New laws and regulations took effect Jan. 1
Are you in compliance?

Eight new or updated laws and regulations affecting dentistry and dental practice management took effect Jan. 1. To help ensure members are currently in compliance — and stay in compliance — CDA Practice Support offers summaries of the laws, including what they require and where to go for resources and support.

Mandatory informed-consent discussion when prescribing opioids to minors

What’s required: Before a prescriber issues the first prescription to a minor for a controlled substance containing an opioid, the prescriber must discuss the following information with the minor or the minor’s parent or guardian:

- The risks of addiction and overdose associated with the use of opioids
- The increased risk of opioid addiction to individuals who are suffering from both mental and substance-abuse disorders
- The danger of taking an opioid with central nervous system depressants including alcohol and benzodiazepines

Law: Senate Bill 1109 was signed into law in September 2018 and took effect Jan. 1, 2019.

Resources: The Dentists Insurance Company developed the form “Consent to Prescribe an Opioid to a Minor” to help dentists conduct the required discussions. The downloadable form is available in English and Spanish at cda.org/practicesupport or tdicinsurance.com/risk-management/informed-consent.

Also read “TDIC’s informed consent form helps dentists follow law when prescribing opioids to minors” for more background on the law and recommendations.
Billing dentists: Learn how to properly bill when another dentist performs treatment

As the dental-benefits analyst for CDA Practice Support, my job is to help dentists navigate the ever-changing benefits marketplace and this entails clearing up misconceptions that could place a dentist at risk. In my January Update article, I covered the risks involved in billing improperly during practice transitions. Here, we’ll cover how to properly bill dental-benefit plans when a dentist performs the treatment.

As we explore the proper way to bill for the treating dentist, keep in mind that a claim is a legal binding document and, as such, all elements documented on the claim form must be accurate.

In today’s dental-benefits marketplace, many plans have adopted contracting based on the contract of the treating dentist, not just the billing (owner) dentist. When billing a benefit plan, the information documented on the claim in the billing dentist or billing entity, treating dentist and treatment location sections must all be accurate.

If the treating dentist documented on the claim differs from the treating dentist noted in the patient’s chart, the dental-benefits industry considers this billing practice to be fraudulent billing because the treating dentist is misrepresented on the claim. It is important to understand that many plans use analytic software to monitor a dentist’s claim-utilization patterns. These analytics can be used to compare the treatment patterns of a dentist to their peers and identify a dentist who stands out.

Many plans use analytic software to monitor a dentist’s claim-utilization patterns. These analytics can be used to compare the treatment patterns of a dentist to their peers and identify a dentist who stands out.

One way a billing dentist might stand out is when they are a contracted dentist with a plan but have an uncontracted dentist treating enrollees of that plan in their practice, and yet the billing dentist bills the plan noting the contracted billing dentist as the treating dentist on the claim. Because the treatment was actually performed by the uncontracted dentist, this type of improper billing can cause a rise in that billing dentist’s claim-utilization pattern when compared to a peer who is also a contracted dentist with the plan but has no one else working in their practice. This overutilization pattern can trigger a plan audit. If discovered, such billing can be costly, as the plan could recoup any monies paid beyond the out-of-network benefits under the policy because the treatment was provided by an out-of-network, not in-network, dentist. The billing dentist or billing entity also runs the risk of being terminated from the network due to a breach of contract.

Let’s look at how a practice can bill properly by registering all treating dentists in the practice with a plan to avoid the previously mentioned risks.

When adding a new treating dentist to the practice, the billing dentist should contact the plans well in advance of their start date to learn how to add the treat-
Due to the passage of the Proposition 56 Tobacco Tax in 2016, the state is dedicating over $550 million in new funds to provider reimbursements each year. The course, hosted by CDA Public Affairs and presented by the California Department of Health Care Services, will explain these reimbursements and more, including how to:

- Participate in the state’s Dental Transformation Initiative, which offers incentive payments, including for treating children under age 6 (learn more about DTI expansions on page 5)
- Code and bill accurately for the recently expanded adult benefits
- Save time and reduce paperwork with the new Denti-Cal provider application and receive one-on-one assistance with enrollment or billing
- Use the online provider portal to check treatment authorization and request claim status and payment history.

