

# MDS CONNECTION



## Beacon Hill Day 2014

On Wednesday, April 2, more than 100 dentists and dental students gathered at the Omni Parker House in Boston for the Massachusetts Dental Society's 12th annual Beacon Hill Day. During the morning briefing session, David White, MDS director of governmental affairs and grassroots, presented attendees with key information on legislation relevant to dentistry and strategies on how to convey this information to elected officials. Following the briefing, members walked to the State House for prescheduled appointments with their respective legislators and their staff.

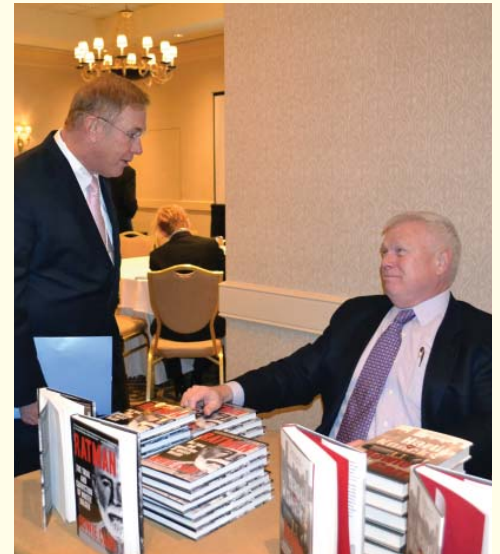
During these meetings, members discussed reinstating full funding of the MassHealth adult dental benefit, preventing dental benefits companies from setting fees for services for which they do not pay providers (also known as "noncovered services contracts"), and opposing legislation proposing to create an advanced dental hygiene practitioner level of practice. Beacon Hill

Day allows members to educate legislators about the issues, as well as to build lasting relationships with their elected officials. This year, members met with nearly 80 legislators and staff.

After their meetings with legislators, members gathered for lunch at the Omni Parker Hotel, where they listened to a keynote address by *Boston Herald* columnist and author Howie Carr.

Thank you to all of the members who took time out of their busy schedules to advocate for the profession.

For those interested in attending this event next year, it will be held on Wednesday, April 15, 2015. If you have any questions about Beacon Hill Day or other grassroots events, please contact Kevin Monteiro, MDS manager of grassroots and political advocacy, at [kmonteiro@massdental.org](mailto:kmonteiro@massdental.org) or (508) 449-6053. Visit <http://cqrcengage.com/madental/bhd> to view photos from Beacon Hill Day.



Dr. Arthur Eddy chats with keynote speaker Howie Carr.

## Setting the Record Straight on X-ray Maintenance

The Massachusetts Dental Society (MDS) has been informed that several members received a mailing recently from X-ray imaging companies stating that there is a new requirement for dentists to conduct physics surveys and preventive maintenance annually on all X-ray systems. While this requirement applies to medical offices, it does not apply to dental offices.

The Commonwealth of Massachusetts Department of Public Health Radiation Control Program regulates the use of X-rays in 105 CMR 120.400 Healing Arts (dentistry falls under the Healing Arts). The correct information on X-ray requirements for dental offices, according to 105 CMR 120.407, is as follows:

- Calibrations and preventive maintenance on X-ray systems shall be conducted every three years
- There is no requirement to conduct a physics survey

- Calibrations and preventive maintenance may be done by your supplier (e.g., Benco Dental, Patterson, Henry Schein, etc.)
- Protective equipment (e.g., aprons and shields) shall be checked annually for defects, such as holes, cracks, and tears, to ensure reliability and integrity
- Documentation shall be kept for five years

Please visit [www.massdental.org/radregs](http://www.massdental.org/radregs) to learn more and to download a PDF of the regulations.

Thank you to our members for bringing this information to our attention. If you have any questions or want to alert the MDS to any other concerns, please contact Ellen Factor, MDS director of dental practice, at (800) 342-8747, ext. 228, or [efactor@massdental.org](mailto:efactor@massdental.org).

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Robert E. Boose, EdD, CAE

## The Power of Three: One for All and All for One!

When I first heard about the American Dental Association (ADA) Power of Three initiative, my mind envisioned the Three

Musketeers' slogan: "One for all and all for one!" Let me tell you more about this initiative.

The ADA, along with state and local Societies, supported a goal of serving members by providing value. In order to accomplish this goal, a vision statement was developed indicating how we can all work together to provide value to our membership. The tripartite membership concept basically is being repurposed with a more contemporary and focused membership value concept: The Power of Three. This initiative is very exciting. The three components of the ADA are the national, state, and local associations. Each one is working to meet the needs of their membership, help members deal with practice problems, and provide additional services that go beyond normal membership expectations.

This repurposing created a new draft mission for the ADA: "Help all members succeed." I embrace this mission. After all, I believe that's why the MDS has been successful for 150 years now. Our job is to make sure the Society celebrates it 175th.

The time for repurposing the ADA tripartite is now. Nationally, the market share for membership in the ADA has been declining. The MDS has maintained one of the strongest market shares among the state Societies, but that doesn't mean we can sit on our successes and wait for others to catch up. We need to continue to understand the emerging needs of our membership and provide value to our members in two main areas—the practice of dentistry and the business of dentistry.

The practice of dentistry requires providing ongoing continuing education and clinical information to keep members current. That now becomes a common and shared effort with the Power of Three. Every year, there are new and emerging techniques for providing oral health care. Our job will be to maximize high-quality and cost-effective training opportunities.

The second main area for member value is the business of dentistry, and there is no doubt that there will be incredible changes and challenges to the business of dentistry in the years ahead. Keeping a practice successful and still growing is not going to be an easy task, with the erosion of dental benefits and pressure to reduce costs from insurance payers, among the many other challenges facing the dentists of tomorrow.

Our future growth and ability to maintain a strong professional membership depends on building membership loyalty. As you know, brand loyalty today is hard to maintain. Consumers are willing to take their business to another company or professional service at the drop of a hat. Businesses need to continuously earn customer loyalty with every

transaction. ADA membership loyalty needs to be initiated the first day of dental school and continue beyond retirement. This loyalty is to a profession that has demonstrated it can respond to the daily needs of the dental student, the practicing dentist, and those who are enjoying the fruits of their labor and want to continue to be engaged in organized dentistry.

This means we need to develop more opportunities and new ways for providing value to all levels of our membership. The more we stay connected to members and are there when they need our services, the stronger will be their loyalty to the profession. That "we" I am referring to is the Power of Three. Does it really matter which of the three components provides the value to the member? No. What is important is that members know that quality services and value are available to them.

The three components will learn to work together in different ways, and we all will be working for the success of our members, not for the success of our own branch of the tripartite. The practical goal is to be "member centric." If all three components share this goal, it will go a long way toward clarifying roles and reducing or eliminating duplication of services. We need to determine which level of the Power of Three can best deliver a specific service and then leverage that among the members who need it. Ultimately, members should feel when they are calling the MDS that they are calling the ADA.

In closing, I think we need to demonstrate more of a sense of "oneness" among our membership, and hopefully the Power of Three will create a sustaining and seamless sense of belonging to one organization, the ADA. So, I envision ultimately that the Power of Three will morph into the Power of One. One for all and all for one! Not a bad concept.



## FIRST DISTRICT TRUSTEE REPORT

Jeffrey Dow, DMD

Members First 2020, the ADA's Strategic Plan for 2015–2020: Is it just another catchy phrase or is it something that has meaning and usefulness? I believe it's the latter, but I think I need to show you why and get your input to help carry it out.

The ADA is a large organization with more than 150,000 members spread throughout 54 components, six of which are the New England states—the First District. The ADA plays two roles, first and foremost being to support and help our individual members succeed. You are our primary customer. I think a piece of the puzzle that has not been addressed as well as it could is the relationship between the components (the 50 states, the U.S. Virgin Islands, the District of Columbia, Puerto Rico, and the Federal Services) and the national organization. Just as you are the ADA's primary customer, you are also your state's primary customer. The size of the 54 components varies greatly from California to Puerto Rico. In New England, the MDS has more members than the other five New England states combined. That means that the needs and resources of the components also vary greatly. The ADA cannot be one size fits all. Different components have different needs and expectations from the ADA. It's time to engage the components at a higher level, ask them what they need and what they want, and then listen to them. The ADA Board of Trustees realizes this, and I expect that in the next year your component will experience a high level of outreach to determine how the ADA can best serve you and help you succeed.

