

## QCDS Hosts New Dentists Conference and Welcomes Future NYSDA and ADA Leaders

In what is believed to be one of the most successful component programs of its type, QCDS hosted a New Dentist Conference on November 6 at Terrace on the Park that was attended by almost 250 dentists from the metropolitan area.

Although “new” dentists, dentists licensed less than ten years, were the target audience, the conference was open to all dentists and a significant number of longer practicing dentists were also in attendance. This diversity of the audience provided ample opportunity for interaction between the newer and longer practicing dentists for discussion of issues and concerns of the newer dentists with their colleagues who had faced similar challenges earlier in their careers.

Dr. Bijan Anvar, who is a QCDS member participating in the ADA Institute for Diversity in Leadership, was the driving force in planning and implementing this program and viewed it as an opportunity to provide dentists beginning their careers with resources that assist them both in the professional and business aspects of their practices. By opening the conference to non-tripartite members, Dr. Anvar hoped that the exposure to a component program would offer insight into one of the many benefits of tripartite membership.

QCDS was honored that American Dental Association President Elect Dr. Robert Faiella accepted an invitation to participate in the program, which was one of his first official duties after having been elected at the recent ADA Annual Meeting. Following a continental breakfast, Dr. Faiella extended a welcome from the ADA in his opening remarks and then took audience questions related to issues of student debt, mid-level providers, malpractice insurance, tripartite dues, benefits of tripartite membership, and ethics, among others. He had an opportunity to speak indi-



QCDS hosted new dentists at its annual conference. Top Left: ADA President Elect Dr. Robert Faiella addresses the New Dentists Conference. Top Right: Attendees take a break during the conference. Bottom: Dr. Beatriz Vallejo and conference attendees.

vidually with several attendees and commented that he enjoyed the opportunity this program afforded of having a dialogue with attendees, rather than simply making a presentation. He congratulated QCDS on its initiative as well as the success of the program and said he hoped other components will host similar events.

In addition to Dr. Faiella, many other tripartite leaders attended and noted the importance of this program, particularly as related to membership outreach and retention as the program was open to all dentists, whether or not they are current ADA members. NYSDA President Dr. Chad Gehani began his remarks stating: “Welcome future NYSDA and ADA leaders,” stressing the importance of the new dentists as future tripartite leaders

and urged members to become involved at their component level. He provided the attendees with his own personal story of involvement at the ADA level many years ago as an example of being able to influence policy change. He advocated for the ADA to revise its method of assigning ADA numbers, which identified the dental school attended, and year of graduation that some parties used as indications that the dentist might be inexperienced. The numbers could influence insurance companies in their decision to accept the dentist as a participating provider. As a direct result of his involvement in bringing this issue to the ADA, the method of assigning ADA numbers to members was changed. He said he learned a valu-

—Continued on page 16

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Letter to the Editor:

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To the Editor:

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Keep Up-To-Date With QCDS Programs

The printed and mailed version of the QCDS Bulletin is sometimes received after the beginning of the month. The QCDS office has received some calls from members who have missed meetings or programs as a result of receiving the Bulletin late. Please check the QCDS website [www.qcde.org](http://www.qcde.org) for an up-to-date calendar of events of upcoming programs. This is particularly important regarding General Membership Meetings, which are held on the first Tuesday of each month. Also, an electronic version of the Bulletin is typically available on the website ten days before you receive the same printed copy in the mail.

Free Dental Employment Listings in Bullentin

Realizing the impact the economy is having on the dental profession, the Queens County Dental Society Bulletin will be publishing dental employment classified ads in future issues at no charge. Ad listings are invited. Place your ad by emailing to [qcde2@aol.com](mailto:qcde2@aol.com). For further information call QCDS at 718-454-8344. Listings are limited to 40 words. Ads must be renewed for each issue.

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## From the President

# The Times, They Are Changing

By Beatriz Vallejo, D.D.S.

First and foremost, it is a great honor and privilege for me to be sworn in as the 2012 president of QCDS. I would like to thank the Nominating Committee, the Board of Directors and the members of QCDS for giving me the opportunity to be able to serve as their president in this great state.

After my first year involving myself as a member in 1980, I have always been drawn to Society activities and committees. I enjoyed being part of these committees and seeing their accomplishments, I knew I had to put my share into the Society to help it grow. It is because of this personal experience that I have learned to value the importance of involvement in our Society and of speaking one’s mind. Although this Society is known for its strong and prosperous leadership and their accomplishments, there will always be a need for change and improvement, time when this Society can change for the benefit of the members and to ultimately attract new members in the years to come. It is also during this time when I believe the members should speak up and express what they would like to see in their Society—what they would like to see flourish in this Society.

Dentistry has changed, QCDS has changed, the generation we live in has changed, but the question is, have they changed for the better? In my perspective, I believe they have! This new era of technology has allowed us to use material and techniques that we never even dreamed of in order to help our communities.

This new era has also helped us grow as professionals as a whole. I believe that this new time in our lives has taught us something new, something that we can all cherish. What is that something? That something is called hope. A hopeful expectation that years from now this Society and all it stands for will continue to be the prestigious and important Society it is known to be today. This organization is our organization, and we should take time to appreciate it and modify it in a beneficial manner.

What do I ask of you as your new president? I ask you to think of what QCDS can do for you, but most importantly, what you can do for QCDS.

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## From The Executive Director

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# Compliance, Participation and Membership

By William Bayer

As you read this, the deadline of January 1 to have an AED in your office has passed, so for those of you who may have delayed the purchase, here is a word to the wise. Enforcement authorities such as the Office of the Medicaid Inspector General or OPD may visit to confirm your compliance with this law and your failure to have the device could be grounds for a punitive action. If you are still not in compliance, I suggest you try to resolve this matter as soon as possible.

While on the topic of the OMIG, we have scheduled a presentation at the next General Membership Meeting on February 7 by Jennifer Kirschenbaum, J.D., who will lecture on OMIG Compliance Requirements. For any practitioner who bills Medicaid, this presentation is a must as any practitioner whose practice is determined to be non-compliant could face a retrospective review of claims or being placed on prepayment review, a process that requires you to send in patient records prior to receiving reimbursement for dental services. Ms. Kirschenbaum manages the healthcare department at her firm and specializes in regulatory compliance, audit defense and other areas involving your practice. While the topic may not be the most exciting, the program will provide you with information essential to your Medicaid practices and may very well help you to avoid problems with the OMIG. Bring your questions and get answers.

I am occasionally approached by dentists with questions related to their prescribing practices, especially related to drugs for non-dental issues. Your authority to prescribe drugs is limited to your practice of dentistry and does not allow you to write prescriptions for non-dental conditions or for those who are not bona fide patients. You should not be prescribing drugs for friends or family for weight loss, erectile dysfunction, rashes, etc. Your prescriptive authority is limited to patients of your practice for legitimate dental needs only. OPD also inspects pharmacy records and any investigator can easily identify prescriptions that have no legitimate dental use.

### See You at the Installation

I hope you have made reservations for our annual Officer Installation and Dinner Dance Gala being held on January 7 at Terrace on the Park. Our new president, Dr. Beatriz Vallejo, and her 2012 officers donate much of their free time to QCDS trying to bring you programs of interest and in handling the business matters of QCDS. A large turnout for the event would be a nice show of support.

### See You at the Membership Meetings

I realize there are many opportunities for you to obtain the 60 CE credits required for your triennial license renewal outside of QCDS, but I would encourage you to attend our General Membership Meetings, held on the first Tuesday of most months. They can be viewed on our website [www.qcds.org](http://www.qcds.org).

