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SCDA Annual Session Award Winners

By Phil Latham

It is a privilege to announce the 2014 SCDA Award Winners recognized at the Annual Session Awards Luncheon in Myrtle Beach.



Dr. Mona Ellis

There is no one better to start with than our George P. Hoffman, Jr. Distinguished Dentist Award winner, Dr. Mona Ellis. Dr. Ellis graduated from the Medical University of South Carolina (MUSC) College of Dental Medicine in 1977 and practices as a Periodontist in Orangeburg, SC. Mona is honored for her outstanding service to the South Carolina Dental Association (SCDA) and her passion for the SCDA Foundation. Dr. Lynn Wallace wrote in his nominating letter that "I am convinced that without her guidance and leadership, the Foundation would not enjoy the success it does today."

Mona is a member of the American Dental Association, American Academy of Periodontology, Southern Academy of Periodontology, Orangeburg Regional Hospital and the SCDA Rural Dentist Committee. Dr. Ellis has provided professional presentations to numerous groups and in addition to her full time practice, she teaches once a week at the MUSC in the Department of Periodontics. Mona has received several awards and is very involved in the Orangeburg Lutheran Church.

The Meritorious Achievement Award was presented to Dr. Mark Barry for his dedication and organization of the MUSC Dental Students who volunteer at the annual SCDA Dental Access Days Project. Mark has worked at MUSC for over 20 years and as Dr. Javed said in his nomination letter, "Dr. Barry has demonstrated significant leadership, professionalism, and clinical skills." Mark served in the United States Navy and received several awards while serving our country.



Dr. Mark Barry



Dr. Carolyn Brown

The Special Recognition Award was presented to Dr. Carolyn Brown of Columbia, SC. Carolyn works closely with the Student Recruitment and Admissions Committee at the MUSC College of Dental Medicine while maintaining a private practice. She is a graduate of MUSC and as Dr. Javed mentioned in his nomination letter "I want to mention that her efforts are totally voluntary and she takes time off her practice to travel to MUSC for the interviews and committee meetings."

The New Dentist Award was presented to Dr. McKenzie Woodard of Charleston. Dr. Woodard attended dental school in Virginia, but moved to Charleston in 2013. McKenzie has been an inspiration to many and is able to "juggle all the aspects of her busy life" and thrives in her other roles as a wife, mother, friend and daughter.



Dr. McKenzie Woodard

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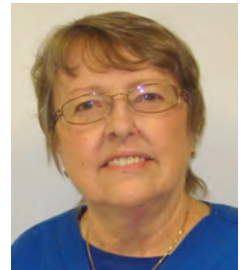
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The Dental Team Member Awards were presented to Ms. Tabitha "Tabby" Grigsby who works with Dr. Staci Gaffos and Ms. Deborah Van Metre who works with Dr. Grover "Gee" Rabon's office.



Ms. Tabby Grigsby

Tabitha has been a hygienist with Dr. Gaffos since 1990 and graduated from Midlands Technical College. Dr. Gaffos mentioned that she was "a great team player and has always eagerly and enthusiastically helped new employees. She leads by example and has maintained her room, equipment and instruments in the most professional manner."



Ms. Deborah Van Metre

Deborah is an assistant who has worked with Dr. Rabon for over 15 years, but has over 35 years of experience. Dr. Rabon commented that Deborah "continues to press forward" and she always works with a "positive attitude because she loves what she does and she loves dentistry."

The SCDA would like to congratulate all of these winners.



If you have not already joined the SCDA Facebook page you are missing out! We have moved all of our pictures from Shutterfly to our Facebook page. We have posted pictures from our conventions and DAD projects. You can save the pictures, tag yourself and share them with other friends on Facebook. You will also be kept up to date on all SCDA news! Join our group today! www.facebook.com/scdental. You can also follow us on twitter @SCDentalAssoc!

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16th District Trustee Update

By Dr. Hal Fair, 16th District Trustee

We had a very productive Board meeting. The following is a brief summary of our work. The Strategic Planning Steering Committee has been working for over two years on our new strategic plan. At this BOT meeting we passed the new Members First 2020 plan. It will take effect January 1, 2015. This plan will guide all of our work and will drive our budgets. All of us thank Dr. Israelson and his entire committee for their hard work. On a related note, the Board also approved the creation of a new standing committee to oversee implementation of Members First 2020, demonstrating the Boards commitment to fully implement or new plan.

One of the duties of the BOT is to nominate members of the Council on Scientific Affairs. We had a full slate of candidates this year. After multiple ballots, the Board nominated the following four individuals: Dr. Anita Aminoshariae, Ohio; Dr. Paul Moore, Pennsylvania; Dr. Howard Roberts, Federal Dental Services; and Dr. Lawrence Wolinsky, Texas. The names of these nominees will be submitted to the 2014 House of Delegates.



Dr. Hal Fair

At this meeting, we again devoted significant time for the Board to engage in an in-depth strategic discussion. We addressed the issue of the optimal role of the ADA within the tripartite. We recognized that we currently play a direct-to-member role and a client service role with the state societies. Presently, our client service role takes up a significant portion of our resources, but that work is probably not sufficiently managed in an intentional way. We do more in reaction to what we are asked to do. During our discussion, we asked ourselves what the ADA should look like in five years. There was general consensus that, while we will continue direct member work, our focus will begin to shift more heavily toward service to our state societies in an intentionally managed way. This conversation will continue and will, I am certain, help shape our future budget decisions.