The course will also discuss the new Proposition 56 Student Loan Repayment Program, which will repay up to $300,000 toward student loans for dentists who commit to serving Denti-Cal beneficiaries. Applications for the DHCS-administered grant will open this spring. (See page 7 of the February Update for more details about the grant.)

“Improving Oral Health of All Californians: Dental Transformation Initiative and More” will take place 12:30-2:30 p.m., Friday, May 17.

Register for March 14 webinar ‘EHRs and the Opioid Crisis’

A monthly webinar series hosted by the California Health Information Partnership & Services Organization continues March 14 with “EHRs and the Opioid Crisis.”

The 1.5-hour webinar will summarize the recommendations of a report, “CDC Opioid Guideline: Implementation Guide for Electronic Health Records,” published last November by the Electronic Health Record Association. EHRA representatives will specifically discuss practical solutions for medical and dental practices, while CalHIPSO representatives will present on recent developments in California, including with the Health Information Exchange and CURES 2.0, the state’s prescription-drug monitoring database.

All health care providers with DEA registrations must be currently registered to use CURES 2.0 and, as of October 2018, prescribers are required to check a patient’s history in CURES 2.0 prior to prescribing a Schedule II-IV substance, with some exceptions.

The CDC Opioid Guideline was developed by the EHRA Opioid Crisis Task Force with input from the American Medical Association and others.


Learn more about CalHIPSO at www.calhipso.org and the EHRA at www.ehra.org.
Your practice deserves the **right online presence**.

Drive practice growth, increase case acceptance and promote the positive reputation of your practice.

“Since PBHS began managing our marketing campaign, we have seen our online referrals quadruple. You guys are simply AMAZING.”

★★★★☆ - Brandi B.
State program expands provider incentives to new counties

Dentists in 26 counties have a new opportunity to participate in the Dental Transformation Initiative to help improve dental health for low-income children enrolled in the Medi-Cal Program while receiving enhanced reimbursement by meeting specific incentive metrics.

As part of California’s 1115 waiver, known as Medi-Cal 2020, the DTI focuses on high-value care, improved access to dental care, and the use of performance measures to improve the program through four “domains,” or pilot programs. Effective Jan. 1, 2019, the Department of Health Care Services announced it would expand to additional counties two pilot programs testing new delivery models for treating young children.

### Bundled payments and incentives for treating young children

The second domain of the DTI, the Caries Risk and Disease Management Pilot, is an innovative pilot study aiming to address early childhood caries.

The goals of Domain 2 include diagnosing early childhood caries by utilizing caries risk assessments (CRA); introducing a treatment model that prevents and mitigates oral disease by increasing delivery of preventive services in lieu of more invasive and costly procedures (restorative services); and, finally, identifying the effectiveness of CRA and treatment plans for children ages 6 and under.

Domain 2 is a pilot study and was launched in 2017 in 11 selected pilot counties. The recent expansion allows additional counties to participate in the Dental Transforming Initiative to help improve dental health for Medi-Cal-enrolled children in California while at the same time bringing new patients into their practice and receiving increased incentive payments. Launched in 2016, the DTI allocated $740 million in incentive opportunities to participating Medi-Cal Dental Program providers over five years. This investment in oral health for Medi-Cal-enrolled children has three goals: to increase access and utilization of preventive services, improve continuity of care and identify and manage dental disease.

#### Incentive Payment by Beneficiary

<table>
<thead>
<tr>
<th>Continuous Years of Benefit</th>
<th>Current</th>
<th>New</th>
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#### Domain 2 Pilot Counties

- The original 11 pilot counties are:
  - Glenn
  - Plumas
  - Merced
  - Madera
  - Humboldt
  - Sacramento
  - Monterey
  - San Joaquin
  - Inyo
  - Sierra
  - Kern
  - Fresno
  - Kings
  - Tulare
  - Contra Costa
  - Orange
  - Sutter
  - Glenn
  - Plumas
  - Merced
  - Madera
  - Humboldt
  - Sacramento
  - Monterey
  - San Joaquin
  - Inyo
  - Sierra
  - Kern
  - Fresno

- The 18 expansion counties are:
  - Sonoma
  - Santa Barbara
  - Mendocino
  - Los Angeles
  - Riverside
  - Stanislaus
  - Ventura
  - San Diego
  - Imperial
  - San Francisco

