



**IDA dedicates "Spirit of Diwali"  
Annual Dinner/Gala  
in celebration of the Epic Victory  
of Dr. Chad Gehani,  
ADA Trustee 2014!  
on Sat, Oct 19th, 2013 at the  
World's Fair Marina**



## PRESIDENT'S MESSAGE



Greetings!

I hope everyone is enjoying the beautiful summer weather finally! On a beautiful weekend from May 30th to June 2nd, the NYSDA House of Delegates met at Grand Hyatt in New York city. The level of excitement for the IDA members was great, as our Executive Director and past NYSDA President, Dr. Chad Gehani contested and won the esteemed ADA Trustee position! I had the privilege and

honor of representing Indian Dental Association while being an Alternate delegate at this historic occasion. The election for ADA Trustee Elect had three well qualified candidates, Dr. Michael Breault, Dr. Kevin Henner and Dr. Chad Gehani seeking the position and the balloting resulted in the election of our own Dr. Chad Gehani as the next ADA Trustee to be representing the ADA Second District. Dr. Gehani humbly accepted the position to a standing ovation thanking his wife Dr. Rekha Gehani, his family, including his QCDS family, and those who supported him and assuring all that he will do the best job he can in representing the interests of all members. The NYSDA officers installed and assuming their positions immediately are: President Dr. Joel Friedman, President Elect Dr. John Liang, Vice President Dr. David Miller and Treasurer Dr. Mark Weinberger.

After watching our elected officials in action, I have nothing but the greatest pride and admiration for how the House of Delegates has evolved and the way it functions. As the supreme governing and legislative body for the New York State Dental Association, its officers demonstrated their understanding of the issues, voicing their opinion while taking their responsibilities seriously. Having been involved in organized dentistry at the grassroots level for over two decades, I was able to see firsthand how the 13 local Components, NYSDA staff, legal, administrative and executive all together form the structure of governance. It was great to see some of our own leaders Dr. Amrish Parikh, Dr. Meena Jaiswal, Dr. Prabha Krishnan, Dr. Hemanth Shelawala and Dr. Viren Jhaveri hard at work. Dr. Rekha Gehani was very visible on the floor of the HOD, making her point on issues, while at other times being beside her husband and supporting him. Thank you Drs. Chad and Rekha Gehani for your invaluable leadership and service to organized dentistry!

At IDA our committee is participating at the annual Diwali festival at South street Seaport by offering oral screening to the community. We are also planning the IDA annual Convention and Gala Dinner in October. We hope that IDA members will attend in full force. In that context I would like to thank Henry Schein and North Shore Wealth Management for their continuing support, with whose help we are able to bring dental education to our members.

Have a great summer with your families!

Best Wishes,  
Sudhakar Shetty, DDS

# New State Health Department Prescription Monitoring Registry Coming This August

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The Bulletin is published four times a year, quarterly. It is the official publication of the Indian Dental Association (USA) Inc., Neither the Association nor the Bulletin assumes responsibility for the points of view or opinions of its contributors.

Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for April/May/June issue is February 10th. All Submissions must be typed as a word document and emailed to [idasasampark@gmail.com](mailto:idasasampark@gmail.com).

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Subscription is included in the annual membership dues of the Indian Dental Association (USA) Inc., The Subscription rate for non-members is \$30 per year, or \$10 per issue.

The New York State Department of Health has begun implementation of the Prescription Monitoring Program Registry (the Registry) in New York, a system designed to curb abuse of prescription-controlled drugs. Below are the key facts you must know if you intend to either prescribe a Schedule II, III, or IV controlled substance or if you intend to dispense any controlled substance in any Schedule in any quantity, you should know:

The Prescription Monitoring Program Registry is one part of the I-STOP (Internet System for Tracking Over-Prescribing) law. The Registry is scheduled by the I-STOP law to take effect on August 27, 2013. Although no regulations have yet been promulgated concerning the Registry, the New York State Department of Health is already taking steps to implement the law as written. If you want to prescribe a Schedule II, III, or IV drug or you want to dispense any controlled drug in any Schedule, you must be able to access the Registry.

There is a required duty under the I-STOP law to consult the Registry before prescribing any Schedule II, III, or IV drug to a patient. The Registry will contain a minimum of a six-month patient controlled substance history and a maximum of a five-year history that the prescriber can review. The I-STOP law does allow for a health care professional to designate a person to access and consult the Registry on his or her behalf, but the health care professional always remains legally responsible for the result and conduct of that process by the designee.