We offer a complimentary buffet dinner beginning at 6:15

p.m., followed by two presentations for which you receive two CE credits at no cost to you. The evening usually concludes by 9:15 p.m. and affords you the chance to socialize with your colleagues and receive information that could be useful to you. Why not try it!

### See You As a Member

If you have not already renewed your membership, please do so at your earliest convenience. We value you as members and hope you realize the value of your membership. The lobbying and advocacy efforts conducted by the ADA and NYSDA many times go unnoticed, but without these efforts that protect patient as well as dentists interests, the profession would be much worse off than it is today. Issues regarding "midlevel" dental providers performing irreversible surgical procedures without the level of education and training evidenced by licensed dentists, efforts to eliminate adult dental Medicaid services, access to care issues, Medicaid reimbursement matters and many important concerns facing your profession are constantly being analyzed and reviewed by your leadership so that your interests and more importantly, the interests of your patients, are made known to regulators and legislators. Without a united voice that speaks for the vast majority of dentists, this voice would go unheeded. Strength in numbers is key to ensuring that your voice will be heard. I urge you to retain your membership and to encourage non-tripartite colleagues to join with us. If you are experiencing a temporary financial difficulty, do not let this be a reason to drop your membership. Please contact me in confidence to discuss possible options that will enable you to retain your membership.

Hope to see you at our February 7 membership meeting.

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# New York Dentist William R. Calnon Named President of the American Dental Association

William R. Calnon, D.D.S., who practices general dentistry in Rochester, is the new president of the American Dental Association. Dr. Calnon's induction took place during the ADA's 152nd Annual Session in Las Vegas.

"It is a great honor," said Dr. Calnon, "to serve as president of America's leading advocate for oral health. Not only will the ADA continue its top-notch support to dentists so they may succeed and excel throughout their careers, we will also focus on raising public awareness of the importance of oral health to overall health. I have no doubt that as we move into the future, we will build on our past accomplishments and foster the success of a diverse membership."

Before he was chosen president-elect by the 2010 ADA House of Delegates in Orlando, Dr. Calnon had just completed a four-year term on the ADA Board as the trustee from the Second District, which represents New York. Dr. Calnon's previous responsibilities with the ADA include serving as a leadership representative at the 2010 National Summit on Diversity in Dentistry and as a member of the Council on Dental Practice and on key committees and subcommittees, including one on ergonomics and disability support services.

He is a past president of the New York State Dental Association, the Seventh District Dental Society and Monroe

County Dental Society. In addition, he is a fellow of the American College of Dentists, the International College of Dentists and the Pierre Fauchard Academy.

Dr. Calnon graduated magna cum laude from the State University of New York College of Environmental Science and Forestry at Syracuse University and received his dental degree from the University at Buffalo School of Dental Medicine. He completed the General Practice Residency program at Eastman Institute for Oral Health University of Rochester Medical Center and currently chairs the Eastman Dental Center Foundation Board.Dr. Calnon and his wife, Mary Kay, reside in Spencerport and are the parents of two sons, Christopher and Timothy. Christopher is a practicing dentist and Timothy is in his third year at the Buffalo School of Dental Medicine.

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# State Dental Foundation Establishes Gold Fund to Help NY's Children in Need of Dental Care

The New York State Dental Foundation established the Gold Fund to collect funds for the treatment of children who are badly in need of dental care, but who would not receive it through regular channels (private insurance, Medicaid, Child Health Plus, etc.). These children, who have fallen through the cracks of the health care system, often need care that is expensive. They are reliant upon volunteer dentists and limited operating room availability. The Gold Fund, which was inspired by Dr. Stephen B. Gold's tireless commitment to increasing access to care for vulnerable children, represents a financial resource to assist needy young patients receive required follow-up dental treatment that their families otherwise could not afford.

### Funding Priorities

The major goal of this Fund is to make grants to facilitate the oral healthcare treatment of disadvantaged and/or at risk children in New York State. All applicants must show in their application what they intend to do with the money. All recipients must show in their six-month follow-up review the specifics of how the money was used, and that it was used to provide dental treatment to a child or children who would not have received it any other way.

No grant money may be used for promotional items, including, but not limited to, toothbrushes, toothpaste, or other

dental products; educational materials; or any other non-clinical, non-direct patient care product or service. All grant money must be applied exclusively to actual clinical dental treatment services to a child. Any grant recipient who misapplies or misuses grant money shall be liable for and required to return the money to the Gold Fund.

### Grant Size and Duration

Grants from this fund will range between \$1,000 and \$5,000. Applications must include a specific breakdown of how funding would be used.

Interested applicants must provide:

- Information about the participating practice or organization, including its name, year established, EIN if applicable, address, contact person, phone, fax, email, and website address.
- Total organizational budget; project budget.
- Amount of funding being requested.
- What will funding be used for citing the treatment plan.

Completed applications should be saved as "(Your Organization Name) Gold Fund Application" and emailed as an attachment to Laura Leon at <lbleon@nysdental.org>. NYSDF trustees and staff will acknowledge all applications.

If you are interested in submitting a grant application, please contact QCDS to obtain an application.

# Transform Objection Into Satisfaction



Dr. Charlene Berkman

Dr. Charlene Berkman encourages patients to share her pride when a crown she placed twenty years ago needs replacing. "I'm delighted that I created something that lasted and provided excellent service for twenty years," Dr. Berkman explains, "it's a significant accomplishment. There aren't many things in our lives that we use every single day for two decades."

### The No is Your Friend

A rejection is really an opportunity to continue the dialogue—what is causing the patient to reject your proposal? Finding out what is behind the "No" tells you whether to frame your response from a technical or emotional perspective.

### Understand the Meaning of Empathy

Empathy isn't the same as agreement. Empathy just means you understand. You can empathize with the kid who is throwing a tantrum in the supermarket—after all that sugary cereal does look delicious. That doesn't mean the cereal (or the tantrum) is acceptable, just that the point of view is understandable.

### Use the Magic Phrase

The pattern of the magic phrase is, "I understand how you might feel that way/I used to feel the same way/then something changed."

Here's an example of the magic phrase in action. "I understand how you feel about sleeping while wearing a mouth guard. In fact I felt the same way at first—I wasn't accustomed to falling asleep wearing the device. And then I started wearing it while I was watching TV at night, getting more accustomed to it, until I was able to fall asleep comfortably."

### Don't Answer Objections That Aren't Mentioned

This is really about active listening. If the patient is worried about the length of time required for a treatment plan, don't introduce a discussion of insurance coverage. Stick to the known objections, not the possible obstacles.

### Remember to Get the Yes

In sales it's called closing, and one way to get there is to build a series of questions that make it easy for the patient to

repeatedly say "Yes."

For instance, "I'm hearing you say that you aren't looking for a quick fix, but a real solution instead—do I have that right?" or, "If I could show you how this would make sense based on your needs, would that be helpful to you?"

### Allow an Awkward Pause

After you've asked for the yes there may be an awkward pause in the conversation. It's tempting to fill that pause yourself—resist that temptation! It's now your patient's turn to speak, and allowing them to take their turn greatly increases the likelihood that they will allow themselves to be persuaded.

"While it's easy to feel frustrated when a patient doesn't simply agree with our expert opinions," notes Dr. Berkman, "it's far more effective to take action to transform those objections into agreement."

### Transform Objection Into Satisfaction

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# Quality Self-Policing by the Dental Profession: Is Peer Review a Benefit to NYSDA Members

Most NYSDA members don't think about Peer Review and it is easy to forget that it exists - until you receive a letter in the mail with an Agreement to Submit to Peer Review requiring you to respond to a patient's complaint.

