thanked everyone who supported ODPAC in 2013.

"Members see the value of the advocacy we've done at the Statehouse and know support of ODPAC is critical to the work we do and the future of dentistry," he said

Nearly 36 percent of ODA members contributed to ODPAC this year. While the

number of ODA members contributing to ODPAC slightly dropped, the average donation per member rose to over \$150.

Schaeffer said a driving force behind ODPAC's fundraising success continues to be the Capital Club program.

"This has greatly increased the number of members contributing at \$250 and above to ODPAC across the state," Schaeffer said.

The ODPAC Capital Club program began in Akron in 2006. Since its inception, nine different dental societies have formed Capital Clubs, with the newest addition being the Medina County Dental Society Capital Club this year.

Capital Club members are required to

donate \$250 or more, and they have one dinner meeting per year with legislators and policy makers. Members are also encouraged to invite new members to join each year to increase ODPAC par-

"We thank Capital Club members for not only the funds they provide to ODPAC, but the additional support they provide from hosting or attending a fundraiser to meet with legislators," Schaeffer said.

In addition to ODPAC's fund raising success, ODPAC continues to be one of the strongest players at the Statehouse. ODPAC continues to work in protecting dental practices against unnecessary government intervention, improve access to dental care, promote office efficiency and fight against unfair insurance prac-

Schaeffer said he hopes to see ODPAC grow even more in 2014.

"We hope that we can build on our record and surpass this year in participation and contributions to ODPAC next year," he said.

To learn more about contributing to ODPAC call the ODA at (800) 282-1526 or visit www.oda.org.

The following is a list of 2013 Ohio Dental Political Action Committee contributors whose support helped ODPAC experience one of its most successful years on record.

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Opinion & Editorial



The Explorer

Matthew J. Messina, DDS **Executive Editor**

The Presentologist

There is a great deal of talk these days about looking to the future, trying to de-

have always been futurists, full of prophecy and projections – often dire warnings of catastrophe to come. That can be a useful exercise. It is something that we are planning for the "ODA Today."

our focus on Dentistry 2050, as we peer into the future as a profession. For now, I will take my turn as a presentologist.

Traditionally, our patients are concerned

- Expectations procedures without pain (don't hurt me) and function
- Value make it last (durability/longevity) and make it look good (esthet-

esty) and what would you do? (advice). Now, our patients not only want all of those things, but they also want greater support. Support in their decisions. Support in seeking health.

Today's dental patient is a much more savvy consumer. He/she is willing to research questions on the Internet in the search for answers. However, they need our support in determining which of the myriad of resources available on the net offers accurate information so that they can make an informed decision.

As professionals, we are there to provide proper perspective for patients. They wander through the wilderness of scientific confusion, looking for our guidance in deciding which information has value for them.

The present is an era of instant information. It was recently explained to me that Twitter is like a river of information, flowing constantly - never stopping. By "following" someone or some group, we choose to sample some of that information, then decide if we want to act on what we learn.

The role of dentists, and the dental profession as a whole in the form of the ADA and its individual member dentists, is to keep that information accurate and authentic. While the immediate response of Twitter and the other social media platforms to an event contain many inaccuracies, the proponents argue the community self-corrects, eventually reaching an accurate account.

If dentists are not part of this discussion, then we cede the role of authority to other people or groups. If we do not speak, then no one is there to represent the authentic, scientifically-supported information. The silence of professionals allows the pop-culture spokespeople to masquerade as experts, which serves only to confuse the public.

What's important now is clarity. Clarity of information. Clarity of purpose. Given the right facts presented in the proper perspective, patient's can make informed decisions about their health.

In the recent past, as a profession, we have been blessed by a high level of success, in achieving the highest level of dental health in the history of man. But we have also been blinded by that success. We have grown complacent in the belief that patients will always respect our opinions. Members of our profession have done things that betray the trust and reduce the appearance of integrity.

Dentists are still among the most highly respected professionals. We have campaigned for prevention since long before that was cool. That basis of professional esteem is the key to our evolution into the future.

As a profession, we will retain our position of honor and influence by becoming advocates for our patients, and the public as a whole. The stated vision of the American Dental Association is "to be the recognized leader in oral health." The American public believes that to be true. In the present, it must be the goal of all of us to maintain and advance that vision.

As a leader, we often wonder - is anybody listening? True leadership goes on regardless. But, I can assure you, everyone is listening now. The launch of the Affordable Care Act has created so much confusion that there is a thirst for information. We have an opportunity to lead. We possess the knowledge to inform and the relationships to influence. We n eed to allow the public to see the passion that we have for the health of our patients.

