

FALL 2026

WVDANEWS



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WVDA PAST PRESIDENTS AT THE GREENBRIER



PICTURES FROM THE 2026 ANNUAL SUMMER MEETING INSIDE!

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Martinsburg, WV. Collecting in the \$490,000 to \$500,000 range per year. Attractive free-standing building. 4 operatories. Dentrix software. Located in area with HISTORY OF STRONG POPULATION GROWTH. Real estate (office building) can be either leased or purchased at the time of the practice sale.

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Parkersburg, WV Region. (NEW LISTING) Collecting ~\$656,000 per year. 8 operatories provide potential for growth. 2 hygienists. Eaglesoft practice management software. Office building for sale with the practice. Good pre-tax cashflow income potential.

CONTACT US FOR MORE DETAILS

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IN THIS ISSUE



P. 6-8

CE, Fellowship, & Family Time at The Greenbrier



P. 11-13

Delta Responds to ADA Inquiries About Charging Dentists to Receive Reimbursement



P. 18-19

TWO MODELS, TWO SETS OF RULES: How Dental Insurance Plan Structures Affect Providers



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**News, events, alerts,
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2026 DENTAL MEETINGS

September 18 - 19, 2026
ADA 6th District Pre-Caucus Meeting
Huntington, WV

October 8 - 10, 2026
ADA Scientific Session
Indianapolis

October 10 - 13, 2026
ADA House Of Delegates
Indianapolis

November 1, 2026
Fall WVDA Executive Council Meeting
Virtual Meeting at 4pm

2027 & 2028 DENTAL MEETINGS

Dentist Day at the Legislature **Thursday, February 4, 2027**



Plan to join dentists from across West Virginia at the State Capitol on Thursday, February 4! Dentist Day at the Legislature will be an organized opportunity for you to advocate for policy issues important to dentistry. Watch the Enews for more information.

February 5 & 6, 2027
WVDA Winter Meeting
Four Points by Sheraton, Charleston

July 15 - 17, 2027
WVDA | VDA 121st Annual Meeting
The Greenbrier, White Sulphur Springs

October 29 - November 1, 2027
ADA House Of Delegates
Denver

October 27 - 30, 2028
ADA House Of Delegates
Indianapolis



**WEST VIRGINIA
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2026 WVDA Executive Council

2016 1/2 Kanawha Blvd., East
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PRESIDENT'S MESSAGE

Members of the WVDA,

Thank you for attending the 120TH Annual Session of the WVDA. As always, it was a fantastic event but not without a few surprises. I would first like to thank Hallie Mason, Susan Jones, Joanna Wright and Kay Sayavong for all of their hard work on behalf of the WVDA and the AGD.

I would also like to thank all of our distinguished guests at this year's event - Dr Thomas Paumier, Dr. Fred Howard, Dr. George Shepley, Dr Mike Medovic, Dean Stephen Pachuta, Dr. Brad Neville, WV House speaker Roger Hanshaw and State Senator Jason Barrett. The attendance of these individuals on behalf of our profession and our great state was truly a privilege.

I would like to extend a special word of appreciation to Dr. Thomas Paumier and Dr. Sam Dorn for providing such exceptional CE sessions at truly the last moment. Their willingness to step up and volunteer their time and talent is a testament to their commitment to our profession and to the betterment of all WV dentists.

I would like to again congratulate Dr. Mark Kilcollin, this year's recipient of the Robert B. Bridgeman award. It was an honor to recognize such a wonderful individual and professional career.

Thanks again for making this years Annual Session such an amazing event. Enjoy the remainder of summer and have a great Autumn season. Let's Go Mountaineers!

Professionally,

Jay S. Boyd, DDS
WVDA President



CE, FELLOWSHIP, & FAMILY TIME AT THE GREENBRIER



WVDA Past Presidents gathered at the Past Presidents reception: (Left to Right) Dr. Travis Wills, Dr. Don Patthoff, Dr. Robert Wanker, Dr. Sami Chareeb, Dr. Jim Courier, Dr. Mike Medovic, Dr. Richard Gerber, Dr. Hillary Homburg, Dr. Dan Carrier, Dr. Nika Hettlinger, Dr. Dan Joseph, and Dr. Jim Szarko.

WVDA'S 120TH ANNUAL SESSION Brought Our Dental Community Together in the Mountains

The West Virginia Dental Association's 120TH Annual Session brought members, guests and exhibitors to The Greenbrier in White Sulphur Springs July 16–18, 2026, for three days of continuing education, professional connection and family memory-making. Set amid the Allegheny Mountains, the historic resort offered an inviting setting where attendees could move easily from lectures and exhibits to pools, trails, and time together.



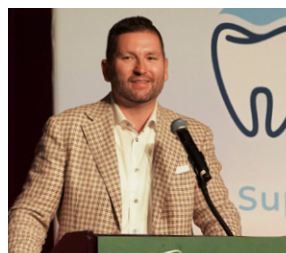
Education anchored the weekend. On Friday, a quick pivot enabled us to welcome American Dental Association **President-Elect Thomas M. Paumier, D.D.S.**, reported on national and state advocacy issues. He also presented the morning CE on Antibiotics Use in Clinical Dentistry – 2026 Update. It was an honor to have the ADA President-Elect not only attend our meeting, but also provide a very informative lecture to attendees! Dr. Sam Dorn, former Endodontics Chair at WVU-SOD, presented afternoon lectures on “Trauma to the Teeth: Diagnosis and Treatment” and “Extract - Replantation – Another Surgical Procedure”.

Saturday's Dr. Jerry Bouquot Visiting Lecture Series for Dentistry featured **Brad W. Neville, D.D.S.**, presenting “Oral Manifestations of Systemic Disease.” Dr. Neville

is a WVU-SOD graduate and it was wonderful to have him back in our state addressing friends and former colleagues. Attendees earned up to 11 hours of continuing education through the featured programs and scientific exhibits.