Some members are upset by the letter. Some are angry. Other reactions are relief or resignation. All have questions. How could that patient dare complain about my treatment? Is this process fair? Should I just give the patient back some money? Am I in trouble? The "simple" answers are:

- How could that patient dare complain about my treatment? They just do.
- Is this process fair? Yes!
- Should I just give the patient back some money? Maybe.
- Am I in trouble? No!

The most important things to remember are:

- Peer review is an impartial alternative complaint resolution process.
- You are not "in trouble".
- The process is fair, impartial and confidential.

Peer review is a membership benefit available only to NYSDA members. If a complaint includes a non-member partner, employer or employee of a NYSDA member, the benefit is extended to that non-member to help protect the public and the member dentist. Assuring that your partners, employers or employee dentists are NYSDA members helps ensure your access to this important membership benefit.

As a profession, dentists have a responsibility to the public only to provide appropriate, high quality treatment. The profession also has a responsibility to be self-policing by providing a quality assurance mechanism. Professional association members are required to participate in peer review as a condition of membership. This demonstrates the commitment of professional association members to quality care. Peer review provides a timely, free and definitive resolution to patient complaints about treatment. Unlike the courts or the New York State Education Department's disciplinary processes, peer review decisions are based on an evaluation by a committee of impartial professional peers. It benefits both the public and the profession.

Patients bring complaints for a number of reasons. They may be dissatisfied with the outcome of their treatment. They may have had poorly performed care, or they may have unrealistic expectations. Others are told by a new dentist that previous treatment needs to be redone. Peer review can help protect the reputation of the previous dentist or help a patient who has had poor treatment—or received bad advice.

Peer review also assures that the treating dentist will receive payment for properly performed treatment. If the patient has an outstanding balance, that amount must be placed in the Dental Society's escrow account prior to the peer review.

The three most common questions about peer review are:

- What is the outcome of a peer review?
- Is it confidential?
- Can I still be sued?

When treatment is found to be acceptable by the Peer Review Committee, the treating dentist maintains the patient fees. If the dentist does not think the treatment will withstand an evaluation by professional peers, the dentist may choose to offer a partial or full fee refund during the mediation phase of the process. Once the case goes to a hearing, three volunteer members of the Peer Review Committee individually examine the patient. If the Peer Review Committee finds that the treatment does not meet acceptable standards of care, the dentist is directed to refund the fees for the treatment. The peer review Committee also may direct the dentist to complete specific continuing education to help remediate any apparent deficiencies. The maximum financial liability the dentist has in peer review is the amount of the fees charged for the treatment reviewed. Peer review does not make arbitrary awards for "pain and suffering" or punitive awards.

Peer review is an alternative dispute resolution process. That is, if the complaint has been resolved through a legal action or release from liability—or the matter is currently in litigation, the subject of an OPD inquiry, or in collection—peer review cannot proceed.

Not every case comes out as well as the dentist would like. When a treatment outcome is less than satisfactory and the doctor-patient relationship has broken down, peer review provides a secure and confidential mechanism to refund fees to patients.

Peer review findings are not publicized or reported to the New York State Education Department's Office of Professional Discipline or the National Practitioner Data Bank. However, if a dentist chooses to have a liability carrier supply the patient refund, that carrier is obligated to report the refund to these agencies. Further, the "Agreement to Submit to Peer Review" includes clauses wherein all parties (patients and dentists) agree to keep the process confidential. In the "Agreement" contract, the parties also agree not to bring a suit against the other party on the same issues resolved by the peer review. The New York State courts have upheld the process and the validity of the "Agreement to Submit to Peer Review."

Finally, while either party may choose to be represented by an attorney, there is no role for attorneys in the process. The hearing is based on the committee's evaluation of patient records and individual examinations of the patient. There is no questioning by the parties to the peer review—or an attorney—and no "cross examination."

If you have any questions about peer review, contact the Queens County Dental Society and for a copy of "A Guide to Peer Review" or e-mail your questions to [Execdirqcds@aol.com](mailto:Execdirqcds@aol.com) or [jdonnelly@nysdental.org](mailto:jdonnelly@nysdental.org).

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# Are Your Emotions Costing You Money?

By: *Lewis J. Altfest, Ph.D., CFA, CFP®*

When it comes to investing, too many people favor sentiment and instinct over old-fashioned reason and logic. How emotional an investor are you? Do you tend to be too impulsive, quick to buy when others are buying? Or are you too stubborn, holding an investment long past the time you should have dumped it?

Some researchers believe that investors' emotions can move whole markets. As a result, a discipline called behavioral finance is rising in prominence. At its forefront are Richard H. Thaler, professor of behavioral science and economics at the University of Chicago Graduate School of Business, and Daniel Kahneman, professor of psychology at Princeton University.

Thaler and Kahneman provide insights into the irrational, speculative behavior that often drives short-term spikes in the prices of certain stocks or the overall market. The mania over social media related companies is an example of emotionally driven pricing that seems to occur without regard for revenues, profits or dividends.

Are you prone to such misguided actions? To find out, ask yourself the following questions, which are loosely based on principles of behavioral finance.

### Do you fail to diversify logically?

Thaler has found that many people direct an equal percentage of their assets into each investment choice they're offered. For example, if a retirement plan were to offer three bond funds and a stock fund, 75 percent of the money would wind up in bonds and 25 percent in stocks. Vice versa if three stock funds and a single bond fund were available.

In other words, plenty of folks fail to consider what sort of mix is right for them. I call this the "Chinese menu syndrome:" selecting something from column "A" and something from column "B," regardless of the types of dishes being offered. That strategy might be relatively harmless when you're eating dinner, but it could cause more than just indigestion when applied to your investments: you could wind up lacking the diversification necessary to fare well in different market scenarios.

### Do you fancy yourself a great investor?

Investments that have increased in value but were made into a rising market when the tide is lifting all boats can convince individuals that they can pick investments just as well as a financial analyst. But sometimes, even their "great" picks don't fare well when compared with the overall market or when adjusted for the risk they took to achieve their returns.

Many also refuse to accept that they simply got lucky. At some point, these delusional investors will get a rude wake-up call. Don't fall into the same trap. Use only tried-and-true methods for appraising and selecting investments.

### Do you run with the herd?

Many people flock to investments that are popular at the moment. Because they crave instant gratification, they'd rather take some sure gains today than potentially larger ones

two or three years down the road.

During the rise of the recent "tech bubble 2.0," I was asked by a client why I don't stuff portfolios with social media stocks, given the sector's recent strong performance. I explain that many of these stocks are overpriced, but he wanted me to buy them anyway. He thought he was going to miss out on another round of outsized returns.

Before you buy the latest out performer, ask yourself, "Have I ever gotten burned by following a hot stock?" If the answer is no, count yourself lucky, but don't count on having such good fortune forever. Play musical chairs with your investments, and eventually you'll have to answer yes. So avoid the high-flyers.

### Are you swayed by pretty packaging?

How something is presented can affect people's responses to it, Kahneman says. For instance, some mutual fund companies will launch a spin-off of a winning fund, labeling it "XYZ Fund II." Or a smart bond fund company will branch into stock funds. They're hoping you'll buy their new products based on the "halo effect" that you perceive from the successfully established ones. In my experience, what usually counts most are the reputation and track record of a fund's portfolio manager, not the name of the fund or the company that issues it.

Sometimes, a manager's past performance and talent justify investing in a new fund. But even then, it's foolish to shift the bulk of your money into it. That should remain in investments that have beaten their benchmarks for three years or longer.

