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QCDS Bulletin

PUBLISHED BY AND FOR THE DENTISTS OF QUEENS COUNTY

Volume 64 Number 2

March/April 2023

From the President

ajfdmd@gmail.com

On Getting Our Message Out

By Dr. Arthur Feigenbaum

It has been only a handful of weeks since I assumed the role of president of the Queens County Dental Society, but it has been a very active time.

Our CE program is quickly coming together for 2023. We have arranged for top speakers to present on topics of interest for our membership. We are actively listening to you and creating programs to meet your needs. Gordon Christianson will be our keynote

“We are actively listening to you and creating programs to meet your needs.”

speaker at this year's “World's Fair of Dentistry.” It is so exciting to have a speaker of his caliber. Queens County will also provide our membership with all the mandatory courses needed for licensure.

I have also been working on improving employment opportunities for new dentists, as well as increasing mentorship opportunities. It is imperative we increase the value of our organization in every respect and grow membership

There is power in numbers. We can have a greater impact on the community if we are unified. Oral health is an integral part of general health. Our messages must be heard.

QCDS, ICDE Install New Officers at Annual Dinner

Drs. Feigenbaum and Kalman Become Presidents



Little Neck restaurant Il Bacco was filled with well-wishers for the new slate of incoming QCDS and ICDE officers.

New Queens County Dental Society and Institute for Continuing Education officers were installed in January, the first in-person installation since the start of the COVID pandemic. Dr. Arthur Feigenbaum took office as the president of QCDS and Dr. Doron Kalman took the rein as head of the ICDE.

The well-attended installation dinner, held at Il Bacco, Little Neck, also honored QCDS Past Presidents Drs. Hanette Gomez and Arelys Santana for their past service as QCDS presidents.

Also installed were Drs. Patrice Shroff, president-elect; Jayesh Trivedi, vice-president; Savitha Reddy, secretary; Mitchell Greenberg, treasurer; and a new Board of Trustees. In addition to Dr. Kalman, new ICDE officers sworn-in were Lawrence Lehman, vice-president, and James Kouzoukian, secretary-treasurer.

Dr. Feigenbaum, a specialist in sleep apnea, is the Director of Dental Sleep Medicine for both ProHealth Dental and Delta Sleep Center of Long Island. He also serves as the chair of the annual meeting committee of the Amer-

ican Academy of Dental Sleep Medicine. He was the co-founder of Delta Sleep International and is a well-known speaker in his field. Dr. Feigenbaum is a graduate of Tufts University School of Dental Medicine and received his bach-



Dr. Arthur Feigenbaum, right, took the oath of office as QCDS president from Executive Director and former ADA President Dr. Chad Gehani.

elor's degree from SUNY Stony Brook.

Dr. Kalman, a who served as president of QCDS in 2013, has chaired the Dental Society's annual World's Fair of Dentistry since its inception in 2013. He has offices in Manhattan and Queens and is an adjunct professor at Long Island Jewish Hospital.

—Continued on page 8

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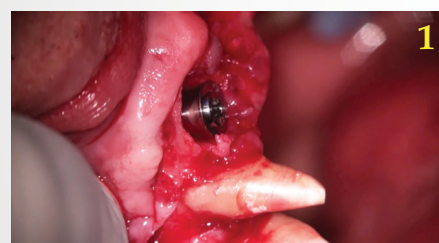
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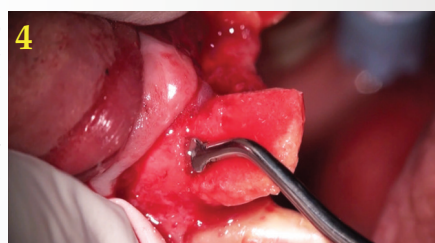
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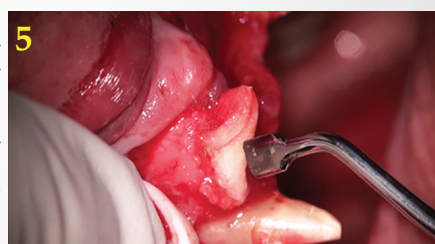


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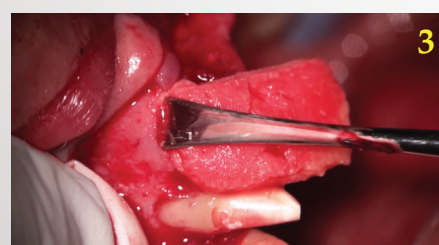


