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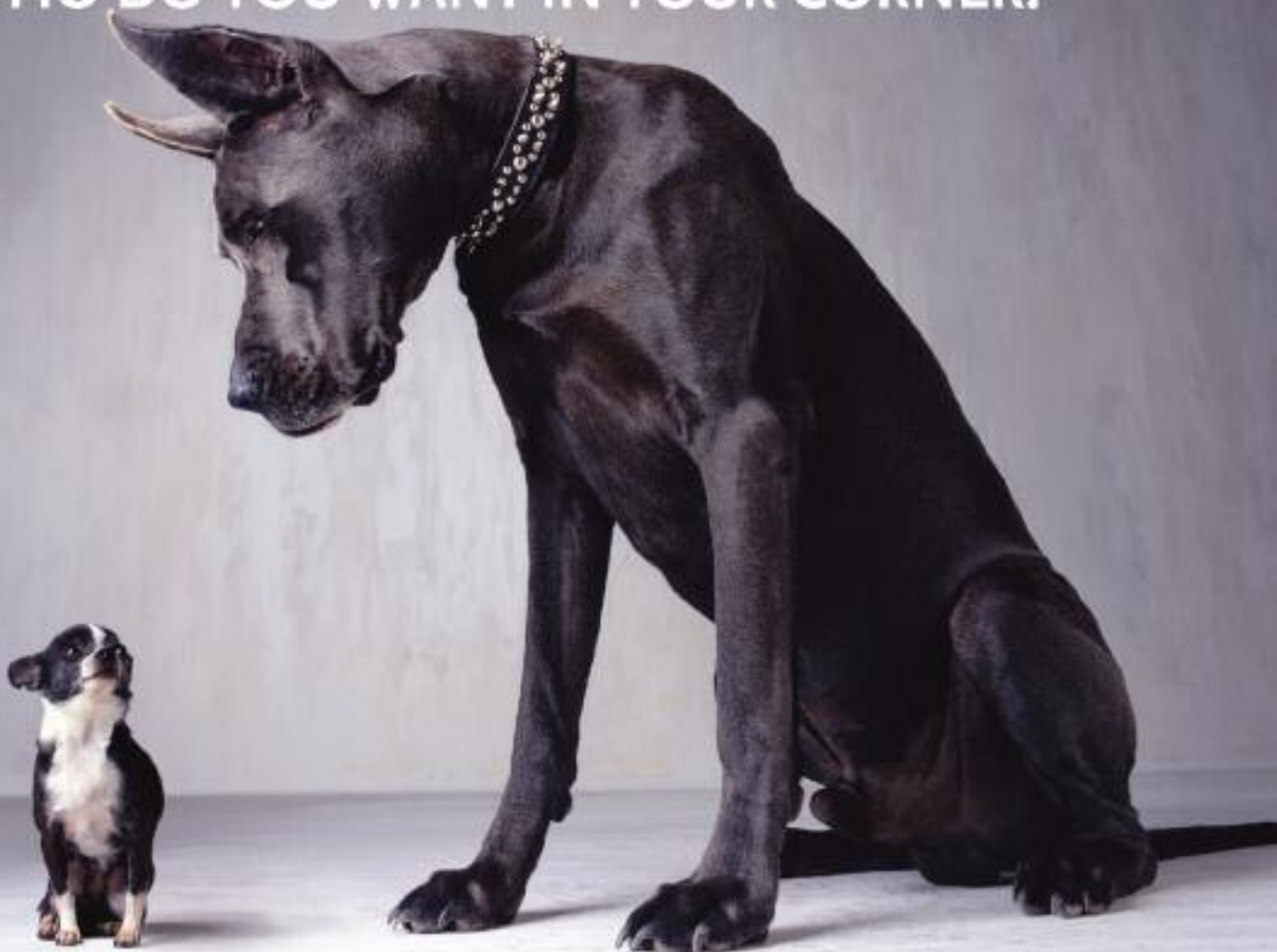
PENNSYLVANIA DENTAL JOURNAL

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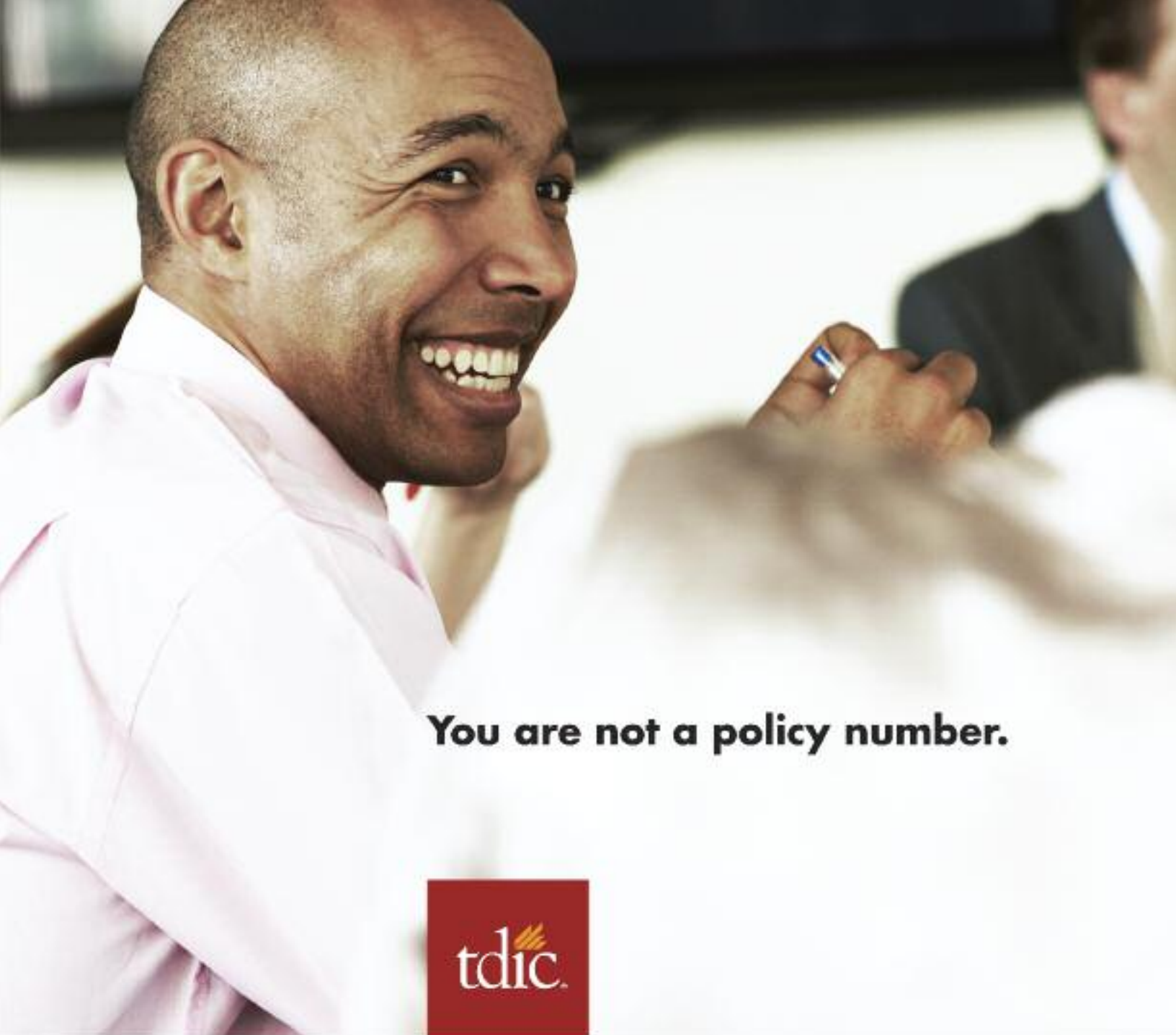
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100 Deerfield Lane #290 • Malvern, 19355-2159
(610) 296-9411 • RonHeier@verizon.net

3rd | Dr. Eli Stavisky | 2016
700 Glenburn Road, Clarks Summit, 18411-2306
(570) 587-5495

4th | Dr. Frederick S. Johnson | 2017
Dental Art Images, LLC
221 West Penn Ave. #213, Cleona, 17042
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5th | Dr. James M. Boyle | 2017
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2251 Eastern Blvd., York, 17402
(717) 755-9695 • jboyle1227@aol.com

6th | Dr. Nicole Quezada | 2018
11671 Route 6, Wellsboro, 16901-6750
(570) 724-2565 • nmquezada@me.com

7th | Dr. Cynthia A. Iseman | 2018
100 Grant St., PO Box 338, Salisbury, 15558-0338
(814) 662-2771 • caisemandmd@gmail.com

8th | Dr. Thomas C. Petraitis | 2015
101 Hospital Ave., DuBois, 15801-1439
(814) 375-1023 • tpetraitis8th@gmail.com

9th | Dr. Joseph E. Ross | 2016
Olde Libray Office Complex
106 E. North St., New Castle, 16101
(724) 654-2511 • jerossdmd@gmail.com

10th | Dr. Herbert L. Ray Jr. | 2015
Univ of Pittsburgh School of Dental Med
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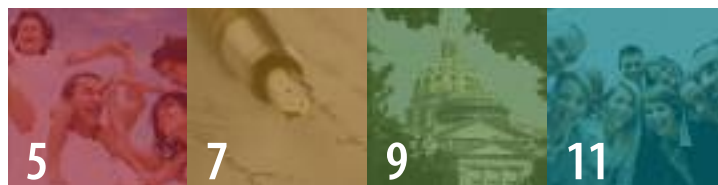
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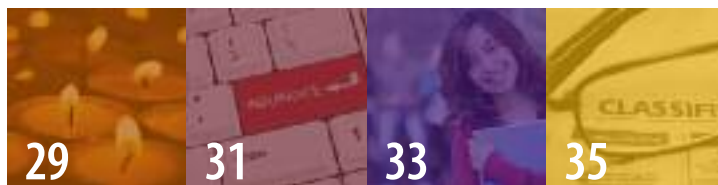
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By Dr. Bruce R. Terry
Editor

Welcome to My World

Did you ever have one of those days? Of course you have; look whom I'm talking to. Well, I had one of those days yesterday. You know, the kind that starts out O.K. when you wake up and nothing is sore. You eat breakfast, read the paper and go to the office. That's where the fun begins.