During Friday's luncheon, the Association honored **Mark C. Kilcollin, D.D.S.**, as the 2026 recipient of the Dr. Robert B. Bridgeman Distinguished Dentist Award, recognizing a career defined by rural access to care, mentorship and service to West Virginia dentistry. It was a special opportunity to recognize Dr. Kilcollin on his “home turf!”



Friday afternoon also provided attendees a change to pivot from dentistry to state economics in a greeting from **West Virginia House of Delegates Speaker Roger Hanshaw** and **West Virginia State Senate Finance Committee Chairman Jason Barrett**. Both shared their thoughts on the state economy and the important role small businesses, like dental practices, play in supporting our citizens and the workforce.

Fellowship continued beyond the classroom. A reception honoring WVDA past presidents led into the 120TH Annual Session Celebration Reception and #ToothParty on Friday evening. Saturday began with a sound bath relaxation session open to spouses, followed by specialty organization meetings, a golf tournament on The Meadows Course, and afternoon refreshments at the Infinity Pool.

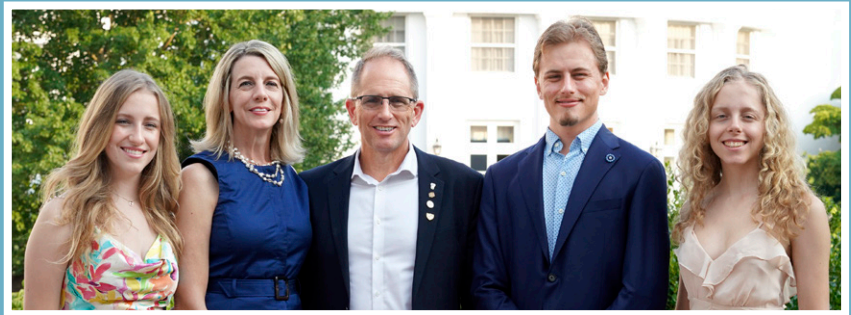
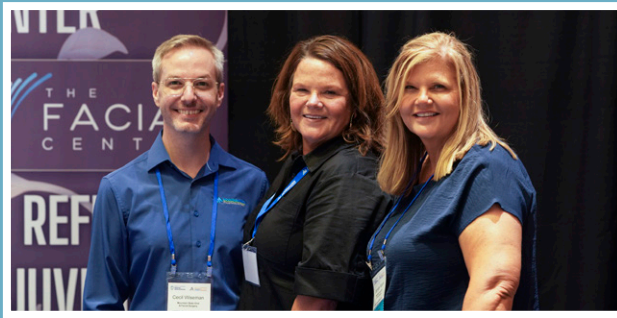
A Meeting the Whole Family Enjoys

The Greenbrier makes it easy to turn a professional meeting into a shared summer getaway. While dentists attended educational sessions, family members enjoyed the indoor and outdoor pools, explored the grounds, and took part in activities suited to a range of ages and interests. The resort's supervised Adventure Zone offers programming for children ages 3 to 10, while options such as bowling, an arcade, carriage rides, fishing, croquet and outdoor adventures invite families to make memories together.

Several simple pleasures were built into the meeting experience at no additional charge: morning coffee in the upper lobby, afternoon tea, a historical exterior tour, nightly movies, leisurely walks and swimming. These moments gave families room to set their own pace—and gave attendees a welcome chance to reconnect after the day's professional programming.

That balance of learning, camaraderie and family recreation is part of what makes a WVDA meeting at The Greenbrier so memorable. Please mark your calendars for a fabulous, business-related vacation next summer with your family - **July 15-17, 2027** is when the Virginia Dental Association will co-host the next annual meeting. Mark the dates now, bring the family and plan for a special mountain getaway with colleagues from across the region.





MARK YOUR CALENDAR



WEST VIRGINIA
**DENTAL
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WINTER MEETING
February 5&6, 2027

**FOUR
POINTS**

BY SHERATON

CHARLESTON

600 Kanawha Blvd E
Charleston, WV 25301

Dr. Pamela M. Maragliano,
Editor of Dental Economics

Don't Be a One-Trick Pony:

Restorative Selections for
Successful Outcomes



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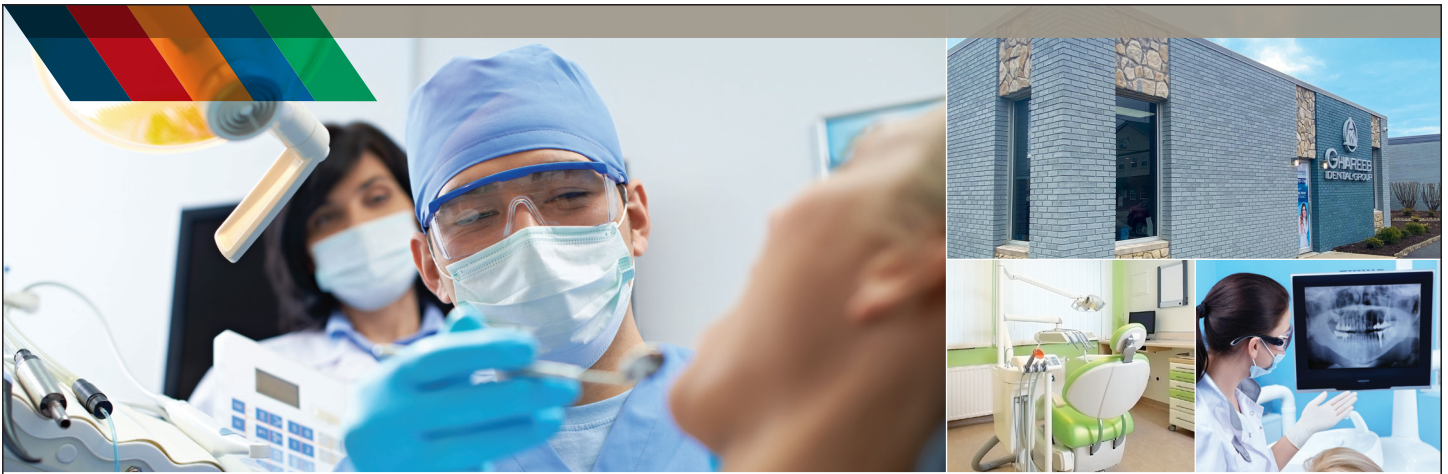
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121ST ANNUAL MEETING SESSION