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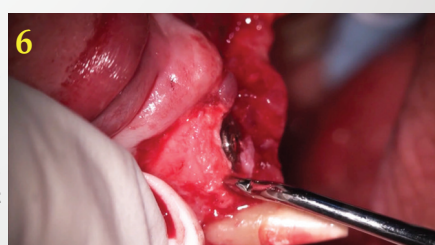


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3 Buccal plate is reinforced by feeding the OsteoGen® Strip downwards in between the implant and the buccal wall

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6

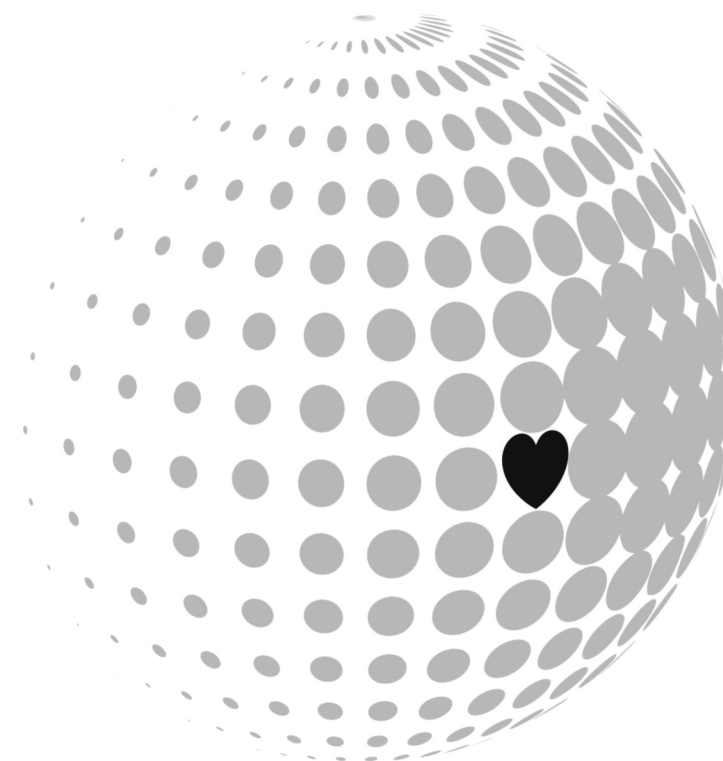
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Deadlines for manuscripts is six weeks prior to the date of publication. For example, the deadline for March/April issue is January 10th. All Submissions must be typed as a word document and emailed to QCDSBulletin@gmail.com.

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From the Executive Director

queenscountydentalsociety1@gmail.com

Masking Guidelines for Dental Offices

By Dr. Chad Gehani

Many doctors have contacted me asking if healthcare workers, patients and visitors currently need to wear masks.

My answer is that there is no law in effect that mandates that masks be worn by healthcare workers—everything is just a recommendation without the force of law. Each facility can make its own decision on how it wants to handle masking. It is simply a matter of what the facility considers to be the best clinical practice to follow. The New York State Department of Health is just recommending that the Centers for Disease Control and Prevention (CDC) recommendations are what they think are useful best clinical practices. Each facility has to decide if that is what they want to follow. And, keep in mind that this only deals with facilities, not private dental offices for which there were no masking rules for quite some time now.

The New York State Department of Health has issued a COVID-19 advisory for the use of masks and face coverings in healthcare facilities, aligning the State's guidance with the latest federal recommendations from the Centers for Disease Control and Prevention.

The Department continues to affirm the importance of masking as a vital and effective infection prevention strategy. The new guidance, which went into effect on February 12, advises all operators to develop and implement a masking plan for staff and visitors at their facilities, which includes COVID-19 and uses transmission levels as a minimum threshold.

Acting State Health Commissioner Dr. James McDonald said: "March 1st represents three years since the first COVID-19 case was identified in New York. Healthcare workers statewide have performed consistently and heroically throughout this

pandemic, and have used masking and other personal protective equipment to protect themselves and their patients. The pandemic is not over, yet we are moving to a transition. As we do, and with safe and effective vaccines, treatments and more, we are able to lift the State's masking requirement in healthcare settings as operators now develop and implement their own facility-specific plans, in accordance with federal CDC guidance and the level of transmission in their areas."