#### Domain 3 Pilot Counties

- The original 17 pilot counties are:
  - Alameda
  - Placer
  - Butte
  - San Joaquin
  - Marin
  - Sonoma
  - Napa
  - Sutter
  - El Dorado
  - San Luis Obispo
  - Imperial
  - Santa Barbara
  - Fresno
  - Santa Cruz
  - Merced
  - Santa Clara
  - Kern
  - Shasta
  - Monterey
  - Solano
  - Madera
  - Stanislaus
  - Orange
  - Tehama
  - Modoc
  - Yolo
  - San Bernardino
  - Tulare
  - Nevada
  - San Diego
  - Ventura

- The 19 expansion counties are:
  - San Francisco

#### Incentives for increasing recall visits for children

The Continuity of Care Pilot (Domain 3) aims to improve the continuity of dental care for children in Medi-Cal. Domain 3 was launched in 17 pilot counties, but the new expansion will allow incentive payments to be awarded to providers in a combined 36 select counties who have maintained consecutive years of care for children under the age of 20. The goal is to increase continuity of care for children for two, three, four, five and six continuous years.

Additionally, DHCS will increase the Domain 3 flat-rate annual incentive payment amounts by $60 per beneficiary with dates of service Jan. 1, 2019, or later.

### For more details about the Dental Transformation Initiative, visit the DHCS website [www.dhcs.ca.gov/provgovpart/Pages/DTITransformationInitiative.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/DTITransformationInitiative.aspx).

Providers do not need to opt in to this pilot. (See the Domain 3 website for incentive criteria.)

Dentist participation in the DTI provides the opportunity to help improve the oral health of children in California while at the same time bringing new patients into their practice and receiving increased incentive payments. In 2016, the DTI allocated $740 million in incentive opportunities to participating Medi-Cal Dental Program providers over five years. This investment in oral health for Medi-Cal-enrolled children has three goals: to increase access and utilization of preventive services, improve continuity of care and identify and manage dental disease.
Not all plans’ contracts are portable; many are location-specific.

If the treating dentist will contract with plans, remember that in most cases the plan will consider the dentist as out of network until the contracting process is completed by the plan. This means that many plans will treat the dentist applying to their network as out of network while the plan works to complete the application for that dentist. Do not assume that contracting is one-size-fits-all. The dental-benefits marketplace is very complex and plans have different contracting protocols, including for compensation.

Determining a plan’s contract protocol well in advance, including how long it will take the plan to process the contract, is critical for a smooth transition of adding a treating dentist into the practice.

Also, keep in mind that not all plans will allow assignment of benefits when an uncontracted dentist performs the treatment, and this means the patient, rather than the practice, will receive payment for services provided. What’s more, many plans will decrease a patient’s benefits when they see an out-of-network dentist. So if the goal of the practice is to have the treating dentist in network with plans due to the previously mentioned factors, it is important to try to align their start date with the timeframe the plan provides to contract them.

If your practice plans to add a treating dentist, here are some things to remember:

- The dentist who performs the treatment must be documented as such on the claim in the treating dentist section. Examples:
  - If the billing dentist (owner) is the treating dentist, then their name, license number and Type 1 NPI should be noted in the treating section of the claim.
  - If the (non-owner dentist) is the treating dentist, then their name, license number and Type 1 NPI should be noted in the treating section of the claim.
- If the treating dentist will contract with the dental-benefit plan, the billing dentist should learn the plan’s contracting requirements and time frames.
- If improper billing is done, the billing dentist could be found in breach of their contract with a plan and would take on the penalties of the improper billing.
- The billing dentist should follow the contractual obligations noted in their contract with the plan for reporting any treating dentist working in their practice.

Also, not all plans’ contracts are portable; in fact, many are location-specific, meaning that even if the dentist is currently contracted with a plan at another practice location, they will be required to sign a new contract with the plan if they wanted to be an in-network dentist at a new location.

Plans’ contracting and compensation rates change from time to time. Because of this, do not assume that the dentist being added to the practice will be offered the same contract and/or compensation of the billing dentist who contracted with the plan in the past.

For additional information on billing for an associate, access the CDA Practice Support resource “Considerations When Billing for an Associate.”

For more assistance with these and other dental-benefit questions, contact CDA Practice Support at 800.232.7645 or cda.org/practicesupport.
New laws
From PAGE 1
from TDIC Senior Risk Management Analyst Taiba Solaiman. Find the article on cda.org and in the January Update.