July 15-17, 2027
The Greenbrier Resort



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Delta Responds to ADA Inquiries About Charging Dentists to Receive Reimbursement

Association Provides Support to Members Wishing to Adopt EFT

The American Dental Association and the West Virginia Dental Association oppose Delta Dental of California's policy to begin charging dentists for paper checks and Aetna's move away from paper checks for noncontracted providers.

This action is in direct conflict with ADA policy, and the ADA believes that dentists should have the freedom to choose their preferred method of payment and receive the full value of their reimbursement without being subjected to unnecessary administrative fees or payment processing charges.

The ADA previously sent a letter July 8 to the National Association of Insurance Commissioners asking the organization to take a stand against this payment policy shift and urging insurance commissioners around the country to support regulatory oversight.

The state associations who represent dentists affected by this edict are preparing a letter to Delta Dental voicing opposition to this new policy.

To further support its member dentists, the ADA sent several questions on their behalf to Delta Dental Plans Association and Delta Dental of California. Below are the organizations' answers to the ADA's questions.

ADA : How can practices treating Delta Dental-covered individuals access explanation of benefits statements when receiving electronic funds transfer, or EFT?

Delta : All Delta Dental electronic remittance advice statements can be accessed through the national dentist dashboard at deltadental.com. Simply log in and click on the "Check National ERA" tab. Delta Dental has partnered with DentalXChange to simplify the management of the remittance advice statements. You can also access the system through your local Delta Dental member company's website.

ADA : How can individual claims be traced to bulk EFT payments?

Delta : Delta Dental websites provide details about the claims associated with the payment, including the EFT check number.

ADA : How long does it typically take to receive an EFT payment? Are the explanations of benefits delivered within the same time frame?

Delta : EFT payment cycles vary by Delta Dental member company and may range from daily to weekly. Electronic remittance advice/explanation of payment/remittance advice statements are typically issued no later than one business day after the corresponding payment.

ADA : Can the dental plan withdraw funds from my bank account if, for some reason, a recoupment is requested?

Delta : No. Delta Dental cannot withdraw funds directly from a provider's bank account. EFT payments are one-way transactions that are securely routed through approved banking channels and support deposits only, protecting providers from unauthorized withdrawals or access. Any recoupments are handled through standard reconciliation processes.

ADA : How does EFT work if I have multiple office locations?

Delta : The provider would need to sign up for each office location. Delta Dental has partnered with DentalXChange to simplify the management of the electronic remittance advice. The electronic remittance advice will capture claims by provider and office location/tax ID. It includes information about the patient, service provider, adjustments made to the claim, procedure performed and cost, including patient benefits, co-payment and deductible information.

ADA : How does EFT work if I have multiple providers in the office?

Delta : The electronic remittance advice/explanation of payment/remittance advice that accompanies every EFT will capture claims for the providers in the office by tax ID. It includes information about the patient, service provider, adjustments made to the claim, procedure performed and cost, including patient benefits, co-payment and deductible information.

ADA : What happens if a deposit is attempted to a closed or incorrect account?

Delta : When an electronic deposit fails, the Delta Dental member company receives a failure notice. The Delta Dental member company will update the provider to the plan's default payment method while the member company attempts to secure updated EFT information from the provider.

ADA : Is it possible to terminate EFT enrollment once I have opted in?

Delta : Yes, it is possible for a provider to terminate their EFT enrollment.

ADA : How does Delta Dental determine how I receive payment?

Delta : Providers will be paid according to the method they have selected with their local member company or third-party payment processor if they have contracted with one. Providers can enroll once through their local Delta Dental member company and opt into national EFT, in which case the local member company will make the information available to all member companies for their use in paying the provider.

How will the \$15 weekly fee being imposed by Delta Dental of California enterprise companies work if:

ADA : I am out of network with Delta Dental?

Delta : At this time, out-of-network providers are not included in the weekly processing fee. If that changes in the future, Delta Dental will provide advance notice of such change. Out-of-network dentists may enroll in EFT, and Delta Dental encourages all providers to do so.

ADA : I am contracted with one of the Delta Dental of California enterprise companies and I am treating a patient covered by them?

Delta : If a provider chooses the paper check option, they will be charged a \$15 processing fee weekly by Delta Dental of California.

ADA : I am contracted with Delta Dental of California enterprise companies and I am treating a patient covered by a different Delta Dental member company?

Delta : The \$15 weekly processing fee applies only to claims submitted to Delta Dental of California enterprise companies by contracted providers within the Delta Dental of California enterprise states at this time.

ADA : I am contracted with a different Delta Dental member company and I am treating a patient covered by a Delta Dental of California enterprise company?

Delta : The \$15 weekly processing fee only applies to claims submitted to Delta Dental of California enterprise companies by contracted providers within the Delta Dental of California enterprise states at this time. Providers will be notified by their local member company of changes in payment options and any applicable fees.

ADA : What customer support is available for EFT-related issues?