They don't teach this stuff in dental school. My first patient reported that her dentist tried to start root canal treatment the other week, but she didn't get numb. She is afraid that she will have the same problem in my office. After a 25-minute lesson in local anesthetic chemistry and human physiology I thought we were ready to go. We agreed that she would benefit from some nitrous. I got her going at 25 percent as my receptionist dropped me a note saying that a patient of my associate's demanded that I call back immediately. I gave Mary, my receptionist, the look. You know, the one that says, "Really?" Then I told her that I would have to call later. Just as Mary was leaving, my patient began crying uncontrollably. At that moment I wondered why they call this stuff "laughing gas."

I turned down the nitrous and converted to 100 percent oxygen, but she wouldn't stop crying. My assistants are very good at calming my patients. It seems that despite my calm demeanor I'm not the calming type.

My assistant Jennifer tried to calm our patient. As we were nearing the end of the box of tissues the patient has gone from crying to a gentle whimper. She said she was sorry and she was ready to get started when I explained that it had been

55 minutes and we would have to reschedule. Her face turned dark red and the tears started again. She was now angry with me. As I was thinking about why she was angry with me, she was raising her voice in defiance telling me that she had taken the morning off from work, and why that's not so easy and she has lost a half day's pay, and her tooth hurts her and she can't wait. So, in my calmest voice, and remember I have been told that I do not exude calmness, I explained that I have other patients to see today and it's simply not fair to make everyone wait. She got up from the chair, grabbed her coat and purse and stormed out saying "you suck." I hadn't even had a cup of coffee yet.

Mary, bless her heart, reminded me about this patient I've never seen but demands to speak to me. I told her I was going to get the next patient numb and then call the impatient patient. I introduced myself to the next patient and asked him if he was having any pain. He told me that he had been in pain for several days and his tooth felt loose. When I examined him it was clear that tooth #5 was vertically fractured. I explained that I wouldn't be able to perform root canal treatment because of the fracture and he would need an extraction. He told me that he didn't understand. So, I got out my 3D models and spent the next 20 minutes explaining how we couldn't save his tooth because we can't seal fractured teeth. He asked why not, and that consumed another 10 minutes when Mary came by and mimed like she was talking on the phone. I nodded to her and continued to discuss my patient's options. He agreed to have me extract his tooth when I realized that he was on Coumadin. I told him that I would need to contact his physician and see what modifications in medications were needed before we could extract his tooth. I had Jennifer escort him to the front desk with instructions to

contact his cardiologist.

I got back to my office and I began to call the patient that had been waiting for me to return his call. The phone rang twice when Mary stormed into my office and told me to come quick, the nice old man is having a heart attack in the waiting room. I hung up the phone and ran out to the waiting room. As I make my way to the waiting room I regret not having the emergency situation practice drill. This was certainly going to be an emergency. I told Jennifer to get the AED and the oxygen. I told Mary to call 911. I knew that \$1,600 AED would come in handy some day. When I got to the patient he was sitting in a chair. He is white and sweating. I asked him to lie down and he refused. He said he was just not feeling well, but didn't want to lie down. I told him that he didn't look very good and he might have a problem with his heart. He looked up at me and threw up all over me and the magazines in the waiting room. I still haven't had that cup of coffee. We got him cleaned up as the ambulance arrives. They started to examine him. They hooked him up to an EKG and took his temperature. The paramedics turned to me and said he's not having a heart attack, he had a stomach virus and a fever of 103.

Luckily, I have another pair of scrubs in the office for just such an emergency. I changed so that I could see the next patient. I was now about one hour behind and I have not produced \$1 in production for the day. Can you bill for a nervous patient or a patient that vomits in the waiting room? What exactly is the code for that?

The next patient spoke very broken English and Mary warned me that she was difficult to understand. I asked her what her problem was and she pointed to a tooth on the lower left side. I looked in and there was a large hole in the occlusal of #19. I explained that I would need to do root canal treatment after looking at

the radiograph and testing the tooth to determine that it was non vital. She nodded, but I just knew that she didn't understand everything I was saying.

After I anesthetized her I went to call the patient from three hours ago. When he answered the phone he asked what took me so long. He started to explain that he had seen my associate a few days earlier and was upset with being charged for a consultation. He liked my associate just fine, but he insisted that he was a personal friend of the dentist who referred him and shouldn't have to pay. I asked why not, and he said that he was out of work and came to us because his dentist told him to. I asked if my associate spent time with him and discussed his treatment options. He said yes. I said then why wouldn't you want to pay for your visit? He then went into a 15 minute diatribe about how much money we charge and it's just crazy considering when he goes to his physician he pays \$10. I really couldn't deal with him, and I said let me look into this and get back to you.

I went back to the patient I had just numbed and she was gone. I asked Jennifer if she had gone to the bathroom and she said no. Jennifer told me that when she was setting up the handpiece and some other instruments the patient got up and left. I asked Mary at the front desk what happened and she said the patient just walked out.

There were no patients in the waiting room or the treatment rooms. I looked at Mary and I looked at Jennifer and I said, "How about that cup of coffee now?"

—BRT

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LETTERS TO THE EDITOR

Dr. Terry received two letters in response to "For A Friend," his editorial in the January/February 2014 issue.

Dear Dr. Terry,

Is it not ironic that just four pages after Dr. Bruce Terry's article on the decline of organized dentistry that there is an article about the several items of legislation were brought to the Pennsylvania House and Senate?

I wonder how many pieces of legislation would have been previously brought up and voted upon without our colleagues giving up countless hours to make our professional lives better.

To be sure, dentistry will continue to exist and patients will still continue to need our services. The problem will be how the future generations of dentists will stand up for their rights individually. It is not that dentists will be sitting and waiting for their political rights to be defended, but their priorities are different and will lead them to a different type of dedication to their profession.

David Szymanski, DDS

Dear Bruce,

This one was a masterpiece. So sensitive and carrying it into such an important subject was incredible. Keep up the good work.

To your continued success.

Gene Katz

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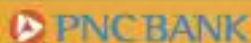
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GOVERNMENT RELATIONS

As the winter/spring legislative session wraps up and legislators return to their districts, PDA takes stock of where we stand on our issues now that we are halfway through 2014. Before lawmakers began focusing on budget negotiations, the General Assembly passed PDA's legislation to allow out-of-state dentists to apply for temporary licensure, primarily to assist at charitable events and during emergencies. PDA continued to push for passage of assignment of benefit legislation to benefit non-participating providers and a number of access-to-care initiatives such as student loan forgiveness, Medical Assistance reforms and continued funding in the Donated Dental Services program.

The progress we made so far is due in large part to the participation of more than 100 members, spouses and dental students who attended Day on the Hill on June 3. Stay tuned for a full recap of this event in the July/August issue of the *Journal*.

Assignment of Benefits (HB 2263 and SB 520)

With our assignment of benefits bill stalled in the Senate, PDA is now introducing a companion bill in the House of Representatives. In April, Rep. Karen Boback (R-Columbia) introduced HB 2263 while PDA lobbied for support from House Leadership.

HB 2263 is identical to Senate Bill 520, which would require insurance companies to directly pay dental providers for a patient's treatment. SB 520 is currently pending in the Senate Banking and Insurance Committee, but has not received any commitment because PDA did not accept a proposed amendment that would have made it more difficult for dentists to balance bill at the time of service. PDA is hopeful that passing assignment of benefits legislation in the House first will ease its passage through the Senate.

Volunteer Dentistry (HB 1056)

Rep. Keith Gillespie (R-York) introduced HB 1056, which allows the State Board of Dentistry (SBOD) to issue temporary volunteer licenses to dentists who are in good standing in another state or territory so that they may volunteer at charitable events or provide care during emergencies in Pennsylvania. At present, dentists from other states are prohibited from volunteering at events such as Missions of Mercy and Give Kids a Smile, which provide direct access to dental services. PDA supported HB 1056 as a measure that will expand Pennsylvania's volunteer capacity to treat individuals without routine access to dental care.

HB 1056 will allow the SBOD to issue

these temporary licenses to individuals who meet the following criteria:

- Holds an active license in another state or territory.
- Is current on all continuing education requirements.
- Demonstrates medical professional liability insurance coverage in the amount required by Pennsylvania law.

The SBOD may issue one 30-day temporary volunteer license per applicant or up to three 10-day temporary volunteer licenses per applicant per year.

The General Assembly passed HB 1056 in February and it Governor Corbett signed it into law soon after. The SBOD began processing applications on April 5.

PARAGON

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Health Practitioner Student Loan Forgiveness

Governor Corbett's budget proposal includes expanding access to primary care services in underserved areas by increasing by \$4 million funding for the state's health practitioner loan forgiveness program. The funding would be used to offer loan repayment to an additional 70 physicians, dentists and other primary care practitioners who agree to serve a certain number of years in designated health professional shortage areas.

In addition, Rep. William Kortz (D-Allegheny) introduced HB 542, legislation to increase the funding available for dentists enrolled in the state's health practitioner loan forgiveness program.

Currently, the Pennsylvania Department of Health pays up to \$64,000 toward the cost of a dentist's student loans in exchange for the dentist serving in a designated health professional shortage area for four years. HB 542 would establish the Loan Forgiveness for Dentists Program, to be administered by the Pennsylvania Higher Education Assistance Agency (PHEAA). PHEAA may forgive 50 percent of the loan, not to exceed \$100,000, if the dentist enters into a contract that requires him or her to practice full-time in an underserved area for four consecutive years.

PDA actively lobbied the Administration

and General Assembly for more funding in the loan forgiveness program. We know that indebtedness is a primary concern for recent dental school graduates. More than 90 percent of dental students graduate with debt. The debt amount varies greatly depending on whether students attend a public or private school. According to the American Dental Education Association (ADEA), the cost of student loan debt has grown 66 percent in the last 10 years and the average debt for 2012 dental school graduates was almost \$241,000.

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NEW MEMBERS

Welcome New Members!

Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Allyson A. Abbott, DMD
Temple University 1985
Blue Bell

Babitha Ayinipully, DMD
University of Medicine and
Dentistry of New Jersey '13
Exton

Khosrow B. Azizi, DMD
Temple University 1987
Meadowbrook

Alexander E. Botwick, DMD
The University of Connecticut '12
Philadelphia

Richard M. Celko, DMD
University of Pittsburgh 1989
Natrona Heights

Man Y. Chan, DMD
University of Pennsylvania '06
Kennett Square

Jennifer J. Check, DMD
University of Pittsburgh '08
Charleroi

Matilda Dhima, DMD
University of Pennsylvania '09
Pittsburgh

Eric Garver, DMD
University of Pittsburgh 1999
Ligonier

Nicholas B. Hill, DDS
West Virginia University '07
Bala Cynwyd

Palak Jain, DDS
New York University '12
Exton

Ashalatha Kancharla, DDS
New York University '10
Chester Springs

Jamie S. Kang, DMD
University of Pennsylvania 1998
Plymouth Meeting

Shu-Zhen Kuang, DMD
Temple University '12
Philadelphia

Juliana T. Kuleva, DMD
University of Pennsylvania '11
Pittsburgh

Kirstin M. Low, DDS
University of the Pacific '12
Yardley

Jeffrey F. Mazarella, DDS
State University of New York
at Buffalo '12
Shippensburg

Vanessa A. Morenzi, DMD
University of Pennsylvania 1983
Haddonfield

Raj P. Patel, DMD
Temple University '10
Langhorne, PA

Brian J. Rooney, DDS
New York University '09
Ringoes, NJ

Joel S. Rozen, DMD
University of Pittsburgh 1989
Finleyville

Ahsan Sadiq, DDS
New York College of Dentistry '12
Harrisburg

Joseph A. Search, DMD
University of Pittsburgh '10
Lewisburg

Anna Shibanova, DMD
University of Pennsylvania '07
Brooklyn

Michael P. Tomczyk, DDS
New York University 1996
Chambersburg



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MEMBERSHIP GETS YOU CONNECTED

In the digital age of social networking, we sometimes forget the real value of a personal connection. One of the greatest benefits of membership in organized dentistry is the personal and professional bonds members form with one another through networking events, volunteering time and expertise and working together to enhance the profession.

There's no doubt that PDA membership provides you with unique opportunities to connect with peers. Whether you're a new dentist looking for some advice from a colleague, or an experienced dentist looking to give back to the profession, PDA can help you branch out.

PDA is proud to offer members a revamped mentoring program: Connections. The mentoring program's makeover allows both dentists to better identify their expectations for a mentor connection and foster a long-lasting professional relationship. It connects mentees with a mentor based on preferred criteria, such as practice setting, specialty and communication style and frequency. Both dentists gain valuable opportunities for professional growth.

A mentoring connection can be rewarding for both the mentor and mentee. But where do you start? How can you be sure that your mentoring relationship will last? Here are a few tips (courtesy of Management Mentors, management-mentors.com) for both mentors and mentees to help you get started in the right direction and stay your course.



MENTEES

- ◆ **Motivation is key.** The mentee is the driver in the relationship and must accept that role rather than viewing it as a relationship where the mentor simply takes charge. Mentees must be motivated to stay engaged and to work toward achieving results.
- ◆ **Keep expectations realistic.** You and your mentor should discuss expectations of each other and the relationship. For example, discuss how often you'll meet or what areas you'll work on. When there's a change in expectations, discuss this, too. Relationships grow and change and so do expectations, so those agreed upon early on may not be the same later.
- ◆ **Think commitment, not lip service.** Regular, ongoing contact is one of the most important building blocks for successful mentoring. Agree with your mentor to meet on a regular and ongoing basis and avoid canceling appointments.
- ◆ **Define your contact expectations.** How frequently will you expect to get in touch with one another? Discuss any existing family, practice, or volunteer commitments you may have that impact your contact expectations for this mentoring connection.
- ◆ **Give back and get more.** Take time to share examples of how you have benefitted from the relationship and to say "thank you." Sharing how a mentor has been helpful in the past gives the mentor guidance on how to be helpful in the future.

MENTORS

- ◆ **Remember your authenticity.** As a mentor you are not asked to be perfect or to have all the answers, but simply to be genuine and willing to help in the best way you can as the unique person you are.
- ◆ **Link the mentee to important resources.** This can involve books and professional associations. It may also include opening your networking connections and sharing them with the mentee, as appropriate.
- ◆ **Facilitate your mentee's increased self-confidence.** Provide feedback on the areas of growth the mentee is gaining through the mentoring relationship. Growth is not only limited to gaining expertise, but also growing as an individual.
- ◆ **Guide your mentee in the specific topic, task or issue at hand.** This guiding can take several forms. A mentor can provide a roadmap if the issue is unfamiliar to the mentee. Or the mentor can simply provide a listening ear if the mentee has experience in the area and is only in need of validating what he/she is proposing to do.



If you want ideas for meeting up with your mentee or mentor in person, some suggestions are: get together for lunch or dinner, shadow the mentor at his or her office, attend a district or local society meeting or spend time volunteering at a clinic together.

These tips will help you on your way, but get started with a mentoring relationship by enrolling in PDA's Connections program. Contact Andrea Hoover via email at ach@padental.org or (800) 223-0016, ext. 123, to enroll now as a mentor or mentee — **Get Connected!**

Save the date for members in the York and Lancaster area: a Connections Kick-off event will be held in the York/Lancaster area for mentors and mentees in the late summer or early fall 2014. Stay tuned to PDA's website and social media for additional details.



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NOGOTHIM

NATIONAL CHILDREN'S DENTAL HEALTH MONTH SOARS THROUGH PENNSYLVANIA

By Sara Mattrick, Communications Coordinator

Flashing their capes, the American Dental Association's (ADA) oral health heroes, the McGrinn Twins, Flossy and Buck, and the Smiley twins, Den and Gen, soared into classrooms throughout Pennsylvania with one mission in mind: to fight for good oral health. To promote this year's National Children's Dental Health Month (NCDHM), the twins encouraged students to "Join the Super Smile Team," and shared with them the super powers you can attain from taking good care of your teeth. Their one easy rule for joining the Team was "2min2x"—code for "brush your teeth two minutes, two times a day."

The distribution of lesson plan kits was conducted electronically once again this year. They were made accessible to more than 1,500 schools who were contacted for participation. The kits contained a lesson plan featuring dental health discussion topics, fun classroom activities, interactive games and activity sheets. A complimentary "Join the Super Smile Team" poster was offered to each classroom featuring the ADA's Super Smile Team of oral health heroes.



Third-Grade Poster Contest

Included in the lesson plan kits were instructions for entering the PDA-sponsored, third-grade poster contest. For decades, the contest has encouraged Pennsylvania third-grade students to demonstrate what they learned during their NCDHM classroom lesson by drawing a poster that reflects their oral health knowledge. PDA annually awards \$850 in monetary prizes to the students who design the top three posters. More than 150 clever, well-designed posters were submitted to the PDA Central Office for judging this year.

Third-grader **Hannah Hulton** of Octorara Elementary in Chester County is our first place winner. Hannah's colorful poster shared a slogan that simply encourages taking control of your oral health: "Be the Boss, Brush and Floss." Below the message was a happy tooth being hugged by a string of floss administered by a human-like floss dispenser and a toothbrush with toothbrush arms and legs. Hannah will be presented with her framed winning poster and \$500 prize by a PDA member dentist at an upcoming school awards assembly. Octorara Elementary and Hannah's teacher, Miss Jenny Lasak, also will receive \$250 each for participating in PDA's contest.



Christine Robinson has been the certified school dental hygienist at Octorara Area School District for over 20 years and has presented and participated in the NCDHM program since its inception. She has enjoyed this contest because of the creativity and learning experience that it provides for the students.

"The enthusiasm of the third-grade students developing their own dental health poster creates a memory that lasts for many years. Some of the high school students in the district still joyfully recall the posters they made in third-grade," Robinson said.

Second place winner **Tucker Carrigan**, a third-grade student of Linglestown Elementary in Dauphin County, created a poster that demonstrated the importance of keeping a healthy smile. Tucker included the message: "Brushing two minutes, twice daily, you can't go wrong—to keep your teeth healthy and strong!" and illustrated teeth engaging in physical activities that would improve their health and strength. Tucker will receive a \$250 prize.

Depicting the oral health battle between good and bad, our third place winning poster was created by third-grader **Olivia Blight** of Solomon Plains Elementary in Luzerne County. In her poster, Olivia shows two teeth kingdoms: healthy and decaying. The healthy teeth are fighting the decaying teeth with a toothpaste cannon. The message is simple: "Protect Your Teeth." Olivia will receive a \$100 prize.

The following students were among the Top 10 entries and will receive an Honorable Mention:

- Ava Gower - Age 9, Colonel John Siegfried Elementary, Northampton
- Shayla Dailey - Age 8, Linglestown Elementary, Harrisburg
- Tyler Kauffman - Age 9, Colonel John Siegfried Elementary, Northampton
- Sam Lightner - Age 9, Dillsburg Elementary, Dillsburg
- Grace Marshall - Age 8, Kistler Elementary, Wilkes-Barre
- Hugh Salva - Age 9, St. Michael the Archangel School, Coopersburg
- Jay Youn - Age 8, Solomon Plains Elementary, Plains

NCDHM Events

The success of NCDHM is greatly accomplished through the promoting of awareness by our member dentists during a wide variety of events and activities. District and local dental societies, dental offices, community organizations and elementary schools sponsor and hold these educational promotions. With their outreach to the children and parents who reside within our local communities, they are able to share valuable knowledge about the importance of oral health.

"It is vital to promote dental health to our children in order to decrease dental disease. Proper oral hygiene along with a balanced diet will help reduce this potential epidemic,"

said Dr. Sam Mansour, PDA's statewide NCDHM chair.

"Our role as educators is but a small segment but an important one nonetheless. It is through the efforts and willingness of so many PDA members donating their precious time that makes this event such a success. In Pennsylvania, it is evident by the continued annual increase in our NCDHM participation."

The following are just a few examples of the many ways that PDA member dentists contributed to the 2014 NCDHM program.

Pam Tur, hygienist for Dr. Richard Galeone, engages students on the topic of good oral health at LifeSpan Child Care in East Greenville.