While input to the Registry will be by pharmacists in real time from all the controlled substance prescriptions they fill from any Schedule, there is also a duty for any health care provider who actually dispenses any controlled sub-

stance on any Schedule to a patient, in any quantity, to input that drug dispensing information into the Registry. Key: prescriptions are input to the Registry only by pharmacists, but all health care professionals who directly dispense controlled drugs to patients must input that information on their own.

The New York State Department of Health is sending out notices to advise people that access to the Registry is going to be accomplished through the Health Commerce System (HCS) online account that they already use for renewing and issuing official New York State prescription forms. While many dentists now opt to do those renewals via paper, the only way the Department of Health plans to allow access to the Registry is via the HCS online account system.

If you cannot access the Registry because you just didn't bother to sign up for it, you will lose the ability to validly prescribe Schedule II, III, or IV controlled substances and the ability to dispense any controlled substance directly to a patient. Your license to practice will also be at risk from the Office of Professional Discipline if you attempt to evade or violate the Registry system.

These are the key points you need to know at this time. For further information on the HCS online account system, go to <https://hcsteamwork1.health.state.ny.us/pub/top.html> or call the HCS account system at either: 866-529-1890, option 1; or 866-811-7957, option 1. They can also answer your questions about the Registry as it progresses toward the August go-live date.

Do not sit by passively on this issue: act now to ensure your ability to access the registry.

## Congratulations to...

**Dr. Rashmi and Meena Mehta on the happy occasion of the wedding of their son Nirav with Krupa!**

We thank Team Schein for their continued support and participation in the annual IDA convention!

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# Medical Professionals: A Prescription for Your Financial Health



*Much like medicine, the field of finance has been the subject of much scientific research and data, and should be approached with the same level of discipline and thoughtfulness.*

The demands on medical practitioners today can seem overwhelming. It's no secret that health-care delivery is changing, and those changes are reflected in the financial issues that health-care professionals face every day. You must continually educate yourself about new research in your chosen specialty, stay current on the latest technology that is transforming health care, and pay attention to business considerations, including ever-changing state and federal insurance regulations.

Like many, you may have transitioned from medical school and residency to being on your own with little formal preparation for the substantial financial issues you now face. Even the day-to-day concerns that affect most people--paying college tuition bills or student loans, planning for retirement, buying a home, insuring yourself and your business--may be complicated by the challenges and rewards of a medical practice. It's no wonder that many medical practitioners look forward to the day when they can relax and enjoy the fruits of their labors.

Unfortunately, substantial demands on your time can make it difficult for you to accurately evaluate your financial plan, or monitor changes that can affect it. That's especially true given ongoing health care reform efforts that will affect the future of the industry as a whole. Just as patients need periodic checkups, you may need to work with a financial professional to make sure your finances receive the proper care.

## Maximizing your personal assets

Much like medicine, the field of finance has been the subject of much scientific research and data, and should be approached with the same level of discipline and thoughtfulness. Making the most of your earning years requires a plan for addressing the following issues.

### Retirement

Your years of advanced training and perhaps the additional costs of launching and building a practice may have put you behind your peers outside the

health-care field by a decade or more in starting to save and invest for retirement. You may have found yourself struggling with debt from years of college, internship, and residency; later, there's the ongoing juggling act between making mortgage payments, caring for your parents, paying for weddings and tuition for your children, and maybe trying to squeeze in a vacation here and there. Because starting to save early is such a powerful ally when it comes to building a nest egg, you may face a real challenge in assuring your own retirement. A solid financial plan can help.

### Investments

Getting a late start on saving for retirement can create other problems. For example, you might be tempted to try to make up for lost time by making investment choices that carry an inappropriate level or type of risk for you. Speculating with money you will need in the next year or two could leave you short when you need that money. And once your earnings improve, you may be tempted to overspend on luxuries you were denied during the lean years. One of the benefits of a long-range financial plan is that it can help you protect your assets--and your future--from inappropriate choices.

### Tuition

Many medical professionals not only must pay off student loans, but also have a strong desire to help their children with college costs, precisely because they began their own careers saddled with large debts.

### Tax considerations

Once the lean years are behind you, your success means you probably need to pay more attention to tax-aware investing strategies that help you keep more of what you earn.