In some cases, that may mean doing more in component states that have limited staffing and resources, and in other cases, it will be *not* doing what those states already do well for their members to avoid duplicating efforts. Engaging members and components is essential to success, and I hope to hear from components and individual members on what the ADA needs to do and not do to help "all members succeed." This is not a simple task; perhaps we need to have managers of large components, middle-sized components, and small components. The ADA's budget will be tied to each goal in the strategic plan, and items in the budget will have to show how they support the goals.

I invite you to go to the ADA website and check out Members First 2020. Then, volunteer your input, and together we can make the ADA truly help all members succeed.



### A Bimonthly Newsletter of the Massachusetts Dental Society

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## MDS Member Meets President Obama

Abdullaibrahim Abdulwaheed, DMD, a general dentist in Quincy and Vice Chair of the MDS-PAC/MDS-People's Committee, had the honor of meeting President Barack Obama in early March. Dr. Abdulwaheed described his experience as follows: "As a member of our profession, I was given the extraordinary privilege of meeting with President Obama on his visit to Boston [on March 5, 2014]. The president outlined his vision for improving access to health care for all Americans. He emphasized the association of poverty with health disparities. I presented to the president a tricolored ribbon to remind him of the plight of those suffering from chronic and incurable disease."

The MDS governmental affairs team is always interested in hearing from you about your discussions with elected leaders. To send us information on your recent conversation with a legislator, email [advocacy@massdental.org](mailto:advocacy@massdental.org).



## Members Testify Before Special Commission on Dental Insurance

On Wednesday, April 2, as MDS members climbed Beacon Hill to speak with their legislators on issues important to dentistry as part of the annual MDS Beacon Hill Day (see article on page 1), five member dentists testified before the Special Commission on Dental Insurance in an effort to defend the importance of dental health benefits for all residents of the Commonwealth. They brought their personal experiences to bear on multiple issues affecting the practice of dentistry and access to care in Massachusetts.



Dr. Charles Silvius testifies before the Special Commission on Insurance.

MDS Speaker of the House and Past President Dr. Charles Silvius of Revere was the first to testify. He discussed the unique nature of dental practices as small businesses and how they differ from most primary care practices, which are large groups or part of provider corporations such as Partners Health. Dr. Silvius pointed out the disadvantages dental practices face because of their size proportionate to the dental benefits companies they work with—namely, the lack of negotiating power with such large corporations.

Next, Abdullaibrahim Abdulwaheed, DMD, a general dentist in Quincy, brought his experience as both an emergency room doctor and practicing dentist to his appeal to the commission. Dr. Abdulwaheed spoke about how navigating the labyrinth of bureaucratic red tape with dental benefits companies detracts from quality patient care. When pressed by commissioners on what benefits would be most beneficial to restore, he likened the question to asking him to choose between "an arm and a leg," a potent metaphor that helped illustrate just how important oral health care is to overall health.

Alfred Bongiorno, DMD, then testified about the struggles of operating a quality dental practice, drawing on his decades of expertise operating his own orthodontic practice in Middleborough. He emphasized how the large overhead and the small profit margin dental practices must operate under to be competitive can put them in danger of ruin if they attempt to negotiate unfair reimbursement rates with benefits companies.

Courtney Brady, DMD, a recent dental school

graduate and general dentist in Hanover, cited her enormous student loan debt as a major hindrance to establishing a stable dental practice. Student loan debt continues to skyrocket, a point Dr. Brady highlighted while comparing it to the stagnation of reimbursement fees. She also pointed out another dental benefits corporation practice that is hindering access to care: the disparity in reimbursement rates offered to dentists practicing in different geographic areas, with those in more densely populated regions receiving better rates.

Lastly, pediatric dentist Kristine Grazioso, DMD, of Cohasset spoke to the mixed benefits and problems that have resulted from passage of the Affordable Care Act. The details of dental benefits plans offered through the Health Connector are sparse or difficult for consumers to understand, making comparisons between standalone plans and those folded into a medical plan exceedingly difficult. Dr. Grazioso also brought up the issue of "code-switching," where a dentist will bill for a service and a benefits company will change the code to a less expensive service because the original was not covered, reimbursing the dentist at a lower rate and forcing customers to pay the difference out of pocket.

All MDS members who testified brought a wide range of knowledge and informed opinions that undoubtedly helped the commission gain a better understanding of the flaws and inefficiencies in the system of oral health care. Hopefully, the commission will take swift action to remedy some of these critical challenges and continue to improve the quality of health care available to Massachusetts residents.

## Sign up for *Sound Bites*

*Sound Bites* is the MDS governmental affairs and advocacy newsletter. In this monthly email, you can expect updates on legislation, policies, regulations, elections, and various grassroots events occurring throughout the state. *Sound Bites* is a valuable resource for all MDS members who are interested in staying informed of new legislation, policies, and regulations. Make sure you stay up-to-date on everything that impacts your practice; subscribe to *Sound Bites* by emailing [advocacy@massdental.org](mailto:advocacy@massdental.org) with your name and email address, and put the words "Sound Bites" in the subject line. To view past newsletters, visit *MDS Engage* at [www.cqrcengage.com/madental/news](http://www.cqrcengage.com/madental/news).





## EHBs and Claims: It's a New Process

The incorporation of essential health benefits (EHBs), which include pediatric dental benefits, into certain health plans as part of the Affordable Care Act (ACA) has already resulted in billing challenges for many dental practices and confusion for practices and patients alike. As everyone navigates these new waters, it is important for dental practices to understand that these changes may require them to bill using medical identification (ID) cards in place of dental identification cards.

Children up to age 19 are eligible for pediatric dental benefits under the ACA if they are covered under small group and individual medical plans. There are a multitude of plans available as a result of the ACA, creating a mix of challenges for providers.

### Benefits Confusion

Patients may not be aware of which type of plan they have and their corresponding identification card(s) may not be current or accurate. In addition, patients may have co-payments or deductibles they are responsible for paying. Therefore, it is critical that you contact the insurance carrier to verify not only eligibility for coverage but also any co-pay or deductible that the patient may be responsible for, which you can choose to collect at the time of treatment or bill.

### Claim Form

In all instances, you would submit the 2012 ADA dental claim form using 2014 CDT codes, and, in some instances, the patient's medical ID number.

### Claim Submission

There may be some confusion over what identification number to use when filing a claim. When patients have coverage for pediatric EHBs, the medical plan is primary. Claims submitted using a dental identification number will receive a rejection message such as "No benefits are provided for dental services for which coverage is available for pediatric essential benefits under a qualified dental plan. Please resubmit the claim under the medical plan number." In these cases, you *must* use the medical ID number. You can avoid this confusion by checking eligibility and verifying with the insurance company which number to use to submit a claim.

### Always Verify Eligibility

To help you check eligibility and benefits, and to determine the patient's cost share, here is some contact information to simplify the process. You may also check eligibility online.

Carrier	Phone Number
Altus Dental	(877) 223-0588
Blue Cross Blue Shield of MA	(800) 882-1178
Delta Dental of MA	(800) 872-0500
Fallon	(866) 275-3247
Guardian	(800) 541-7846
MassHealth	(800) 841-2900
MetLife	(855) 638-2221

To check eligibility and benefits, and to determine the member's cost share, you will need to contact the carrier. (Note: This should occur at every appointment as eligibility may fluctuate and cost share amounts vary by plan.) You will also need to collect the member's cost share (e.g., co-payment) as part of your reimbursement.

Pediatric dental benefits for children under age 19 will include:

Type of Service	Service
1	Preventive, diagnostic services, including oral exam, X-rays, and routine dental care
2	Basic restorative services, including fillings, root canals, stainless steel crowns, periodontal care, oral surgery, and dental prosthetic maintenance
3	Major restorative services, including tooth replacement, resin crowns, and occlusal guards
Medically necessary orthodontia	Services for severe and handicapping malocclusion as defined by the HLD index score of 28 and/or one or more automatic qualifiers (services must be provided by orthodontists)

Note: The out-of-pocket maximum is \$1,000 and there is no annual benefit maximum.