Second District

- Dr. Frank Prezioso printed NCDHM activity sheets from the PDA website and placed them in the waiting room of his office. He encouraged patients waiting to be seen for their checkups to pick one up and complete them while they waited. During the month of February Dr. Prezioso treated an estimated 50 children. To help promote the campaign, he also made NCDHM related posts on his office's Facebook page.
- On February 28, Dr. James Stevenson visited Jarrettown Elementary in Dresher, to speak to students about the importance of good oral health. During his 30-minute presentation, he educated students on how many teeth they have, demonstrated the proper way to brush, showed a "Dudley the Dinosaur" video and handed out toothbrushes and toothpaste. Dr. Stevenson said he enjoyed giving the presentations and believes the children got a lot out of it as well, providing them with an increased comfort level for visiting the dentist.
- Throughout February, Dr. Barry Cohen and his staff visited local preschools and kindergarten classrooms. He has been making these visits to teach children the importance of maintaining a healthy smile for more than 20 years. This year he and his staff spoke to more than 400 children in four different schools. The presentations included a review of home care, a mouth healthy diet and what to expect during a visit to the dentist. Children had fun learning a dentist's and hygienist's jobs by role playing and dressing up. One classroom visited the office for a more hands on experience. Dr. Cohen said all participants had great time during the visits, which never fail to put a smile on the children's faces.



- "It is always such a pleasure to reach out to the children of our community during NCDHM," Dr. Richard Galeone said. His office's major effort was organized by one of his hygienists, Pam Tur. During the month of February and some of March, she visited surrounding nursery schools and kindergartens. During her visits, she showed "Dudley the Dinosaur" videos on brushing, distributed goodie bags that included toothbrushes, toothpaste, floss and take-home ADA brochures for the child's parents. Pam saw more than 400 children this past year at 15 different schools — a new record for Dr. Galeone's office.

The students of the Kaiserman JCC preschool had a blast playing dentist during their visit with hygienist Anna Cohen of Dr. Barry Cohen's office.

Third District

- Amy McBride, EFDA, of Dr. Louis Genello's office, conducted presentations for children ages three and four at two different locations. She demonstrated to the children how to brush and floss properly, read "The Bernstein Bears Visit the Dentist" and handed out activity sheets and toothbrushes.

"We participate in NCDHM to initiate awareness about the proper oral health for children that may not have already seen a dentist," Dr. Genello said. "We hope the children will perpetuate this practice onto other children."

- Members of the Scranton District Dental Society held several NCDHM events throughout the month of February. The events were held at different locations,

including local libraries and McDonald's Restaurants. During these free educational events, children enjoyed dental hygiene presentations, a visit from the Tooth Fairy, face painting, storytelling and goodie bags.

Members prepared 7,000 dental care bags that included educational activity sheets and dental hygiene products. The bags were distributed at the above events and any additional events members held on their own.

- Dr. Nancy Willis and her office look forward to NCDHM each year, during which they reach out to local preschools and third graders. Dr. Willis and hygienists Dina Fisch and Regina M. Karoscik visited 12 schools this year, and instructed more than 250 children in brushing techniques, nutrition and visiting the dentist.



Dina Fisch, hygienist for Dr. Nancy Willis, visits with children at the Hildebrandt Learning Center in Lackawanna County.



The Tooth Fairy paid a visit during the Luzerne County Dental Society's NCDHM event. Pictured from left to right are: Dr. Ann McDonough, Caitlin McDermott (tooth fairy & dental assistant student), Dr. Samantha Abod and Dr. John Evans.

- The Luzerne County Dental Society says NCDHM is a time to promote an awareness of the importance of taking care of children's teeth to the child themselves and their parents/guardians. They held their annual NCDHM event at the Wyoming Valley Mall in Wilkes-Barre. The free community event was held on February 22. The event featured dental exams for children, visits and photos with the Tooth Fairy, a coloring contest, prize opportunities and the distribution of toothbrushes and educational materials.

Fourth District

During NCDHM, members of the Berks County Dental Society served 33 schools with third grade presentations done by nine hygienists and the following member dentists.

- | | |
|-----------------------|---------------------------|
| — Dr. Valerie Deibler | — Dr. Louis Palacios |
| — Dr. Connie Gallen | — Dr. Christian Reinecker |
| — Dr. Jeffrey Grove | — Dr. Brian Schwab |
| — Dr. Yosoon Kim | — Dr. David Schwartz |
| — Dr. Edmund Kotula | — Dr. David Szymanski |
| — Dr. William Laubach | — Dr. Douglas White |

In addition, the following members volunteered at the Give Kids a Smile clinic at St. Joseph's Dental Clinic in Reading, providing dental care to children in need in Reading on Saturday mornings in February.

- | | |
|---------------------------|--------------------------------|
| — Dr. David Auchter | — Dr. Laura Snyder Hottenstein |
| — Dr. Valerie Deibler | — Dr. Cheryl Lynn Miller |
| — Dr. John DeSantis | — Dr. Louis Palacios |
| — Dr. Connie Gallen | — Dr. Richard Reddy |
| — Dr. Kristin Gordos | — Dr. James Schmoyer |
| — Dr. Samuel Greenlee | — Dr. Brian Schwab |
| — Dr. Jordon Hottenstein | — Dr. David Schwartz |
| — Dr. Stephen Hottenstein | |

Fifth District

- The Alliance of the Lancaster County Dental Society held its annual dental kit assembly and distribution once again this year. The dental kits included toothbrushes, toothpaste, floss and mouthwash. An estimated amount of more than 2,100 kits were assembled and donated to area shelters, day care centers and clinics. The families of PDA member dentists were on hand to assemble the kits, in addition to Boy Scout Troops 99 and 102.

Additionally, the Alliance held a poster contest this year. The artwork of the winners was showcased in their dentists' offices, and all other submissions were on display in the offices of member dentists of the Lancaster County Dental Society. Monetary prizes were awarded to the top three winners. First prize was \$50, second was \$35 and third was \$20.

- Hygienist Robin Martin of Dr. Joseph Wolfe's office visited Central Fulton Elementary School on February 18 and 19 to speak to the students of the Pre-K program. During her visits, Robin showed "Dudley Visits the Dentist" and explained to the students what a visit to the dentist would entail. She also educated students on good nutrition for healthy teeth and demonstrated proper home care.



Alliance members Stephanie Grambau, Anne Chikes, Cherrise Feddock and Brenda Coffin help bag supplies.



Dr. Edward White with 1st place winners (ages 5-7 and ages 8-10) Gregory Gillespie and Mia Gillespie.

- Dr. Jeffrey Eby and Katrina Rynier, the Eby Dental office administrator, gave an NCDHM presentation to students at Diamond St. Preschool in Akron and St Paul's Preschool in Lititz. The presentation included an overview of proper brushing and flossing, followed by a Q&A with the children on the topic of healthy foods and drinks versus unhealthy ones. The presentation concluded with a fun hands-on activity that involved brushing hard-boiled eggs that were soaked in Coca-Cola. All children received goodie bags filled with coloring pages, toothbrushes and toothpaste, floss and a small toy.

- The dental staff of Smilebuilderz reached out to local child day care centers, with kids ranging in age from Pre-K to elementary students to hold educational presentations. Several office hygienists provided instructions on the importance of developing good brushing and flossing habits as well as incorporating good nutritional foods into their diet. The Smilebuilderz team says they participate in NCDHM because they believe that developing good habits at an early age and scheduling regular dental visits helps children get a good start on a lifetime of healthy teeth and gums. The presentations were held on February 12 and February 18.

Smilebuilderz hygienists also participated in two Sealant Saturdays held by the Lancaster, Lebanon, York Area Dental Hygienist's Association (LLYADHA). On February 1, two hygienists donated their time and talents to help at Sealant Saturday, held at Welsh Mountain Dental Clinic. Additional staff members participated in the Water Street Health Services Sealant Saturday on February 8. LLYADHA's Sealant Saturdays served 586 uninsured children.

- Dr. Matthew Kingston's office, Healthy Smiles Dental, held an NCDHM poster contest to raise awareness among his patients and the community. The contest was for children in kindergarten through fifth grade. A winner was selected from each grade level, and from those selected an overall winner was chosen to receive a grand prize of \$25. All other grade-level winners received \$10.
- For the 32nd year, Dr. Robert Berstecher spoke to 234 third-grade students in the Brecknock, Blue Ball and New Holland Elementary Schools of the Eastern Lancaster County School District. The presentation allowed for students to participate in a presentation on healthy snacks for a healthy mind and body. To reinforce what they had learned during the presentation, students watched "Dudley and Dee Dee in Nutrition Land." Each student received a hygiene kit and a pamphlet on healthy snacking.



Sixth District

- On February 21, orthodontic assistant, Barbara Walker of Dr. Albert Stush's office spoke to the students of Meadowbrook Christian School. Students ranged in age from preschool to fifth-grade. She conducted fun, educational activities with the students that demonstrated the importance of fluoride, sealants, flossing and brushing. Dr. Stush's office staff says they enjoy participating in NCDHM because they have the ability to spread the message of promoting healthy smiles for a lifetime!



The afternoon kindergarten class at Meadow Brook Christian School was all smiles during Dr. Stush's visit with them to learn about the importance of good oral hygiene.

Seventh District

- Dr. Nicole Oravec held NCDHM presentations at three different preschools in Cresson Area. Children aged from three to five enjoyed learning about oral care, visits to the dentist and diet. "Dudley the Dinosaur" was shown and "Alligator" brushing and flossing demonstrations were done. Children dressed up in masks and gloves to play dentist with Dr. Oravec as their patient, to explain the steps in a dental visit. To educate the importance of healthy snacks and drinks, examples of each were shown. Every child was given dental health activity books, posters, bookmarks and toothbrushes. In total, Dr. Oravec visited with 113 children during NCDHM.



Preschools students had a fun learning during Dr. Nicole Oravec's presentation on dental health.

Ninth District

- Throughout the month of February, Dr. Dennis Finton promoted NCDHM by handing out educational activity booklets to his young patients as they were seen.
- Dr. Sam Mansour gave educational presentations to classrooms at Fairview Elementary School and South Hills Elementary School with students ranging from three to eight years old. "I truly enjoy educating these children and watching their faces, both the excitement and surprise, as I go through my power point," Dr. Mansour said. "Parents routinely inform me that I have motivated their child in brushing their teeth. It is these words that I enjoy hearing; the words that keep me involved yearly."