The advisory, sent as a "Dear Administrator Letter," was issued to all facilities and entities regulated by the Department under Articles 28, 36, and 40 of the Public Health Law. This includes hospitals, nursing homes, home health care and hospice agencies, and diagnostic and treatment centers.

As laid out by the Department, these facilities are expected to follow previously established and required policies for the control of infectious diseases, including COVID-19, that at a minimum adhere to CDC's guidance and Transmission Levels system. At any given time, the Department expects facilities' plans to include the policies and procedures necessary to implement a masking

requirement when COVID-19 transmission levels are high enough to trigger that recommendation by CDC. Department-regulated facilities may also set requirements that go beyond CDC's guidance, based on their unique circumstances.

Healthcare settings in New York State that remain outside of the Department's regulatory authority, including private medical and dental practices, are strongly advised to also adhere to these COVID-19 infection prevention and control measures.

New York adult care facilities are recommended by the Department to follow CDC's community guidance and guidance for congregate living settings. Facilities and programs operating under the authority of another State agency will follow the masking requirements of that agency.

This advisory does not affect any facility requirements unrelated to COVID-19, including those in place for Influenza.

The Department has thanked healthcare operators, providers, staff, and New Yorkers for their work in continuing to adopt important public health measures throughout the pandemic, including masking in healthcare settings. State health officials urge everyone six months and older to stay up to date with COVID-19 vaccinations, check transmission levels in their communities, and comply with the individual masking policies that New York facilities will put in place to keep their patients well-protected.

...private medical
and dental practices
are strongly advised
to adhere to these
COVID-19
infection prevention and
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Editor’s Note: The following bills, introduced in Congress by Rep. Brett Guthrie of Kentucky and Paul Gosar of Arizona, a dentist, were passed by the House. H.R. 382 was referred to the Senate Committee on Health, Education, Labor and Pensions and H.J. Res. 7 was referred to the Senate Committee on Finance. If approved by the Senate, they will go to the President for his signature.



EXECUTIVE OFFICE OF THE PRESIDENT
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STATEMENT OF ADMINISTRATION POLICY

**H.R. 382 – A bill to terminate the public health emergency
declared with respect to COVID-19**
(Rep. Guthrie, R-KY, and 19 cosponsors)

**H.J. Res. 7 – A joint resolution relating to a national emergency
declared by the President on March 13, 2020**
(Rep. Gosar, R-AZ, and 51 cosponsors)

The COVID-19 national emergency and public health emergency (PHE) were declared by the Trump Administration in 2020. They are currently set to expire on March 1 and April 11, respectively. At present, the Administration’s plan is to extend the emergency declarations to May 11, and then end both emergencies on that date. This wind-down would align with the

Administration’s previous commitments to give at least 60 days’ notice prior to termination of the PHE. To be clear, continuation of these emergency declarations until May 11 does not impose any restriction at all on individual conduct with regard to COVID-19. They do not impose mask mandates or vaccine mandates. They do not restrict school or business operations. They do not require the use of any medicines or tests in response to cases of COVID-19.

However, ending these emergency declarations in the manner contemplated by H.R. 382 and H.J. Res. 7 would have two highly significant impacts on our nation’s health system and government operations.

First, an abrupt end to the emergency declarations would create wide-ranging chaos and uncertainty throughout the health care system — for states, for hospitals and doctors’ offices, and, most importantly, for tens of millions of Americans. During the PHE, the Medicaid program has operated under special rules to provide extra funding to states to ensure that tens of millions of vulnerable Americans kept their Medicaid coverage during a global pandemic. In December, Congress enacted an orderly wind-down of these rules to ensure that patients did not lose access to care unpredictably and that state budgets don’t face a radical cliff. If the PHE were suddenly terminated, it would sow confusion and chaos into this critical wind-down. Due to this uncertainty, tens of millions of Americans could be at risk of abruptly losing their health insurance, and states could be at risk of losing billions of dollars in funding. Additionally, hospitals and nursing homes that have relied on flexibilities enabled by the emergency

declarations will be plunged into chaos without adequate time to retrain staff and establish new billing processes, likely leading to disruptions in care and payment delays, and many facilities around the country will experience revenue losses. Finally, millions of patients, including many of our nation’s veterans, who rely on telehealth would suddenly be unable to access critical clinical services and medications. The most acutely impacted would be individuals with behavioral health needs and rural patients.