Another major topic at this meeting was the proposed Membership Growth Plan. Both the Chair and Vice Chair of the Council on Membership were able to join us. The Board was fully briefed about the Council's proposal and had an opportunity for questions and discussion. The Board voted to support the Membership Growth Plan. Based on the recommendation of the Budget and Finance Committee, the Board decided to fund the plan this year at the level of \$500,000. This represents a reduction in the original request from the Council and no additional FTEs in 2014. Our action was based on the need to assess the resources currently available to the Division. That assessment will be completed in time for approval of the 2015 budget.

Also related to membership, the Board approved recommendations from the Council on Membership to create three temporary, one-time dues incentive programs. The programs target non-members who have not been active members for at least two years. The purpose of the programs is to attract non-members to join the ADA.

Continuing our pilot program with the Committee on the New Dentist, the CND chair attended our meeting and shared his thoughts on how to maximize the benefits from the relationship between the Board and CND. Our Governance Committee has been asked to look into the Board's relationship with the CND and how to maximize the positive impact of that relationship.

The Board authorized funding to support the Alaska Dental Society during a time of strong need by that Society. The funds will be used to conduct a comprehensive needs assessment on behalf of ADS to help determine what additional needs, if any, exist to protect the viability of that state society.

The Board heard a report from the Diversity Committee. A self-assessment survey has been completed. The committee wants to identify institute graduates who become leaders in Dentistry and to expand monitoring in the states to both follow the institute graduates and identify new potential students.

The report from Mike Graham was positive. He gave several examples on how the Action for Dental Health was having a positive effect in many states and that the Power of Three was energizing both state and local components.

Continued on Page 5

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I am also the Liaison to the Council on Membership for this year. This council met two weeks later followed by the Recruitment and Retention Conference.

1. The council discussed the strategy for the Power of Three roll out
2. The Rule of 95 that last year's HOD referred back to council was discussed and the council did not recommend passage
3. Tactics were discussed to include and invite dentist from large group practices into organized dentistry
4. Student debt was discussed and practice choices and opportunities for new graduates.
5. An Aptify update was given and it was stressed how important this is to a unified membership base
6. Newly launched apps were introduced, the roll out of the new ADA website, and the possibility of using apps as a recruitment tool was discussed

The council should be commended for their dedication and hard work. They are performing an excellent job doing the work of our membership and the ADA.

As mentioned the R and R conference followed the council meeting. This conference allowed the council members to give valuable input to the attendees. We began with a message from Dr. Norman followed by Dr. O'Loughlin. Both stressed the importance of a unified membership at all levels of the tripartite: Local, State and National all working together as one ADA with the member being at the center. Membership was stressed. To really make membership grow we must have an easier way for nonmembers to join, AN EASY BUTTON, so to speak, not an easy task as it would require by-laws changes throughout many components and constituents. This is doable and probably necessary for long term growth and stability of the ADA.

Finally, it needs to be known that the SCDA received three awards at the R and R conference for constituents with membership between 1000 and 2000.

- Greatest Net Gain in Membership
- Greatest Net Gain of New Dentists
- Greatest Percentage of Nonmembers to Membership

Congratulations to the SCDA and especially to Maie Brunson of the SCDA staff who spearheaded the membership drive.

Save the Date

XVI Annual Continuing Education Course: "Dental Program for the Diagnosis and Treatment of Individuals with Special Health Care Needs"

Friday, September 26, 2014
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Oral Pathology Quiz: Case #6

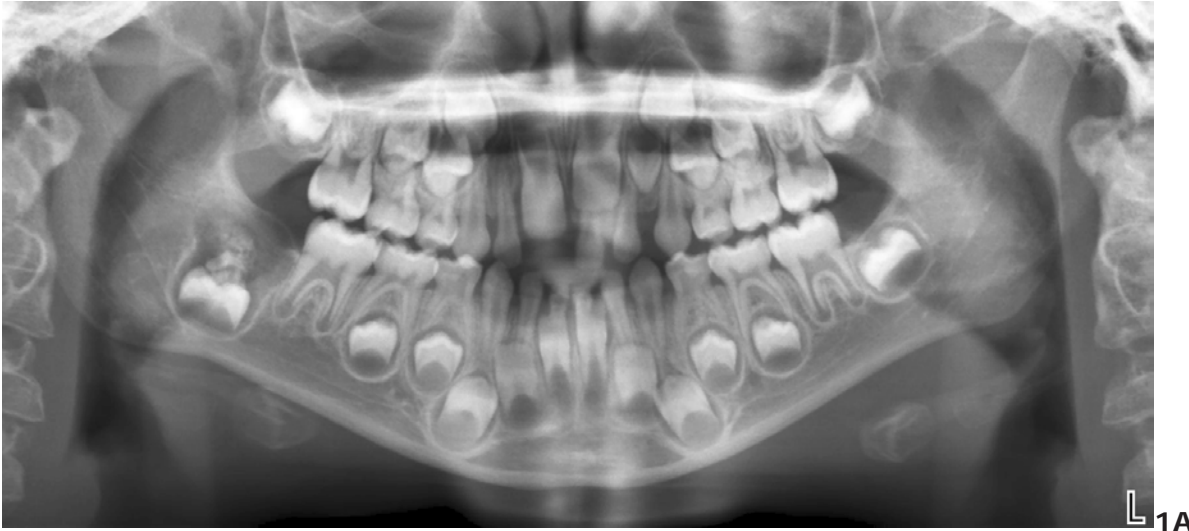
By Angela C. Chi (1), J. Lee Moore (2), Brad W. Neville (1)