Dr. Mansour reviews an educational power point presentation with students at during one of his visits for NCDHM.

Tenth District

- Dr. Michael Korch and his staff visited with 125 first-grade students at two elementary schools in Hampton Township School District to educate them on good oral health. They begun by showing a video, "Goofy Over Dental Health." In small groups, they then demonstrated the proper way to brush and floss. To encourage students to feel comfortable and calm any fears they may have about a dental visit, they had items that they may encounter in a dental office on display. A hands-on experiment using a Coca-Cola stained egg, toothbrush and toothpaste was conducted to demonstrate the importance of brushing. Students left with goodie bags filled with a toothbrush, timer, toothpaste, floss, bookmarks and posters.



GIVE KIDS A SMILE®



The University of Pittsburgh School of Dental Medicine held its 12th Annual "Give Kids A Smile Day" on February 7 and provided more than \$16,000 of free dental care.

Give Kids a Smile® (GKAS) is a national program run by the ADA to provide access to care to low-income families. Although GKAS is traditionally celebrated the first Friday in February, GKAS events occur throughout the year. In addition to NCDHM, many PDA members chose to donate their time to GKAS events.

The Montgomery Bucks Dental Society partnered with the Abington Police Athletic League, Abington School District and state Rep. Madeleine Dean of the 153rd District to treat the underserved children in their township. In its third year, the March 1 GKAS event was held at the offices of Drs. Jay Freedman and Cary Limberakis. Exams, cleanings, X-rays, sealants, fluoride, simple restoration and simple extractions were divided and performed between the two offices and the dental professionals who volunteered.

"Hundreds of man hours went into the planning, publicizing and executing of our GKAS event—all volunteers, community and dental professionals—but we change lives for the better," Dr. Freedman said.

More than \$14,000 in donated dental

services was provided to the 32 children in need who were seen that day. In the past three years the event has been held, an estimated \$35,000 in services has been donated.

When reflecting on the event, Dr. Limberakis said that the very words that come to mind are "appreciation" and "gratification." The patients and their parents were most appreciative and the dental health providers were most gratified to help those in need.

The University of Pittsburgh School of Dental Medicine faculty and students provided free dental care at the 12th Annual "Give Kids A Smile Day" on February 7, where local children received diagnostic testing and treatment. The program's theme this year was "Outer Space: Your Smile is Out of This World!" The pediatric dental clinic was transformed to resemble outer space as a way to increase the comfort level of children while seeing a dentist. Included was a "command center," a rocket ship and education station that taught children how to properly brush their teeth, and the importance of healthy

food choices.

This year's event allowed over 85 patients to receive more than \$16,000 worth of free dental care over two days. To enable the students, faculty and residents to provide this much needed treatment, the School of Dental Medicine closed many of their clinics for those two days to accommodate all of these patients. In addition to dental school faculty, participating groups included the school's Student Chapter of the American Academy of Pediatric Dentistry and the American Student Dental Association (ASDA).

Dr. Jennifer Davis and Dr. Fredrick Johnson, held their 5th annual "Give Kids A Smile Day" on March 8 at their office in Cleona. With the help of their dental staff, they provided more than \$2,200 in dental services. They started preparations in January, by completing dental exams for students in the Annville-Cleona School District. Students seen during the school dental exams who had decay or areas of dental need had a letter sent home to their parents informing them of the areas needing attention and inviting

them to the office's GKAS event for restorative treatment. Children not seen during the scheduled school exam but who heard about the event through advertisement also were seen on March 8 to receive a free exam/prophylaxis.

For any areas of need that were not

addressed on the GKAS Day, children were scheduled for a follow-up to receive those services free of charge. A total of more than \$2,000 in services is estimated to be donated for treatment of those who will be seen for follow-up care.

The children who attended the event

also enjoyed visits with Timmy the Tooth and the Lebanon County Dairy Maid and Miss. The special guests informed children of the important role dairy foods play in establishing good oral health.

Thank You for Volunteering — *It goes without saying that that our members are largely responsible for the continued success the program has had for PDA. We express our sincerest gratitude for the generosity and support our members extended to this year's program. Every contribution that was made is significant in making a difference in the oral health of Pennsylvania's children.*

With the success of another year, it is essential that we also recognize Dr. Sam Mansour for his role as the NCDHM statewide chair. Dr. Mansour's passion for the program and drive to ensure its success are invaluable qualities that keep the program running so efficiently.



Dr. Fredrick Johnson examines patient Ashley Smith.



Dr. Jay Freedman, State Rep. Madeleine Dean and Jan Harris, Dr. Freedman's office manager during the March 1 GKAS event.



Dairy Maid Angela Fair, Timmy the Tooth and Dairy Miss Alayna Harrell at the GKAS event at the office of Dr. Jennifer Davis and Dr. Fredrick Johnson.



Dr. Davis completes a restorative treatment on patient Molly Bauman while assistant Jeseen Bauman assists.

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Clinicopathologic Review: Erythematous Ulcerative Lesions of the Oral Cavity

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CLINICAL HISTORY

A sixty-one-year old female presented to the Oral Pathology Clinic with a painful, burning sensation of over 3 weeks duration, affecting her entire oral cavity, including her tongue, gingiva, buccal mucosa, and palate. She also complained of pain upon exposure to spicy foods and certain acidic foods, such as tomato sauce. She had previously used nystatin ointment and Biotène® toothpaste, which did not alleviate her symptoms. There was no history of recent changes in dental products and the patient denied any new medication usage. There were no other contributory findings in her medical and dental histories. Upon extraoral examination, no facial skin changes were observed. Intraorally, erythematous areas surrounded by white lacy striae were noted on both the left and right buccal mucosae (Figures 1A, B), which appeared to be more extensive on the left, compared to the right. Similar lesions were also seen on the right side of the palate and left dorsum of the tongue (Figures 1C). Examination of the extremities revealed scattered violaceous papules on the flexor surfaces, which were pruritic (Figure 2A, B).

An incisional biopsy of the right buccal mucosa, taken slightly away from the erythematous area, was performed, and the specimen was submitted for histopathologic evaluation. Microscopic examination of the specimen revealed a parakeratinized stratified squamous mucosa with a dense subepithelial band of chronic inflammatory cells, chiefly lymphocytes. Saw-tooth rete ridges, hydropic degeneration of the basal cell layer of the epithelium, and colloid bodies were also present (Figures 3A, B).

What is the diagnosis?

- A. Erythema multiforme, minor
- B. Erosive lichen planus
- C. Chronic cutaneous lupus erythematosus
- D. Chronic ulcerative stomatitis



FIGURE 1. Showing erythematous ulcerative lesions in the oral cavity; A. Left buccal mucosa, B. Right buccal mucosa, and C. Left dorsal tongue.

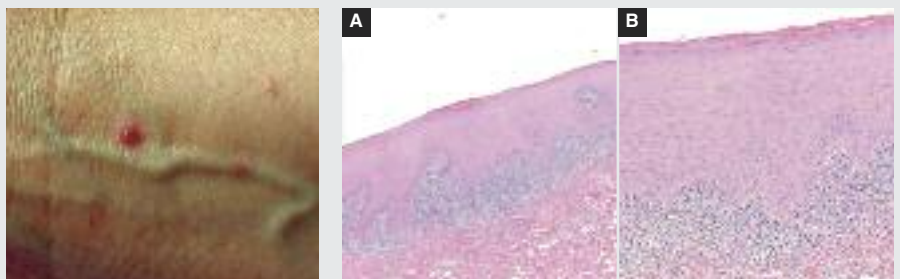


FIGURE 2. Showing a violaceous papule on the flexor surface of the forearm.

FIGURE 3. A photomicrograph depicting parakeratinized stratified squamous mucosa with a dense subepithelial band of chronic inflammatory cells, chiefly lymphocytes and saw-tooth rete ridges. (A) H&E x40, (B) H&E x100.

The answer is B. Erosive lichen planus.

INTRODUCTION

Lichen planus (LP) is a common chronic inflammatory mucocutaneous disorder that usually affects middle-aged adults, with a slight female predominance. The skin is the most common site,¹ and the etiology of LP is still unknown. The skin lesions usually present as pruritic, purple, polygonal papules involving the flexural areas. Upon close examination, white lacy lines (Wickham striae) can typically be seen on the papules.

The oral lesions present in different forms: reticular, plaque-like, atrophic, and erosive.^{2,3} However, reticular and erosive forms of the disease predominate. The reticular form is the most common, presenting classically with an asymptomatic white lacy pattern (Wickham striae) usually seen on the buccal mucosa bilaterally, although other oral cavity sites can also be affected.⁴ The erosive form is noted more frequently by clinicians, because it is associated with symptoms such as pain or burning, which bring affected patients to seek medical assistance. Clinically, the erosive form may present as an erythematous ulcerative area often surrounded by a network of white striations. Any mucosal surface within the oral cavity can be affected; gingival involvement can present clinically as desquamative gingivitis. Desquamative gingivitis can also be the intraoral manifestation of other ulcerative conditions, such as benign mucous membrane pemphigoid and pemphigus vulgaris, which should be ruled out. The reticular form of LP may not warrant a biopsy, due to its classical clinical presentation and asymptomatic nature; all other forms should be biopsied to rule-out other possible conditions.

Sometimes lesions that look like LP are given a histopathologic diagnosis of "lichenoid mucositis", because they differ from LP under the microscope. These often arise as a contact reaction to materials (e.g. cinnamon flavoring, toothpaste, mouthwash, amalgam). Management of erosive LP can be challenging due to the chronic and recalcitrant nature of the disorder. LP cannot be cured, so management should be aimed at alleviating the patient's symptoms and achieving symptom-free periods of remission. The mainstay of treatment for erosive lichen planus is the use of steroids, topical or systemic, depending on the extent and severity of the lesions. Examples of topical steroids commonly used for LP include hydrocortisone gel 1.0%, triamcinolone acetonide (Kenalog® in Orabase®) 0.1%, betamethasone valerate (Valisone®) 0.1%, fluocinonide (Lidex®) gel 0.05%, dexamethasone oral rinse (Decadron®) 0.5mg/5ml, clobetasol propionate (Temovate® ointment) 0.05%. Prednisone tablets are usually the form of systemic steroid used. The use of steroids by patients requires proper monitoring by the clinician due to its associated side-effects and the effects of sudden withdrawal of systemic steroid medication. This modality may be beyond the scope of a general dentist, hence the need to refer to a specialist. Common side-effects with topical steroids in the oral cavity are fungal infection (candidiasis) and mucosal atrophy.