## Using Windows XP? Time to Upgrade



Do your practice's computers run on Windows XP? If so, you should upgrade to a new operating system, pronto. Microsoft has ended active support and "end of life" of its Windows XP operating system, which means the company will no longer offer technical support or security updates for Windows XP.

Computers operating with the Windows XP platform will still function, but are more vulnerable to hacking, viruses, security risk, data loss, and potentially a Health Insurance Portability and Accountability Act (HIPAA) violation. Security updates help protect PCs from viruses, spyware, and other malicious software, which can steal information on your computer, such as patients' personal information.

Microsoft recommends its customers upgrade to Windows 8.1 or even Windows 7. Dental practices that are planning to transition away from Windows XP should consult with their dental practice software vendors to determine the correct upgrade path for your office. For more information on HIPAA requirements, including the Security Rule, visit [www.ada.org/8753.aspx](http://www.ada.org/8753.aspx). To learn more about Microsoft's recommendations for transitioning from Windows XP, visit <http://windows.microsoft.com/en-us/windows/end-support-help>.

### BORID Question & Answer

## Q: I Am Thinking About Advertising Online—What Are the Requirements?

**A:** A dentist may advertise truthful and accurate information pertaining to dental services. Unfair, misleading, deceptive, and fraudulent advertising is prohibited. Any advertisement for dental services, regardless of medium, must include the following:

- 1) The name of at least one owner of the practice who is currently licensed to practice dentistry in the Commonwealth, and
- 2) If the dental practice is organized as a professional corporation pursuant to M.G.L.c 156 A, the name of at least one of the owners who is licensed to practice dentistry in the Commonwealth.

For more information on regulations on advertising in Massachusetts, see Section 234 CMR section 5.19 of the BORID regulations. Access the regulations at [www.massdental.org/regulations/borid](http://www.massdental.org/regulations/borid). You should also be certain to review the American Dental Association advertising guidelines in the *ADA Principles of Ethics and Code of Professional Conduct (ADA Code)*, available at [www.ada.org/194.aspx](http://www.ada.org/194.aspx).



## Three Tips for Collection Success

It can be a common misconception in the dental profession that unpaid patient debt should just be looked at as the “cost of doing business,” and that the risk of jeopardizing an ongoing patient relationship is greater than the reward of recovering a past due account. But the truth is, dental practices in today’s economy simply cannot afford to let their accounts receivable get out of control. To help address your ongoing accounts receivable and collections challenges, here are three tips to help you achieve higher recovery rates, happier patients, and reduced bad debt:

### Tip #1: Develop and Follow Through on Your Collection Policies

Do you have a strict procedure in place for every time patients receive treatment? Do they receive a billing statement on the day of service? How long do “slow payers” have before their account is sent out to collection? 60 days? 90 days? Is there a penalty for late payment? If so, how much? It is important to answer questions like these and then follow a consistent procedure for handling all patient accounts. When you start making exceptions for certain patients, not only do you send the wrong message about your billing policies, but you end up costing your practice the hard-earned revenue you deserve.

### Tip #2: Offer Discounts for Payment Upfront

One of the best ways to reduce collection costs is to avoid the entire process in the first place. Many dental practices today offer their patients a discount off their bill (typically in the 3 to 5 percent range) for paying for their services before receiving treatment. By doing so, not only do you allow patients to focus on their treatment as opposed to the bill-paying process, but you can also guarantee payment in full without needing to worry about chasing down slow-paying patients.

### Tip #3: Designate a Specific Person and Time for Patient Collections

Making collection calls and recovering past due dental accounts is not a task



for everyone. Choose a member of your staff who is not only personable, but also willing to handle these oftentimes uncomfortable conversations unapologetically and assertively.

Another excuse many dentists and dental office managers make for not pursuing unpaid patient debt is that they simply don’t have the time. For this reason, it is important to designate a specific time and day of the week for patient collections. You owe it to yourself to recover the money you are owed, just don’t forget to find the time to do so.

Make it a priority to take control of your increasing accounts receivable this year. Use the tips listed above and develop your own well-defined system for patient collections. Even a small reduction in the percentage of accounts that go uncollected can make a huge difference in your dental practice’s bottom line.

For more assistance with your collections, contact I.C. System, the MDS Affinity Partner for dental office collections, at (800) 279-3511, or learn more at [www.massdental.org/icsystem](http://www.massdental.org/icsystem).

## MASSHEALTH UPDATE

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## Resources for Your Patients

At the Yankee Dental Congress this year, I had the exciting opportunity to talk with many providers who participate in MassHealth. I found these conversations to be impactful, as each of you shared your opinions regarding our communications, seminars, customer service, and concerns. I appreciated every conversation, as they allowed me to reflect on what has been accomplished and the work that is yet to come.

Throughout these conversations, one theme emerged consistently—member (i.e., patient) resources. Several providers had questions about ID cards, enrollment, transportation, and appeal rights. It was because of this feedback that I decided to focus on these topics for this article.

### Enrollment

MassHealth oversees enrollment and eligibility of individuals and families utilizing state and federal rules. Individuals and families can access an application package, as well as assistance with completing the forms, by calling the MassHealth Enrollment Center at (888) 665-9993 or TTY (888) 665-9997 for people who are deaf, hard of hearing, or speech disabled.

### ID Cards

MassHealth directly issues all ID cards to members.

By Tracy Chase, CDA, BS, *Executive Director of DentaQuest for MassHealth*

When members receive ID cards that demonstrate their eligibility, they can use them immediately. Please note that the possession of a MassHealth ID card does not guarantee eligibility for services. You must continue to verify eligibility on the date of service via the MassHealth Provider web portal at [www.masshealth-dental.net](http://www.masshealth-dental.net).

Replacement card requests and address changes can be reported to MassHealth via its customer service number at (800) 841-2900.

### Transportation

MassHealth members may be eligible for transportation to a dental appointment for MassHealth-covered services. To determine if a member is eligible for transportation and to access a provider request form (PT-1 form), contact DentaQuest MassHealth Customer Service at (800) 207-5019. Transportation always requires approval by MassHealth directly prior via a PT-1 form. Providers may fax PT-1 forms to MassHealth Customer Service at (617) 988-2925 or (617) 988-2927.

### MassHealth Board of Hearings

Members have 30 days after they receive a decision about their benefits to file an appeal with the Massachusetts Board of Hearings. Only members can submit appeals to the Board of Hearings. A

fair hearing request form can be found on the MassHealth web portal at [www.masshealth-dental.net/MemberServices/Documents.aspx](http://www.masshealth-dental.net/MemberServices/Documents.aspx) in the Member Forms section.

### Complaints & Grievances

Members can submit complaints and grievances directly to the MassHealth team at DentaQuest via phone at (800) 207-5019 or mail them to:

MassHealth Dental Program  
Attention: Intervention Services  
P.O. Box 9708  
Boston, MA 02114-9708

### Customer Service

Members can access the MassHealth customer service team at DentaQuest to answer questions regarding benefits and claim inquiries. Our member intervention specialist is also available for assistance finding a dental provider, for plan information requests, and to help resolve concerns. Customer service and our member intervention specialist can be reached at (800) 207-5019. In addition, members can access their member dental benefits booklet, member complaint form, request for fair hearing form, dental fact sheets, and education pieces on the nonsecure member side of the web portal at [www.masshealth-dental.net](http://www.masshealth-dental.net).



# Membership

## What Massachusetts Dental Providers Need to Know About Spore Testing

By Mark Doherty, Jr., DMD; Harish Gulati, DDS; Yoon Kang, DMD, PhD; Kevin Wendell, DDS

In dentistry, there are many dynamically changing rules and regulations that a dental provider needs to be aware of and in compliance with. However, in the busy day-to-day life of dental practice, these rules and regulations can sometimes be forgotten, be overlooked, or even remain unknown. With this in mind, the MDS Ad-Hoc Subcommittee on Ethics aims to inform and assist fellow MDS members on the importance of one of these rules and regulations: spore testing in your dental office.