(1)Division of Oral Pathology, College of Dental Medicine, Medical University of South Carolina

(2)Private Practice, Greenville, South Carolina

A 7-year-old boy presented for routine oral examination. A panoramic radiograph revealed a well-defined, mixed radiolucent-radiopaque lesion associated with the crown of impacted #31 (Figure 1). The patient was asymptomatic, and no expansion was evident clinically. He was otherwise healthy, and no other abnormalities were noted upon clinical and radiographic examination. The patient subsequently was referred to an oral and maxillofacial surgeon for biopsy, and the microscopic features are shown in Figure 2.

Figure 1. A: Panoramic radiograph showing a well-defined, mixed radiolucent-radiopaque lesion associated with the crown of #31. **B:** Detail of the same panoramic radiograph.



Continued on Page 9



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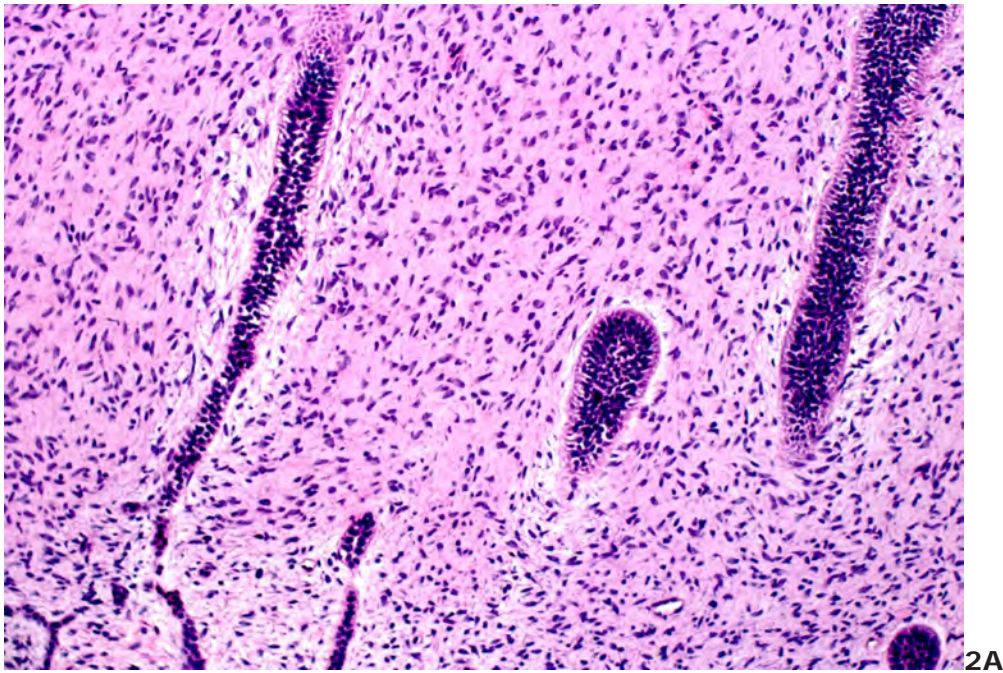


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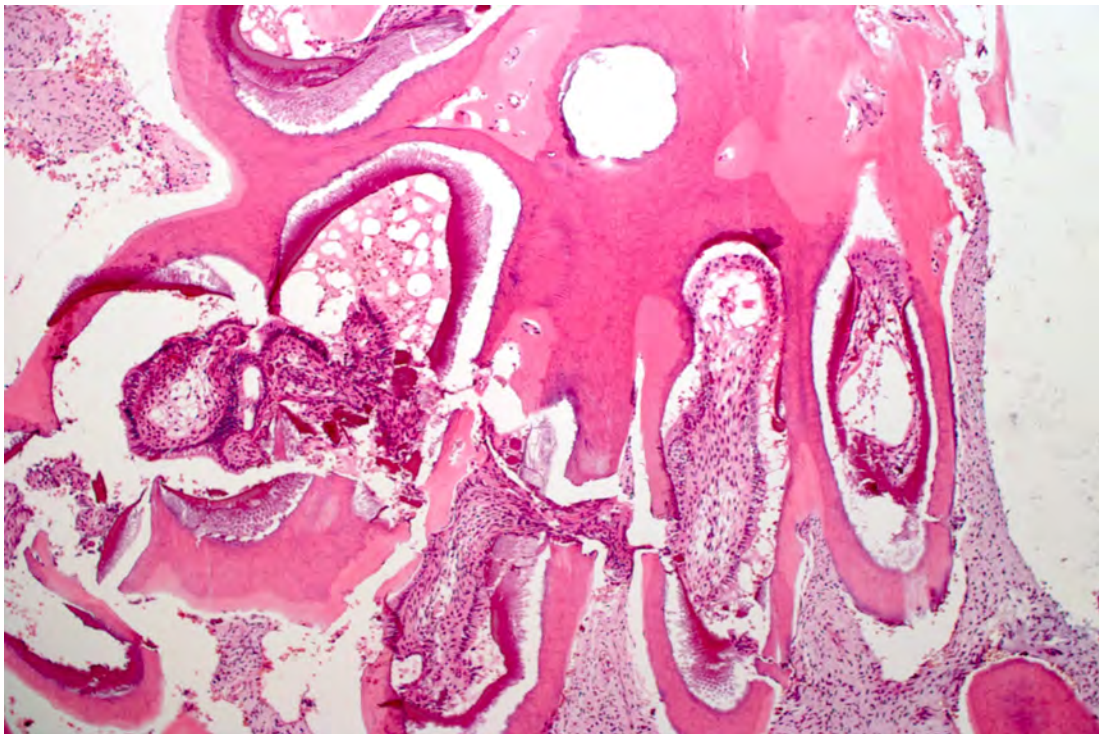
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Figure 2. Microscopic examination showed **A:** cords and small islands of odontogenic epithelium within a primitive mesenchymal stroma, as well as **B:** disorganized masses of dentin and enamel matrix.