Side-effects with long-term systemic steroids include increased appetite and weight gain, osteoporosis, elevated blood sugar, elevated blood pressure, behavioral and mood changes, increased risks of developing gastrointestinal ulcers, and cataracts. New therapies have been introduced or are under investigation, such as the use of immunomodulators (e.g., thalidomide, imiquimod, pimecrolimus, and sirolimus), biologics (e.g., rituximab, alefacept, and adalimumab), and herbal medicines (e.g., aloe vera, curcuminoid, and purslane).⁶ All of these therapies have their shortcomings and side-effects. Our patient was managed with the use of dexamethasone oral rinse and prednisone tablets.

DISCUSSION

Choice A. Erythema multiforme minor (EM) is a condition usually seen in young adults, associated with erythematous erosive lesions of the skin and oral cavity. Fever and malaise may precede the onset of the lesions. While the cutaneous lesions often vary, target or "bull's eye" lesions are characteristic of this condition.⁷ These target lesions are typically erythematous, slightly raised, with concentric rings and central erosion. They are usually found on the extremities, with the palmar surface being the most common location. The oral cavity may be involved with erythematous or ulcerated lesions and can affect any site within the oral cavity. Wickham striae are not seen in lesions of EM. Hemorrhagic crusting of the lips is a common and characteristic finding associated with this condition. The etiology of EM likely varies and is not fully understood, but includes exposure to certain drugs. In addition, many cases of EM appear to be associated with an infectious agent, most such cases being linked to herpes simplex viral infection or mycoplasma pneumonia.^{8,9} Distinguishing this condition from LP is important, due to its management. If EM is misdiagnosed and managed as LP, the condition may get worse. The use of steroids in treating cases of HSV-associated EM might lower the patient's resistance to fight infections, thereby causing recurrent EM.¹⁰ The clinical history of fever, malaise and presence of hemorrhagic crusting of the lips and target lesions on the skin should help differentiate EM from LP.

Choice C. Chronic cutaneous lupus erythematosus (CCLLE) also called discoid lupus erythematosus is an autoimmune condition predominantly affecting mucocutaneous areas. It manifests on the skin as erythematous scaly round patches which may heal with atrophic scarring, leaving a central pale zone. The lesions are commonly found in the facial region, usually involving the skin over the malar bone. The lesions of the oral cavity clinically resemble erosive lichen planus.¹¹ The etiology of CCLLE is unknown, but exposure to sunlight may trigger or exacerbate the condition.¹⁰ The oral component of this condition can be treated with steroids. Antimalarial medications have been found useful in cases unresponsive to steroids. CCLLE can

be differentiated clinically from LP based on the skin lesions which are typical and different from cutaneous lesions of LP in appearance and location.

Choice D. Chronic ulcerative stomatitis (CUS) is an immune-mediated condition that affects the mucocutaneous areas, especially the oral cavity. CUS presents as erythematous ulcerated lesions surrounded by leukoplakia which clinically resemble LP.¹² This condition is typically seen in middle-aged to older females, with the tongue being the commonest location, followed by the buccal mucosa and gingiva.¹³ CUS is frequently misdiagnosed as erosive LP clinically and histopathologically. However, treatment for this condition is different. Steroids are not effective in managing these patients, but hydroxychloroquine (an antimalarial) does help. CUS can be differentiated from erosive LP by using direct immunofluorescence, where IgG deposition can be observed in the nuclei of keratinocytes and with indirect IF, autoantibodies to the CUS protein are identified.¹⁴ As it is not a common practice by pathologists to make use of immunofluorescence on a suspected case of erosive LP, CUS is usually underdiagnosed.

CONCLUSION

Ulcerative conditions within the oral cavity are fairly common. Ulcers associated with white striations (Wickham striae) narrow the list of possibilities. It is important for a dentist to be able to identify the lesions, develop a good differential diagnosis, and be able to determine whether to treat or refer to a specialist.

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At Your Fingertips — PDA Username and Password

We are pleased to announce that the PDA website and database upgrade is complete. During the process we reset your member login credentials to the default settings. Your default User ID is your first initial, last name and four-digit year of birth with no spaces. Your default password is your ADA membership number preceded by the letters "ada".

Example

User ID: jsmith1960
Password: ada123456789

We greatly appreciate your patience with the upgrade. It is our goal to provide you with the optimal user experience going forward. If you need assistance with your login credentials, please contact Jennifer McClure at jmd@padental.org.





DENTISTRY AND THE AFFORDABLE CARE ACT

By Charles McElwee and Kathleen Bumpers, Government Relations Coordinators

It's the controversial legislation that has changed the scope of government and dominated political discourse for nearly five years. Its long-term impact might yet still be gigantic, but its initial roll-out was largely defined by the technological turbulence associated with the online marketplaces. The Affordable Care Act (ACA), more commonly known as Obamacare, was created with stated claims of helping consumers access care and navigate the labyrinth of insurance companies, and to ultimately reduce health care costs. Whether all of that will happen remains to be seen, but early indications are that the long-term forecast is quite murky.

The federal government's web site was not prepared to go live and it subsequently faced criticism for its mismanagement of an already complicated maze. By the end of March, it appeared that some of the website glitches have been resolved,

and that millions were able to purchase insurance through the exchange. (Editor's note: As of April 15, insurers informed the House Energy and Commerce committee that 2.45 million had paid their first month's premium for coverage through the federal marketplace. It is not clear how many of these were previously uninsured.)

Compounding these glitches was the public's realization that many who already had individual insurance plans would lose their coverage. The Obama administration has since delayed the cancellation of individual plans that don't meet the thresholds established in the ACA. This is just one of many delays of deadlines that were mandated in the law.

The question remains, though, how does the ACA impact dentistry? No doubt, the ACA will have a transformative impact on patients and health care professionals.



OVERVIEW AT THE FEDERAL LEVEL

The stated primary goal of the ACA is to increase the amount of people who have health insurance coverage through both the expansion of Medicaid and by establishing marketplaces to facilitate the purchase of coverage in the private sector.

Americans who have not enrolled in health coverage by the end of 2014 will be required to pay an “individual mandate,” or penalty, equal to 1 percent of their yearly household income or \$95 per person for the year (\$47.50 per child under 18), whichever is higher. Those with a yearly household income under \$10,150 will not be subject to the mandate, and individual mandates will continue to increase each year.

ACA does not require small businesses with less than 50 full-time employees to provide health insurance to its employees. Since dental offices are often small, most dentists will not be required to provide health insurance, but small business employers who pay at least 50 percent of the premium for employee health coverage may qualify for a tax credit. These credits will disappear after 2016.

In order to help pay for the additional cost of the ACA, a number of new taxes and tax code changes were implemented, including several which are relevant to your dental practice:

- A 2.3 percent medical device excise tax went into effect on January 1, 2013. Even though manufacturers, not dentists, are responsible for paying the tax, dentists most likely saw an increased cost in their dental supplies.
- Flexible spending accounts allow employees to set aside tax-free money for medical expenses. In 2013, the accounts were limited to a set-aside amount of \$2,500 a year. The amount will increase annually by a cost-of-living adjustment.
- Starting in 2013, a payroll surtax of 0.9 percent was implemented on wage and salary income of over \$200,000

and \$250,000 for single and joint filers respectively. The Medicare Hospital Insurance tax increased to 2.35 percent on all earnings about \$200,000 for single filers and \$250,000 for joint filers. Self-Employed individuals saw an increase from 2.9 percent to 3.8 percent.

- In 2013, a 3.8 percent tax on some investment income was enacted for those with modified adjusted gross incomes that exceed \$200,000 for single and \$250,000 for joint filers. Investment incomes include rents, dividends, interest, royalties and capital gains on property sales.

For consumers, plans in the individual and small group markets are prohibited from imposing limitations on pre-existing conditions, excessive waiting periods and copayments or deductibles for certain preventative services. Coverage must be guaranteed issue and renewability, and plans are prohibited from rescinding coverage. However, plans are able to use age, tobacco use, where somebody lives and family composition to calculate premiums. These plans must also offer coverage for dependents up to age 26.

Essential Health Benefits (EHB) plans are minimum packages of benefits to be offered through the marketplaces and in small group and individual plans in the private sector. After January 1, 2014, all individual and small group plans offered on the federal marketplace must be certified as a “qualified health plan,” with the exception of stand-alone dental plans, and must offer an essential health benefits package. Pediatric dentistry is considered an EHB.

ACA provides for expanding Medicaid to “newly eligible” adults, whose income is up to 133 percent of the federal poverty level (\$15,282 for an individual and \$31,322 for a family of four). The federal government will pay all of the cost of covering this additional population initially, and 90 percent of the cost in the long

term. If all states opt to expand their Medicaid programs along the lines called for in the ACA, up to 3.2 million more children and 4.5 million adults could have access to dental benefits; the exact number will depend on how states accept the ACA money and choose to expand their Medicaid program.

IMPLEMENTATION OF THE ACA IN PENNSYLVANIA

When assessing the current status of the ACA in Pennsylvania, its impact often depends if a patient is an adult or child. Dental coverage is not a mandated benefit for adults who buy health coverage on their own or as part of a small group. Dental coverage also does not have to be included in their health plans. Dental options vary from state to state, but subsidies for eligible people to buy coverage through the new marketplaces won't pertain to stand-alone dental plans. It's also important to note, however, that people won't be penalized for not having dental coverage.

As for children, the ACA expands dental coverage availability to those 18 and younger. In Pennsylvania, the availability of pediatric dental coverage is mandatory, whether the coverage is part of a general health plan or as a free-standing dental plan. When shopping in the federal health care marketplaces, pediatric dental coverage has to be available, but families don't have to purchase the coverage if it's offered as a separate plan.