Spore testing, which has been around since the 1970s, is required to ensure that pathogens are destroyed in the autoclave and to prevent transmission from patient to patient. Spore testing must be done on a weekly basis for each autoclave, and results should be posted in a logbook that can be referenced in the office at any time. In addition, spore testing should be done:

- Whenever a new type of packaging material or tray is used
- After training new sterilization personnel
- After a sterilizer has been repaired
- After any change in the sterilizer loading procedures

If a spore test has failed, the provider should redo the spore test. If it fails a second time, the autoclave should not be used and should be

repaired immediately. In addition, you are required to contact your patients who have been treated with potentially non-sterile instruments. After repairs, the autoclave needs to be tested again. Additionally, any spare autoclave that is brought in to be utilized during the repair of the broken machine needs to be spore tested and the results obtained prior to use.

Violations for spore testing number approximately 40 to 50 per year in Massachusetts. Often, the violation is discovered during office visits by the Board of Registration in Dentistry (BORID) for some other violation. BORID automatically audits spore testing logs during site visits, and this is how most violations are discovered. Most of you may be familiar with the 2013 Oklahoma case where a dental office was shut down due to the spread of infectious disease to several patients because of poor infection control protocol. This was, in fact, the first documented case of transmission of hepatitis C from patient to patient in a dental practice.

If a complaint is made against a dental provider, BORID assigns an investigator and performs an office visit. During that time, the dentist can continue to practice. If the dental provider is found noncompliant with spore testing, he or she could be suspended after a period of time for repeatedly failing to meet the regulations; however, the dentist

is always allowed due process, and during that time, he or she may continue to practice. BORID does have the option of suspending a dentist's license if it determines that there is an immediate threat to the public, but the dentist could remain practicing for seven days during that process.

History has shown that when dental providers are not compliant with spore testing, it is due to a lack of knowledge about the importance of spore testing or because the dentist has delegated the task to a staff member who subsequently doesn't perform the task adequately, and the dentist fails to follow up with the staff member.

BORID requires all dental practices in Massachusetts to operate in compliance with the current Recommended Infection Control in Dental Health-Care Settings—2003. These regulations are published by the Centers for Disease Control (CDC) and the U.S. Department of Health and Human Services. Additional information can be found on the CDC website at [www.cdc.gov](http://www.cdc.gov).

Changing our current processes and adapting to new compliance regulations can be time-consuming and frustrating. However, as we move forward into a more patient-centered dental world with healthy outcomes, these regulations will only become more important.



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## Dental Educators in the Spotlight at ADEA Annual Session

### TUSDM Dean Named Chair-elect of ADEA



Tufts University School of Dental Medicine (TUSDM) Dean Dr. Huw F. Thomas was installed as chair-elect of the American Dental Education Association (ADEA) Board of Directors at its 2014 Annual Session & Exhibition on March 18 in San Antonio, Texas. Dr. Thomas, who joined TUSDM as dean and professor of pediatric dentistry in August 2011, has

a long and distinguished career in dental academia, including serving as dean of the School of Dentistry at the University of Alabama at Birmingham and professor and chair of pediatric dentistry at the University of Texas Health Science Center at San Antonio.

"As dental educators, we have a unique opportunity to help shape the future of our profession; we should be passionate and bold and embrace that opportunity," says Dr. Thomas. "As such, I am deeply honored and most privileged to have been elected for the position of chair-elect of the ADEA Board of Directors."

### Member Receives Gies Award for Outstanding Vision

Raul Garcia, DMD, chair of the department of health policy and health services research at Boston University Henry M. Goldman School of Dentistry, has received the Gies Award for Outstanding Vision. The honor was presented at the 2014 American Dental Education Association (ADEA) Annual Session & Exhibition held in San Antonio on March 17, 2014. Dr. Garcia researches oral health disparities in diverse populations, and his research includes longitudinal studies of oral health in these populations and the analysis of treatment outcomes. He is also co-director of the Northeast Center for Research to Evaluate and Eliminate Dental Disparities. Named after dental education pioneer Dr. William J. Gies, the Gies Awards recognize individuals and organizations exemplifying dedication to the highest standards of vision, innovation, and achievement in dental education, research, and leadership.



BUGSDM Dean Dr. Jeffrey Hutter (left) presents Dr. Raul Garcia with the Gies Award for Outstanding Vision.

## BCG Holds Botox Seminar for Dentists

On April 17, 2014, the Boston Collaborative Group (BCG) hosted a program on Botox and cosmetic fillers at the Bank of America Conference Center in Boston's Financial District. MDS member and Boston University Henry M. Goldman School of Dental Medicine faculty member Bradford Towne, DMD, presented "Introduction to Neuromodulators and Dermal Fillers" to more than 80 dentists and dental students. The seminar was followed by a networking reception. This event was sponsored by Allergan, Bank of America, and Henry Schein.

If you are interested in helping to plan programs and events for dentists in Boston, please contact Lisa Davis at [ldavis@massdental.org](mailto:ldavis@massdental.org).



Dr. Robert Guen (left) with seminar speaker Dr. Bradford Towne



From left: Drs. Zachary Peacock, Stephanie Kiefer, Meredith Bailey, and Jill Smith

## Tax Identity Theft Affects Dentists

In late April, the ADA reported that some dentists from as far as Alaska and as close as Connecticut and New Hampshire have been the victims of tax identity theft. The MDS has learned of at least one member who is also a recent victim of tax identity theft. In most cases, victims learn about the theft when they submit their tax returns electronically and are told that their taxes have already been submitted.

"Identity theft is one of the fastest growing crimes nationwide, and refund fraud caused by identity theft is one of the biggest challenges facing the IRS," says IRS Commissioner John Koskinen in a notice posted on the IRS website. According to the IRS, the total number of IRS identification theft investigations in 2014 thus far exceeds 1,800.

For more information, including what to do if you discover you are the victim of tax identity theft, visit [www.ada.org/en/publications/ada-news/2014-archive/april/dentists-report-tax-identity-theft](http://www.ada.org/en/publications/ada-news/2014-archive/april/dentists-report-tax-identity-theft).

## Defibrillator Recall

The MDS recently became aware that HeartSine Technologies Ltd. initiated a recall of certain Samaritan® 300/300P PAD public access defibrillators to address two separate issues that may affect the ability to deliver therapy to a patient in a sudden cardiac arrest event. Some affected devices may have been sold through Cardiac Systems of New Jersey, a former MDS Affinity Partner. The recall was initiated in September 2012, but some members were only just made aware of the recall by their distributors. Devices with the following serial numbers are affected:

- 0400000501 to 0700032917
- 08A00035000 to 10A00070753
- 10C00200000 to 10C00210106

For more information, including next steps, visit [www.fda.gov/Safety/Recalls/ucm368535.htm](http://www.fda.gov/Safety/Recalls/ucm368535.htm) or call HeartSine directly at (866) 478-7463.



# 2015 BEYOND EXPECTATIONS

January 28 - February 1, 2015 | Exhibits: January 29 - 31, 2015  
Boston Convention & Exhibition Center  
[yankeedental.com](http://yankeedental.com) | 877-515-9071

## S N E A K P E E K O F S P E A K E R L I N E U P

**Gordon Christensen, DDS, PhD**  
Restorative

**Gary DeWood, DDS | Steve Ratcliff, DDS**  
Occlusion

**Debra Englehardt-Nash**  
Front Desk

**Kenneth Hargreaves, DDS, PhD**  
Endodontics

**Paul Homoly, DDS**  
Practice Management

**Stanley Malamed, DDS**  
Anesthesia and Emergency Medicine

**Kary Odiatu | Uche Odiatu, DMD**  
Nutrition

**Jane Soxman, DDS**  
Pediatrics



## Upcoming Continuing Education Classes

### RISK MANAGEMENT: A BROAD-BASED APPROACH

Attendance at this seminar can count toward a 5 percent discount on your EDIC professional liability insurance

Date: Wednesday, June 11, 2014

Time: Registration: 8:30 a.m., Seminar: 9:00 a.m.–3:00 p.m.