2A



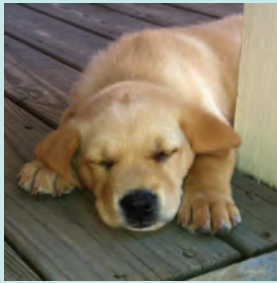
2B

What is the diagnosis?

- A. Odontoma
- B. Ameloblastic fibro-odontoma
- C. Ameloblastoma
- D. Ameloblastic fibroma
- E. Calcifying epithelial odontogenic tumor

Answer on Page 11

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Answer to Oral Pathology Quiz #6 on Page 7

ANSWER: B. Ameloblastic fibro-odontoma

DISCUSSION:

The ameloblastic fibro-odontoma represents a rare, benign tumor of odontogenic epithelium and ectomesenchyme. The ameloblastic fibro-odontoma belongs to a spectrum of mixed odontogenic tumors, which also includes the odontoma and ameloblastic fibroma. Some authorities regard the ameloblastic fibroma and ameloblastic fibro-odontoma as progressive stages in the formation of an odontoma, although others have refuted this hypothesis.

Ameloblastic fibro-odontoma is primarily a tumor of childhood and adolescence, with an average age at diagnosis of approximately 9 years and no significant gender predilection. The lesion most often arises in the posterior mandible and posterior maxilla. Clinically, most patients exhibit a slowly growing, painless mass. Smaller lesions may be discovered incidentally during routine radiographic examination or may be noted during radiographic assessment for delayed tooth eruption. Larger lesions may cause swelling. Radiographic examination typically shows a well-defined, mixed radiolucent-radiopaque lesion. The radiopaque component may vary from several small calcifications to a single, large calcified mass. As seen in the current case, many lesions are associated with the crown of an unerupted tooth. Most examples are unilocular, although multilocular lesions also are possible.

Microscopic examination shows features of both an ameloblastic fibroma and an odontoma. The ameloblastic fibroma component is comprised of cords and small islands of odontogenic epithelium within a primitive mesenchymal stroma. The odontogenic epithelium exhibits ameloblastic differentiation (i.e., a peripheral layer of columnar cells exhibiting reverse nuclear polarization, loosely arranged central cells resembling stellate reticulum). The odontoma component includes disorganized enamel and dentin, often with cementum.

Most cases are treated by curettage or enucleation, and recurrence after conservative surgical removal is rare. Some authors recommend removal of associated impacted teeth in order to avoid leaving behind tumor, although others have reported no persistence or recurrence despite preserving the involved teeth.

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Spring 2014 Webinar Series FAQs- SC Healthy Connections Dental Program

By DentaQuest



1. What codes can we use to submit for adult emergency services?
Please refer to the Exhibit B of the Dental ORM, which lists covered benefits for eligible adults age 21 and older.

2. Will Adults over the age 21 be required to pay a co-pay?

Beneficiaries age 21 and older are not subject to the \$3.40 copayment since emergency treatment is excluded from copayment requirements.

3. Can I limit the number of adult beneficiaries that I see in my practice?

Providers have the right to limit the number of Medicaid patients they are willing to treat within their scope of practice; however, providers may not discriminate in selecting the Medicaid beneficiaries they will treat or services they will render.

4. Can oral surgeons see adults for the emergency service and use CDT codes or will they only be allowed to submit using CPT codes?

As of April 1, 2014, oral surgeons may see adult beneficiaries for emergency services and submit for covered CDT and CPT services that are outlined in Exhibit B. The addition of the adult emergency dental benefits does not alter the existing coverage allowance for emergency medical procedures (CPT codes) available (Section 4.06 of the ORM).

5. Do we need to type the word "Emergency" if we are using the web portal for claim submission or will clicking the emergency box be enough?

Yes, the word "Emergency" must be typed in the comments section during claim entry on the DentaQuest provider web portal.

6. If I submit a prior authorization request for numerous teeth to be extracted, what information is needed and how can I receive the determination back in a timely manner?

Prior authorizations are not required, but optional for predetermination of proposed treatment plans. Documentation and radiograph(s) submitted need to provide tooth-specific information on the medical necessity of the extractions being requested.