## Using preventive care

The nature of your profession requires that you pay special attention to making sure you are protected both personally and professionally from the financial



### **Feeling the pain**

*The average debt burden for a physician graduating from a medical school in 2011 was roughly \$161,000.*

*Source: Association of American Medical Colleges, 2011*

consequences of legal action, a medical emergency of your own, and business difficulties. Having a well-defined protection plan can give you confidence that you can practice your chosen profession without putting your family or future in jeopardy.

### **Liability insurance**

Medical professionals are caught financially between rising premiums for malpractice insurance and fixed reimbursements from managed-care programs, and you may find yourself evaluating a variety of approaches to providing that protection. Some physicians also carry insurance that protects them against unintentional billing errors or omissions. Remember that in addition to potential malpractice claims, you also face the same potential liabilities as other business owners. You might consider an umbrella policy as well as coverage that protects you against business-related exposures such as fire, theft, employee dishonesty, or business interruption.

### **Disability insurance**

Your income depends on your ability to function, especially if you're a solo practitioner, and you may have fixed overhead costs that would need to be covered if your ability to work were impaired. One choice you'll face is how early in your career to purchase disability insurance. Age plays a role in determining premiums, and you may qualify for lower premiums if you are relatively young. When evaluating disability income policies, medical professionals should pay special attention to how the policy defines disability. Look for a liberal definition such as "own occupation," which can help ensure that you're covered in case you can't practice in your chosen specialty.

To protect your business if you become disabled, consider business overhead expense insurance that will cover routine expenses such as payroll, utilities, and equipment rental. An insurance professional can help evaluate your needs.

### **Practice management and business planning**

Is a group practice more advantageous than operating solo, taking in a junior colleague, or working for a managed-care network? If you have an independent practice, should you own or rent your

office space? What are the pros and cons of taking over an existing practice compared to starting one from scratch? If you're part of a group practice, is the practice structured financially to accommodate the needs of all partners? Does running a "concierge" or retainer practice appeal to you? If you're considering expansion, how should you finance it?

Questions like these are rarely simple and should be done in the context of an overall financial plan that takes into account both your personal and professional goals.

Many physicians have created processes and products for their own practices, and have then licensed their creations to a corporation. If you are among them, you may need help with legal and financial concerns related to patents, royalties, and the like. And if you have your own practice, you may find that cash flow management, maximizing return on working capital, hiring and managing employees, and financing equipment purchases and maintenance become increasingly complex issues as your practice develops.

### **Practice valuation**

You may have to make tradeoffs between maximizing current income from your practice and maximizing its value as an asset for eventual sale. Also, timing the sale of a practice and minimizing taxes on its proceeds can be complex. If you're planning a business succession, or considering changing practices or even careers, you might benefit from help with evaluating the financial consequences of those decisions.

### **Estate planning**

Estate planning, which can both minimize taxes and further your personal and philanthropic goals, probably will become important to you at some point. Options you might consider include:

- Life insurance
- Buy-sell agreements for your practice
- Charitable trusts

You've spent a long time acquiring and maintaining expertise in your field, and your patients rely on your specialized knowledge. Doesn't it make sense to treat your finances with the same level of care?

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## **IMPORTANT DISCLOSURES**

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## **Dr. Chad Gehani, ADA Trustee 2014**

### **Pierre Fauchard Academy Citation for Dr. Chad Gehani.**



Photo courtesy : Dr. Steve Bauman

It gives me immense pleasure in writing this today, it is one of those unprecedented moments that seldom occur, but when it does it makes history. I witnessed history being made, on Sunday June 2, 2013 in the Grand Hyatt, NYC. The New York State Dental Association House of Delegates overwhelmingly voted to elect, our own, Dr. Chad P. Gehani to be the representative of NYSDA in the American Dental Association. This position appoints him to be a member of the Board of Trustees of the American Dental Association representing the Second Trustee District viz; New York State. NYSDA has over 13, 000 active ADA dues paying members who are represented by 101 NYSDA delegates from the 13 components that make up NYSDA. One Trustee, Dr. Chad P. Gehani.

NYSDA recently adopted a new governance structure, changing from Board of Governors to House of Delegates, which essentially provides greater representation of its membership and mimics its parent body the ADA. ADA Trustee term is for four years; Dr. Gehani's term will start just before the end of the 2014 ADA House of Delegates session in San Antonio, Texas.