We may not know what the future will become, but we have the capability to influence the present. It is time to see the vision and make it happen. As William Shakespeare said, "We know what we are, but not what we may be."

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

times they just decide where they're going for lunch. Do it in the hallway – please! We've got better things to hear about than the girl that shot you down in the bar yesterday, or the dinner that gave you gas and the runs all night. No one cares! We want to hear the speaker's story.

When I'm the speaker, I don't distribute my handouts until I'm finished. I want you to pay attention and listen to my story. If you read along (or worse, read ahead) you won't hear what I'm saying - my story. The handouts are for review and remembering. If we need the handouts to follow the program, why do we need a speaker?

Then, of course, as I said in this column a few months ago, there are the "tech junkies." Lord help us, they drive me insane, both as a speaker and a listener. They're in every row of every course I've taken in the last 10 plus years. Why do you need to play with your phone/iPad/ computer/whatever for the couple of hours you're going to be sitting next to me in class? You're just not important enough to need to be in communication with the world every second of every minute of every day. And if you're not paying attention, you're not learning anything.

When I speak, I tell the crowd to shut 'em all off! You can't hear my story if you're not listening. I've been known to embarrass those who don't co-operate. I once had a course attendee who was paying his office bills online. Another time, it took almost two minutes of silence before the guy who was texting his girlfriend realized I was standing two feet in front of him and had stopped the lecture. Don't even ask what I said when someone's phone rang just a half hour later.

Almost as frequently, though, the problem is the speaker. Maybe my sequel course will be called "How to Teach Me Without Putting Me To Sleep." Someone needs to teach that story to a lot of the teachers, and since there's usually an evaluation form when the speaker's done, we have that chance. We need to be honest with our answers - not nasty and not saccharine – just honest.

Educators, you need to make it apparent that you know what you're talking about. Most of you know your topic forward and backward. Sometimes, though, you sound like you've never seen the presentation you're getting paid a bundle to put on. You made the PowerPoint that you're showing us. Why don't you know what slide's coming next? Why stick in extraneous slides that don't relate to anything you've said? Why are your slides so boring? Why are you so poorly organized?

Many of you need to avoid the "too's." You give us too many inside jokes that only a couple of listeners understand. Vou speak too softly or you speak too loud. You speak too slowly, as if you think your audience is three years old. Or, you rattle on too fast, like you've got to get done to get to the bathroom. If I can't understand what you're saying, then you're neither

See STORY, page 13

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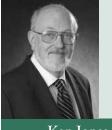
cide what is likely to happen so that we may better plan for it. My friend, author and business guru Mark Sanborn often says that "predicting the future is easy predicting it correctly is very hard." From Nostradamus on down, there

Look to the December 2013 issue for

The presentologist is an expert on "what's happening now," providing much needed clarity in an assessment of what's important now. In order to prep for an examination of our future, we need to have a firm grip on the present and a critical eye on the recent past.

with three things from us as professionals:

- (make it work).
- Leadership tell me the truth (hon-



Between the Lines

Ken Jones, DDS, JD **Guest Columnist**

The Story

"It is far easier to entertain than it is to educate." - Unknown

"It is far easier to educate if you are entertaining." - Kdj

It's been a long time since a certain head of the OSU College of Dentistry's department of full dentures chewed my butt for not taking notes in his class. Now. I no longer have to listen and learn. Now I want to listen and to learn - and to share my passion when I'm the one doing the teaching. Unfortunately, at times, those things are really tough to do.

I've taken a lot of CE courses in my lifetime. Even if it wasn't required to maintain my licenses to practice, I would understand the value of life-long scholarship in both of my professions. I know that to stay current, I have to learn new things about the things we do. Most of the courses I've taken recently were excellent, but, for one reason or another some just didn't cut it. A number of things can – and do – spoil the educational experience.

Sometimes – quite often, really – it's the audience. There's always a few in the crowd that ruin it for the rest of us. Maybe I need to teach a course called "How to Pay Attention and Actually Learn Something."

There are always those who decide to talk with each other instead of listening. Sometimes they make jokes and some-

INSURANCE, from page 8

for Medicaid and Medicare providers.

Incomplete or misinformation about this rule and the standards surrounding it has caused confusion for many dental offices and has led many to incorrectly believe that they must implement EHR by 2014. Nothing in the ARRA, CMS incentive program or any other section of the law requires Ohio dentists to implement EHR by 2014 or any other date.