It is important to remember that pre payment review is not required when four (4) or fewer extractions are performed per member, per date of service. Claims involving more than four (4) extractions and/or use of higher level oral surgery codes (D7285 and above) and/or adjunctive general services (9000 series codes) will require pre-payment review. Providers have the option to seek prior authorization in these scenarios.

Options for prior authorization submission are outlined in Section 3.00 of the Dental ORM.

Prior authorization is only required for planned use of an outpatient setting.

7. What if an adult member needs more than 4 teeth extracted on the date of service? And what documentation needs to be submitted along with the claim?

If four (4) or more teeth need to be extracted on the date of service, documentation of medical necessity and radiographs should be submitted with the claim for pre-payment review. Documentation and radiograph(s) submitted need to provide tooth-specific information on the medical necessity of the extractions performed.

8. Why is there a limit on how many teeth that can be extracted on a date of service?

There is not a limit on how many teeth that can be extracted on the date of service. SCDHHS' policy is that medically necessary extractions (for the relief of severe and acute pain or/an infectious process in the mouth) be allowable and reimbursable under the adult emergency dental benefit.

The adult emergency benefit and the four (4) extraction threshold for pre-payment review is designed to allow administrative ease for providers; however, SCDHHS expects that only medically necessary extractions will be performed. SCDHHS and DentaQuest will be monitoring utilization and claim submissions closely to ensure this.

9. Do we have to supply radiographs just for a single tooth to be extracted?

Single tooth extractions do not require a narrative of medical necessity or an x-ray, just indication of emergency.

10. When will the updated version of the ORM be on the web portal?

The updated version of the ORM is being posted to the provider web portal on Thursday, March 27. It can be found in the "Related Documents" section.

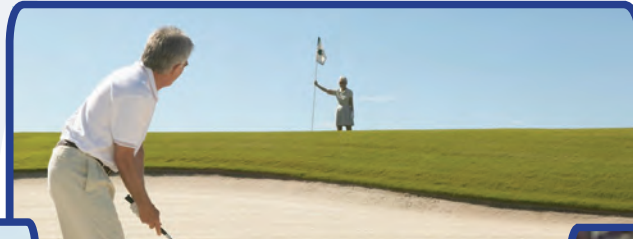


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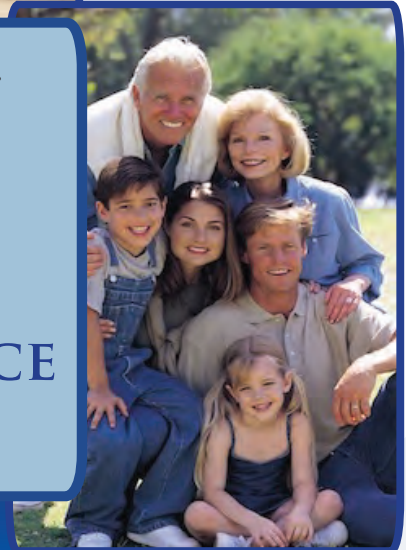
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Continued from Page 13

11. Do all offices have to download the new CMS 1500 form (version 02/12)?

Use of the CMS 1500 format (02/12) is required for any practice submitting medical claims. As of April 1, 2014, all CPT codes must be submitted on the CMS 1500 format (version 02/12), regardless of the date of service. Any medical claims submitted on earlier versions of the CMS 1500 claim form will be rejected as of April 1, 2014. This requirement only affects oral surgeons.

12. What is the time frame to file an appeal with DentaQuest?

Providers may appeal in writing to DentaQuest within thirty (30) days of the date of receipt of the notice of adverse action or thirty (30) days from receipt of the remittance advice reflecting the denial, whichever is later. (See Section 4.12 of the Dental ORM.)

13. Can we charge a broken appointment fee to adults?

No, Medicaid beneficiaries cannot be charged a broken appointment fee.

14. Will Medicaid cover dentures?

Currently available State Plan benefits for Medicaid beneficiaries are outlined in Exhibits A, B, and C of the Dental ORM. Dentures are not covered benefits for adult beneficiaries, but certain denture codes are available for children and members of the MR/RD Waiver. For adults, any dental code that is not listed in the ORM is considered a non-covered service. For children, all medically necessary services (State Plan and non]State Plan) are allowable per to the federal EPSDT policy. See Section 3.04 of the Dental ORM.

Send us your story ideas!

Do you have an idea for a story? We'd love to hear it. We're always looking for topics of interest to our members.

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New Dentist Committee Member Focus

By Nicole S. Price, DMD

SCDA Mission

The South Carolina Dental Association represents member dentists in order to promote and provide optimal oral health care to all citizens of the state of South Carolina by serving as an advocate to advance the profession of dentistry.

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Why I participate in organized dentistry?

When it comes to organized dentistry, Helen Keller hit the nail on the head when she stated, "Alone we can do so little; together we can do so much." While a member of ASDA, I had the opportunity to lobby on Capital Hill. I saw first hand how the ADA works to advocate for dentists through legislature. This was the moment that I realized it takes many voices to advance our profession. Individually, we are limited, but together, we can accomplish so much more.

What have I gained from organized dentistry?

Being involved in organized dentistry has provided me with the opportunity to meet colleagues from all over the United States. This network has given me the chance to gain new ideas and perspectives to grow and better my practice. In addition, serving on committees has allowed me to foster my leadership skills and increase my confidence.