### Do you ignore reality?

Many people can't bear to weed laggard stocks out of their portfolios. Rather than admit they made a mistake and sell such a stock at a loss, they'll hang on for months or years, waiting for it to creep back to the price they originally paid. Never mind that taking a loss could eliminate an overly risky holding or offset gains on their other taxable investments.

*Altfest Personal Wealth Management<sup>SM</sup> is the nationally recognized, fee-only investment management and financial planning firm that is endorsed by NYSDA Support Services for NYSDA members and is co-endorsed by the Queens County Dental Society, Bronx County Dental Society, Fifth District Dental Society and Sixth District Dental Society. Altfest contributes articles to help members of the Queens County Dental Society plan and think intelligently about their finances. If you would like to reach Altfest, you can call Walter Primoff at 212-406-0850 or [wpri-moff@altfest.com](mailto:wpri-moff@altfest.com).*

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# QCDS Hosts New Dentists Conference and Welcomes Future NYSDA and ADA Leaders

—Continued from page 1

able lesson: that one member who becomes involved has the power to initiate change.

NYSDA Executive Director Dr. Mark Feldman, QCDS President Dr. Mercedes Mota Martinez, QCDS Executive Director William Bayer and the Vice Chair of the ADA Council on Membership, Dr. Mark Bauman, were in attendance, as well as the presidents of the Nassau and Suffolk Dental Societies, Drs. Eugene Porcelli and Maria Maranga, respectively. Virtually all QCDS officers and a large number of members of the QCDS Board of Trustees also attended.

Dr. Anvar stated that he was motivated by Dr. Gehani's presidential acceptance speech at the NYSDA Annual Meeting, in which he challenged the NYSDA leadership to increase the role of new dentists as future tripartite leaders, in providing the inspiration for the program. Dr. Anvar sought the financial support necessary to host the event and Henry Schein, MLMIC and Bank of America provided substantial resources to enable the program. Steve Kess, Henry Schein's vice president of global professional relations, spoke of Schien's longstanding support of organized dentistry and observed that the large number of attendees reinforced the company's position that support of this program was a worthwhile use of their resources.

Presentations by Ed Reilly and Dr. Thomas Snyder, director of practice transitions for Henry Schein, addressed the complex and highly personalized area of dental practice transitions, including dental practice management and financial management. This talk segued into a presentation by Chad Widensky of Bank of America Practice Solutions, providing useful information on practice financing.

Amy Kulb, a partner in the firm of Jacobson, Goldberg and Kulb LLP, a firm specializing in representing health care professionals in regulatory, enforcement and business transactions, provided an overview of the processes related to the Office of Professional Discipline, Medicaid and other regulatory agencies and fielded a number of legal questions. QCDS President Dr. Mercedes Mota Martinez and Dr. Robert Faiella presented Ms. Kulb with a plaque from QCDS thanking her for her many contributions to the Society members and its programs. Upon the completion of Ms. Kulb's presentation, a buffet lunch was served to fortify the attendees for the afternoon panel discussion on clinical and legal issues.

Following lunch, Drs. Mitchell Greenberg, Rekha Gehani and Deborah Pasquale joined Ms. Kulb on a panel discussing real life clinical issues that they face in their dental practices. Endodontic issues were addressed by Dr. Greenberg, orthodontic issues by Dr. Gehani and general clinical issues by Dr. Pasquale, with a lively question and answer session which allowed the attendees to hear different options related to actual patient issues faced by the panelists as well as the audience members. The panelists provided different insights on each question posed from ethical, legal and clinical viewpoints. The day's events concluded with a wine and beer social hour,



Drs. Mota Martinez, Faiella and Vallejo



Dr. David Miller, dental medicine director at Wyckoff Heights Medical Center and Dr. Bijan Anvar



New dentist conference attendees



Drs. Mercedes Mota Martinez, Robert Faiella, Maria Maranga, Eugene Porcelli, Chad Gehani and Albert Granger



Drs. Prabha Krishnan, Bijan Anvar, Mercedes Mota Martinez and QCDS Executive Director William Bayer



Drs. Mota Martinez and Chad Gehani present speaker Amy Kulb with a plaque recognizing her contributions



New professionals enjoy each other's company at the QCDS New Dentists Conference



ADA President Elect Dr. Robert Faiella and QCDS Executive Director William Bayer



Conference panelists Drs. Mitchell Greenberg, Deborah Pasquale, Rekha Gehani and attorney Amy Kulb



One of many lucky raffle winners!



Drs. Robert Faiella and David Miller with new dentist conference attendees



Drs. Bijan Anvar, NYSDA President Chad Gehani and NYSDA Executive Director Dr. Mark Feldman

allowing for networking and further informal discussions with speakers and tripartite leaders.

Throughout the day, a number of drawings were held, with the lucky winners presented with gift certificates from a large electronics store. One of the conference highlights involved the "employment table," where attendees seeking associate positions or dentists seeking associates were able to provide a CV or information regarding a possible employment opportunity and could leave and exchange information. All were advised that they could provide individual information for publication in the Society newsletter as a courtesy to them for attending the conference and the employment notices would be published in the Opportunities Wanted/Opportunities Available section of the Bulletin. Several dentists reported that they were following up on possible employment opportunities that were presented to them at the program and one attendee completed a membership application for QCDS, with several others stating that they would be contacting their local component to pursue membership. The program provided an atmosphere allowing for on the spot interaction with colleagues for employment opportunities as well as clinical discussions, where guidance was being sought. A number of attendees expressed interest in a mentoring program. Coincidentally, Dr. Anvar had previously discussed such a program with the QCDS Board of Trustees and obtained the approval of the Board at its last meeting to implement such a program. He is currently working on the logistics of a mentoring program, which will be announced in the near future.

In evaluating the success of the program, Dr. Anvar stated: "I am taken back by the overwhelming response to the conference and wish to thank all those who supported me both in the planning as well as by their attendance. I am convinced the time put into the planning and execution of the program was time well spent and hope all of the attendees were able to walk away from the conference taking with them something that will be useful to them in their career." In addition to the major sponsors, Dr. Anvar thanked AMEX, Arestin, Quality Response Systems, Glaxo Smith Kline and Shen Yun, which provided media coverage.

QCDS is proud to have hosted this event, which followed the Society's 2010 Women Dentists Conference, for which QCDS received the ADA Golden Apple Award in recognition of the program. QCDS leadership is committed to programs of this nature, which were not traditionally thought of as "component events."

The QCDS officers hope to continue to be a model for other components which might consider events of this nature and in partnering with sponsors and the constituent Society, so all components will better serve the needs of their members as well as providing opportunities for non-members to be exposed to tripartite programs, encouraging all dentists to see the value of tripartite membership.



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# Compliance Requirements for Receiving or Ordering Medicaid Payable Dental Services

By Jennifer Kirschenbaum, Esq.

With its newly formed Dental Fraud Unit, the Office of Medicaid Inspector General is not tiptoeing around the fact that its work order for the years 2011 onward is to target dental practices and attempt to recoup monies already paid or to deny moneys that would be paid.

To that end, OMIG has relayed that its enforcement actions against dental practices are likely to begin the simplest way possible—a list will be tabulated of the dental practices in New York and OMIG will peer in to each practice to make sure it is operating effectively and appropriately. You may be wondering how OMIG is going to do this in an efficient manner, and the answer is that the groundwork has already been laid. For this preliminary check OMIG will take your word for it; until information to the contrary arises. However, in order to enforce the presumption that you are operating appropriately, OMIG is now requiring that you take affirmative steps on an annual basis to verify compliance.

