

# Oklahoma Academy of General Dentistry

An Organization of Dental Professionals  
Prescribing "Quality Care Trough Life Long Learning"



## OAGD Winter Newsletter 2010

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For more information about the AGD Benefits Plus program, contact the AGD's Membership Benefits coordinator at [benefitsplus@agd.org](mailto:benefitsplus@agd.org), or 888.243.3368, ext. 4355.

# Hot Topics

## Ten Provisions of Interest in Health Care Reform

At 7 a.m. EST on December 24, 2009, the Senate passed its version of health care reform legislation by a party-line vote of 60-39. The next step for the health reform legislation is a House-Senate conference committee to reconcile differences between the two chambers' bills. The 10 provisions for consideration and supported by the AGD are:

**Impact on General Dentistry:** The AGD has sent a letter to Senate Majority Leader Harry Reid (D-Nev.) and Speaker of the House Nancy Pelosi (D-Calif.-8) outlining its thoughts and recommendations for improving the health care reform legislation in the House-Senate Conference Committee. The AGD urged Senator Reid and Speaker Pelosi to:

1. Include the oral health care prevention programs contained in the Senate bill.
2. Remove dental hygienists from the new "dental cluster" established under Title VII health professions training programs in the House and Senate bills.
3. Eliminate the alternative dental health care provider demonstration project included in the Senate bill.
4. Retain the House bill's prohibition on the nationalization of the dental health aide therapist (DHAT) program.
5. Amend the Senate bill's excise tax on high-cost employer-sponsored health coverage to exempt costs associated with flexible spending accounts (FSAs) and dental-only standalone supplemental coverage.
6. Include the House language repealing the McCarran-Ferguson Act and subjecting health insurers and issuers of medical malpractice insurance to federal anti-trust regulations.
7. Include the Senate language permitting standalone dental plans to be sold on the new health insurance exchange created in the legislation.

8. Address Medicaid reimbursements by including provisions in the House and Senate bills to require greater oversight of the setting of reimbursement rates for providers.
9. Remove the “public option” included in the House bill.
10. Include the House language enacting the provisions of the Dental Emergency Responder Act

Please contact your lawmakers and learn more about the 10 provisions you should request to be made a part of the bill before any final vote.

PLEASE VISIT THE OKLAHOMA LEGISLATURE HOME PAGE AND CONTACT YOUR LOCAL LAWMAKERS FOR QUESTIONS OR CONCERNS

AT [HTTP://WWW.LSB.STATE.OK.US/](http://www.lsb.state.ok.us/)

## **INVISALIGN PROFICIENCY REQUIREMENTS**

On June 2, 2009, Align Technology unveiled its new Invisalign proficiency requirements. While these requirements claimed to regulate “product proficiency,” they alleged the desired results of improved clinical outcomes for patients. Moreover, the requirements compel dentists to complete 10 hours of CE and start 10 patient cases each year to be permitted to use Invisalign. The AGD was concerned that the latter requirement was unduly burdensome on the practice of dentistry.

First, we were concerned that it imposed a new requirement on dentists who had paid for and completed Invisalign coursework in the belief that the coursework would be sufficient to incorporate Invisalign into their practices. Second, we were concerned that the requirement was unrealistic especially in today’s economy; input from you, the members, have substantiated this concern. Third, we were concerned the requirement interfered with the rights of state boards to regulate dentistry. Fourth, we were concerned about anti-competitive or antitrust implications of a corporation imposing product-use requirements on the practice of dentistry. Moreover, we were concerned that adding product-use requirements to the requirement of

completing CE coursework may violate the language and/or spirit of PACE approval granted by the AGD per the PACE Guidelines.

On June 19, 2009, we asked our members for their input on this matter, and we asked that they share their input both with us and with Align Technology. More than 1,500 of you responded directly to Align, and but for a small handful of you, you voiced your concerns with the new requirements.

We listened to your concerns and, in July, 2009, we launched a deeper investigation into both the legality of the Invisalign guidelines and into Align's compliance with the language and intent of the PACE guidelines. The AGD PACE Council will be delving further into the latter issue at its council meeting on Oct. 16-17, 2009.