Earlier this year, Cathy Costello, JD, project manager for Regional Extension Center Services for the Ohio Health Information Partnership, developed a comprehensive article on the basics of the EHR incentive program for the "ODA Today" (http://oda.org/news/detail.dT/ know-the-basics-of-the-electronic-healthrecord-ehr-incentives-programs/).

In addition to providing details about the EHR incentive program, the article identified some points for dentists to consider when deciding whether or not to participate in the program:

- The process is set up so that dentists may apply on their own without the need for outside consultants. Questions about eligibility or the program in general can be answered via Medicaid's website (http://medicaid.ohio. gov/PROVIDERS/MedicaidProviderIncentiveProgram/MPIPResources. aspx) or directed to the Medicaid Provider Incentive Program (MPIP) Help Desk at (877) 537-MPIP (6747) or MPIP@medicaid.ohio.gov.
- · Some dentists utilize the services of consulting groups to assist them in obtaining Medicaid incentive program money. Oftentimes the services provided by these consultants only cover the first-year Medicaid incentive payment, leaving the dental practice on its own in meeting the program's meaningful use requirements in future years. The dentist is ultimately responsible and liable for properly utilizing incentive funding he/she receives. It is imperative to clearly understand any contract before signing on to utilize the services of any Medicaid incentive program consultants.
- Not all Medicaid incentive program consultants are the same. Some charge about the same fee to assist the dentist in simply obtaining incentive funds from the government as do others that actually work with the dentist on the workflow issues that must be addressed to meet the program's meaningful use requirements.

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

STORY, from page 12

entertaining nor educating.

And, my final plea is to never just read your lecture to us. Make that slide show production something that fascinates my mind. Entertain me. There's always a story to go with the pictures that makes them much more interesting. That's always been my goal - to get the audience to understand the story, not just hear the words. When the story is number one, the audience is mesmerized and the speaker fades into the background. When the story is number one, the program entertains and the crowd is educated. It's all about the story.

Education and entertainment. Together, they make the story worthwhile.

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



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Continued

VETERANS, from page 1

medication, but not treat the underlying problem.

"Here's a group that has no means to pay out of pocket for a city clinic," Brandt said. "Even if they were a cook, they put in at least two years serving our country. It was kind of a no-brainer."

So in 2009 the Cincinnati Dental Society had its first Leave No Vet Behind event. The Cincinnati VA Medical Center identified patients in need of dental treatment, and volunteers from the Cincinnati Dental Society screened about 110 veterans in a mobile dental van from The Ohio State University in the VA center's parking lot.

The goal of the first event was to make sure the veterans were no longer in pain, eliminate any sources of infection and end some repeat ER visits, Brandt said, and many of the veterans needed several extractions. Those veterans who needed additional care were referred to volunteer dentists who saw them in their practices, and some of the dentists have kept the veterans they treated as patients in their office.

"I'll never forget the first year we did it," Brandt said. "You never heard so many thank-yous. Even if we couldn't do anything, they thanked us for looking. It's a very appreciative group, and they don't expect anything."

Since 2009, the society has had three screening days and is planning a fourth in January. They have treated about 450 veterans and provided close to half a million dollars in care.

This year, the society has decided to screen fewer patients to ensure they can provide them all the care they need. In the past, they were not able to provide prosthetics for all of the patients that needed them because of the cost. Thanks to several grants, including one from the Ohio Dental Association Foundation for \$3,500, and by limiting the number of patients they screen to 75, they expect to be able to provide prosthetics to all of the patients who need them. In the past, some veterans had turned down treatment because they weren't able to get dentures.

Nixon said being able to provide prosthetics to patients can change their lives. Last year the society received a \$5,000 grant and provided prosthetics to 12 veterans. Nixon said one patient she met during the treatment process had his wife do all the talking for him, walked slouched over and only opened his mouth when necessary. After he received the dentures, he became talkative, smiled all the time and said he was excited to be able to eat steak

"Here's this guy that's lived with infection and decay, and we helped him with that. That's our goal, to be able to do that," Nixon said.

The treatment day in January will be held at the Crest Smile Shoppe, which is donating its facility, supplies and staff for the event. The program has also continually received support from Henry Schein.

"A lot of dentists were in the service themselves, and it takes you back to the old days," Brandt said.

Vision for Veteran Dental Care

The Stark County Dental Society created the Vision for Veteran Dental Care program in 2012 to provide care to veterans who are faced with an access to care challenge.