Specifically, New York State law now requires that providers who receive or order more than \$500,000 in any consecutive 12-month period from Medicaid have a written compliance plan in place at their practice. Importantly, the \$500,000 precipice includes: straight Medicaid and Medicaid HMO monies, and the amount of “ordered” services, not just monies received by a practice are included in the tally, capturing a wide array of practices into the compliance requirement that may otherwise have been immune. OMIG is referring to providers that fall within the definition of needing a compliance plan as “required providers.”

The compliance plan requirement for required providers did not come without direction. OMIG has set forth with particularity areas (billing, payments, medical necessity and quality of care, etc.) and elements, which required providers’ compliance programs, must be applicable to (i.e., be in writing, address governance and training at the practice, designate a compliance officer, etc.).

Required providers are responsible for certifying to OMIG each December that they have adopted and have in place a compliance program that meets OMIG’s requirements. To simplify the certification process, OMIG has made certification available on its website <www.omig.ny.gov>. Should the commissioner of health or OMIG find that a required provider does not have a satisfactory compliance program, or no program at all, applicable law states that “the required

provider may be subject to any sanctions or penalties permitted by federal or state laws and regulations, including revocation of the provider’s agreement to participate in the Medical Assistance Program.”

Further, OMIG has intimated that it will be utilizing the compliance program requirement as a window into practices. Should your practice appear on OMIG’s radar as a potentially noncompliant practice, you run the risk of being targeted by OMIG for a retrospective review of claims or being placed on prepayment review, which is a process that requires that you send in patient records prior to receiving reimbursement for any services. Either process, a retrospective

review or prepayment review, create dire ramifications for many practices, requiring legal representation, diminished reimbursement and the potential to have to pay back monies received or anticipated to be received by the practice.

In addition to staying off of OMIG’s radar, there are benefits to OMIG’s compliance plan requirement that are immediate and rewarding, which is why mandatory compliance can be a good thing. Of note, many practitioners report an increase in their reimbursement upon adopting a compliance plan; because their staff has a written policy to follow when performing billing, practitioners find that fewer errors are occurring and the result is increased reimbursement.

In sum, akin to preventative dentistry, a compliance plan is a preventative measure you implement to keep your practice in top shape to prevent potential problems in the future by mitigating billing errors and protecting the integrity of the practice’s documentation and operations. As many of you recommend in your practices on a daily basis, preventative medicine pays, which is exactly what a compliance pro-

gram represents—preventative action for your practice to keep auditors/investigators out and for you to remain in compliance.

“  
...a compliance  
plan is a  
preventative  
measure you  
implement to keep  
your practice  
in top shape to  
prevent potential  
problems...”

Jennifer Kirschenbaum, Esq., manages Kirschenbaum & Kirschenbaum’s healthcare department, which specializes in representing healthcare practitioners in regulatory compliance, audit defense, licensure and transactional matters. She is a member of the New York State Dental Association Legal Panel and is available to answer questions at Jennifer@Kirschenbaumesq.com or (516) 747-6700.



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January 6, 2012 8:30 am-3:30 pm	Dr. Dennis Tarnow, Clinical Professor of Dental Medicine, Director of Implant Education, Columbia College of Dental Medicine <b>“Controversies With Implants In the Aesthetic Zone”</b>
February 3, 2012 8:30 am-3:30 pm	Dr. Henry Salama, Director, Implant Surgery, Univ. of PA School of Dental Medicine <b>Optimizing Clinical Outcomes in Esthetic and Implant Therapy: Success By Design”</b>
March 16, 2012 8:30 am-3:30 pm	Dr. Edward Swift, Chairman, Dept. of Operative Dentistry, Univ. of North Carolina, Chapel Hill <b>“Untangling the Confusion of Today's Restorative Materials”</b>
April 27, 2012 8:30 am-3:30 pm	Dr. Jeffrey Rouse, Adjunct Professor, Dept. of Prosthodontics, University of Texas <b>“Sleep Prosthodontics: The Bruxism Triad”</b>
May 18, 2012 8:30 am-3:30 pm	Dr. Edward McLaren, Director, UCLA Center for Esthetic Dentistry <b>“Cutting Edge Esthetics: Ceramics, Cements and Digital Dentistry”</b>

All seminars are held at The Sands, Atlantic Beach, New York. Tuition includes breakfast, sumptuous buffet luncheon, handout materials and free parking. All courses qualify for 6 c.e.u.

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Beginning of the Year is the Time to Review  
And Enhance Your Qualified Retirement Plan

By Ira Langer, Esq. and Andrew E. Roth, Esq.

The beginning of the year is an excellent time for business owners to review their qualified retirement plans as to benefits and costs.

Many dental practices use unsophisticated prototype form documents. These "plain vanilla" documents frequently result in unnecessary additional costs to the employer as well as other inefficiencies. A "plain vanilla" plan design should be critically reviewed to determine whether owner-employees and key personnel are receiving the best available benefit, and whether the cost for covering staff employees is being kept to minimal levels within IRS limits.

Experts in the field will tell you that it is rare to find a "plain vanilla" type plan that is not costing the employer significantly more in contributions for the staff than is really necessary.

In many cases, all it takes to improve the practice's bottom line are a few enhancements in plan design. In the case of profit-sharing plans, such changes may include the addition of a 401(k) salary reduction feature, use of a safe harbor provision, implementation of "new comparability" allocations, and possibly the adoption of a supplemental cash balance plan. A quick actuarial review of the existing plan structure is generally all that is required to reveal which parts of the practice owner's retirement plan design can be dramatically improved.

The following two examples (which use 2012 IRS benefit limitations) illustrate this point: Example 1 shows an Owner receiving the maximum contribution to his profit-sharing plan and the corresponding contributions under various plan designs for an Employee earning \$40,000.

EXAMPLE "1"			
Employee's Cost as % of Compensation			
	"A"	"B"	"C"
	P/S Non-Integrated	Add 401k + 3% Safe Harbor	New Comparability + 401(k)
Owner \$250,000	[20%] \$50,000	[20%] \$50,000	[20%] \$50,000
Employee \$40,000	[20%] \$8,000	[10%] \$4,000	[4.4%] \$1,760

Under the "plain vanilla" design of "Column A," both the Owner and Employee must receive a contribution of 20 percent of compensation. This plan can be significantly improved by adding a 401(k) with a safe harbor provision. When that is done, Column "B" shows that instead of 20%, the Employee only receives a 10 percent contribution, thus cutting in half the cost for the staff.

Even more impressive savings can be achieved. In column "C" we see that by applying new comparability allocation provisions (as permitted by IRS regulations) and a

401(k) with a safe harbor provision, we are able to reduce the employee's contribution to 4.4 percent of compensation. We have reduced the cost for staff to less than one-quarter of the original amount.

For clients who wish to substantially increase the tax deductible plan contributions that are made for themselves, without incurring a similar substantial increase in staff costs, we generally recommend a "Cash Balance Add-On Plan." This type of plan is illustrated in Example 2:

EXAMPLE "2"				
New Comparability & Cash Balance Add-On				
Employee	"A" New Comp. + 401(k)	"B" Cash Balance	"C" "A" + "B"	"D" % of Total Contribution
Owner [Age 60] \$250,000	\$55,500	\$51,500	\$107,000	\$214,000 [97%]
Owner [Age 50] \$250,000	\$55,500	\$51,500	\$107,000	
Staff [Age 35] \$35,000	\$1,750 [5%]	\$875 [2½%]	\$2,625	\$6,750 [3%]
Staff [Age 30] \$30,000	\$1,500 [5%]	\$750 [2½%]	\$2,250	
Staff [Age 25] \$25,000	\$1,250 [5%]	\$625 [2½%]	\$1,875	

The first two lines of Column "A" show the contribution for the two Owners at the maximum amount of \$55,500 each. If the Owners now wish to substantially increase the amount being contributed on their own behalf, without incurring substantial added cost for the staff, they can adopt a "Cash Balance Plan" as shown in Column "B." Each of the Owners receives an additional \$51,500 contribution, but the additional cost for the staff is a nominal 2½ percent of salary. The result shown in Column "D" is that the two Owners are receiving 97 percent of the total contribution as allocations to their own accounts, and the total cost for the staff for both plans is only 3 percent of the total contribution.