Moreover, in July, your President, Dr. David Halpern, requested the AGD Board's direction for further action on this matter. On July 21, 2009, per direction of the Board, Dr. Halpern spoke with Mr. Thomas Prescott, President / CEO Align Technology to request detailed background information in written form as a prerequisite for any further communication between the AGD and Align.

Mr. Prescott emphasized the importance of general dentistry to Align's business and agreed to provide the requested information for the AGD Executive Committee and Board's review. On August 5, 2009, Align produced the requested information in the form of a letter to the AGD.

While we appreciate Align's time and effort to produce the letter, the letter confirmed that the requirement of 10 patient case starts was not scientifically based. We were pleased however that Align recognized that there was no discernable difference in Invisalign product proficiency between general dentists and orthodontists.

On August 7, 2009, the AGD Executive Committee reviewed Align's letter and forwarded the communication to the AGD Board recommending a renewed commitment to opposing the Invisalign requirements, and to taking reasonable and necessary actions to resolve this matter and restore the sanctity of the doctor-patient relationship in making orthodontic treatment decisions.

On August 28, 2009, the AGD Board also reviewed Align's letter and agreed with the Executive Committee. The Board crafted the AGD's official response to Align, which was remitted to Mr. Prescott on September 4, 2009.

The AGD understands the importance of this matter to the practice of dentistry, and will continue in its deliberation and permissible efforts to advocate on your behalf in this matter. Further, we will keep you informed of any material updates as we move forward in this endeavor.

## **Putting Caps on Fees for Non-Reimbursed Services**

Several major dental benefits carriers are adding language to provider participation agreements to allow them to set fees for dental services that they do not pay for, i.e., non-covered services. That is, if a dentist agrees to the contract language, he or she will be required to charge the patient what the carrier has told him or her to charge even when the carrier will not pay for the service.

To enact a fee cap on non-covered services, a dental benefits carrier must amend the current contract it has with its existing providers. Here's an example of such an amendment:

Dentist may bill a Member for non-covered services (which are defined as any service for which no payment is made under the applicable plan or arrangement for any reason, including but not limited to, services in excess of contractual maximums, services not covered under plan design, and services denied due to contractual limitations). Dentist's charge to Member for non-covered services may not exceed the Maximum Allowable Charge for the applicable CDT code as specified in the most current Maximum Allowable Charge schedule. Fees for all non-covered services will be collected from the Member, and not billed to the Carrier.

Note that this is just one of many variations of such a provision that you may find in your participation contract. The provider then has the choice of signing the new contract, thus accepting the new fee caps, or terminating his or her contract. If the provider elects not to sign, then he or she will be

excluded from the provider networks presented to patients by that carrier's dental plans.

### **What are the non-covered services?**

Non covered services are those services that a patient's dental plan has chosen not to pay for. Note that a carrier may offer numerous dental plans. Often however, dental plans without coverage for expensive, cosmetic, or other dental services are cheaper for employers to purchase for their employees. This is especially attractive to employers in the current economic climate. Each dental plan may have a different list of non-covered services, and therefore one cannot specify any particular services as universal "non-covered services."

### **Scope of the issue**

Because dental benefits carriers can fall under the protection of the Employee Retirement Income Security Act of 1974 (ERISA), this is both a national and state issue. ERISA is a federal law that sets minimum standards for retirement and health benefit plans in private industry. Insurers that cover large employee groups who self-insure will more likely fall under ERISA. Some state laws do not exempt dentists from ERISA dental insurance plans that want to implement this policy change.

### **Rationale of carriers enacting such policy**

To stay competitive with one another, dental benefits carriers use the argument of market pressure or gaining a marketing advantage as one of the reasons they are implementing this policy. Market need, the carriers assert, is being driven by patients who can save money on services not covered by their dental benefits plan and see value in limiting their out-of-pocket expenses. However, limiting dentists' charge to patients for non-covered services allows these carriers to market their dental plans as costing patients less without bearing any of the financial risk of the discount; that is, these carriers gain the marketing advantage by shifting the risk to the providers. Therefore, the market trend will drive all carriers to implement similar restrictions in order to avoid a competitive disadvantage. Accordingly, any legislation enacted against the practice of fee-capping for non-covered services must be sufficiently broad to prevent all carriers from engaging in this practice.