Insurers offering adult and children dental plans through the exchange include:

- Dominion Dental Services
- Delta Dental of PA
- Capital BlueCross
- Dentegra Insurance Company
- BEST Life
- Humana Insurance Company
- United Concordia Life and Health Insurance Company

Please note that this might not be an all-inclusive list of insurers operating within the exchange.

According to the ADA, all states except Utah have chosen either the state’s Children’s Health Insurance Program plan or the MetLife High Option plan from the Federal Employee Dental and Vision Insurance Program as their benchmark plan. The below chart from the Kaiser Foundation indicates that Pennsylvania is using the latter to supplement its benchmark plan.

		Proposed Benchmark		Supplemental	Coverage		
Location	EHB Benchmark Plan Status	Plan Name	Plan Type	Pediatric Dental	Pediatric Vision	Mental Health	Includes Habilitative Services
Pennsylvania	Default	Aetna, POS	Small group plan	FEDVIP	FEDVIP	Included	No



HEALTHY PA

Earlier this year, Governor Corbett unveiled his Healthy PA proposal.

Healthy PA is intended to focus on improving health care access, ensuring quality, and providing affordability for more than 500,000 Pennsylvanians, while reforming the Medical Assistance (MA) program. Rather than accept expansion of the traditional program, Governor Corbett is seeking a waiver from the federal government that would give many MA patients the option of applying for benefits through a private insurer. In late 2014, the Department of Public Welfare (DPW) began seeking input from the public and it is now negotiating with the Centers for Medicare and Medicaid Services (CMS) on the specifics of a partial public/private MA program. DPW is reasonably confident that CMS will approve this waiver.

If Pennsylvania adopts Healthy PA, those enrolled in Healthy PA’s private coverage option may be covered by any health services, including dental, if the plan determines that the service would improve the health outcomes of its members. Healthy PA is an ongoing project, and dental coverage for patients will change if the proposed coverage plans are approved.

Find more information and a free webinar on this issue on PDA’s website www.padental.org. In addition, the ADA published a series of informative documents that can be accessed via www.ada.org.

Endorsed Vendor Corner



Beginning in 2011, PDA and PDAIS teamed up to offer our members secure, high-quality products and services at competitive prices through the PDA Endorsed Vendor Program. PDA and PDAIS are committed to increasing the value of your membership and reducing reliance on dues income. Endorsements generate royalties for PDA, based on member participation. Non-dues income is used to fund vital membership programs and benefits. The cost of endorsed products is never inflated to generate royalties for PDA.



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Lancaster
University of Pennsylvania (1954)
Born: 1923
Died: 2/23/2014

Dr. Frank J. Massioni
Coraopolis
University of Pittsburgh (1955)
Born: 1928
Died: 4/7/2014

Dr. Thomas E. Higgins
West Chester
Temple University (1950)
Born: 1923
Died: 4/16/2014

Dr. Leslie M. Salkin
Lansdale
Temple University (1966)
Born: 1941
Died: 10/15/2013

Dr. Donald E. McConnell
Downingtown
University of Pennsylvania (1960)
Born: 1936
Died: 3/14/2014

Dr. James D. Bonello
Leechburg
University of Pittsburgh (1958)
Born: 1933
Died: 3/31/2014

Dr. Jose N. De Cardona
Huntingdon Valley
Temple University (1963)
Born: 1936
Died: 12/21/2013

Dr. Robert W. Lloyd
Jenkintown
Tufts University (1969)
Born: 1943
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INSURANCE CONNECTION

We've been asked.....

Is there a Pennsylvania law which mandates that an insurer identify on their EOBs that they've subcontracted with a third party?

Our researchers could find no Pennsylvania law, per se, that specifies that a dental insurer must state this information on an EOB. However, we reviewed participation agreements of major insurance companies and noted that most contain a stipulation that indicates signing a participation agreement would include participation with any current **or future** (our emphasis added) affiliate.

PDA members should also be aware that some insurance companies subcontract with other insurance companies for the purpose of sharing fee schedules. There has been a trend in recent years where insurance companies contract with other third-party payers. Usually, the most common example is where one insurance company borrows (or leases)

the fee schedule from another company.

One example of this leasing arrangement is Aetna and Assurant/Dental Health Alliance (DHA). If you have signed a participating provider contract with Aetna, you may find out that Assurant and Dental Health Alliance patients will also come to your office under their fee schedule even though you have not signed a contract with Assurant or DHA. This could be a good thing or a bad thing depending on your practice and your needs. If you are in need of patients, the extra stream provided by the company leasing the fee schedule could benefit you. However, if you normally see Assurant/DHA patients on an out-of-network basis, this could dramatically affect not only your revenue but the way your office handles administrative issues with Assurant/DHA. Each situation has to be assessed individually. It's important to remember that the contract you signed with a particular insurance company takes precedence over any other third-party arrangement.

Here are some other recent examples of leasing arrangements between insurance companies:

- Principal lease with Ameritas
- Aetna leases with Assurant/DHA
- Assurant/DHA leases with United Concordia
- Dentemax leases with Blue Cross
- Connection Dental leases with Principal, Aetna, Assurant, Cigna, Guardian (and others)

As with all contracts, it is important to review participation agreements before signing with an insurer. If a PDA member would like an analysis of a participation agreement prior to signing it, please forward an electronic copy of the agreement to Vince Pinizzotto, Insurance Carrier Consultant, at vjp@padental.org. PDA will forward the agreement to the ADA for analysis and notify the member once the analysis is complete.

— Dr. Anand V. Rao, First District Trustee

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SAVE THE DATE 2nd Annual MOM-n-PA

The second MOM-n-PA dental mission will be held in Allentown on Friday, September 12 and Saturday, September 13, at the Agri-Plex at the Allentown Fairgrounds.

Last year the MOM-n-PA mission provided more than \$850,000 in free dental services with more than 1,000 volunteers taking part in the event. You can help with the 2014 effort by volunteering your services or making a donation. For more information, visit the website at www.mom-n-pa.com.

Peace Of Mind Knowing Your Practice & Family Are Protected *NPT's Practice Protection Plan (PPP)*

In general, following the unexpected death or disability of a dentist, practice value immediately begins to decline approximately 25% per month until a transition occurs. Unfortunately though, it could be weeks before a grieving loved one contacts the appropriate professionals to begin the search; and then additional weeks if not months before a proper transition is completed. By then, the practice could have little to no value remaining.

NPT created the *Practice Protection Plan (PPP)*, the first of its kind in the industry, to provide you peace of mind in knowing your practice's value may be protected in the event of such an unexpected tragedy. **There is absolutely no cost to you to sign up.**



Here's how the Plan works:

- ◆ We provide you with a **LETTER OF NOTIFICATION** to sign and entrust with an individual such as your attorney or executor. This letter instructs that person to notify us immediately upon a tragic event requiring us to sell your dental practice.
- ◆ You pre-sign our standard Agreement which is then placed in your file authorizing us to sell your Dental Practice only upon receipt of the signed **LETTER OF NOTIFICATION**.
- ◆ Each year you forward us your relevant practice financials and requested data reports to be kept in your file.
- ◆ Should an unexpected tragedy occur, we will immediately appraise and market your practice. By maintaining your vital practice information, we are able to begin the sale process immediately while your practice is still maintaining its highest value.
- ◆ As a participant of the PPP, your practice will be locked in at a reduced commission rate should we have to sell as a result of a tragedy. By reducing our commission even further, we hope to provide you or your estate additional financial support during this unexpected and tragic occurrence.

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“As a new dentist opening my first practice, I had a lot on my plate. When I began looking into the types of insurance I needed, it was overwhelming. I thought I would have to make dozens of phone calls. *Turns out, I only had to make one.* PDAIS offered every type of insurance I needed at very competitive prices.”

*Abigale Neville, DMD
Holland, PA*

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Website: All *Journal* classified ads will be posted on the public section of the PDA website, unless otherwise requested. Ads will be posted within 48 hours of receipt, but no earlier than one month prior to the date of the *Journal* issue. Ads will be removed at the end of the two months of the *Journal* issue.

Deadlines: Jan/Feb Issue — Deadline: Nov 1 • Mar/Apr Issue — Deadline: Jan 1 • May/Jun Issue — Deadline: Mar 1 • Jul/Aug Issue — Deadline: May 1 • Sept/Oct Issue — Deadline: Jul 1 • Nov/Dec Issue — Deadline: Sept 1

Payment: Upon submitting ad.

Mailing Address: Send ad copy and box responses to:
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Classified Advertising Policy: The Pennsylvania Dental Association is unable to investigate the offers made in Classifieds and, therefore, does not assume any responsibility concerning them. The Association reserves the right to decline to accept or withdraw advertisements in the Classifieds. The *Journal* reserves the right to edit classified ad copy.

How to reply to a PDA Box Number:

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Lancaster Group Practice

Associateship or Associate to Partnership in Lancaster. Large group dental practice. Income potential of \$150,000 to \$300,000 plus. Must be a multi-skilled, excellent dentist. This may be one of the best dental practices in the state! Call (717) 394-9231 or email SJRDM@aol.com.

General Dentist, Chestnut Hills Dental

Chestnut Hills Dental is seeking general dentists to join our team near the downtown Pittsburgh area, Eastern Allegheny County and a new practice location in the Johnstown, PA area.

Chestnut Hills Dental was founded in 1970 in an eastern suburb of Monroeville, and provides quality, convenient and affordable care to over 50,000 patients in southwestern PA. Today, Chestnut Hills Dental has 9 locations in the greater Pittsburgh area with 13 general dentists, 2 Oral Surgeons and 1 Orthodontist.

We offer comprehensive dental care to our patients including general dentistry, oral surgery, periodontics, cosmetic dentistry, dentures, root canals and sedation dentistry. Chestnut Hills Dental has been accredited by the Accreditation Association of Ambulatory Health Care.

We offer a competitive compensation and benefit package including 401K with employer match, medical, long and short term disability along with professional liability insurance. Future ownership potential as well! For more information on this exciting opportunity, please contact Anna Robinson at arobinson@amdpi.com or (913) 322-1447.

General Dentist

Suburban Philadelphia practice seeks associate with GPR or one with a minimum two years experience. We offer extremely high earnings potential for the right candidate.