The examples in this article show only some of the approaches available. There are also other concepts that can be applied to improve a plan's bottom line for the Owners.

Professional practices that wish to enhance their existing plans should feel free to contact Ira Langer, Esq., or Andrew E. Roth, Esq., for a no-obligation plan review. Mr. Langer and Mr. Roth are partners at the White Plains, New York law firm of Danziger & Markhoff LLP. This firm is a business and tax-oriented law firm that has been representing dentists in the New York metropolitan area for over 50 years. Mr. Langer and Mr. Roth may be reached at (914) 948-1556 or at [ilanger@dmlawyers.com](mailto:ilanger@dmlawyers.com) or [aroth@dmlawyers.com](mailto:aroth@dmlawyers.com)



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Study Clubs January - February

Steinway Study Club

CONTACT DR. KIRSCHNER (718) 634-2123

Location: Mezzo Mezzo Restaurant,  
31-29 Ditmars Blvd., Astoria

Jan 18 6:30-9:30 p.m.

Topic: "Oral Cancer Detection Programs  
and Equipment"

Speaker: Dr. Robert M. Trager

Feb 15 6:30-9:30 p.m.

Topic: "Pediatric Updated"

Speaker: Dr. Alvina Lim

Dr. Fialkoff Study Club

CONTACT DR. FIALKOFF (718) 229-3838

Jan 12 7:00 -9:00 p.m.

Topic: Esthetic Dentistry - How to Incorporate  
and Promote Conservative All Ceramic  
Restorations in Today's Treatment Plan

Speaker: Dr. Michelle S. Mirsky D.D.S.

Location: Laterna Restaurant, 47-10 Bell Blvd., Bayside

Feb 9 7:00 -9:00 p.m.

Topic: Sleep Apnea and Snoring - Diagnosis,  
Prevention and Treatment Methods

Speaker: Dr. Binod Verman D.D.S.

Location: Laterna Restaurant, 47-10 Bell Blvd., Bayside

Glen Head Study Club

CONTACT DR. LOUIS (516)220-8559

Location: IL Bacco Restaurant  
253-08 10th Northern Blvd., Little Neck

Feb 9 7:00-9:00 p.m.

Topic: • Bite Procedure for Full Mouth Reconstruction  
for Implants, Crown and Bridges and Dentures  
• Basic Behind Sleep Apnea

Speaker: Larry Borman

Dietary Concerns

Please note that QCDS wishes to accommodate the di-  
etary needs of attendees at our meetings and programs.

It is requested that anyone requiring kosher or other spe-  
cialized foods notify the QCDS office at the time of your  
registration so that proper plans can be made.

CE Courses January - February

Pre-registration is required for all continuing education courses, except General Membership Meetings

Sunday, Jan 29

9:00 a.m.

CPR - Certification

4 C.E. Credits

Topic: "Basic Cardiac Life Support"

Certification will cover 1 and 2 rescuer CPR, Heimlich Ma-  
neuver, child CPR and AED. The ability to recognize the sig-  
nals of a heart attack and provide stabilization of the victim  
at the scene of a cardiac arrest is a priceless commodity. Life  
over death may some day become a reality to someone you  
know or care for. Be prepared to help save a life.

Class begins promptly at 9:00 a.m.

Registration at 8:30 a.m.

Instructor: Eric Zalewski, BLS Instructor

Tuition: ADA member /staff: \$105 Non-ADA member: \$260

Tuesday, Feb 7

6:15 p.m.

General Membership Meeting

2 C.E. Credits

7:00 P.M.: Met Life Presentation

Frank Scalese is the managing director of North Coast Fi-  
nancial Group, an office of MetLife. He has grown his firm  
from number 98 to number two in the company in under five  
years by creating blue ocean strategies that focus on differ-  
entiation. Prepare to take your career or business to new  
heights with inspiration and ideas shared by him.

Instructor: Frank Scalese.

8:00 P.M.: Presentation Regarding the Office of the Medicaid  
Inspector General (OMIG) and Kirschenbaum, a firm spe-  
cializing in regulatory compliance, audit defense, Medicaid  
compliance programs, licensure and transactional matters. In  
addition to her presentation, audience questions will be wel-  
come. Program will be of particular value to Medicaid providers.

Instructor: Jennifer Kirschenbaum

Friday, Feb 10

9:00 a.m.

Topic: Infection Control

4 C.E. Credits

In the past this course has received an overwhelmingly posi-  
tive response from those clinicians and their staff who  
earnestly want to stay informed about the latest infection  
control recommendations; and does so through the eyes and  
thoughts of a speaker/clinician who understands the nature  
and demand of the everyday dental practice. Bring your en-  
tire staff and satisfy OSHA's annual staff training require-  
ments. Course qualifies for relicensure.

Instructor: Safety Compliance Services

Tuition: ADA member /staff: \$85/\$75 Non-ADA member: \$260

Tuesday, Mar 6

6:15 p.m.

General Membership Meeting

2 C.E. Credits

NYSDA President Elect Dr. P. Deborah Weisfuse visitation

7:00 P.M.: Financial Strategies for Dentists:  
Residency Through Retirement

Instructor: Len Cohen and Ben Bush

8:00 P.M.: T/B/A

Tuesday, Mar 9

9:00 a.m.

Risk Management

4 C.E. Credits

Areas discussed include professional liability, record keeping,  
patient history, informed consent, patient access to records,  
patient relations, confidentiality, peer review and more. Ob-  
jective is to provide licensee with knowledge of laws and reg-  
ulations as well as methods to avoid or resolve patient  
conflicts. Course qualifies for malpractice policy discount of-  
fered by most insurance companies.

Instructor: Dr. Kenneth Treitel

Tuition: ADA member /staff: \$135. Non-ADA member: \$260

Friday, March 23

9:00 a.m.

CPR - Certification & Recertification

4 C.E. Credits

Topic: "Basic Cardiac Life Support"

Certification will cover 1 and 2 rescuer CPR, Heimlich Ma-  
neuver, child CPR and AED. The ability to recognize the sig-  
nals of a heart attack and provide stabilization of the victim at  
the scene of a cardiac arrest is a priceless commodity. Life over  
death may some day become a reality to someone you know  
or care for.

Class begins promptly at 9:00 a.m.

Registration at 8:30 a.m.

Instructor: Eric Zalewski, BLS Instructor

Tuition: ADA member /staff: \$105 Non-ADA member: \$260

Sunday, March 25

9:00 a.m.

Topic: Infection Control

4 C.E. Credits

In the past this course has had an overwhelming positive re-  
sponse from those clinicians and their staff who earnestly  
want to stay informed of the latest infection control recom-  
mendations; and does so through the eyes and thoughts of a  
speaker/clinician who understands the nature and demand  
of the everyday dental practice. Bring your entire staff and  
satisfy OSHA's annual staff training requirements. Course  
qualifies for relicensure.