Chad and Rekha have led by example and made immense contributions to the community and organized dentistry. They have mentored scores of individuals, dentists and non-dentists, both on personal and professional levels, by providing guidance, virtuous philosophy and help throughout their lives. Not once but every single time they have put the greater good ahead of themselves. In return, god has rewarded them for their kindness and relentless hard work. This truly is "A Matter of Pride" for the entire global Indian community.

A sincere thank you and my heartfelt congratulations to the Gehani's for a well deserved honor.

**Dr. Viren Jhaveri**

## **Dr. Bhagwati J. Mistry CE lecture in Restorative techniques in Pediatric Dentistry, April 21st, 2013**



# IDA USA INC. ANNUAL CONVENTION OCT 19TH, 20TH 2013

**Venue: World's Fair Marina, Flushing, NY**

**Saturday October 19, 2013**

**"Spirit of Diwali" Dinner in honor of Dr. Chad Gehani, ADA Trustee 2014**

5.30-6.30pm	Sign in & Registration
6:30-7.30pm	Cocktails
7.30-9.00pm	Invocation & Honoring of dignitaries
9:00-midnight	Cultural program and Dinner / Dance

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**Sunday October 20, 2013**

All Day CE Event Time: 8:30 am to 4:30 pm.

Sign in starts at 8:00 am.

Registration is online through PayPal. See below for details.

**Venue: Saklad Auditorium, NYU College of Dentistry**

325 East 24th Street New York, NY10010

CE credits: 6 CE Credits awarded.

**Boxed lunch will be provided**

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**Maintaining your practice in a Managed Care environment, Dr. Allen Finkelstein**, CEO of Bedford Healthcare Solutions. Adjunct clinical Associate Professor of Pediatric Dentistry at NYU College of Dentistry.

**Current Legal Issues in Dentistry, William Hassett**, Attorney-at-law, Fager & Amslser

**CAD/CAM based Dentistry utilizing E4D system, Dr. Gary Severance**, Vice Pres. of marketing and clinical affairs D4D Technologies

## Registration

October 19 and October 20, 2013

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**Continuing education credits issued for participation in the CE activity may not apply towards license renewal in all states. It is the responsibility of each participant to verify the requirements of his/her state licensing board(s) A certificate of completion and six hours of C.E. credits will be awarded to each attendee at the end of course. IDA (USA) Inc. is an ADA CERP recognized provider.**



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# *The Consequences of an Office of Professional Discipline Penalty*

*Amy T. Kulb, Jacobson Goldberg & Kulb, LLP*

In our litigious society, complaints by dental patients and other sources to the Office of Professional Discipline (OPD) are on the rise. The receipt of a letter from OPD requesting a patient's record will cause you to experience a wide range of emotions. You may be absolutely confident that your treatment of the patient was appropriate and that your record is beyond reproach. On the other hand, you may be understandably frustrated and disappointed that a patient on whom you worked so hard to achieve an excellent outcome has now reported you to OPD. Additionally, you may be greatly concerned about the time, effort and expense involved in navigating the OPD process. Anxiety about the eventual outcome of this process can weigh heavily upon you.

Hypothetically, the patient may allege that a crown did not fit properly and needed to be replaced, or that root canal treatment was unsatisfactory, requiring further treatment. This allegation triggers a report to OPD. A member of the State Board of Dentistry will then review your records and those of the patient's subsequent dentist. If this Board expert concludes that the crown had an open margin or that the root canal filling was short of the apex, he/she may recommend that you be suspended, but with the suspension stayed while you remain on probation. In addition, the expert reviewer may recommend that you promptly complete remedial coursework.

After this OPD investigation has concluded, the OPD attorney assigned to prosecute the case will send you a letter explaining the "findings" made by the State Board of Dentistry reviewer and propose that you enter into a settlement agreement to resolve the charges brought by the Board.

Although you are certain that the complaint and charges are unfounded, you may initially breathe a sigh of relief when the OPD attorney assures you that the proposed settlement of the investigation does not involve an "actual" suspension of your license, allowing you to practice dentistry without interruption. Because you believe you can now conclude this matter with no further repercussions and can avoid a negative impact on your finances and practice by contesting the charges at a hearing, you quickly opt to settle the matter.