Unique serial number required on controlled-substance prescription forms
What’s required: Tamper-resistant prescription forms for controlled substances must now contain a unique 15-digit alphanumeric serial number that is linked to corresponding records in CURES, California’s prescription-drug monitoring database. Pharmacies may reject prescriptions that are not written on the new forms. Prescribers should only order forms from a printer listed on the Department of Justice’s website; however, prescribers may use forms without the unique serial numbers to prescribe noncontrolled drugs. Forms that will not be used must be destroyed.

Law: AB 1753 was signed into law in September 2018 and took effect Jan. 1, 2019.

Resources: Order forms only from printers listed on the DOJ’s “Approved List of Security Prescription Printers” at https://oag.ca.gov/security-printers/approved-list.

A new CDA-supported bill to address implementation problems with AB 1753 is rapidly moving through the Legislature. AB 149 will further change controlled-substance prescription form requirements but also allow 2018-compliant forms to be utilized longer. CDA will publish more details in the April Update.

Infection-control standard for procedures that expose dental pulp
What’s required: When performing procedures on exposed dental pulp, water or other methods used for irrigation must be “sterile or contain recognized disinfecting or antibacterial properties.” CDA members have asked Practice Support if treated dental-unit water is considered to contain recognized disinfecting or antibacterial properties. It is not; dental-unit water is treated to control bacterial cfus/ml; it is not treated to confer antibacterial action on tissues upon which it is used.

Law: AB 1277 was signed into law in 2017 and took effect Jan. 1, 2019.

Resources: For more details, read previous articles, including “Clarification on new infection-control requirement for dental pulp procedures” on cda.org.

New state minimum wage, new ‘living wage’ in some California counties
What’s required: The state minimum wage for employers in California with 26 or more employees increased from $11 per hour to $12 per hour. For employers with 25 or fewer employees, the minimum wage increased from $10.50 per hour to $11 per hour. Some cities and counties have their own local ordinances calling for living-wage ranges. This new law clarifies ambiguities in the salary history ban that passed in 2017 as part of AB 168.

Law: AB 2282 was signed into law in July 2018 and took effect Jan. 1, 2019.

Resources: Download CDA Practice Support’s sample “Application for Employment” available at cda.org/practicesupport. Find more information in the article “More changes for employment practices beginning in 2019” in the December 2018 Update and on cda.org.

As new laws and regulations affecting dental practices become known, they are added to the “Are You in Compliance?” page at cda.org/practicesupport.

Prescribing naloxone to patients
What’s required: A prescriber must offer to a patient a prescription for naloxone hydrochloride or other FDA-approved drug for the complete or partial reversal of opioid depression when one or more of the following conditions are present:

1. The prescription dosage for the patient is 90 or more morphine milligram-equivalents of an opioid medication per day.
2. An opioid medication is prescribed concurrently with a prescription for benzodiazepine.
3. The patient presents with an increased risk for overdose, including a patient with a history of overdose or substance-use disorder.

In the circumstances described above, the new law also requires that a prescriber provide education to the patient (or the patient’s guardian if the patient is a minor) on overdose prevention and the use of naloxone hydrochloride or a similar FDA-approved drug.

Law: AB 2760 was signed into law September 2018 and took effect Jan. 1, 2019.

Resources: To assist with the first condition listed above, see the Centers for Disease Control and Prevention’s document “Calculating Total Daily Dose of Opioids for Safer Dosage” at www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf.

New standard mileage reimbursement rate for 2019
What’s required: California employers are required to reimburse common business expenses such as work-related travel, dining expenses and mileage when an employee uses a personal car for work-related business. The mileage reimbursement rate for 2019 is 58 cents per mile — up 35 cents from last year. Employees who can prove they spent more than 88 cents per mile to operate their personal vehicles for business use may be entitled to reimbursement of the actual expense.


Updated requirement for lactation accommodation in labor code
What’s required: Employers must make reasonable efforts to provide the employee the use of a room other than a bathroom and in close proximity to the employee’s work area to express milk in private. Employers should update their employee policy to reflect the new lactation-accommodation requirement.

Law: AB 1976 was signed into law in September 2018 and took effect Jan. 1, 2019.