Second, the end of the public health emergency will end the Title 42 policy at the border. While the Administration has attempted to terminate the Title 42 policy and continues to support an orderly lifting of those restrictions, Title 42 remains in place because of orders issued by the Supreme Court and a district court in Louisiana. Enactment of H.R. 382 would lift Title 42 immediately, and result in a substantial additional inflow of migrants at the Southwest border. The number of migrants crossing the border has been cut in half, approximately, since the Administration put in place a plan in early January to deter irregular migration from Venezuela, Cuba, Nicaragua, and Haiti. The Administration supports an orderly, predictable wind-down of Title 42, with sufficient time to put alternative policies in place. But if H.R. 382 becomes law and the Title 42 restrictions end precipitously, Congress will effectively be requiring the Administration to allow thousands of migrants per day into the country immediately without the necessary policies in place.

The Administration strongly opposes enactment of H.R. 382 and H.J. Res. 7, which would be a grave disservice to the American people.

QCDS and ICDE Install New Officers at Dinner, Drs. Feignebaum and Kalman Become Presidents

Continued from page 1



Newly installed Queens County Dental Society President Dr. Arthur Feigenbaum told the large crowd of plans for his QCDS administration.



Dr. Chad Gehani, left, greeted the newly installed ICDE officers, left to right, Drs. Doron Kalman, president, Lawrence Lehman, vice president, and James Kouzian, secretary/treasurer.



Presidents of neighboring component dental societies came to the Queens County Dental Society installation to greet the new leadership.



The Queens County Dental Society installation provided an opportunity for dental community networking.



Recent QCDS Past Presidents Drs. Arelys Santana and Hannelte Gomez received a plaque recognizing their service from Dr. Prabha Krishnan, vice president of the New York State Dental Association, as newly installed QCDS President Dr. Arthur Feigenbaum looked on.



Queens County Dental Society Executive Director Dr. Chad Gehani, left, installed newly elected Dental Society officers Drs. Pratix Shroff, president-elect, Savitha Reddy, secretary, and Mitchell Greenberg, treasurer.

Practice Ownership Information Needs Updating with the Department of State

By Martin Schnee

If you have experienced an ownership turnover at your dental office, such as a partner retiring, leaving the practice or passing on—or your practice name has changed but the tax ID number has not changed—you should consider updating this information.

This can be accomplished by filing an amendment with the New York State Department of State, Division of Corporations. The form to use is DOS-1554. You will need the original paperwork used to get your type of incorporation (incorporation, PLLC or LLC). You can request a corporation name change, partner name change or removal of names from the practice. Once this is granted, you can send a copy of the changes to the Office of Radiological Health with your record number. They will make the changes to your x-ray permit(s). Their email is ORH@health.nyc.gov. The alternative is to file for a new permit, with cancellation of the old permit.

A reminder: if you retire or sell your practice, you are responsible to cancel your permit and ensure that your x-ray units have been taken over by a responsible entity. This can be done by filling out a New York City Disposition form and sending it to the email above. A phone call to 718-786-6002 several weeks after closing the practice to verify that this ac-

tion has been taken is highly recommended. When you call to verify cancellation, give the clerk your old permit (record) number.

A big mistake made by dentists is assuming that if you let your permit lapse, your permit will automatically be cancelled. Even upon death, someone needs to cancel the permit and should ensure proper disposal or removal of the x-ray units. A number of dental colleagues have been issued summonses for neglecting to do this. The permit is not transferrable to another dentist, or even a new location (even within the same building).

Martin Schnee, CRESO, is from Big Apple Radiation Safety, Inc. For further information about this topic he can be reached at 718-373-6348 or 718-986-4996.

Be sure to check the QCDS website
for the latest Society events and news:
www.qcde.org

The Free Cash Flow Concept: Optimal Metric for Valuation of Your Securities

By Peter J. Klein

Many practitioners of wealth management spend most of their time focused on the macro-economy, globally as well as domestically, which of course is important, but it is not the only analysis investors should be doing. Bottom-up, fundamental security analysis is quite important (and often used for large, asset sectors, calls as well as individual securities) and often forgotten by the average investor.

The concept of Free Cash Flow (FCF) should be considered as a metric to focus on when looking for opportunities in the equity markets. Of course, there is no magic bullet or secret sauce when it comes to investing, but there are a few tenets worth remembering:

- Being a contrarian, while often uncomfortable (as humans we prefer a herd mentality), is a time-honored way to invest. Buy when others are fearful and sell when there is (unfounded) optimism.
- Always insist on a margin of safety. What's the downside? What can go wrong?
- Be patient and wait for the "fat pitch."
- Be leery of leverage.