Delta : Each Delta Dental plan has a provider service line to assist with any EFT-related issues. For Delta Dental of California and its member companies, contact the provider concierge at 1-800-592-0156.

The ADA Council on Dental Benefit Programs also compiled the Q&A below as a tool to assist dentists as they navigate the decision to move from paper checks to EFT. The Association recently updated its EFT implementation checklist as well to support offices choosing to transition. Issues that continue to be reported include:

- Decoupled payment and remittance that arrive via different channels on different days.
- Bulk deposits that obscure claim-level detail.
- Missing or malformed transaction reference numbers in remittance files that do not correspond to bank transaction numbers.
- Addenda records missing from online banking interfaces.
- The use of proprietary portals and PDFs by payers to deliver remittance files instead of standard electronic transactions.

The ADA and state dental associations have successfully advocated for payment choice in many states, and the ADA advises dentists to be aware of laws governing choice in their state when choosing payment options.

ADA : Are EFTs free?

Delta : It depends. The ADA has not yet encountered payers charging a fee for a Health Insurance Portability and Accountability Act standard automated clearing house EFT payment, but it has encountered complaints from dentists who were directed by dental plans to third-party vendors for payment processing that then applied additional charges. This is typically tied to "value-added" services, such as automatic reassociation, expedited payment or practice management integration, bundled in the enrollment process. Before signing an EFT enrollment agreement, especially with

a third party, review any added services or ask specifically for a basic, fee-free HIPAA standard automated clearing house EFT option. In some instances, the bank that a dentist chooses to work with may charge a bank transaction fee even for a HIPAA standard automated clearing house EFT payment.

It is also important to understand what type of “electronic” payment is being offered. Some plans use virtual credit cards, which are electronic payments that are processed through credit card networks rather than the HIPAA-adopted automated clearing house EFT standard. Because virtual credit card transactions are typically subject to card processing fees, providers are more likely to incur fees when accepting virtual credit card payments than when receiving HIPAA standard automated clearing house EFT payments. The Centers for Medicare & Medicaid Services has clarified that if a provider requests payment through the HIPAA-adopted automated clearing house EFT standard, the health plan must comply and cannot require the provider to accept a virtual credit card as a condition of payment. Dentists can oppose signing virtual credit card-only payment terms. A contract clause cannot extinguish the provider's regulatory right to request HIPAA standard automated clearing house EFT payments. The plan must comply with a request under HIPAA Administrative Simplification regulations (45 CFR § 162.925(a)(1)). For common contract issues, find resources and information on the ADA's dental insurance contract issues webpage.

ADA : What can I do to protect my practice and have financial oversight if I sign up for EFT? Do I have to share my banking information with my office staff?

Delta : A commonly recommended best practice is to establish a dedicated bank account exclusively for receiving EFT payments from payers. To efficiently reconcile payments, your office manager or designated staff member may need access to the account. However, many practices work with their banking institution to establish view-only access rather than full transactional authority. This allows staff to verify deposits and reconcile payments without the ability to move funds.

Practice owners should maintain regular oversight of EFT activity, ideally reviewing deposits and account activity at least weekly. Practices should ask their bank to place a debit block or debit filter on the EFT account so funds cannot be pulled without authorization. Funds can then be transferred from the EFT account to the practice's primary operating account according to the

practice's established financial procedures. This approach helps balance operational efficiency with appropriate financial controls and oversight. Practices transitioning to EFT may want to consult with an accountant to establish the most efficient, cost-effective workflow for their office.

ADA : Are EFT funds typically sent as individual claim payments or in a bulk transaction?

Delta : EFT payments can come as either, depending on how many claims have been processed at the time the dental plan is making its scheduled payment.

ADA : Are explanation of benefits/electronic remittance advice statements sent as bulk statements or individually by claim?

Delta : The electronic remittance advice is the HIPAA 835 transaction and is referred to in paper form as an explanation of benefits, explanation of payment or remittance advice. There is an electronic remittance advice for each EFT, so it may cover one or more claims depending on what is included in the EFT.

These statements all provide information about the patient, service provider, adjustments made to the claim, procedure performed, and cost, including patient benefits, co-payment and deductible information. If payment is denied, an explanation is provided.

ADA : If a provider's banking portal does not display automated clearing house addenda information, what alternative mechanism is available to obtain the reassociation data necessary for payment posting?

Delta : As part of the EFT enrollment and implementation process, practices should proactively contact their financial institution and confirm that their banking platform can receive and display the automated clearing house cash concentration or disbursement plus addenda information that accompanies healthcare EFT transactions. Dentists should specifically request access to the EFT reassociation trace number and other addenda data needed to match EFT deposits to the corresponding electronic remittance advice for accurate payment posting. If an EFT account is already established but the information is not displayed, offices should request information on how to retrieve the information needed for reconciliation.

ODD LESIONS FROM MORGANTOWN - A Premolar Crown on a Root Apex? Something Brand New

Jerry E. Bouquot, DDS, MSD, Clinical Professor, Department of Oral & Maxillofacial Surgery, West Virginia University School of Dentistry, Morgantown, West Virginia

Lakshmi Garladinne, BDS, MS, MDS, MA, DABOMR, Associate Professor & Director of Radiology, Department of Oral & Maxillofacial Surgery, West Virginia University School of Dentistry, Morgantown, West Virginia

Gary Johnson, DDS, Assistant Professor & Program Director, Department of Endodontics, West Virginia University School of Dentistry, Morgantown, West Virginia

First impression: Hypercementosis

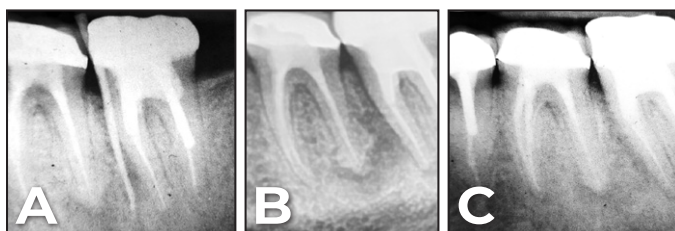


Figure 1. Endodontically treatment left mandibular first and second molars. A) Periapical radiograph shows irregular radiolucency at apex of first molar, with gutta percha point pushed down a draining sinus tract (fistula); B) Close up of distal root of first molar shows bulging apical root surfaces with apparent periodontal ligament covering surfaces; C) Post-op radiograph from 9 years earlier shows less enlargement of the apex of the distal root of the first molar.