### **Impact to Patients and the Practice of Dentistry**

As primary care providers of oral health care, general dentists strive first and foremost for access to quality care for all as the ultimate goal of the profession. However, to serve its patients, a dental office must be viable and sustainable. Today, more patients than ever rely upon dental insurance

to be able to afford oral health care. Studies have shown that, without dental insurance, far fewer persons will choose to see a dentist.

Understandably, in the present economy, each of us must make cutbacks to our expenses in order to survive. Public awareness and understanding of the impact of oral health on systemic health issues such as diabetes and cardiovascular afflictions is still at its fledgling stages. Therefore, out-of-pocket expenses for oral health are often among the first to be avoided by the public.

Concurrently, businesses including those of dental benefits carriers and employers are also seeking cutbacks. Carriers striving to maintain or increase their revenues and marketshare in this economy offer employers cheaper plans for their employees by covering fewer services and paying less than true market value even for those services they cover. However, by covering fewer services, carriers compel patients to pay for more services out-of-pocket, which they may be unable or unwilling to do.

Second, by paying less for the services they do cover, carriers compel dentists to function at a net loss when providing these covered services. Therefore, today's dentist must often rely upon billing at market rates for non-covered services to compensate for the loss he or she absorbs in accepting paltry fees from carriers for covered services. However, unlike the carriers' actions of limiting services they cover, the dentists' actions do not impose an undue burden upon patients. Here's why. In the absence of fee-caps for non-covered services, dentists work with each patient on a case-by-case basis to charge what each patient may be able to afford with an understanding that some patients may be able or willing to afford more than others.

Fee capping takes away this opportunity! If fees for non-covered services are capped across the board without regard to what each patient can afford, the practice of the participating dentist may become unsustainable.

The result may be two-fold. He or she may no longer be able to offer that specific service to that carrier's patients, thus limiting the patients' treatment options. In some markets, providers may feel compelled to stop participating with certain carriers in order to survive. In either case, the

patients would face decreased access care. The AGD urges each practicing general dentist to contact their local lawmakers for any questions or concerns as things will continue to change as the health system continues to reform.

## **What's Happening**

**January 15, 2010 OAGD Board Planning Retreat**

**February 12, 2010 OAGD Annual Meeting: CE course and Business Meeting**

**A Fearless Approach to a Final Result: Conservative Full Mouth Rehabilitation Utilizing State of the Art Composite Resin Technique**

**About the Course: In today's economic climate, having the ability to offer your patients a conservative and economic alternative to occlusal and esthetic rehabilitation is a must. In this course, you will learn a simplified system to restore proper form and function to your patient's mouth giving them a comfortable bite and a beautiful smile. And it is all completed in composite, making it affordable for your patient and profitable for you. Learn three skills/techniques to increase case acceptance:**

**Occlusion simplified – restoring a full mouth case in composite**

**Smile analysis and design**

**The “Preview Party” – a great marketing technique that will result in increased acceptance for cosmetic cases**

**Featured Speaker: Hal Stewart D.D.S.**

**Register Online Today!**

## **Practice Management**

In this electronic age you can put your practice at the forefront. If you don't have a web page accessible to your current and prospective patients the AGD can get you started.

### **Create Your Own Web Page**

Go to My AGD and then to the Web Page Builder heading: The web page wizard will walk you through step by step to create your personalized web page.

#### **Helpful Hints**

1. Make sure to complete all of the required fields.
2. The Preview button at the bottom of this form will show you what your page looks like before you finalize it.
3. Modifications can be made quickly and easily made after your page has been created by revisiting the Create My Web Page section. You may change any information on your Web page except for the Web page name and your member user name.
4. Note: Any inappropriate content will result in the removal of a Web page.