Now these "FCF generators" are typically of the value style of equity investing—so don't expect stories about their upside due to this new product or that new market opportunity (not disparaging growth style, just a different methodology). This is not the sandbox in which value-style investors are playing. They are focused when looking for these types of opportunities on the facts, and with FCF we get just that.

Consider the following:

- It has been shown that the starting valuation of any investment is a primary driver of long-term market returns.
 - By utilizing the Free Cash Flow metric, we can get to the true root of any enterprise. Earnings are not the best measure, for there are many accounting nuisances that can cloud the true value of an enterprise.
- How Free Cash Flow is Calculated
- Cash flow from operations (the cash that the business has

over the period—no accounting issues—simply cash).

- Minus any expenses that will be needed to maintain business for the next year.
- Equals Free Cash Flow.
- Divide Free Cash Flow by price to get Free Cash Flow Yield.
- The FCF yield can then be compared to other investments to ascertain relative value.

By focusing on FCF, an investor avoids the over-zealous assumptions for growth and is grounded in fact which allows for a foundation to determine if the business is under or over-valued. Thinking along these lines is essentially the same manner by which an owner of a private enterprise (rather than a public security) values his or her business and allows, in the public markets, to think in the same manner—as a private investor.

Peter J. Klein, CFA®, CRPS®, CAP® is the Chief Investment Officer and founder at ALINE Wealth, a group of investment professionals registered with Hightower Securities, LLC, member FINRA and SIPC, and with Hightower Advisors, LLC, a registered investment advisor with the SEC. Securities are offered through Hightower Securities, LLC; advisory services are offered through Hightower Advisors, LLC. He can be reached to discuss this topic at pklein@alinewealth.com.

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What Dentists Need to Know About Medicaid Compliance Requirements

By Amy T. Kulb

The pandemic has posed many challenges for dental practices, including staffing shortages, the increased expenses of required safety and equipment protocols, and equipment and caring for patients with health, personal or financial concerns. Adding to these challenges has been the significant uptick in audits by the Medicaid Program, managed care entities and commercial insurance plans.

The rationale has been that fraud, waste and abuse prevention initiatives are crucial to properly and effectively utilize the limited resources available for covered dental treatment. The result has been audits that strictly scrutinize whether claims are for covered services, are supported by documentation that establishes necessity, appropriateness and coverage, and have been coded accurately. In some circumstances, pre-payment audits are initiated that can result in either extreme delays or denial of payment. The audit outcomes can be costly repayment demands, termination of enrollment and potential reporting to the NPDB or OPD and, in extreme instances, to law enforcement.

To monitor, detect and seek repayment for fraud, waste and abuse, the New York State Medicaid Program has for many years had a requirement that dental practices that directly or indirectly through managed care programs receive annual payments of \$500,000 or greater have compliance programs, with staff training and internal monitoring and, as a requirement of continued enrollment, have a designated compliance officer who annually will certify that these requirements are being met. Consistent with current auditing initiatives, the State Medicaid Program has overhauled and replaced its compliance program requirements for dentists enrolled with the Medicaid Program and managed care plans. The new regulations and requirements became effective as of December 28, 2022 and will be enforced beginning March 28, 2023. The State's Office of the Medicaid Inspector General has a newly established Bureau of Compliance to oversee enforcement.

It is therefore essential that dentists are familiar with the requirements of the new compliance program regulations and have implemented or revised the practice's compliance program to ensure that their program can pass the scrutiny of an audit or credentials verification review by the OMIG.

The requirements appear to have been eased by raising the threshold for requiring a compliance program from annual Medicaid revenue of \$500,000 to annual Medicaid revenue of \$1,000,000.00. However, all payments from Medicaid managed care plans are included. Consideration as to whether you should have a compliance program should also be given to the reality that commercial insurance plans are robustly auditing dental claims and that internal compliance strategies

are effective in preventing and defending these audits.

Every dental practice subject to the Medicaid compliance program requirement must have a compliance committee composed of senior management. However, the compliance officer, who is entrusted to draft and implement the compliance program, conduct internal investigations, take corrective action and do mandated reporting, no longer needs to be an employee of the dental practice. For example, a lawyer or consultant engaged by the dental practice to meet the compliance program requirements can serve as the compliance officer.