What Came Before. This 55-year-old female presented to her family dentist with pain of her left mandibular molar region, with her second premolar, and first and second molars having a history of endodontic treatment secondary to facial trauma 9 years earlier. The area had been without symptoms until recently. She has a history of breast cancer, treated successfully 6 years ago.

What It Looks Like Now. Both of her molars appeared now to be endodontically failing, with an apparent endo/period lesion or sinus tract of the second molar mesial root (Figure 1). The first molar showed a lobulated enlargement of its distal root apex, evidently covered by the periodontal ligament. This apical hyperplasia was consistent with hypercementosis, and appeared to have enlarged since the previous radiograph was taken 6 years earlier, although the radiographic angle differed between the two films. Extraction of both molars was elected.

Treatment & Gross Specimen. When removed, the distal root of the first molar did not appear to be covered by excess cementum, as would be expected for hypercementosis. Instead, it appeared to be covered by a white, hard surface which could not be scratched by an explorer point; it had all the features of enamel (Figure 2). When the tooth was further examined, the apical enlargement appeared to obviously be a classic premolar-shaped, enamel-covered crown, with the apical canal emptying through the “occlusal” surface of the crown. The enamel was so thin that it was not radiographically obvious. Microscopically, the apical cementum layer was, indeed thickened, to create the crown shape, with minimal increase in dentin. The enamel layer was lost during decalcification but appeared to be very thin.



Figure 2. Gross appearance of distal root of first molar, after being fixed in formalin. A) Apical enamel is easily visible to the right; B) Same root as A); C) Close up of premolar/bicuspid-shaped crown, covered by enamel and having the apical canal extending completely through the “occlusal” surface (arrow).

Diagnosis & Discussion. An enamel covered root apex has never been reported. Since this one had an obvious premolar/bicuspid coronal shape we gave it the name of “apex crown.” Technically, this could be considered a hamartoma. Root formation depends on complicated epithelial-mesenchymal interactions, resulting in integration with surrounding bone, blood supply and nerves. This, of course, is controlled by Hertwig’s epithelial root sheath, continually assisted by neural crest cells and stem cells that remain in place long after the teeth have been formed. The present case appears to be an example of a stem cell that forgot where it was and decided to create a crown instead of a normal root tip. The development was incomplete, with only a thin layer of enamel formed, but the developmental signals were strong enough to properly form a crown shape.

Although the radiographs appear to show enlargement of the apical crown over almost a decade, the beam angles differ enough that we think it is very difficult, if not impossible, to compare the two. It seems most logical to assume that this apex crown was formed at the time that the root itself was formed, but since stem cells remain locally for a lifetime, a later onset of crown formation cannot be completely excluded.

To make this case even more intriguing, the right first molar in the patient also appears to have an apical “enlargement” as well (Figure 3). That molar has not been extracted, so we are left speculating as to whether it is simply hypercementosis or a symmetrical apex crown.



However, the periodontal ligament of this root does remain around the tooth, it does not wrap around the sclerotic mass. That being the case, the right first molar lesion is most likely ischemic (idiopathic) osteosclerosis than hypercementosis.

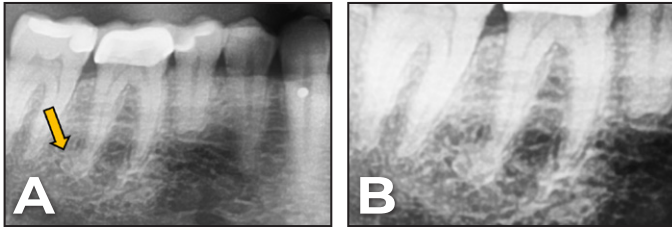


Figure 3. Pantograph of right mandible on the same patient. A) Arrow points to a globular sclerotic mass of the apex of the distal root of the first molar; B) Close up shows that the periodontal ligament does not surround the sclerotic apical mass.



Please note: Send us your interesting cases for publication in this section

References available upon request: bouquot@aol.com



West Virginia State Law Delays School Board Dental Claim Payments

West Virginia State law requires county boards of education to meet in person to approve all expenses... and that includes their employees' dental claims.

Please be aware that Bento can process claims almost immediately for private employers or other public entities using their payment platform. Disappointingly, the state law referenced above is the reason Bento can't process county school employee claims as quickly.

The WVDA executive director met with the State Treasurer and the CFO for the State Board of Education earlier this year about the issue. Due to the current financial stress that many counties are under, there is NO interest in changing the law that requires county boards to meet to approve expenses.

Therefore, there is nothing Bento can do to speed up claim payments from county boards of education.

Elevate your practice with a trusted partner

- Easy enrollment process
- Timely claims payment
- Dedicated provider support

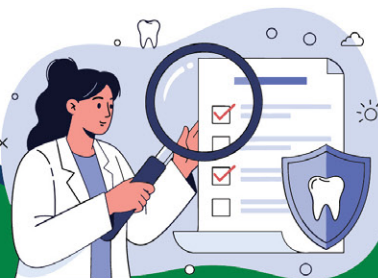
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United Concordia offers \$2500 to Medicaid Enrollees

Did you know Medicaid's United Concordia Dental (Highmark Blue Cross/Blue Shield) offers their Medicaid enrollees \$2500 every 2 years? This is \$500 more benefit than the other MCO's provide their enrollees.