Complimentary light lunch included

611 Fee: \$90 MDS Dentist Member/MDS Auxiliary Member

611A Fee: \$150 Non-MDS Member

CE Hours: 5 **Lecture**

Speakers: **Barry J. Regan**, vice president of claims and risk management, Eastern Dentists Insurance Company

**Raymond K. Martin, DDS**, Trustee, Massachusetts Dental Society and the Academy of General Dentistry, and maintains a private practice in Mansfield

**Vincent P. Dunn, Esq.**, partner, Hamel, Marcin, Dunn, Reardon & Shea, P.C., with nearly 20 years of trial experience advocating for health care professionals



#### LEARNING OBJECTIVES:

- Learn what constitutes proper informed consent
- Understand the importance of proper record keeping
- Identify potential liability issues with websites, blogs, EMRs, and social networking sites
- Understand the differences between administrative and tort law
- Identify common errors that lead to licensing board disciplinary actions

Recommended Audience: **D Dentist**

### CDT CODING AND REIMBURSEMENT UPDATE

Date: Wednesday, July 9, 2014

Time: Registration: 12:30 p.m., Seminar: 1:00–4:00 p.m.

709 Fee: \$70 MDS Dentist Member/MDS Auxiliary Member

709A Fee: \$100 Non-MDS Member

CE Hours: 3 **Lecture**

Speaker: **Paul B. Bornstein, DMD**, national lecturer and leading authority on dental insurance claims and dental practice management, and founder of Dental Office Consultants

#### LEARNING OBJECTIVES

- Understand the latest changes and implement the correct uses of the most common insurance codes
- Learn helpful risk management tips and perio billing
- Know what the law requires for the most common codes and X-ray submission
- Understand CDT-14 changes
- Be aware of codes that will improve your profit
- Understand the best narratives and documentation for the most troubling codes

Recommended Audience: **A Assistant** **D Dentist** **H Hygienist** **O Office Staff**



### INTRODUCTION AND REVIEW OF BASIC DENTAL ASSISTING Fall Evening and Saturday Program\*

**Limited Capacity – Only 15 students in each class**

Dates: September 2–27, 2014

Time: Tuesdays 5:30–8:30 p.m. Saturdays 8:30 a.m.–2:30 p.m.

Tuesday Sept. 2 5:30–8:30 p.m. 3 CE Hours Lecture

Saturday Sept. 6 8:30 a.m.–2:30 p.m. 5 CE Hours Workshop

Tuesday Sept. 9 5:30–8:30 p.m. 3 CE Hours Lecture

Saturday Sept. 13 8:30 a.m.–2:30 p.m. 5 CE Hours Hands-On

Tuesday Sept. 16 5:30–8:30 p.m. 3 CE Hours Hands-On

Saturday Sept. 20 8:30 a.m.–2:30 p.m. 5 CE Hours Hands-On

Friday Sept. 26 8:30 a.m.–4:30 p.m. 11 CE Hours Radiology Lecture & Radiology Clinic

Saturday Sept. 27 10:30 a.m.–2:30 p.m. 4 CE Hours Lecture, DANB Prep

902 Discounted Fee: \$1,275 Register by August 23

902A Fee: \$1,400 Register after August 23

CE Hours: 35 **Lecture, Hands-On, Workshop**

Admission Criteria: High school diploma or GED equivalency is required

#### REGISTRATION ALSO INCLUDES

### RADIOLOGY CERTIFICATION

Date: Friday, September 26, 2014 **Lecture**

Time: 8:30 a.m.–4:30 p.m. MDS Headquarters, Southborough

Date: Saturday, September 27, 2014 **Clinical Session**

Time: 10:30 a.m.–2:30 p.m. Boston University Henry M. Goldman School of Dental Medicine

CE Hours: 11

### PREPARE TO TAKE THE DANB CDA EXAM

Date: Saturday, October 18, 2014

Time: Registration: 8:30 a.m., Seminar: 9:00 a.m.–2:30 p.m.

CE Hours: 4 **Lecture**

#### STUDENTS WILL RECEIVE

- Certification in radiology approved by the Board of Registration in Dentistry (BORID)
- Two-year certification (BLS Health Care Provider) by the American Heart Association
- Letter of recommendation including summary of training
- Individual attention

#### TOPICS COVERED

Introduction to Dental Assisting and Basic Terminology	Dental Materials/Instruments/Tray Systems
CPR/BLS/Dental Practice Emergencies	Impression Taking/Model Pouring and Temporary Crown
Dental Charting and Medical History Review	Infection Control (Risk Management, OSHA, Waste Management, Sterilization)
Patient Management (Positioning)	Radiology Certification
Basic Clinical Skills and Four-Handed Dentistry	

\*Please note: This program is not a formal training program pursuant to regulations under consideration by the Board of Registration in Dentistry.



## Why Are Health Insurance Rates So High?

By George Gonser,  
CEO-Partner of MDSIS—  
Spring Insurance Group



I have been working in the insurance industry since 1988. I have experienced and dealt with many changes to health insurance over the years. It is not a stretch to say that this year's benefit adjustments, rating rules alterations, and pricing effects are the most far-reaching and volatile I've seen in my career.

It also may be easy to say that I anticipated these changes, as people in the insurance industry have been warning of the effects of the Affordable Care Act (ACA). To pay for the more than 20 million uninsured, there have to be taxes and fees. Yet, there is more to the story of the high 2014 health insurance rates. In a nutshell, the following items are a few of the accelerants:

- Medical trend (+4 to 6 percent)—The overall cost of care has gone up. For 2014, the number is higher than in the past three years.
- ACA impact: Taxes and fees (+4 percent)—The base ACA impact fees include the reinsurance assessment fee, comparative effectiveness research fee, and health insurance industry fee. These taxes are embedded into the rates for fully insured and self-funded health insurance plans starting in 2014.
- ACA rating rules changes (+/- 30 percent)—In the past, Massachusetts utilized a rating methodology for all of its health insurance plans. For instance, the number of family members did not impact the rating. Starting in 2014, the number of dependents does and will have an effect.
- Group size factor (small rate decrease)—Small-sized groups (businesses) were previously impacted negatively in the past. This has changed in 2014.
- Standard industrial classification (SIC) codes (+/- 2 percent)—High-risk industries, such as high-rise window washers, previously would have a surcharge on their health insurance based on their industry or SIC code. Conversely, low-risk industries saw premium discounts. Now, SIC code adjustments have been eliminated in 2014, resulting in the eliminated adjustments helping some and negatively affecting others.
- Removal of rate capping (+1 to 15 percent)—Starting in 2011, Massachusetts implemented a cap on the maximum increase a group (business) would receive in any given year on its health insurance. For 2014, the "rate shock bumper" has been eliminated under the ACA. This means that thus far in 2014, there have been and will continue to be wide swings in the renewals. For our April renewals, we saw one company's increase exceed 100 percent. This would not have happened over the past few years with the rate bumpers.

Please note that each and every business case is different and the estimates above are just that, estimates. In addition to the above factors, items such as census and location of the business will continue to have an effect on the rates. For example, if you add or change staff during the policy year, it can have a positive or negative effect on the rates. If you were to move your business to another city or town, it might also affect the rates.

The messaging nationally was that the ACA would reduce premiums, but the effect has been the direct opposite. However, the taxes and fees of the ACA are just the beginning. Insurance carriers, in the face of uncertainty, will underwrite plans more conservatively, as well. This coupled with the other changes made 2014 one of the most challenging years ever. There are also concerns with what lies ahead for 2015 and beyond.

While there isn't a simple solution, there are some strategies to combat the changes outlined above. From implementing a high-deductible health plan with a health reimbursement account or health savings account (where applicable) to instituting a wellness plan, there are some alternatives to help curb your premium costs. With prices rising, there is a need for increased consumer interaction. Well-educated consumers engaged in their health care and insurance will be the best long-term solution.

Contact Spring today at **(800) 821-6033** to discuss an employee benefits strategy that fits you and your staff's needs.

Login:

Username

Password:



## Ask the Experts: What Will Happen to My Digital Assets if I Die or Become Incapacitated?

In today's digital age, many individuals live at least a part of their life online. Whether you share your life with others through email, Facebook posts, and Tweets, or simply have a number of online password-protected accounts, you'll want to make plans for the disposition of all of your digital assets in the event of your death or incapacity.