About Nicole S. Price, DMD

Dr. Nicole Price is a graduate of the Medical University of South Carolina (2007) and Newberry College (2003). She is an active member of the American Dental Association, the Academy of General Dentistry, and the American Orthodontic Society. As a member of the South Carolina Dental Association, Dr. Price serves on the Committee of the New Dentist and is a House of Delegates Alternate. She is also a member of Lake View United Methodist Church where she serves on the Pastor Parish Relations Committee. Additionally, Dr. Price is the Chapter Advisory Board Chair for the Epsilon Zeta chapter of Kappa Delta Sorority. She and her husband, Bryan, have a son, Cadyn, and two beagles, Chili and Pepper.

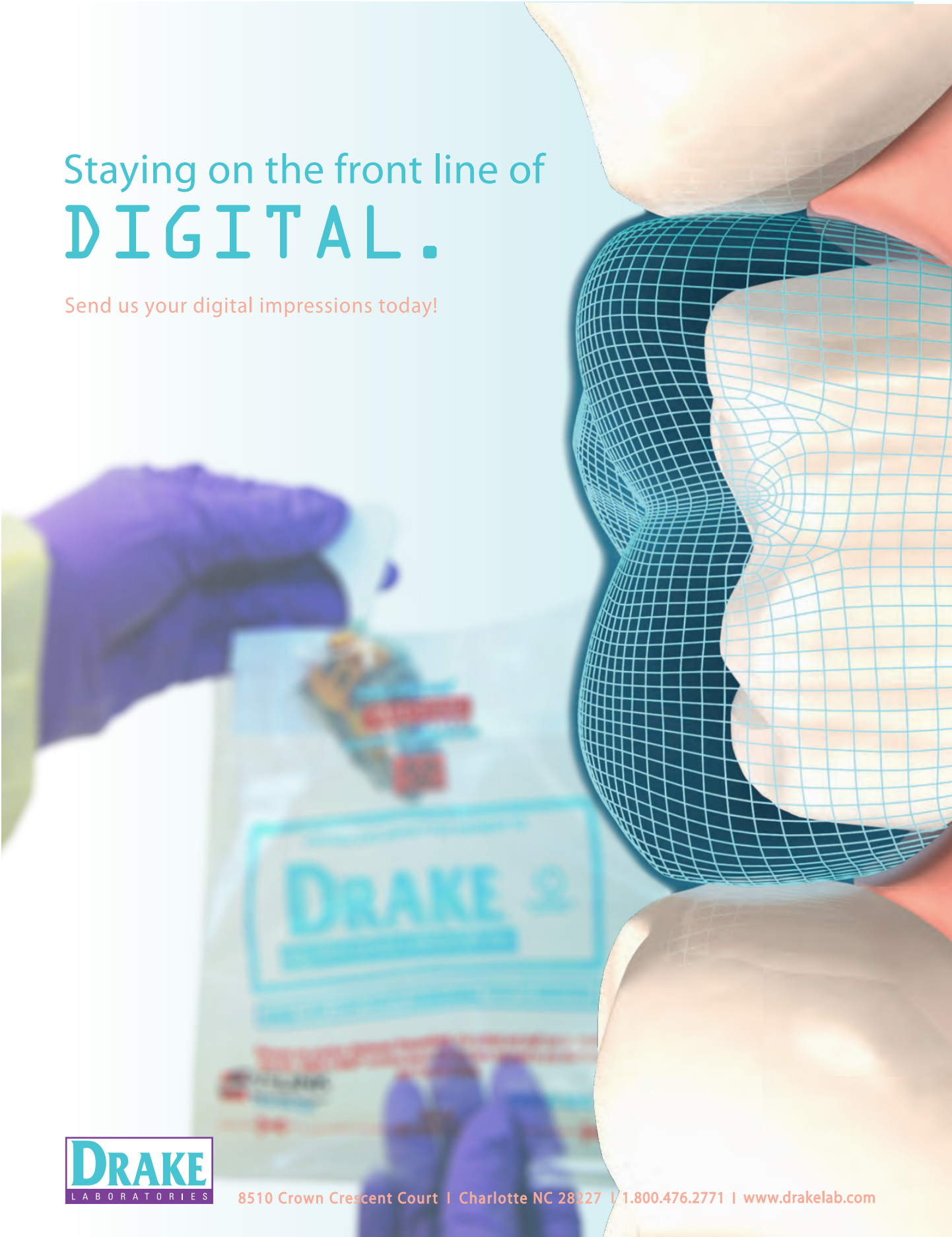


Master Calendar

May 1-3	145th SCDA Annual Session	Kingston Plantation	
May 3	SCDA Board Meeting	Kingston Plantation	7: 30 AM
May 16	Radiation Safety Exam	Midlands Tech Airport Campus	9: 30 AM
May 31	Nitrous Oxide Monitoring Course	MUSC	8: 30 AM

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History Corner: Dr. William C. Draffin 1918-2000

By Dr. Gene Atkinson

Dr. William C. (Bill) Draffin was a perennial leader in every aspect for the South Carolina Dental Association. He was born in 1918 in Columbia to Dr. Ernest Craig and Rosa Gelston Draffin. Dr. Draffin attended the public schools of Columbia and received his pre-dental education at the University of South Carolina and his dental degree from the Medical College of Virginia (now Virginia Commonwealth University) in 1941.