United Concordia is the newest dental benefits administrator to the scene. They are an alternative to Skygen and Liberty, who are dental benefit administrators for the other Medicaid MCOs.

Want to know more? Call Tonya Heaton, Provider Relations Liaison at 717-260-7269

2026 WVU-SOD Graduates Staying in West Virginia

The annual WVDA Signing Day Ceremony was held last March at the WVU-School of Dentistry for fourth-year graduates. WVDA Officers Dr. Valerine Perrine (Secretary), Dr. Jay Boyd (President), Dr. Mitri Chareeb (Vice-President), and Hallie Mason (Executive Director) congratulated students and welcomed them to organized dentistry.

THE FOLLOWING GRADUATES OF THE CLASS WILL BE PRACTICING IN WEST VIRGINIA:



DR. MADISON ANDERSON
Romney
Tim Nichols, DDS



DR. NOUR FOUAL
Fairmont
Ray Family Dentistry



DR. BRIANNA HODAK
Charleston
WV Health Right



DR. ARIEL HOLLIDAY
Union
Kilcollin Dental



DR. COLLIN KERR
WVU-SOD
Orthodontic Residency



DR. DAVID KINES
Davis



DR. KRISTEN KNOTTS
West Virginia



DR. KAMERON LUCKY
Summersville
Kevin C. Lucky, DDS



DR. TRISTAN LUCKY
Summersville
Kevin C. Lucky, DDS



DR. ZACHARY MATHENY
Poca & South Charleston
Chareeb Dental Group



DR. GRACE MYERS
Summersville
Kevin C. Lucky, DDS



DR. RYAN NEIL
Bridgeport
Bridgeport Family Dental



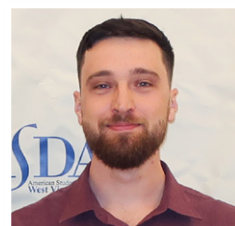
DR. KATELYN PINTI
Fairmont
Wilson Martino Dental



DR. MATTHEW VICINI
WVU-SOD
Prosthodontic Residency



DR. JOSHUA PETIT
Charleston
South Hills
Family Dental Care



DR. NICHOLAS WALKER
Charleston
Michael J. Tupta, DDS



DR. SARAH ZANABLI
Fairmont
McBee Family Dentistry



DR. RILEY REESMAN
Charleston
Reed Dental

DR. BRITTANY WALKER, Martinsburg, AEGD at the VA Medical Center

WEST VIRGINIA SCHOOL OF DENTISTRY

Dental school graduates from rural areas are 3 times more likely to end up settling in a rural area compared with dental school graduates who are from urban areas.

(September 2016 study by the Health Policy Institute, American Dental Association)



Class of 2030 Demographic Profile

Total Applicants 1309	 70 In - State Students 1239 Out-of-State Students	 30 Female Students 18 Male Students
 Home Counties of Our 1st Year Dental Students	 440 DAT Average PAT Score 450 DAT Average Academic Score 3.84 Average Overall GPA 3.81 Average Science GPA	
State of Residence	 170 Average Dental Shadowing Hours 275 Average Volunteer Hours	
Undergraduate Degrees 1 Biochemistry 20 Biology 4 Biomedical Science 3 Chemistry 2 Dental Hygiene 7 Exercise Science 1 Human Biology 1 Immunology 1 Interdisciplinary Studies 1 Kinesiology 2 Nutrition & Dietetics 2 Physiology 1 Psychology	 Stephen Pachuta DDS, MS, MABe Dean West Virginia University School of Dentistry	WVU-SOD Fast Facts • Began educating dental health care professionals in 1957 • 96% first-time pass rate on clinical board exams • 100% job placement rate • Supports 20+ outreach programs • DDS and DH students complete rural rotations in 90+ offices statewide

TWO MODELS, TWO SETS OF RULES:

How Dental Insurance Plan Structures Affect Providers

Many West Virginia dentists are frustrated because some dental insurance plans follow the state laws on Assignment of Benefits and Non-Covered Services, but other insurance plans do not. This creates confusion for staff, patients, and providers and adds to the contentious relationship between dentists and insurance companies.

Insurance plan funding models add to the complexity of dental benefit plans. These models determine how federal law applies to the plan, as well as the responsibility the insurer has to the employer hosting the dental plan.

Most of the time, neither dentists, staff, nor patients can tell which category their dental plan falls into:

1. **Self-Funded:** Where the Insurer acts as an Administrator for an Employer Plan
2. **Fully-Insured:** Where the Insurer is a Risk-Taker for a Plan

Insurers as Administrators

Dental insurance coverage can generally be separated into plans that are defined as either:

“Self-Funded” or “Fully Insured” This distinction determines how the plan is regulated.

Self-Funded plans are plans where an employer pays fees to an insurance carrier for certain administrative services, but the **employer bears the full cost of any employees' health care claims**. These plans are regulated by federal ERISA laws.

In these self-funded arrangements, the employer is **financially responsible** for all claim payments, while the administrator handles tasks like claims processing and customer service.

An example of self-funded plans in West Virginia are those with county schools. County boards of education collect funds through local excess levies dedicated to provide employee benefits. This revenue provides the county boards with the cash to pay the cost of the dental services for employees.

The Boards of Education contract with an administrative service organization (ASO) or third-party administrator (TPA) to process the claims for dental services. ASO/PTAs can be insurance companies. Fayette County Schools, for example, formerly utilized Delta Dental as the administrator of their plan, but now uses the Bento platform.