## Upcoming Events

**Save The Date**

**February 5 & 6, 2010**

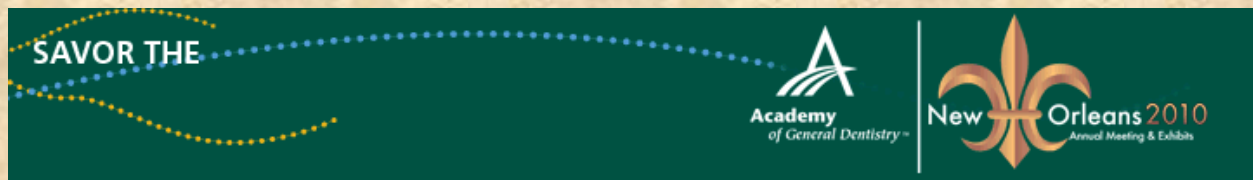
**Tulsa Mission of Mercy**

**This year for the annual February Give Kids a smile month there will be a two day free mobile dental clinic in Tulsa, Ok.**

**Please visit the website [www.Okmom.org](http://www.Okmom.org) for more information**

**Dentist Day at the Oklahoma State Capitol March 3, 2009: Meet with your local lawmakers and discuss important legislative issues.**

## 2010 Annual Meeting New Orleans



## Savor the Flavors in New Orleans

Discover the industry's best opportunity for learning—the Academy of General Dentistry's (AGD) Annual Meeting & Exhibits. It is the premiere dental event of the year, offering general dentists and their team access to top-notch quality continuing education, new products, exciting social events, and an unforgettable convocation ceremony. Prepare for incredible educational opportunities and good old southern fun at the AGD 2010 Annual Meeting & Exhibits in New Orleans, July 6 to 11, 2010.

Feed your passion to learn by relishing the AGD's new menu of continuing education (CE) concoctions. The 2010 Annual Meeting & Exhibits will offer special courses at the Louisiana State University School of Dentistry, which has been the educational sanctum of more than 75 percent of Louisiana dental professionals.

Continuing its tradition of offering high-quality education, the AGD will feature seasoned speakers from various parts of the country, such as David Hornbrook, DDS, FAACD, and Terry T. Tanaka, DDS. The AGD also will debut its new four-day implantology educational track that will focus on diagnostic, restorative, and surgical coursework. In addition to the new implantology track, the AGD also will offer new, live-patient didactics by renowned dentists in the industry and a new extensive legislative skill-building session.

After indulging in the AGD's daily educational offerings, treat yourself—and your family—to exciting attractions at night, beginning with the people, culture, and cuisine of New Orleans. Best known for its spicy Cajun and Creole dishes, New Orleans' fanciful fares also blends French, Italian, Spanish, African, and Indian influences into its recipes. In fact, attendees will be tempted by more than 1,000 New Orleans restaurants each and every time they search for a place to dine.

Once mealtime is done, visitors can revel in the rhythms of New Orleans. Authentic New Orleans music and musicians invigorate the city 24 hours a day, seven days a week. As the birthplace of jazz, the city is synonymous with music and musicians of all traditions. From Soul to Jazz to Blues to Rock, New Orleans offers musical entertainment for everyone.

During the day, attendees and their families can continue to enjoy the rich culture of New Orleans. A stroll down the Riverwalk Marketplace offers casual shopping and beautiful views. The antique galleries along Royal Street entice collectors with special treats and treasures. Visitors can embark on a historic adventure through Cypress swamps to Oak Alley antebellum mansion or to plantations such as the Laura, San Francisco, or Evergreen by taking an Old River Road Plantation Tour. Finally, explore the acclaimed museums such as the Children's Museum, Audubon Insectarium, the National World War II Museum, and many more!

Mark your calendars to reserve your housing for the 2010 AGD Annual Meeting & Exhibits in January and register to savor the flavors of New Orleans in February. For more information, visit the AGD Web site at [www.agd.org/neworleans](http://www.agd.org/neworleans).



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