Instructor: Safety Compliance Services

Tuition: ADA member /staff: \$85/\$75 Non-ADA member: \$260

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# Department of Labor: Wage Theft Prevention Act Frequently Asked Questions

*The following information was obtained from the Department of Labor website and provides answers to many questions regarding the implementation of another requirement on businesses, including dental practices. Note that there are specific requirements imposed on employers starting in 2012, with monetary penalties for non-compliance.*

The Wage Theft Prevention Act, which goes into effect April 9, 2011, amends the notice of wage rate requirements and expands the civil and criminal remedies that are available when employers fail to comply with these provisions.

Section 195 of the Labor Law, as amended by the Act, requires that employers provide notice to employees of their rate(s) of pay, designated pay day, the employer’s intent to claim allowances (like tip or meal allowances) as part of the minimum wage, and the basis of wage payment (whether paying by hour, shift, day, week, piece, etc.). The law requires that the notice contain the employer’s “doing business as” names, and that it be provided at the time of hiring, annually on or before February 1st of each year of employment, and within 7 days of a change if the change is not listed on the employee’s pay stub for the following pay period. The notice must be provided in the employee’s primary language, as identified by the employee, through translated notices provided by the Department of Labor. Those notice templates are below. The Act also amends the recordkeeping and statutory payroll record and paystub requirements to include information currently required pursuant to regulation, and requires employers to maintain copies of payroll records for six years (as is currently required by regulation). The Act clarifies and expands the Department of Labor’s authority to enforce the Labor Law, and expands an employee’s ability to bring complaints and private actions for such violations. The protection against prohibited retaliation is strengthened by closing loopholes on what actions constitute retaliation and expands the remedies available to employees.

Based upon inquiries received by the Department in anticipation of the Act’s effective date, the following are frequently asked questions regarding the Notice requirements of the Wage Theft Prevention Act:

**1. Q: What is the Wage Theft Prevention Act?**

A: A new law, effective April 9, 2011, gives greater protection to workers, and makes changes in the way they are notified of their pay rates and receive wage statements.

**2. Q: Who is covered by the law?**

A: All private sector employers are covered. If you have employees who work in other states they are not covered. Federal, state and local government employers are also not covered, but it is important to note that charter schools, private schools, and not-for-profit corporations are covered, as they are not public entities.

**3. Q: What does the law require?**

A: Workers have to receive yearly pay notices, proper wage statements, and be free from retaliation for complaining about possible violations of the Labor Law.

**4. Q: What is required in the pay notice given to workers?**

A: The Notice must contain the following information:

- The employee’s rate(s) of pay;

- The basis of the employee’s rate(s) of pay (e.g. by the hour, shift, day, week, salary, piece, commission, or other);
- Whether the employer intends to claim allowances as part of the minimum wage, including tip, meal, or lodging allowances, and the amount of those allowances;

- The employee’s regular pay day designated by the employer in accordance with the frequency of pay requirements in the Labor Law

- The name of the employer and any “doing business as” names used by the employer;
- The physical address of the employer’s main office or principal place of business, and a mailing address if different;
- The telephone number of the employer;
- Any “such other information as the commissioner deems material and necessary.”

**5. Q: What if a worker’s primary language is not English?**

A: Notices need to be given in a worker’s primary language if the Department of Labor provides notice templates in that language. Otherwise the notice need only be provided in English. Those template are available on our website, below.

**6. Q: For what languages will the Department provide templates?**

A: Templates will be available in English, Spanish, Chinese, Korean, Creole, Polish and Russian. They will cover a number of likely situations companies may face. You can choose the one which meets your needs.

**7. Q: Do I have to use the Department’s templates?**

A: No, employers can develop their own notices so long as they contain all the information required by the law.

**8. Q: When are pay notices required?**

A: Notices are required at the time of hire, yearly between January 1 and February 1, and when there are changes in the information on the pay notices.

**9. Q: When is the first yearly notice required to be given?**

A: Between January 1 and February 1 of 2012.

**10. Q: Can I give a notice at other times of the year to satisfy the yearly requirement?**

A: No.

**11. Q: May the notice be included in letters and/or employment agreements provided to new hires?**

A: Yes, but must be on its own form.

**12. Q: I have a seasonal business. If a worker is on layoff between January 1 and February 1, when is the annual notice required?**

A: As soon as the worker first returns from layoff. Only one annual notice needs to be given.

**13. Q: Can a worker waive the notice requirement?**

A: No.

**14. Q: Can the notice be given electronically?**

A: Yes, but their needs to be a system where the worker can acknowledge the receipt of the notice and print out a copy of the notice.

**15. Q: What if a worker refuses to sign the notice?**

A: The employer should still give the notice to the worker and note the worker’s refusal on its copy of the notice.

**16. Q: Do employers have to keep a copy of the notice?**

A: Yes. Notices must be kept for six years and be available to the Department upon request.

**17. Q: Do I have to give a new notice every time a wage rate changes?**

A: Except for the employers in the hospitality industry, notice is not required where there is an increase in a rate and the new rate is shown on the next payment of wages. For any reduction of wage rate, an employee must be notified in writing prior to the reduction being implemented. Employers in the hospitality industry currently need to give a new notice every time a wage rate changes.

**18. Q: What procedures should be followed if an employee has multiple pay rates?**

A: An employer must put all pay rates on the wage statement.

**19. Q: Does a new notice need to be given each year even if none of the information has changed?**

A: Yes.

**20. Q: Do workers exempt from state overtime requirements still need to get a pay notice?**

A: Yes.

**21. Q: Does the employer have to identify the specific state exemption for workers exempt from overtime requirements?**

A: No.

**22. Q: What should we do if the worker has multiple hourly or piece rates?**

A: The purpose of the notice is to inform workers of the wage rates that apply to them. Multiple rates need to be identified either on the notice or on a separate sheet attached to the notice. Only the rates used to determine a worker’s pay need be shown on the wage statement for that period.

**23. Q: What about salespersons whose wages are all or partially based on commissions?**

A: Labor Law section 191.1c already requires commission salespersons to receive and sign for a copy of their commission agreement. This agreement should be attached to the pay notice and a copy of each document kept by the employer.

**24. Q: What if I have a bonus or incentive plan on a weekly or less frequent time period?**

A: So long as the employee initially was given a description or it is clearly shown on the wage statement for the period in which it is paid, no additional notice is required.

**25. Q: What about retroactive wage increases?**

A: The amounts need to be noted separately on the wage statement for the period in which it is paid.

**26. Q: Does the notice requirement apply to workers covered by a union contract?**

A: Yes. Union contracts may cover wage rates for multiple titles and not give the specific pay date or other information required by the law. Individual workers need to have notices of the wage rates that apply to them.

**27. Q: Are exempt employees, including professionals, executives, or administrators, excluded from the notice requirements?**

A: No. Since Section 195 does not contain any exclusions or exemptions from the notice requirements, the notice requirements in Section 195 apply to all employees regardless of their

exempt status.

**28. Q: What is the penalty for not giving proper notice?**

A: Employers can be assessed damages by the Department of \$50.00 per week per worker if proper notice is not given.

**29. Q: Can a worker sue for damages on his/her own?**

A: Yes, but the maximum amount an individual worker can recover is \$2,500.00.

**30. Q: How often must wage statements be given?**

A: A statement must be given with each payment of wages.

**31. Q: In addition to those items previously required on wage statements such as wage rates, hours worked, gross wages, allowances and deductions taken and net wages paid are there any new requirements?**

A: Yes. The statement has to show the name, address and phone number of the employer as well as the beginning and ending date for the period covered by that payment.