Unfortunately, the laws governing digital assets are not well settled. Only a small number of states have estate laws that specifically cover digital assets, and those laws are relatively new and untested. As a result, you should consult an estate planning attorney for information on how digital assets are handled in your particular state.

For the most part, websites, blogs, and registered domain names are transferable under standard property and copyright laws. However, certain online accounts (e.g., email and social media accounts) may not be transferable, depending on the site's terms of service. Terms of service vary widely from site to site. Some sites will allow a person with the appropriate legal authority to access your accounts upon your death. Others will put your accounts in a "memorial state" or permanently delete your account upon proper notification of your death.

The most important thing you can do to protect your digital assets is to include them in your estate plan, just as you would your physical assets. Your first step should be to identify and inventory all of your digital assets. Make a list of where your assets are located and how they are accessed (e.g., username and password). Next, indicate what you wish to happen to your digital assets (e.g., transfer to an heir or terminate) and who will be responsible for carrying out those wishes (e.g., an executor). Be sure to refer to this inventory in your will (but keep it separate since your will eventually becomes public information).

If privacy issues surrounding your digital assets are a real concern, a number of online websites securely store all of your digital asset information and allow you to leave legacy instructions for a designated beneficiary or executor. The costs of these types of services vary, depending upon the services offered.

*Eastern Dental Financial Insurance Agency,  
200 Friberg Parkway, Suite 2002, Westborough, MA 01581  
(800) 898-3342*

*[www.edic.com/financial-services.html](http://www.edic.com/financial-services.html)*

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To advertise in the MDS CONNECTION, contact Jennifer Hanlin at (508) 449-6076 or visit [www.massdental.org](http://www.massdental.org) to submit an ad online. Payment in advance, covering the number of insertions, is required. 50 words or less (per insertion).....\$55 50¢ each additional word. Rate includes immediate web posting MDS Box ..... \$15 extra Upon publication, all classified advertisements are posted on the MDS website at [www.massdental.org](http://www.massdental.org). Reply to an MDS Box classified advertisement by emailing [jhanlin@massdental.org](mailto:jhanlin@massdental.org) (include the Box Number as your subject line), or mail your response to: MDS CONNECTION, Classified Box \_\_\_\_\_, Two Willow Street, Suite 200, Southborough, MA 01745. All responses will be promptly forwarded to the advertiser.

Although the Massachusetts Dental Society believes that advertisements published in the MDS CONNECTION are from reputable sources, the Society neither investigates the offers made nor assumes responsibility for them. The MDS reserves the right to decline and/or withdraw advertisements at its discretion.

Issue	Ad Deadline
March-April .....	February 1
May-June .....	April 1
July-August .....	June 1
September-October .....	August 1
November-December .....	October 1
January-February .....	December 1

For the most current MDS Classified listings, please visit [www.massdental.org/publications/classified-ads](http://www.massdental.org/publications/classified-ads).

**EQUIPMENT TO BUY OR SELL**

WANTED TO BUY—HYDROCOLLOID UNIT in good working order. Call (781) 272-5890.

**JOB OPPORTUNITIES AVAILABLE**

FULL-TIME DENTIST NEEDED for Harbor Community Health Center—Plymouth, MA. Join us in our new, state-of-the-art facility opened on March 1 and located in Cordage Park. This is an excellent opportunity to grow a practice from the ground up and join a growing community health agency offering medical and dental services in Boston, the South Shore, and Cape Cod. The dentist provides dental care for outpatients by diagnosing and treating diseases, injuries, and malformations of the teeth and gums; DMD/DDS from approved dental school, full license, 3 years of experience preferred. Comprehensive benefits package, insurance, malpractice insurance is covered by the Federal Tort Claims Act (FTCA), Harbor Health is qualified for federal/state loan repayment programs, continuing medical education stipend with 4 days of leave per year, generous paid vacation, sick and holiday time. Interested candidates, please apply online at <http://careers.hhsi.us/careers/>. For more information, please call J. Tranford at (617) 533-2342 or visit [www.hhsi.us](http://www.hhsi.us).

PART-TIME OPPORTUNITY for young energetic general dentist. Completely established MetroWest office. Please send resume and transcript. Experience preferred. Potential to transition to full-time. Contact MDS Box 1315.

WELL-ESTABLISHED GENERAL PRACTICE IN MARION, MA—Southcoast. We are looking for an associate who is experienced in all phases of general dentistry to join us in our modern and efficient family practice. You will love the community and there is potential for future buy-in. We offer a competitive salary and benefits package. Immediate opening available for PT/FT. If interested, send CV to [coleen@mariondentalhealth.com](mailto:coleen@mariondentalhealth.com).

GENERAL DENTIST FT/PT needed for two busy dental offices in Taunton and Worcester. Positions available April 15, generous compensation. Please email resume to [bzyoud@yahoo.com](mailto:bzyoud@yahoo.com), fax to (508) 302-0272, or call (617) 312-9177.

STATE-OF-THE-ART, GROWING DENTAL PRACTICE seeks a part-time, leading to full-time, general dentist in Mansfield. Please call or email Jeff at (508) 261-9261 or [jeff@dynamicdentalinc.com](mailto:jeff@dynamicdentalinc.com).

SMILE PROGRAMS HAS IMMEDIATE OPENINGS! Our mission is to enhance the quality of life for children by providing a positive dental experience right in the school setting. We have been caring for children since 1997 and provide our services in 24 states. We supply the staff and state-of-the-art equipment and do all of the administrative work. We are looking for someone who loves working with children and enjoys daily travel. The program runs Monday–Friday. There are no evenings or weekends and you have holidays and summers off. We offer an excellent compensation structure and

have both full- and part-time opportunities. Help us make a difference in the lives of children. For more information and to apply, visit [www.smileprograms.com](http://www.smileprograms.com), or contact Tracey Niskar at [jobs@smileprograms.com](mailto:jobs@smileprograms.com) or (888) 960-6351.

WEST SPRINGFIELD—Established growing dental office is seeking a PT/FT general dentist and a PT/FT orthodontist to join our team. Great opportunity. For more details, email [stjosephsdental@gmail.com](mailto:stjosephsdental@gmail.com) or fax your information to (413) 737-3185.

PARTNERSHIP OPPORTUNITY IN BEAUTIFUL BERKSHIRE COUNTY—Full-time associateship leading to partnership in busy full-phase family dental practice: two locations, three dentists, four hygienists; Dentrix management software and Dexis digital radiography. Contact us at [berkshiresouthdental@nybiz.rr.com](mailto:berkshiresouthdental@nybiz.rr.com).

VERY WELL-ESTABLISHED MULTISPECIALTY PRACTICE with very friendly and highly trained staff located on the South Shore has a part-/full-time opportunity for general dentist. We are looking for the right individual and team player who is not just a dentist. Someone with strong interpersonal skills, good chairside manners, computer knowledge, marketing ideas, etc. This is an excellent opportunity to work and continue to grow the practice with potential buy-in opportunity. Email resume and cover letter to [issd@verizon.net](mailto:issd@verizon.net) or fax to (617) 969-4415.

LARGE MULTISPECIALTY GROUP PRACTICE located southwest of Boston seeks full-time associate. One to two years of experience or GP residency preferred. Partnership opportunity available soon for the right person. A great chance to grow professionally! Please email resume to [carol\\_frunkindental@comcast.net](mailto:carol_frunkindental@comcast.net).

PREMIER MULTI-OFFICE PRACTICE IS EXPANDING! Our new location to be in Winthrop. Looking for a dental associate with the potential for a partnership; 2+ years' experience recommended, molar endo experience recommended. Interested candidates can send resume to [sharon@varinosdental.com](mailto:sharon@varinosdental.com).

WANTED—GENERAL DENTIST in CLINTON, MA. State-of-the-art and fast-growing practice is looking for an associate. We are looking for a dentist who is professional, energetic, flexible, and compassionate. Two to three days per week to start, leading to FT if desired. Immediate opening. Please email your CV to [drishaq@aimfamilydental.com](mailto:drishaq@aimfamilydental.com).