Dr. Draffin holds the unique career distinction of having a father who was a dentist, as well as his uncle, his brother, his wife, his father-in-law, and his oldest son.

William Draffin began the practice of dentistry in 1941 with his father in Columbia. When World War II came about he served for three years as an Army Air Corps dentist with the rank of Major upon his discharge.

Professionally Dr. Draffin was heavily involved with the affairs of the South Carolina Dental Association and other related dental organizations. He was President of the Columbia Dental Society in 1949-1950, President of the Central District Dental Society 1954-1955, and President of the S.C. Board of Dental Examiners in 1958 during his tenure there from 1956-1961. He remained at the State Board afterward as their non-member Secretary from 1962-1967. Dr. Draffin was chairman of the S.C. Dental Association's Legislative Committee from 1952-1955 and again from 1956-1960. He was a member of the SCDA Constitution and By-laws Committee from 1964 to 1997, being its' chairman from 1964-1973. In 1960-1961, Dr. Draffin was the President of the entire South Carolina Dental Association. From 1957-1986 he was either an Alternate Delegate or a Delegate to the American Dental Association's House of Delegates. In 1963-1966, William was the first chairman of the ADA's Fifth District Caucus. The policies and procedures established, served as a role model for other ADA Districts.

Dr. Draffin was a member of the American Association of Dental Examiners from 1956-1969. He was the first dentist elected to the Board of Trustees of the Medical University of South Carolina in 1966 and served there until 1978. From 1970 to 1974, he served as Vice Chairman, and then as Chairman of the Board from 1975-1976. Dr. Draffin served on the SCDA's Dental School Committee to establish South Carolina's first dental school from 1952 until its opening in 1967. He was one of the driving forces behind South Carolina getting its first dental school.

In 1973 Dr. Draffin was elected as the first Speaker of the South Carolina Dental Association's House of Delegates and faithfully served in that position for 24 years until 1997. At that time, he was elected Speaker Emeritus and received the Order of the Palmetto, South Carolina's highest award for contributions to mankind, from the governor.

In 1979 Dr. Draffin was the first recipient of the most prestigious award the S.C. Dental Association offers, the George Hoffman Award, for his outstanding service to dentistry and to mankind.

Because of his commitment to dentistry, Dr. Draffin was selected as a Fellow of the American College of Dentists where he served as National President in 1980-1981. He was also a Fellow in the International College of Dentists. He was a charter member and past Secretary of the South Carolina Academy of Practice Administration.

Civically Dr. Draffin was very active with many organizations. He participated significantly with the American Cancer Society and its local affiliates, serving on the state Board of Directors from 1960-1965 and the Richland County Board of Directors from 1966-1969. He also served as the chairman of the dental division fundraising committee for several years. Additionally he was very active with the United Way as a board member and committee chairman. Dr. Draffin served on the Board of Directors of the Columbia Executive Club and was its president in 1964. He also was a member of the Quadrille Club as well as on the executive board of the Columbia Torch Club.

Dr. Draffin was a member of Trinity Episcopal Church where he actively participated in many activities and positions.

He married the former Margaret Connell of Richmond, Virginia whom he met in dental school. She also was a licensed dentist. They had three children: William Craig, Jr., David Scott, and Rosalee LeRay.

Dr. Draffin was very active in the profession of dentistry for 59 years until his death in 2000. His leadership and vision for dentistry were unparalleled as he most ably served the noble profession of dentistry.



Dr. William C Draffin

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President's Message



Dr. David Moss

A couple of months ago I had a discussion with my friend, Dr. Charlie Maxwell, of Johnsonville, S.C. Charlie is currently serving on the ADA Council on Dental Practice. He was telling a group about a particular initiative that the ADA has undertaken to help with the member dentist's ability to negotiate through the spectrum of years that one spends in dental practice. At each phase of the dental career are issues and processes that may have a dramatic impact on the practitioner. Information exists in a myriad of places from many sources, however, it often takes many clicks to search and find the article or seminar that

meets your needs.

With this in mind, the ADA has developed the Center for Professional Success (CPS) at success.ada.org. In one site a member can browse a range of information that pertains to various aspects that affect the practice and well-being of a dentist. The site is grouped into three sections: Practice, Learn, and Live.



The "Practice" area provides information on how to manage your career. Once you go to this section, you can scroll down to peruse items such as: staff relations, dental benefits, practice growth, practice transitions, facility issues, etc. Under each segment you can go to articles or videos that are grouped under "most recent" and "most popular." Like many CE seminars, you may have to sift through much material to come away with the "pearl" that makes it worthwhile, but it is certainly an advantage to have everything grouped for you. One particularly useful tool for everyday practice is the "ADA Oral Pathologist" app that can download to be used as a chair-side reference for the lesions and conditions we often see. With this app you can educate your patient on the scope and prognosis of their particular condition.

The "Learn" section is geared to assist you in getting continuing education in a multitude of practice disciplines. The ADA CE Online area is quite impressive and still growing. You can always count on the quality of the presentations that you purchase on the site. Another more intensive training is offered in the field of practice management. The ADA has partnered with the University of Florida for a 13-session training series. Also available is the ADA Kellogg Executive Management program for those who would like to "up their game" in getting a handle on best business practices.