Alternatively, *fully insured plans* are plans where an employer pays a premium to an insurance carrier, and the **carrier assumes the financial risk for claims by funding the cost of health care claims** for employees in the plan. The employer pays a fixed monthly premium to the insurer for each enrolled employee. Once that premium is paid, the insurer – not the employer – bears the entire financial risk

of dental claims. The employer is NOT responsible for the full cost of the employees' health care claims. These plans base premiums on projected – not actual – claims and are regulated by state insurance laws.

An example of fully-insured dental plan is the one offered by the State of West Virginia to its employees. This plan was formerly provided by Delta Dental (now SunLife).

Here Lies the First Point of Complexity. Companies, like Dental Dental, brand their name on both self-funded and fully-insured plan services, but they **DO NOT IDENTIFY** which type of plan it is to dental offices!

Without this information, neither the patient nor the office knows what role the insurer is playing in the relationship and, therefore, *which laws cover that insurer's relationship with the employer sponsoring the plan. This is why some dental plans offered by the same insurer, ie. Delta Dental, comply with state laws and some will not.*

The federal Employee Retirement Income Security Act of 1974 (ERISA) regulates self-funded dental plans. Some carriers argue it allows them to ignore state insurance laws meant to protect patients.

Carriers administering self-funded ERISA plans argue that since ERISA is a federal law, it supersedes, or “preempts” state insurance laws that protect patients. For example, if there is a specific dental insurance problem that a state legislature passes a law to fix, like assignment of benefits, the self-funded plans claim ERISA preemption to avoid compliance with that law.

Nationwide, approximately 46 percent of subscribers are covered by self-funded dental plans. Those plans fall under ERISA, and ERISA has historically proven to be very difficult to amend.

Insurers as Risk Takers

As previously noted, dental insurers brand their name on both self-funded and fully insured plan services, making it unclear to dental offices which plans are covered by which laws.

The **second point of complexity is the role of the insurer**. In self-funded plans, the insurer is just the administrator paying claims funded by the employer. However, in fully-funded insurance plans, the insurer is the risk taker and funds the actual cost of the claims.



Companies like Delta Dental can act in either role, but have very different business models for each role. The distinction is not just semantic - it changes **how the insurer makes money, what regulations apply, how reserves work, how claims are handled, and what incentives drive behavior.**

As the risk-taker in a fully-insured plan, the profit comes from **the spread** between premiums collected and claims paid. As the administrator in a self-insured plan, the profit comes from **administrative fees** (ASO/TPA fees), not premiums.

Patients' insurance cards can look the same from a single insurer who acts in both roles for different plans offered by the company. It is impossible to tell by looking at the insurance card whether the particular plan's benefits are covered under state laws or not.

WHY?

1. **ERISA Pre-Emption** – The federal law limits states' ability to impose requirements – especially labeling or disclosure mandates – on these plans.
2. **Carriers' Resistance** – Insurers and TPAs have historically resisted transparency requirements that would make it easier for patients and providers to identify self funded plans – because self funded plans are exempt from many state protections.

What Can Be Done?

The American Dental Association (ADA) is supporting newly introduced federal legislation aimed at ensuring that state dental insurance reform laws apply to self-funded dental plans.

H.R.7931, The Improving Dental Administration Act, or IDA, was introduced in March 2026. It is a bi-partisan bill introduced by Congressional Representatives Jeff Van Drew (R NJ) and Dr. Herb Conaway (D NJ) that would close the ERISA loophole and return the power to regulate health care to the states.

This measure would ensure that the more than 360 state dental insurance reform and patient protection laws enacted in the past decade apply to patients enrolled in self-insured plans, including West Virginia's Assignment of Benefit and Non-Covered Services laws.

"The growing number of 'self-funded' plans regulated by ERISA has emboldened carriers to assert they are not subject to state oversight, claiming that the ERISA preemption gives them a free pass to ignore insurance laws," said ADA President Richard Rosato, D.M.D. "We need to fix this ERISA loophole that keeps state regulators from enforcing pro-consumer insurance laws enacted in their states. Patients and providers should not be left unprotected based simply on how their dental benefits are purchased."

The ADA highlighted that the legislation is intended to address ambiguity surrounding ERISA and reaffirm states' authority to regulate insurance coverage offered within their markets. If enacted, the bill would clarify that self-funded dental plans must comply with applicable state dental insurance laws.

Dr. Conaway expressed pride in introducing the legislation, which he emphasized ensures consistent standards and puts patients first.

"Dentists across the country want to focus on caring for their patients, but too often they are forced to navigate a system where certain insurance companies are not playing by the same rules. When companies take advantage of loopholes in federal law, it creates confusion, higher costs, and unfair treatment for both providers and the people they serve," he said.

Dr. Rosato said state insurance regulators often face uncertainty when attempting to hold carriers accountable to state laws when those carriers administer self-funded plans, noting that the legislation takes a "big step forward" in creating fairness and accountability.

According to the ADA, the continued growth of self-funded plans, compared with fully insured plans, has contributed to confusion about which laws carriers must follow. Dr. Rosato said ERISA was originally intended to protect retirement plan assets, including 401(k), 403(b) and pension plans.

"It wasn't meant to let carriers ignore state laws and weaken consumer protections," he said. "We want carriers to follow the law and stop claiming ERISA as a reason to ignore the insurance reform efforts within our states."

The ADA said the proposed legislative change would not affect employer-sponsored retirement benefits regulated under ERISA.

Ask West Virginia Congressional Representatives Carol Miller and Riley Moore to co-sponsor H.R. 7931! If fixing this long-standing issue is important to you, please reach out to your member of Congress and ask him or her to cosponsor this house resolution.