GENERAL DENTIST—Sought for associate position at busy, growing, private southwestern MA practice. Fully computerized/digital. Candidate should be proficient in most disciplines, as well as be dependable, caring, and personable. Experience preferred. You will be kept very busy, starting Mondays and Saturdays, with opportunity for additional days likely. Please email [jd2067@hotmail.com](mailto:jd2067@hotmail.com).

GENERAL DENTIST—Dynamic part-time associate needed for busy, mature family practice in Winchester. Hours are Mondays and Wednesdays 12 noon–7:30 p.m., Thursdays 12 noon–6 p.m., and at least two Saturdays a month 8 a.m.–2 p.m. Solid restorative skills and patient-centered focus a must. Experience preferred but not required. Applicants can email their resume/CV to [wendy.lombardo1@verizon.net](mailto:wendy.lombardo1@verizon.net) or fax (781) 729-1945.

TWO DENTIST POSITIONS OPEN—general dentist and limited license dentist—at North Shore Community Health, Inc., with sites in Salem, Peabody, and Gloucester. Mission is to provide quality care, patient satisfaction, and operational efficiency. Dentists would supervise one or more dental students, dental department personnel, and collaborate with NSCHI colleagues. Generous benefit package. Please email Gloria Riley at [gloria.riley@nschi.org](mailto:gloria.riley@nschi.org) for additional information.

GENERAL DENTAL ASSOCIATE NEEDED. We are looking for a motivated caring professional to join our team as a part-time associate in our Northampton office. We are a well-established general dental practice with digital technology and dedicated support staff. Associate should have excellent communication skills with at least 3 years of experience or GPR. Email resume to [manager@yourfamilydentists.com](mailto:manager@yourfamilydentists.com).

CAPE COD—Part-/full-time orthodontic associate needed for growing pediatric practice. Summer 2014. Great staff and reputation. Send CV and letter of interest to [kids.smiles.capecod@gmail.com](mailto:kids.smiles.capecod@gmail.com).

FT LONG-TERM POSITIONS AVAILABLE. Commission based, with guaranteed salary, plus benefits, excellent work environment. Profit-sharing positions available for those with minimal two years' experience. Offices 15–60 minutes south of Boston, all owned and operated by a practicing dentist. Email CV to [melassm@hotmail.com](mailto:melassm@hotmail.com) or fax to (508) 993-5900.

**JOB OPPORTUNITIES WANTED**

PERIODONTIST, EXPERIENCED AND PERSONABLE, to work in your busy GP office. I am proficient in multiple implant systems, bone grafting, and conservative in philosophy. Member ADA, MDS, AAP, and AO. Interacts well with hygiene and desires a day a week if possible. Call (781) 956-9152.

EXPERIENCED ENDODONTIST AVAILABLE one or two days/week. More than 20 years in busy private practice. Licensed in MA, CT, and RI. Practice with emphasis on patient's physical and emotional comfort, as well as a high-quality clinical result. The vast majority of cases are completed in one visit. Please contact by email at [endoxman@aol.com](mailto:endoxman@aol.com).

**PRACTICES/OFFICES FOR SALE OR RENT**

GREAT OPPORTUNITY—Located south of the Mass Pike and east of Route 495 in charming, family-friendly community. Great staff and 600+ active patients, average 15 new patients/month. Convenient location and ample parking. Asking \$250K. Contact [mmelone@morrd.com](mailto:mmelone@morrd.com) for more information.

GREENFIELD, MA—Periodontist, oral surgeon, endodontist, orthodontist, pedodontist, or general dentist: Opportunity to build your own practice or satellite office without huge start-up costs. Three-operator fully equipped dental office condo in premium medical office building, 900+ sq. ft. Available for rent with possible option to buy. Call (413) 772-2375.

PRACTICE FOR SALE—Cape Cod. Terrific practice in the heart of Cape Cod. \$374K production, \$188K sale price. RE also available. 4 ops, 2 hygiene. Contact: Jeff Blair at (508) 397-6252 or Marcy Roy at (617) 877-0977. #MA114.

DENTAL OFFICE FOR RENT. Dentist tenant retiring. Available May 1. Two operatories, lab space, 1 bathroom, 1,100 sq. ft. Call (978) 685-0977 or email [chdrt@gmail.com](mailto:chdrt@gmail.com).

NEW ENGLAND PRACTICE TRANSITIONS—Maine: Mid-Coast/Rockland/Camden—Buy-in opportunity; Portland—State-of-the-art facility, 4 ops, digital X-ray, gross \$488K, lease. Massachusetts: North Shore—Perio, 3 ops + 1 extra plumbed, gross \$1M, office condo avail; Mid-Cape—3 ops, 1 extra plumbed, gross \$313K, RE avail; Malden—Nice opportunity, 2 ops with 1 more plumbed, gross \$399K, lease. New Hampshire: Littleton—5 ops, gross \$600K, modern office, RE avail for sale or lease. Vermont: Southern VT—Established busy practice in quaint town, 3 ops + 1 plumbed, RE avail, gross \$370K; Burlington—3 ops, gross \$375K, lease. Connecticut: West Hartford—Modern well-established practice, 5 ops, gross \$932K, RE avail. Call (888) 888-6506 or visit us online at [www.newenglandpracticetransitions.com](http://www.newenglandpracticetransitions.com).

WORCESTER—Mature 2-day/week practice with 3 ops. Motivated seller. Offered at \$225K. Contact [dotoole@rosencpigroup.com](mailto:dotoole@rosencpigroup.com) for more info.

WELL-RUN MULTISPECIALTY, MATURE PRACTICE FOR SALE—10 ops, extremely profitable, \$2.2M gross, 50 percent margin. 3,800-sq.-ft. new construction, with potential to own real estate. One-of-a-kind dream practice for the right dentist. Call (774) 571-9028.

DENTAL OFFICE FOR LEASE. Doctor planning to relocate to a bigger facility. Three operatories renovated just last year. Doctor planning to leave the compressor, only 4 years old, and a chair with some office furniture. Reasonably priced. Great location for an endodontist or orthodontist. Please contact MDS Box 1314.

PERIODONTAL PRACTICE FOR SALE—Prime South Shore location 20 miles from Boston. Newer 1,584-sq.-ft. class A space. Two equipped R-H rear delivery operatories with 3 additional plumbed. Office condominium available for purchase or lease with option. Transition for retirement. Please respond to MDS Box 1270.

BEAUTIFUL FOUR-OPERATORY GENERAL DENTISTRY PRACTICE FOR SALE. Located in the highly desirable suburb of Arlington in a high-traffic location. Gross collections \$600K+ with 3-day work week/4 days hygiene. Very pretty office design including granite counters throughout office, large staff lounge including shower and kitchen, ample storage in approximately 2,000 total sq. ft. Off-street parking for 4 to 5 cars. Eaglesoft dental software for practice management. Excellent, reliable, motivated staff. Real estate could be included; however, that would require a very attractive offer as this property is an absolute gem. Attractive lease terms. Doctor able to offer extended transition period to ensure smooth transition. This is a rare opportunity to own a very nice practice in an excellent location with ample room for additional growth. Principals only. Contact MDS Box 1312.

ORTHO—South Coast, 30-year-old practice primarily serving MassHealth patients. More than 300 active patients in low-overhead office. Great opportunity as a satellite office or for a new grad starting out. Collections over \$400K with an asking price of \$200K. Please contact [mmelone@morrd.com](mailto:mmelone@morrd.com).

BOSTON AREA—35-plus-year-old practice; dentist retiring. Good location with three operatories and collections over \$350K. Great starter office or second location. Contact [mmelone@morrd.com](mailto:mmelone@morrd.com).

\$395K FOR CENTRAL MA PRACTICE, which was established 35 years ago. It has four operatories, and is fee-for-service (BCBS, Delta only), four hygiene days, and healthy payroll (21.8 percent of collection), digital X-rays and paperless charts, new cabinetry and many other updates. Flexible sale terms. A great growth potential for a motivated individual. Please contact MDS Box 1310.