Volunteer dentists from the Stark County Dental Society started by providing care to veterans at a local VFW hall, and many dentists also provided volunteer follow-up care to those veterans as needed. So far, the program has served more than 120 veterans.

"We have seen veterans who served in



Dr. Francis Bertolini provides a screening for a veteran as part of the Stark County Dental Society's Vision for Veteran Dental Care.

the Korean War all the way up to soldiers who have served in Iraq and Afghanistan," said Dr. Erwin Su, a past president of the Stark County Dental Society and chair of the Ohio Dental Association's Council on Access to Care and Public Service. "Some of these valiant men and women had not seen a dentist in years. When we were able to direct them to a volunteer dentist for examinations, prophylaxis, periodontal scaling, caries assessment, oral hygiene instructions and preventative treatment we were able to make a significant impact on their dental health."

The program has worked with a VA clinic in Canton to identify patients in need of dental care and is also working with local veteran support organizations.

In 2012 and 2013, the program received grants from the ODA Foundation to help cover the in-office and lab expenses of providing prosthodontics.

Su said he first learned about the difficulty veterans have with receiving dental care while serving on the ODA's Council for Access to Care and Public Service.

"While serving on this council I was dismayed when I was informed that only a small percentage of veterans are eligible for dental coverage once they are discharged from service," Su said. "This can become a significant barrier for many of these former soldiers to be able to receive dental care."

Su said he learned about the Cincinnati

Dental Society's Leave No Vet Behind program and took the information back to his local dental society so they could create a similar program, which was one of the focal points during his presidency in 2012.

"Our volunteer dentists were able to provide a significant amount of dental treatment as a result of our Vision for Veteran Dental Care program," Su said. "Many of these veterans have continued as regular dental patients in these dental offices. It is rewarding to know that our dentists are not only providing dental treatment for these veterans at the present time but also helping them to achieve optimal dental health for the future with education and prevention."

Operation Fanno Care Package

Operation Fanno Care Package got started earlier this year when a patient of Dr. Jim Fanno, an orthodontist in Canton, asked to delay having his braces removed.

Fanno's office knew this was an unusual request, because most patients looked forward to having their braces removed. The office quickly learned that the patient's father was being deployed to Afghanistan for a year, and the day the patient was scheduled to have his braces off was the last day he had to spend with his dad before he left.

"That just wrenched my heart. His priorities were right," said Fanno, who is a past president of the ODA.

In addition to changing the date of when the patient would have his braces removed, the office wanted to be able to

do something for his dad while he was deployed, so they decided to send a care package.

The office expanded the idea and invited all of their patients to bring in items to be sent to people serving in the military overseas. Patients who brought in items were entered into a drawing to win tickets to a Cleveland Indians game.

"Low and behold, kids were bringing stuff in by the bags full. We filled up an entire consult room in our office. It was beyond anything we had ever imagined," Fanno said.

The office sent more than 30 care packages for the first mailing, and a patient donated \$500 to cover the shipping costs. Patients continued bringing items into the office, and product reps also donated items. The office was able to send additional packages, and several parents volunteered to help pack them up. All the packages have been sent to the platoon of the patient's father.

"What I'm hoping is that other offices across the state of Ohio will think this is really a worthwhile project and do it," Fanno said. "It is the right kind of thing for our members to be participating in. Yes, it can have a strong oral health overlay. I think it's a win-win; It's a win for dentistry, it's a win for organized dentistry, and it's a win for the men and women serving overseas."

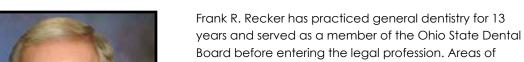
Because Fanno served in the Navy, he decided to have a little extra fun with the packages that were being sent to the Army. On every plastic bag of items, he wrote "Go Navy."



Dr. Jim Fanno, an orthodontist in Canton, and his office mailed several care packages to military personnel serving overseas as part of Operation Fanno Care Package.

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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.

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.

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BLUEPRINT, from page 6

Oral Health Access Supervision Program, increases in delegable duties for auxiliaries, expansion of the time frame for dental hygienists to practice when the dentist is not physically present (general supervision) from seven months to 12 months and allowing a dentist to supervise up to four hygienists at any one time.

Educational Outreach

The final component of the blueprint focuses on public education and outreach, including the promotion of careers in dentistry for young adults. Community water fluoridation, the smokeless tobacco cessation program, Operation TACTIC and the Smiles for Seniors geriatric care provider educational module are highlighted as current outreach programs that should be continued and possibly expanded throughout Ohio communities.