**32. Q: Can wage statements be provided electronically?**

A: Yes, but workers must be able to access their statements on a computer provided by the employer and be able to print a copy for their records.

**33. Q: Will the Department of Labor provide a model wage statement for employers to use?**

A: Because wage statement entries will vary greatly from employer to employer, the Department will prepare a sample statement showing types of entries which may be necessary.

**34. Q: What is the penalty for not providing a proper wage statement?**

A: Employers can be assessed changes by the Department of \$100.00 per week per worker if proper wage statements are not given.

**35. Q: Can a worker sue for not receiving a proper wage statement?**

A: Yes, but damages are capped at \$2,500.00 per worker.

**36. Q: What is retaliation?**

A: Any action which negatively affects workers such as discharge, suspension, transfer to another shift, reduction in wages or hours, which is done because a worker has engaged in a protected activity. Even threatening an employee can be considered retaliation.

**37. Q: What are some of these protected activities?**

A: Employees have the right to complain to their employer, the Department of Labor, or the Attorney General about a possible violation of the Labor Law and regulations issued under it. They can file a complaint about these possible violations and give information about their conditions of employment to the Department or Attorney General and testify at hearings or other proceedings.

**38. Q: Does there really have to be a violation for the worker to be protected?**

A: No. If the worker has a good faith belief that there is a problem in the workplace, their activities are protected.

**39. Q: What happens if I am accused of retaliation?**

A: The Department will discuss the accusation with you and give you a chance to prove that the negative action was not a result of the workers exercising their rights.

—Continued on page 28



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# Wage Theft FAQs

—Continued from page 27

**40. Q: What are the penalties for retaliation?**

A: Employers or their agents can be fined up to \$10,000 and assessed another \$10,000 in liquidated damages. The Department can also request reinstatement of the worker and/or compensation for lost wages. There are also potential criminal penalties but those would be prosecuted by an agency other than DOL.

**41. Q: What if I have any other questions about the Wage Theft Prevention Act?**

A: You can email your questions to [labor.sm.ls.ask@labor.ny.gov](mailto:labor.sm.ls.ask@labor.ny.gov). We will address your concerns in a timely manner.

**FOOTNOTES:**

\* Section 191 of the New York State Labor Law regulates how frequently an employee must be paid. Under that Section, “manual workers” must be paid on a weekly basis, “clerical and other workers,” must be paid according to the terms of their employment agreement and “not less frequently than semi-monthly on regular pay days designated in advance by the employer,” “railroad workers” must be paid on or before Thursday of each week the wages earned during the seven-day period ending in Tuesday of the preceding week; “commission salespersons” must be paid in accordance with their agreed terms of employment but not less frequently than once in each month and not later than the last day of the month following the month in which the wages are earned; and employees employed in a “bona fide executive, administrative or professional capacity whose earnings are in excess of nine hundred dollars a week” must be paid according to the terms of their employment contract.

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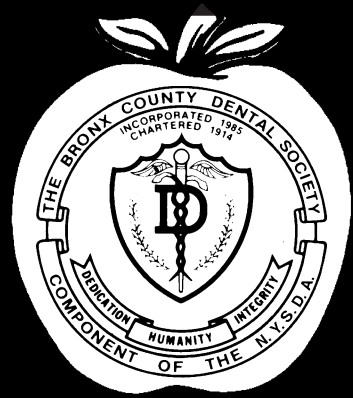
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Dr. Gerard Kugel  
Dr. Howard Glazer  
Dr. Thomas Connolly  
Dr. Jorge Nunez  
Dr. Marc Gottlieb  
Dr. Ron Kaminer
- **ENDODONTICS**  
Dr. L. Stephen Buchanan  
Dr. Noah Chivian
- **PROSTHETICS**  
Dr. Norman Hammer  
Dr. Edward Feinberg
- **PERIODONTICS AND HYGIENE**  
Dr. Charles Cobb  
Dr. Timothy Hempton  
Ms. Tracy Butler, RDH
- **PRACTICE MANAGEMENT**  
Dr. Roger Levin  
Drs. Richard and David Madow  
Mr. Abe Kasbo (Verasoni)
- **IMPLANTS AND ORAL SURGERY**  
Dr. Berry Stahl
- **ORTHODONTICS FOR THE GP**  
Dr. Elliott Moskowitz
- **PSYCHOLOGY**  
Dr. Jacqueline Plumez
- **INFECTION CONTROL**  
Dr. Harold Edelman
- **RISK MANAGEMENT**  
Dr. Kenneth Treitel
- **SUTURING**  
Dr. Terrence Griffin
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Dr. Debra Engelhardt Nash
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Dr. Martin Jablow
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A \$25 exhibitor's coupon will be given to each *dentist* for attending a full-day seminar and a \$10 coupon to each *dentist* attending a half-day or evening seminar. When presenting your \$25 or \$10 coupon for full day, half day and evening paid seminars — any purchase made at the exhibitor's booth will be discounted at the \$25 or \$10 rate. *You will receive a coupon for every paid course that you attend and no minimum purchase is required!*



# U. S. NAVY DENTAL OFFICER



The United States Navy is looking for qualified Dentists, Residents, and Dental Students to join the world's finest Navy

**About this Job:** Navy Dentists are responsible for meeting the full spectrum of dental needs for military service members – focusing on patient care without the complications of running a business or paying for insurance while receiving full benefits including a retirement plan.

## Programs for dentists include:

**Active Duty:** Full time Navy Dental Officer with a \$300,000 bonus for specialties such as Oral and Maxillofacial Surgery, Comprehensive Dentistry, Endodontics, and Prosthodontics. The navy also offers a \$150,000 bonus for general dentists.

**Reserves:** Part time Navy Dental Officer with up to \$75,000 bonus depending on your specialty with a minimum of a \$10,000 bonus for all dentists.

## Programs for residents/fellows include:

**Financial Assistance Program (FAP):** This program offers \$70,056 annual pay, reimbursement for most books, supplies and equipment, and this program at the moment is only available for Oral and Maxillofacial Surgery and Prosthodontics residents. Upon completion of your residency you will join as an Active Duty full time Navy Dental Officer.

**Training in Medical Specialties (TMS):** This program offers an option of \$5,940 annual pay plus associated benefits and a 3yr commitment. Another option offers a \$2,088 monthly stipend and a 2 year payback for each year it is accepted. The third option is a \$50,000 loan repayment program but you must be accepted in conjunction with the \$2,088 monthly stipend with a commitment of 6-8 years. Upon completion of residency you will join the Selected Reserves as a part time Navy Dental Officer.

\*There is no military requirement during residency.

## Programs for dental students include:

**Health Professions Scholarship Program (HPSP):** This program funds 100% tuition, books and equipment for you and also pays a monthly stipend of \$2,088. The required commitment is 3 years Active Duty and 4 years if you accept the \$20,000 bonus.

**1925i:** This program offers the student a commission while in school with no military obligation and no benefits. However, upon graduation you are guaranteed a job in the Reserves or Active Duty or you can decide to completely resign your commission as a Naval Officer with no penalty.

**Health Services Collegiate Program (HSCP):** Collegiates receive full pay and benefits as an E-6. There is no tuition assistance and the commitment is on a year-for-year "benefits accepted for time basis" with a 3 year minimum as an Active Duty Navy Dental Officer.

**\*\*Contact LT Marc Lawson (347) 683-2040 or by email [Marc.Lawson@navy.mil](mailto:Marc.Lawson@navy.mil)\*\***







Queens County Dental Society

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Nu-Life Long Island is privately owned and not affiliated with any other laboratories with similar names.



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