## Dentist Health & Wellness Committee

## How Do You Find a Sponsor?

In the last issue, we introduced the concept of sponsorship and indicated that sponsors have many responsibilities. As mentioned earlier, they will help you work the 12 Steps. As part of that responsibility, they will help you with making amends. This is always a difficult issue in recovery, but it is an essential part of getting us to once again become responsible citizens. When and where appropriate, it is expected that we will make apologies and restitution to those

who we have harmed while using. Don't worry about this now. The amends will come a bit later. However, it is always easier to face making amends with an experienced sponsor to back you up rather than trying to go it alone.

Probably the hardest thing for addicts and alcoholics to do is to take advice. We don't like being told what to do. We are masters at setting everybody else straight, of course, while simultaneously convincing ourselves that all the misfortune that befalls us while we are using is the result of bad luck, circumstance, or meddling friends, family members, and colleagues. That's why we need a sponsor. In the gentlest way possible (and sometimes not so gently), our sponsor will help us pull our head out of our behind and begin to take responsibility for our life as it really is. Ideally, as trust begins to build between the sponsor and the sponsee, a beautiful thing can occur. There will be times when sponsees will question their sponsors' advice, yet keep their thoughts to themselves, and do as they are told. That represents a marked change

in behavior for the recovering addict or alcoholic, and is reflective of a very positive reversal of one's attitude and outlook.

So how do you find a sponsor? With all this talk, you might think sponsors are listed in the Yellow Pages or at least "registered" with Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Not exactly. First of all, it is not the sponsor's responsibility to find a sponsee. It is the prospective sponsee's job to find a sponsor. At many meetings, part of the introductory protocol involves having people who are willing to serve as temporary sponsors raise their hands. Another method is to speak up at a meeting and announce that you are looking for a temporary sponsor. A third option is to just ask the person sitting next to you at the next meeting you attend if he or she knows of any sponsors who are looking for a sponsee. There is no training program for sponsors, no licensing board to monitor them, and no badges for them to wear. However, most sponsors were themselves sponsees at one point, and by observing how their sponsor dealt with them, they gained an understanding of what it takes to do the job. That's how it works in recovery. Addicts and alcoholics helping one another. The tradition goes back over 70 years and has been quite successful.

For more information, contact the Dentist Health & Wellness Committee at [www.dhwcm.org](http://www.dhwcm.org) or (800) 468-2004.

*DID YOU KNOW that, according to a recent Gallup Poll, one in three U.S. adults say they did not visit the dentist at all in the past 12 months?*

## CLASSIFIEDS

SPACE AVAILABLE DIRECTLY ACROSS FROM NORTHEASTERN UNIVERSITY near Symphony Hall. High walk-by traffic. Great opportunity to open and establish a dental practice serving the Fenway/Back Bay/South End/Mission Hill neighborhoods. If interested, contact My Boston Properties, 327 Huntington Ave. Suite 6, Boston, MA 02115, email [rich@mybostonproperties.com](mailto:rich@mybostonproperties.com), or call (617) 247-1660, ext. 10.

DENTAL OFFICE CONDO IN THE BACK BAY—For sale or lease. Located in the prestigious Windsor complex at 390 Commonwealth Avenue in Boston, this beautiful 1,592-sq.-ft. condominium features 5 dental operatories, lab, 2 consultation offices, waiting room, reception, staff room, records room, and 2 baths. Steps to Green Line, Prudential, Newbury St., and Mass Pike. \$875K or lease for \$7,000/month. Parking available separately. Call Chuck Hinds, Group Boston RE, at (617) 407-0574. Email [chinds@bostonrealestate.net](mailto:chinds@bostonrealestate.net).

UNEXPECTED SALE OF 35-YEAR-OLD ORTHODONTIC PRACTICE in bucolic Western MA. Practice has one main location and two satellites, all well maintained. Long-term, loyal staff and patient base with 3rd generations in the practice make this a tremendous opportunity. Contact [mmelone@morrd.com](mailto:mmelone@morrd.com) for more information.

SINCE 1981—Jim Kasper Associates, LLC, practices for sale throughout Massachusetts and the Northeast, including specialties, perio, OMS, endo, and ortho. All inquiries confidential. Call (603) 355-2260. Visit [www.jimkasper.com](http://www.jimkasper.com).

DENTAL SPACE FOR LEASE IN WELLESLEY—Choose from several great offices ranging in size from 812 to 2,376 sq. ft. Some spaces are plumbed and include common waiting areas. All are in desirable locations within the heart of Wellesley. Contact Michael or Vida of Haynes Management, Inc., at (781) 235-0532 or email [mhoban@haynesmanagement.com](mailto:mhoban@haynesmanagement.com) or [vida@haynesmanagement.com](mailto:vida@haynesmanagement.com).

CHESTNUT HILL, MA—Lease; 1-3 chair operatories with private office, new ultra build-out, for specialist or generalist; support services available. Contact (617) 642-7276 or [dbean@hpdent.com](mailto:dbean@hpdent.com).

OFFICE FOR LEASE NORTH ADAMS, MA—Located in downtown professional building. 1,400 sq. ft., five fully plumbed ops., handicapped accessible, generous parking, no equipment. Available March 2014. Rent-free first 4 months with 5-year lease. Will introduce and mentor. For details, please go to [www.churchstreetprofessional.com](http://www.churchstreetprofessional.com).

### SERVICES

**BUYERS**—We offer more than 25 years of dental experience in the Greater Boston area to provide you with confidential professional advice to help locate and finance the proper practice for you, the buyer. We will guide you and the seller through the entire process, helping to structure a transition that makes sense. Because a practice worth buying should not have to be advertised, we have never had to advertise a practice. We make every attempt to show you only those practices that may be of interest to you, and all fees are paid by the seller. Please contact Arthur B. Gordon, Northeast Dental Consulting, Ltd., at (978) 774-2400. Fax (978) 750-1444. Email: [arthur@thedentalbroker.com](mailto:arthur@thedentalbroker.com).

**SELLERS**—If you are considering the sale of your dental practice, we offer more than 25 years of dental experience to provide you confidential expert advice. We work closely with you, the seller, and your professional advisors to help mediate a transaction that makes good common sense while keeping professional fees as reasonable as possible. We take pride in the fact that we have never had to advertise a practice in order to sell it. We have sold some of the premier practices in the Greater Boston area and we look forward to helping you. Please contact Arthur B. Gordon, Northeast Dental Consulting, Ltd., at (978) 774-2400. Fax (978) 750-1444. Email [arthur@thedentalbroker.com](mailto:arthur@thedentalbroker.com).

## Read the MDS CONNECTION Online

Did you know that you can access electronic copies of the MDS CONNECTION on your office or home computer or mobile device? The current and past issues of the MDS newsletter are archived online in PDF format, and available to download and read at any time. Simply visit [www.massdental.org/publications/mds-news](http://www.massdental.org/publications/mds-news) or search on the MDS mobile app under "publications."



## MDS Office Adopts Summer Hours

This summer, the MDS is adopting summer hours on Fridays. From May 23 (Memorial Day weekend) through August 29 (Labor Day weekend), MDS headquarters will operate from 7:30 a.m. to 3:00 p.m. on Fridays. The office will maintain normal business hours Monday through Thursday.





## Introducing Dental Practice **Insights**

With the goal of helping members more efficiently and effectively run their practices, the MDS Dental Practice Committee is introducing *Dental Practice Insights*, a weekly tip that you can immediately incorporate into your practice. *Dental Practice Insights*, which is sent via email every Monday to MDS members, debuts on June 2. Be sure to check your inbox for this valuable tip. All *Dental Practice Insights* will also be archived in the Practice Management section of the MDS website at [www.massdental.org/insights](http://www.massdental.org/insights).

### Massachusetts Dental Society

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[www.massdental.org](http://www.massdental.org)

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## MDS Members Howl at the Moon

It was a howling good time for the large crowd of MDS members who gathered for the MDS Foundation Awareness Celebration at Howl at the Moon in Boston on Thursday, March 13, 2014. Attendees enjoyed interactive dueling pianos, dinner, and networking while learning more about the Foundation from Dr. Alan DerKazarian, Chair of the MDS Foundation. The program was sponsored by Citizens Bank. A similar program is in the works for 2015.



# Featuring DUELING PIANOS