Resources: Use CDA Practice Support’s “Sample Employee Manual” to access template policies revised for 2019. Read more about the requirement in the article “More changes for employment practices beginning in 2019” in the December 2018 Update and on cda.org.

Updated requirement to salary history ban
What’s required: The new law amends the California Labor Code to specify that an employer may now ask for an applicant’s salary expectations for the position being applied for only by external applicants (not current employees). The employer is entitled to request a pay scale for the position being applied for but only after completing an initial interview. The pay scale provided only needs to include salary and hourly wage ranges. This new law clarifies ambiguities in the salary history ban that passed in 2017 as part of AB 168.

Law: AB 2282 was signed into law in July 2018 and took effect Jan. 1, 2019.

Resources: Download CDA Practice Support’s sample “Application for Employment” available at cda.org/practicesupport. Find more information in the article “More changes for employment practices beginning in 2019” in the December 2018 Update and on cda.org.

As new laws and regulations affecting dental practices become known, they are added to the “Are You in Compliance?” page at cda.org/practicesupport. The section provides a summary of each requirement and the deadline date for compliance and includes links to Practice Support resources or additional information where relevant.

To keep track of compliance deadlines, visit the “Are You in Compliance?” page at cda.org/practicesupport.

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CDA Presents
From PAGE 1

member of the CDA Presents Board of Managers.

The panel of restorative leaders will provide guidance and thought based on both science and clinical observation, so attendees should go prepared to ask questions and learn. Moderated by Jeff J. Brucia, DDS, the panel will include John O. Burgess, DDS, MS, Gerard Kugel, DMD, MS, PhD, Edward A. McLaren, DDS, Troy A. Schmedding, DDS, and John F. Weston, DDS, all of whom will lead individual courses over the three-day convention.

“Restorative Dentistry Panel Q&A: Listen, Learn, Ask” will be held from 2 to 4:30 p.m. Friday, May 17.

Another exciting course, the two-day “Cadaveric Hands-On Implant Placement and Bone-Grafting Workshop,” is geared for dentists of all skill levels, from basic to advanced. Using cadavers and working at their own pace, attendees will learn and perform socket grafting, flap manipulation and suturing, dental implant placement, bone manipulation, bone grafting, sinus grafting and ridge split procedures.

“Whether they are placing their first implant or looking to learn to place several implants at once, attendees will learn techniques that they’ll be able to put to use in their own practices,” Dr. Reed said.

The workshops will be led by two leading experts in the field of implant surgery, grafting and restorations — John C. Minichetti, DDS, and Matthew R. Young, DDS.

A general dentist, Dr. Minichetti is the director of The Dental Implant Learning Center and the chief of dentistry at Englewood Hospital in New Jersey. He also serves on the American Board of Oral Implantology’s board of directors. Dr. Young is a diplomate of the ABOI and has more than 15 years of experience with implant surgery, grafting and restorations.

“Dr. Minichetti and Dr. Young put on a great course on implants using cadavers to educate dentists of all skill levels,” Reed said. “Attendees can select the difficulty of the procedures done during the hands-on session, so there is no pressure to work faster or do more than they are comfortable with.”

Part 1 of “Cadaveric Hands-On Implant Placement and Bone-Grafting Workshop” will be Friday, May 17, from 8:30 a.m. to 4 p.m., with Part 2 on Saturday, May 18, from 8 a.m. to 4 p.m. Registering for Part 1 will automatically enroll attendees in Part 2.

Learn more about courses and speakers at cdapresents.com/anaheim2019.

Intensive oral surgery workshop at CDA Presents: What will it cover?

Ronald P. Morris, DDS, MS, describes learning outcomes.

Faced with limited space in the CDA Presents program, Ronald P. Morris, DDS, MS, found it challenging to adequately cover the learning outcomes of the oral surgery workshop he’ll teach this May at the Anaheim convention. The two-day workshop spans a total of 18 hours (16 hours of learning with an hour each day for lunch), after all, and is formidably titled “Everything You Wanted To Know About Oral Surgery but Were Afraid To Ask.”

Dr. Morris had the opportunity to expand on what workshop attendees will learn in a video discussion with CDA last fall in San Francisco. In just over two minutes, he succinctly outlines parts 1 and 2 of the workshop, which covers routine and complex surgeries, atraumatic extractions, root tips, impactions, palatal and mandibular tori removal, socket grafting with and without membranes and other procedures on lifelike models.