The settlement agreement you are being asked to sign is embodied in a "Consent," which states in fine print that this Consent will be a "matter of public record." It does not elaborate further. After you sign the Consent, it is then signed by the State Board expert reviewer and the Board of Regents. An "Order" is issued and then sent to you, describing what you must do in accordance with the settlement. To your dismay, the Order is posted on OPD's website. Suddenly, during the ensuing days and weeks, you are barraged with letters from the New York State Office of the Medicaid Inspector General (OMIG), the U.S. Department of Health and Human Services (HHS), all of the insurance plans with which you participate, hospitals with which you are associated, and, sometimes, even the Drug Enforcement Agency and the Workers Compensation Board. All of these letters state that the agency or entity is either terminating, or proposing to terminate, your participation as a provider or your privileges.

How could this have happened? Unexpectedly, the Consent you signed with counsel, which was supposed to have concluded this matter, has now turned your professional life upside down. In reality, any penalty imposed by OPD can, and does, have far-reaching consequences affecting the many relationships you have with a variety of payors and others who are essential to your practice and livelihood.

Every dentist must be made aware of how essential it is to properly respond to an OPD investigation in order to deal appropriately with the very significant collateral consequences described below. Because your livelihood is at stake, we strongly recommend that you consult with, and retain, experienced counsel upon receiving the initial letter from OPD requesting the patient's record. Certainly, you should do so before accepting any settlement. From the very beginning of the investigation, your goal should be to demonstrate to the Board's reviewer that your evaluation of the patient was complete, your treatment plan was appropriate, and the dental work was completed properly and in a timely fashion. All of this must be documented in your dental record, including your conclusion that the patient had an acceptable outcome. Counsel can review your record with you and determine whether you should additionally prepare a narrative and/or obtain a consultant's report to submit to the reviewer, if he/she takes exception to any aspect of your care and treatment. By submitting a specific

response, you may be able to provide a satisfactory explanation for the Board member's "findings." You can also request an opportunity to discuss the case in person with the Board member at an informal settlement conference. If you do so, your counsel can both prepare this presentation with you and accompany you to the conference. The assistance of counsel at this stage of the OPD investigation can provide an opportunity for the recommended penalty to be mitigated or the charges dropped which would lessen or avoid collateral consequences.

If, however, the case is not resolved, either during the OPD investigation or at an informal settlement conference, it then proceeds forward. If you consent to settle with OPD, or you are found guilty of professional misconduct after a hearing or a penalty is imposed based upon a criminal conviction or disciplinary action by another state, an Order pursuant to any settlement agreement you make is then issued by the Board of Regents. This Order is both posted on the OPD website and reported to the National Practitioner Data Bank (NPDB). Your disclosure of this Order is also required when you apply or reapply for privileges, or when you provide credentialing information to hospitals and insurance networks. Experienced counsel can assist you to determine what entities will likely be affected by the Order, as well as help you navigate any collateral consequences that arise.

One of the most immediate, certain, and significant consequences to you is that all OPD Orders are now reviewed by the NYS Office of the Medicaid Inspector General (OMIG). This occurs regardless of whether the OPD matter is related to Medicaid or whether the dentist is a Medicaid provider. The OMIG has the authority to place the dentist on the Medicaid Disqualified Individuals (DQ) list. Being placed on the DQ list not only bars you from directly participating in Medicaid, but also from participating with privately administered Medicaid managed care entities. It further bars you from employment by, or affiliation with, any other individual or entity that participates in, or receives funds from, Medicaid. This includes group dental practices, hospitals, and any other Article 28 facility. This action may also impact other privileges that require "good standing" with Medicaid, such as hospital or academic appointments. Further, when your name is placed on the Medicaid DQ list, entities that administer insurance benefits for hundreds of prescription plans place an "edit" in their system. Regardless of whether the patient is a Medicaid beneficiary, at the time the patient presents your prescription to a pharmacy, payment for that prescription will be denied.