We are a multi-office corporate practice in suburban Philadelphia and South Jersey. Our focus is fixed and removable prosthodontics, and we offer a compensation package from \$150,000 to \$300,000. We pay all lab fees, CE credits, and malpractice insurance. Our capable staff runs the business of the business so that our doctors can focus on patient treatment exclusively. This is a tremendous opportunity for a young dentist looking to pay back student loans, or for a more experienced dentist who has already sold a practice and who is looking to focus on dentistry and not on the business of dentistry.

This position is for Monday through Thursday, and no evenings or weekends are required. Interested parties should respond to gsmith@schaeflen.com of contact Greg at (847) 345-1090.

Pediatric Dentist Needed

Seeking a part-time Pediatric Dentist Associate for a multi-specialty practice in the Pittsburgh-South area. We provide doctors the ability to practice in a quality high end facility. Respond by email to ptdentalad@comcast.net.

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Dental Dreams desires motivated, quality oriented general dentists to work in our **busy Pennsylvania practices**. At **Dental Dreams**, we focus on providing the entire family superior quality general dentistry in a modern technologically advanced setting with experienced support staff. Because we understand the tremendous value of our associate dentists, we make sure that their compensation package is amongst the best. Our competitive compensation package includes: minimum guaranteed salary of \$150,000 with potential to earn up to \$300,000, visa sponsorship, and health and malpractice insurance reimbursement.

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Associate - General Dental Practice

Beaver County Pennsylvania (Pittsburgh area) extremely busy general practice seeking quality long term associate or buy in candidate. Contemporary practice is computerized and has all digital X-rays. Experience in all phases of general practice including endo, implants and crown and bridge preferred but will consider a recent, qualified graduate. Established practice includes experienced staff, modern equipment, great location, and doctors willing to make this a win-win situation. Contact office at (724) 775-4115 or email mfdmd@comcast.net.

CLASSIFIED ADVERTISEMENTS *continued*

Associate Wanted

Seeking an exceptional full-time associate (general or specialist) to lead to partnership. High quality fee-for-service practice with stellar reputation in Williamsport. Contact (570) 323-6116 or loyalsock.dental@gmail.com.

Dentist Wanted

Looking for a Dentist for a busy General Dentistry office in Erie. This established practice has a large patient base with a mission statement to provide care for a diverse population from all cultural backgrounds. If you're goal is to provide quality dental care with a personal touch in a caring environment, then this may be your opportunity. (No evening or weekend hours) Cover letter and resume may be sent to summitdental99@yahoo.com or call (814) 453-6374. New graduates are welcome to apply.

Dentists Wanted

EXCITING OPPORTUNITIES FOR DENTISTS to provide children with dental care in Erie and/or Scranton area schools. No need to be local. Hotel accommodations will be provided. Monday through Friday, no weekends. Apply at www.smileprograms.com.

General Dentist / Oral Surgeon

Chester Pennsylvania: The Saltz Dental Center is seeking a General Dentist, or Oral Surgeon to do routine and surgical extractions. Full-time or part-time position available. Contact: Samir Dhruva, (610) 874-4316 saltzdentalcenter@gmail.com.

Associate Leading to Partnership

Society Hill Dental has achieved steady growth by providing expert comprehensive, cosmetic, and implant dentistry in Philadelphia for over 28 years. Seeking general dentist interested in becoming an associate with potential for buy-in. Applicants must have 2-3 years of experience (GPR preferred) and be able to provide comprehensive dental care. Please email cover letter and resume to drbonomo@societyhilldental.com.

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Oral Surgeon Wanted

Chestnut Hill Dental (CHD) provides quality, convenient and affordable care to over 50,000 patients in southwestern PA in our 10 practice locations. The group consists of General Dentists, Specialty Doctors, Hygienists and a team of Dental Assistants and operational support staff. Chestnut Hills Dental has been accredited by the Accreditation Association of Ambulatory Health Care.

CHD currently has a wonderful opportunity for an Oral Surgeon to join our team. You'll have the opportunity to work at multiple practices throughout Greater Pittsburgh and beyond! CHD's Oral Surgery program is poised to expand in the near future! We offer competitive salary and excellent benefit package including a 401K, health insurance and a professional work environment. Please email your CV to Peter Schwartz, pschwartz@amdpi.com.

FOR SALE

For Sale

General Dentist Retiring - 500K gross, 4 ops, apt. upstairs, parking lot on doctor's row. Huntingdon with Juniata College and Lake Raystown. Turnkey: reduces to \$225,000 for the lot. Owner is very flexible for transition. Reply: drezeke1974@verizon.net.

For Sale

PENNSYLVANIA: General practice, Poconos, 1,500 active patients. Collections 400K. Doctor transitioning to retire. 28 hrs per week. Tremendous opportunity for growth. Call (570) 856-0905 or email toothman@ptd.net.

Lehighton

Busy 3 operator, general dentistry practice. Real estate, with additional 2 income residential rentals, for sale or rent. Call (610) 377-4719 or email cchawk@ptd.net.

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Schuylkill Avenue. Active general practice. Excellent facility, staff, patient base, opportunity. PROFESSIONAL PRACTICE PLANNERS, 332 Fifth Avenue, McKeesport, PA 15132, (412) 673-3144, (412) 621-2882 (after hours), stanpoll@aol.com.

For Sale

General dentist practice in Westmorland County. Collections \$400,000 per year. Open 2 days per week. Great opportunity as a satellite office or for a new graduate. Reasonably priced at \$129,000. (412) 784-1522, (412) 973-3804.

Practice Sale

Great location! Upscale area. Open 3 days - 900 s/f leased space. Fee for Service. 3 ops. Contact: Donna Costa (800) 988-5674, donna.costa@henryschein.com.

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Numerous practices available with collections ranging from \$220,000 to \$6,000,00. PA (#s are collections):

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PERIODONTIC - East Pittsburgh Suburb \$125,000, Tri-State area \$600,000.

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Please contact Bob Septak at (724) 869-0533 or email bob@udba.biz. www.UDBA.biz

Practice Sale

Philadelphia - Nice opportunity in great location! 2 ops + 1 add'l. 50% profit - working 25 hours/wk. Leased space. Contact: donna.costa@henryschein.com or (800) 988-5674. #PA124



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Practices for Sale

MARYLAND, DC, VIRGINIA: No buyers fees. SOUTHERN MD - 3 ops grossing \$580K. BALTIMORE COUNTY - 4 ops grossing \$750K. BALTIMORE COUNTY - 4 ops one day denture center grossing \$700K. P. G. County digital X-rays part time office. POLCARI ASSOCIATES, LTD (800) 544-1297. Website listings www.policariassociates.com.

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Dental Practice for Sale

Well established general dental practice for sale in Western PA (Jefferson County). Owner retiring. Turnkey operation; good setup for new graduate or as a satellite office. Includes free standing, brick, custom built professional office building. Four treatment rooms equipped. Small town atmosphere. Call (814) 653-8540 or email kingdj1@verizon.net.

For Sale

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Practice Transitions

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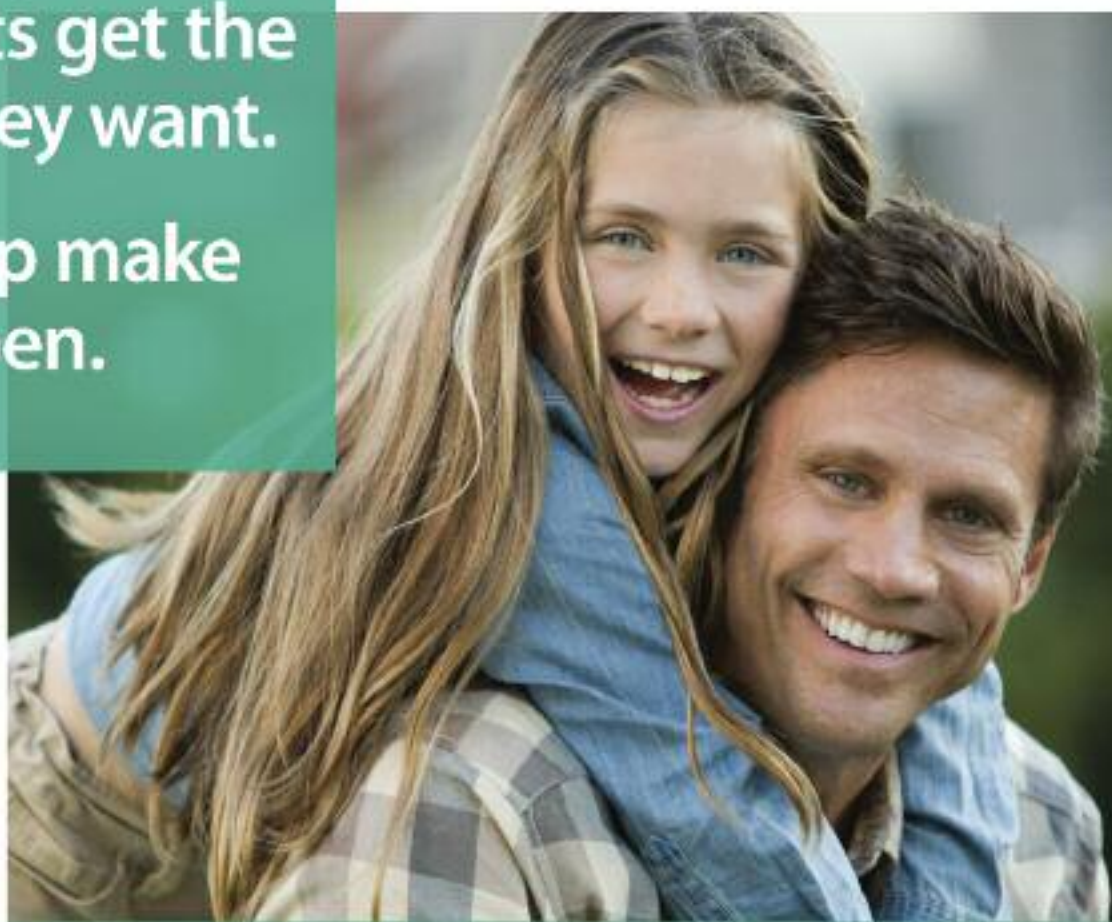
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