**Rep. Carol Miller can be reached
at millerforms.house.gov/contact/**

**Rep. Riley Moore can be reached
at rileymoore.house.gov/contact/**

Surcharging

What is Surcharging?

Charging an additional fee when the patient pays with a credit card to cover the businesses cost to process the payment.



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- \$199 for surcharging businesses



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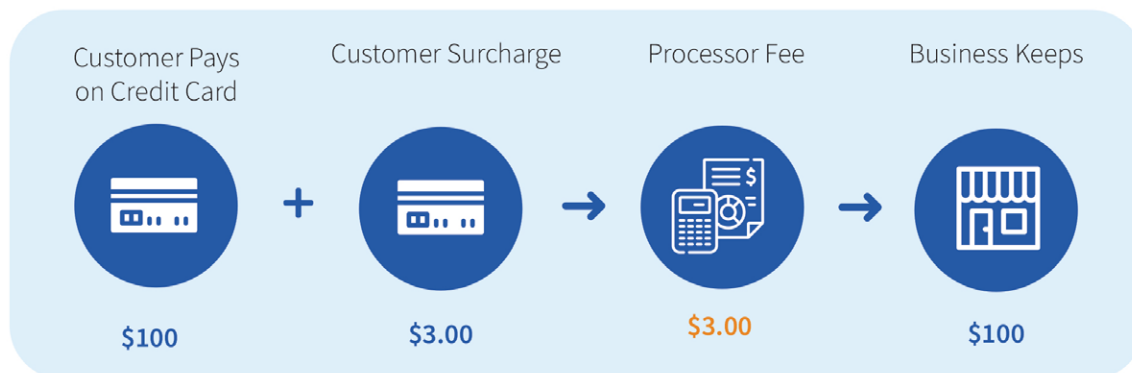


How It Works?

1. When patient pays, the card reader will immediately determine whether it is a debit or credit card.

2. For credit cards, the card reader will add the additional 3% surcharge to the transaction total for the cardholder to pay.

3. Patient finishes transaction and business keeps the full initial transaction amount. Patient surcharge covers the processing cost.



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What to Consider Before Surcharging

Rules and Regulations

- You must give notice to patients at the front of the practice, any payment location, on your website, and on all billing materials.
- If you're going to surcharge any credit cards, you must surcharge all credit card types and transactions.
- Before you start surcharging you have to register with the card brands. Most processors will take care of this step for you, but you should verify that it was reported.
- The surcharge must match the exact fees paid by the business. e.g. you can not charge a 5% surcharge if your costs are 3%.
- You cannot surcharge debit cards - only credit cards - and your system must know the difference. Debit transactions are still debit with or without PIN.
- The surcharge on credit cards must not exceed 3% for Visa and 4% for MasterCard, Discover, or American Express.
- The surcharge must be clearly visible as a surcharge on the transaction receipt and in the transaction data.

When Best Card sets your business up for surcharging, we will make sure you are compliant with all regulations.

Surcharging Pros & Cons

Pros

- Removes transaction fees the office pays that can be very expensive.
- Encourages patients to use debit cards, which are a lower cost to run.

Cons

- Can upset your patients and increase patient attrition.
- Surcharges may cause declines on HSA or FLEX spending cards.
- Insurance payments by virtual card will not allow an additional surcharge.
- Can lead to an increase in accounts receivables.
- Cannot write off merchant processing fees for taxes.
- Complicated and changing regulations and state laws can be hard to keep up with.



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CLAIMS PROCESSOR:

SKYGENUSA

Dr. Diane Paletta

diane.paletta@skygenusa.com

304-545-3371



CLAIMS PROCESSOR:



Katherine Schwertfeger (WV North)

kschwertfeger@libertydentalplan.com

304-650-6462

Morgan Ball (WV South)

mball@libertydentalplan.com

888-703-6999 Ext. 764



CLAIMS PROCESSOR:

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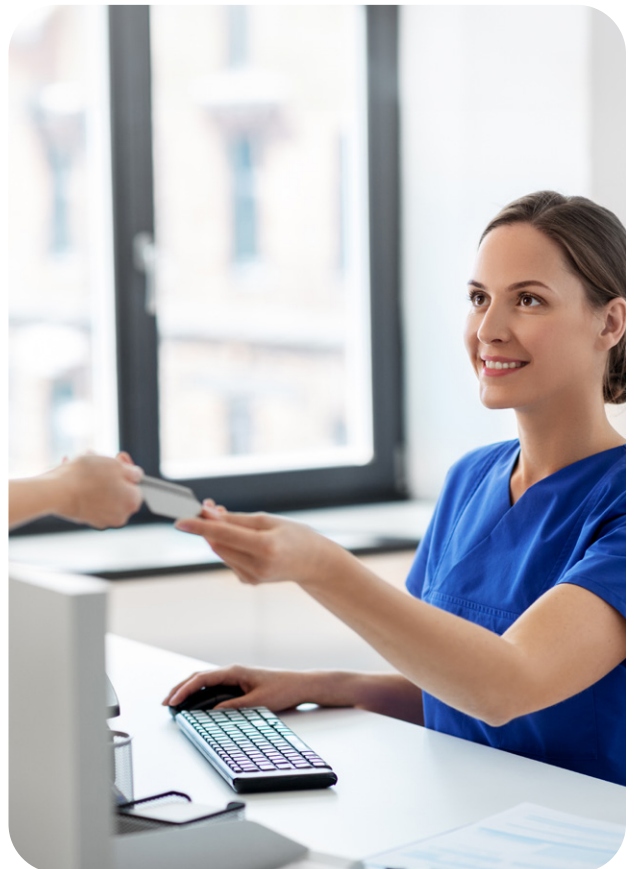
CLAIMS PORTAL:

Atrezzo

Dr. Chris Taylor

drwctaylor@suddenlink.com

304-437-0640



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