Therefore, for all these reasons, before you agree to any settlement with OPD, your counsel should request approval from the OMIG that the proposed OPD penalty not result in your placement on the DQ list. If the OMIG does place you on the DQ list, you can challenge this action in court. Several recent court decisions have held that the OMIG's DQ list is "arbitrary," due to the fact that these consequences go far beyond the OPD penalty.<sup>1</sup>

Additionally, all OPD Orders are reviewed by the U.S. Department of Health and Human Services (HHS), which oversees Medicare. If the matter involves any underlying conviction for healthcare fraud, a felony or a misdemeanor, HHS is required to exclude the dentist for a mandatory period of five (5) years. Further, HHS can extend the exclusion for fraud to ten (10), fifteen (15), or even twenty (20) years, depending upon the circumstances. If your license is suspended by OPD, that is considered to be a basis for exclusion by HHS. Although there are no Medicare benefits for dental

1. *Milhailescu v. Sheehan*, 25 Misc 3d 258 (Sup. Ct. New York Co. 2009);  
*Koch v Sheehan*, 95 A.D.3d 82 (4th Dept. 2012);  
*Pearl v OMIG*, (Supreme Court Albany County, Index No. 7162/2009).

services, exclusion by HHS bars you from participation in, or reinstatement by, any state's Medicaid Program and bars the submission of any eligible claims to any Medicare carrier for services you provide. The HHS exclusion extends to benefit programs for Federal employees and can entirely disqualify your participation with any insurance networks that administer such programs under their network umbrella. The New York State Workers Compensation Board (WCB) also reviews OPD Orders. The WCB will request that you provide an explanation of the OPD penalty and can then seek to suspend or terminate your participation to evaluate and/or provide services to Workers Compensation claimants as it sees fit.

Further, within a short time after the OPD Order is issued, you can expect to be contacted by most, if not all, of the insurance networks and plans with which you participate. They initially will request an explanation of what occurred. Your rights and responsibilities are governed by the provider agreement. Generally, the plan can

elect to terminate the contract, or submit the Order and your response to a peer or credentialing committee. If your participation with a specific plan or plans is crucial to your practice, you should evaluate this with counsel during the OPD process and, thereafter, in responding to the inquiry.

Many other significant privileges can be impacted by an OPD Order, such as: DEA registration; licensure in another state or in another profession; hospital and academic appointments; and, continuation of professional liability coverage, or the imposition of a premium surcharge. Therefore, these also require careful consideration and the assistance of counsel throughout the process. OPD Orders are also a basis for proceedings by the Council on Ethics of the New York State Dental Association (NYSDA). An OPD Order can result in censure, probation, suspension, or your expulsion as a member of NYSDA. If you are a defendant in a malpractice case or other litigation, opposing counsel may seek to introduce the OPD Order into evidence. Thus, you must always promptly advise your defense counsel of the pendency or existence of an OPD Order.

In the unlikely event that you also face criminal charges, it is essential that you understand that in New York State, all criminal convictions, regardless of the level of the offense or the relationship or lack thereof to professional practice, are considered by definition to be professional misconduct. Therefore, you can expect the OPD to commence proceedings and impose a penalty against you after a criminal conviction. Convictions are also reviewed by Medicaid and Medicare. If they are related to healthcare fraud or the use of controlled drugs, this likely mandates your exclusion by OMIG and HHS.

Further, when applying for privileges or in providing information for use in credentialing for employment, insurance participation, hospital privileges, and malpractice insurance, you must disclose them. Therefore, you must consider the potential impact of these collateral consequences on your career when you decide whether to agree to a criminal plea bargain offer.

Suspension or termination for cause by a hospital, educational program, or insurance network, can also result in your being reported to the NPDB, OPD, or, in certain instances, to law enforcement. The OMIG posts Medicaid Final Audit Reports, Sanctions and Decisions After Hearings on its website. An investigation by OPD or law enforcement could be generated from that posting as well.

In conclusion, when OPD imposes a disciplinary penalty on you, it often has far-reaching financial and/or other consequences, to your dental practice. Therefore, it is never too early to seek the guidance and assistance of experienced counsel when initially faced with an investigation by OPD, an insurance audit, or in the unlikely event of a criminal matter.

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### Our heartfelt condolences to.....

- Drs. Mukesh and Dina Ajmera, for the loss of Dr. Mukesh Ajmera's sister, Mrs. Prathima V. Sheth, on March 17th, 2013 in Pune India.
- Dr. Haresh Shah's family, whose father Harshbhai Jayyogeshwar passed away in April, 2013.
- Dr. Nilesh Patel's family for the loss of his father-in-law.
- Dr. Divakar Chokshi's family whose father passed away in March 2013.
- The Mathew family for the loss of Dr. John Mathew, who was greatly respected and loved by many at IDA and the larger dental fraternity.



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