PROVIDERS, from page 10

agreement with the Ohio Department of Health. Reimbursement to the dentist for PLWHA-eligible patients is made through the program, and Rickert can offer the provider assistance with claims processing and will follow up on billing inquiries as well. Patients have an annual maximum of \$2,500 each fiscal year of the program (April 1 through March 31), and treatment plans are submitted for approval prior to treatment. Covered services and codes are posted online at http://www.odh.ohio. gov/~/media/ODH/ASSETS/Files/hst/ hcs/2013-2014DentalCodes.ashx.

Dr. James George and Dr. Mark Grucella, general dentists practicing together in Akron, participate in the program and said they find it rewarding.

"We have found the Ryan White Program to be a most welcome addition to our practice and our mission statement. Our mission is to provide complete dental services with care and compassion for all patients," they said.

Rickert said oral health care is just one component of the federal Ryan White Part B program, and HCS receives about \$24 million annually in funding for all components of the program from the U.S. Department of Health and Human Services.

To learn more about becoming a dental provider for the Ryan White program, contact Rickert at (614) 466-1411 or email laurie.rickert@odh.ohio.gov.

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2 - Pelton Crane track lights, \$425 each. Alabama cart, \$250. Adec Microcard, \$250. 2 - DocPort DV LED Intraoral cameras with 4 docking stations, \$500. Orascoptic Zeon Fiber Optic Illuminator with 3 light sources, \$1500. Call Bill at (330) 606-9862.

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Ready to start your office. Quick, easy and simple. 4 Op equipped for sale and ready for use with office space (rental). In Dublin OH, right off Sawmill and 270. Great location. Email: drcheung@brightsmilepowell. com

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Practice for Sale

Practice for sale. North Central Ohio. Profitable office with strong new patients (avg 30/month) and collections (700k avg. on 4 days/week). This office has been growing each month for several years. Equipment is in excellent condition; free-standing building on a busy street is also available (building and equipment are in excellent condition). The staff and associate dentist are all willing to stay. The staff has been professionally trained and the accounts receivable and new patient numbers show it! This is a perfect practice with low overhead to take home 250-300k right away or use as a second office with the full-time associate. Call (419) 350-1386.

Northeast Ohio. Willoughby/Richmond Hts area. Well established general dentistry practice with excellent profitability. Beautiful facility, 6 chairs, 2,000+ active patients. Price: \$765,000.00. Contact Jon Blair Associates, LLC, (440) 478-0835.

Practice for sale with 5 year buy out or associate/partnership, office sharing available East side of Cleveland. Excellent opportunity for a dentist who is relocating or who wants to grow a practice with minimum attrition. Interested parties call Dr. Nancy Arndt (440) 449-0069.

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

Seeking motivated, ambitious dentist to purchase practice, office and building in Mt. Gilead. Great potential for growth, as only 3 dentists in county. Reply to retiringdds@hotmail.com.

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

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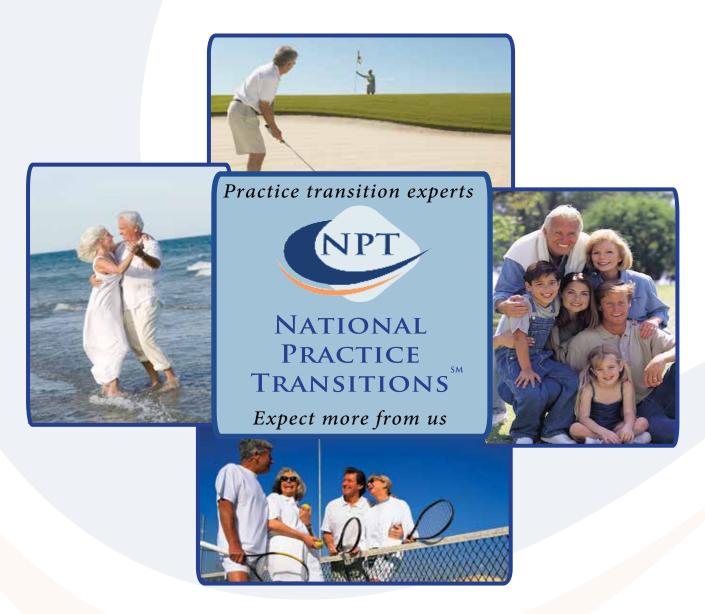


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