Compliance program requirements identify "risk areas" that are subject to the compliance program, staff training, monitoring for compliance and corrective action, when indicated, to prevent and identify potential or actual fraud, waste and abuse in those areas. The new Medicaid rules identify ten risk areas. Two new risk areas have been identified as specifically requiring this compliance oversight. These are contractors (an independent contractor associated with the dental practice, for example) and ordered services (prescriptions, devices and lab tests, as examples).

These Medicaid compliance requirements may appear to be burdensome and costly in the context of the challenges that dental practices must contend with in the pandemic/post pandemic era. However, compliance is a requirement for dentists who participate with Medicaid and managed care and meet or exceed the threshold. Beyond this requirement being the law, an effective compliance program and training can prevent time consuming and potentially costly audits and in the event of an audit or review, greatly reduce the potential for payment disruptions or repayment demands and/or loss of enrollment and other collateral consequences.

Amy T. Kulb served as a prosecuting attorney for the New York Office of Professional Discipline until 1986, when she joined the firm of Jacobson Goldberg & Kulb in Garden City, concentrating her practice on the defense of professional discipline matters. Further information about Medicaid compliance is available by contacting her at 516-222-2330 or akulb@jngllp.com.

“It is essential that dentists are familiar with the requirements of the new compliance program regulations... to ensure that their program can pass the scrutiny of an audit...”

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Dr. Stephen Roth

“The Differential Diagnosis of Oral Ulcerative Conditions”

Upon completion of this course, participants will understand the importance of a differential diagnosis in addition to common and uncommon oral ulcerative conditions.

Dr. Brijesh Chandwani

“Local anesthetics and Temporomandibular disorders: from anesthesia to analgesia and beyond”

TMJ disorders and Facial pain conditions involve a spectrum of conditions and the majority of these can be managed by a general dentist using conservative treatment approaches. Local anesthetics can be a powerful tool as part of these approaches. There is increasing evidence for injection therapies for TMD and several different types of injectable medications are being used. They can be used for muscle pain, neuropathic pain and for non-specific oral pain as well. Injections can address muscle strains, muscle spasms, inflammation, trauma, and they can provide a dynamic neurosensory trickery to the region which can also stop a pain processing pathway (temporarily or permanently). The evidence of injection therapies in bruxism is limited and will be discussed.



Dr. Juan Carlos Defex

“Implant complication and management”

The lecture will provide the participants with a detailed information on the most common complication and failures of dental implants. The material will include steps to recover failed implants when feasible. Also, the lecturer will discuss new trends in surgical implant dentistry and its application to our day to day practice.

Dr. Constatine Pavalakos

Periodontal Surgical Procedures to Enhance Esthetic Restorative Treatment:

The course will focus on how periodontal surgical procedures such as sub epithelial connective tissue grafts, aesthetic crown lengthening, ridge augmentation, and immediate implants can enhance aesthetic restoration. Upon successful completion of this lecture, attendees will understand the concepts of gingival harmony and the ability to visualize discrepancies. Be able to diagnose, treatment plan, and execute aesthetic based periodontal surgical procedures. Learn to identify fundamental restorative and surgical principles. Recognize potential pitfalls by not addressing the periodontium prior to restorative treatment. Gain the ability to discuss treatment options and expected results with the patient.



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ATT: GENERAL DENTISTS: Tired of being pressured to produce? Tired of being put upon to "follow the program?" Tired of worrying that someone will keep their promise, or being told "next year?" Then it's time for you to spread your wings and fly, and have equity in something that belongs to you! Come join me at my solo general practice in Oakland Gardens/Queens Village as an owner from the get go, using me as an associate to work for you! Use my 600k practice as a nucleus upon which you can build and create the practice following your vision! Email replies to toothman68@aol.com or call us at 516-456-5418.

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RETIRED DENTIST: share your expertise with us and make some extra money! After working for several years as a dentist, you have valuable dentistry experience that our team members would be honored to learn. It's a part-time job where you can contribute to the development of new generation of dental professionals and get out of the house a little! Location: Flushing. Contact us for more information including compensation. aligndental@gmail.com

GREAT OPPORTUNITY! Closing dental practice of 43 years on 02/28/2023. Looking for a dentist to assume patient records and phone number. Practice is located at 87-80 Parsons Blvd Jamaica N.Y 11432. Please contact Dr. Steven Kaye at 516-3306928 or Email steveckaye@aol.com



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