The last venue to explore is designated as "Life." This avenue allows you to locate articles to suggest pathways to "balance your life." As you explore the different areas of this area, you may certainly find some surprises. Of interest to me personally was the page on ADA International Dental Volunteer Organizations. I had no idea that my association had compiled a clearinghouse for so many mission groups. Also in this area of CPS you can find information on ergonomics, dental-mental health, and other wide-ranging topics.

Once you check out the Center for Professional Success site, you will see what I mean about its usefulness. Also, as Charlie has reminded me, the CPS is still in its infancy and will be adding more and more resources often. This is one more way you can see your dues at work which adds value to your membership and helps you get the most from your practice of dentistry.

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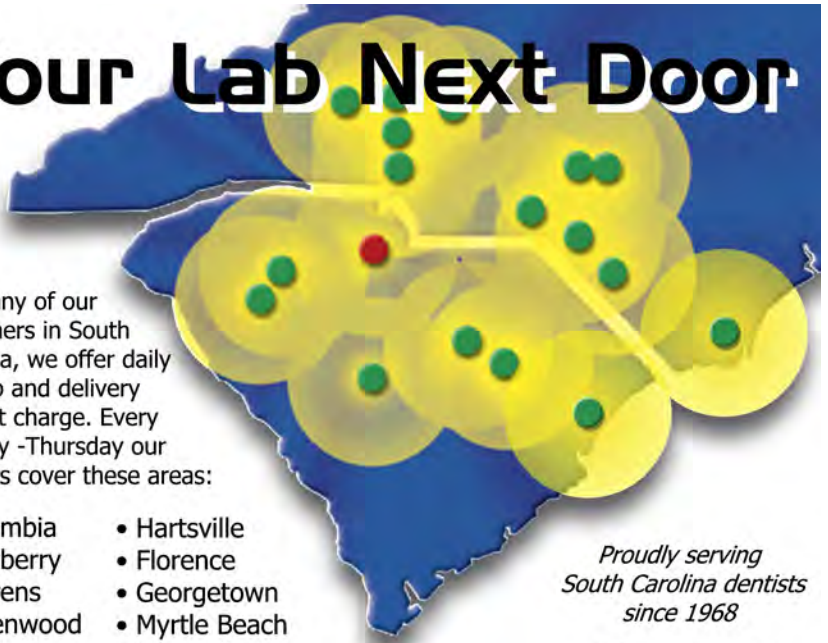


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Will Long Term Care Deplete Your Assets?

By Mark Brown



Mr. Mark Brown

As a dentist, you know the importance of a disability policy while you are still working, but what about similar risks in your retirement? Long term care is the number one reason why retirees have to deplete their assets or become financially insolvent. The average cost of a private room in a nursing facility is \$73,000 a year in South Carolina. Below are some key points to think about when researching Long Term Care Insurance (LTCi) plans.

Purchase a policy before you turn 55

- Too many people wait until they reach 55 or 60 and a lot of times are denied due to certain health conditions that were diagnosed within the past year or two.

Key benefits

- Home health care - always make sure your plan will cover not only assisted living and nursing home facilities, but also home health care. We all prefer to stay in the comfort of our own home for as long as we can get the care that we need.
- Inflation protection - when purchasing a policy before the age of 75, it is always important to have an inflation protection rider on your policy. While a \$200 a day benefit may cover today's long term care costs, you want to make sure that your plan will also cover your needs 10, 20, or 30 years down the road.

Self-Insuring

- While some people have the assets to pay for long term care cost, at least for a certain amount of time, they normally have other plans for those assets, such as leaving a legacy to family members, donating to charity, church, or school of choice, or leaving a gift to a loved one. With Total Living Coverage plans, we can design a policy that will cover your need for long term care, but if you never need long term care or you don't use all of your benefit, then it will pay out an inflated death benefit to your beneficiaries.

Click [here](#) so that one of our specialists can assist you in answering your questions or in designing a proposal that meets your needs.

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Disability, Long Term Care and Life
Jeremy Withers 843-424-7154

Medicare Supplements
Bill Pace 800-452-4931

Property & Casualty
Caroline Deevey 800-845-3163

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Community Partners of the Midlands is looking for a **P/T dentist in Richland and Lexington dental clinics.** The hours for the Lexington- Mon 8:30 am- 4:30 pm & Tues 1:00 pm- 4:00 pm, Richland- Thurs 12:30 pm- 4:30 pm. Applicants must have SC licensure. Accepting applications until position is filled. Please forward resume to: SC Health Dept., Community Partners of the Midlands LLC, Dental- Suite #4090, 2000 Hampton St, Columbia, SC 29204.

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- All ad copies and cancellations must be received no later than the 20th of the month prior to publication, which will occur on the first of the month, with remittances accompanying the ads.
- Job Bank ads can be kept confidential if so desired. If you are interested in receiving information from or submitting information to the Job Bank, please call the SCDA office.
- If you have registered with us previously and have found work or filled your position, please let us know so that we can take your name out of our files.
- Contact: SCDA Bulletin, ATTN: Maie Brunson, 120 Stonemark Lane, Columbia, SC 29210; call 800-327-2598; fax 803-750-1644; email brunsonm@scda.org.

Other News

To keep up with other goings on within the dental profession, just follow the links below:

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[SC Board of Dentistry Newsletters](#)