“Everything You Wanted To Know About Oral Surgery but Were Afraid To Ask” takes place from 8 a.m. to 5 p.m. Thursday and Friday, May 16-17. Workshops require a registration fee and space is limited; to ensure their spots, dentists should register for these courses in advance.

Learn more about this workshop and speaker at cdapresents.com/anaheim2019. Watch Dr. Morris talk about the course in a video on CDA’s YouTube channel. Find it in the CDA Presents playlist at www.youtube.com/CDAdentists.
Failure to produce patient records' among most cited violations, says dental board

Maintaining its focus on consumer safety, the Dental Board of California has issued an increasing number of citations in recent years. As noted in its 2018 Sunset Review Report to the California Legislature, citations increased by 36 percent in each of the previous four fiscal years: 47 citations in FY 2015-16; 56 citations in FY 2016-17; and 64 citations in FY 2017-18.

The five most commonly cited violations according to the report are:

- Failure to produce patient records
- Failure to follow infection-control guidelines
- Failure to comply with bloodborne requirements
- Grounds for action: Conduct of proceedings
- Unprofessional conduct

Patient access to records
Under state law, a patient or a patient’s representative is entitled to receive a copy of their information as well as to direct the copy to another individual or entity.

A dental practice must provide a copy of the patient’s information within 15 days of receiving such a request. The dental practice — or HIPAA-covered entity — must also provide the copy in the form and format requested by the patient, if this is readily achievable. A patient record includes X-rays, photographs and models and can include any written or recorded information, even if it isn’t clinical.

CDA Practice Support offers downloadable resources to help members comply with records requests, including “Patient Records – Requirements and Best Practices” and “Patient Request to Access Records Form and Q&As.” The latter provides a template request form and Q&A that clarify the circumstances in which practices can release patient records, including for divorced or separated parents, and how to handle those requests.

Infection control
Nearly two dozen resources on infection control are available to members on the Practice Support website. These include the dental board’s infection-control regulations and numerous templates and documents needed to comply with those and Cal/OSHA regulations, such as a “Checklist for Bloodborne Pathogens Post Exposure Management Protocol,” “Housekeeping Schedule/Protocol” and an “Exposure Control Plan.” Most of these forms and templates are included in the CDA Regulatory Compliance Manual, also available online.

Consumer protection
Required periodically by the Legislature, the Sunset Review Report allows the Legislature, dental board and stakeholders to discuss the board’s performance and make recommendations for improvements in the interest of protecting consumers and the public.

The board in the report discusses how it uses its cite and fine authority, noting “Citations may be used when patient harm is not found, but the quality of care provided to the consumer is substandard.” The board also explains that it has “expanded the scope” of cite and fine “to address a wider range of violations that can be more efficiently and effectively addressed through a cite and fine process with abatement and/or remedial education outcomes.”

Find the CDA resources cited in this article at cda.org/practicesupport.
TDSC’s authentic products offer savings, secure supply chains and peace of mind

When members of organized dentistry purchase supplies through The Dentists Supply Company, they can rest assured that the products are authentic and supplied by a trusted, authorized source. In other words, there are no gray-market goods that could risk patient safety.

As small-business owners, it’s important for dentists to make informed decisions about the products they purchase for their practices and patient care. As a member-owned company, TDSC has a strong commitment to ensuring every product sold through tdsc.com is distributed by an authorized supplier, ensuring it is shipped and stored properly and delivered through secure supply chains.

“I encourage you to always use TDSC. No gray-market goods are ever distributed through TDSC,” said Judee Tippett-Whyte, DDS, who owns a private practice in Stockton. “In addition to saving 20 percent or more, you are guaranteed your products will be authentic.”

Dr. Tippett-Whyte, CDA vice president and a past TDSC board member, advises colleagues to avoid purchasing dental supplies from any online marketplace that may be selling gray-market goods. When not purchased from a trusted source, products can be purchased and resold without a manufacturer’s authorization, expired or recalled and intended to be destroyed or even counterfeit.

“Dentists may not realize that in an effort to ensure the integrity of products, most large manufacturers limit the number of distributors that are authorized to sell their products,” said Tippett-Whyte.

Before they purchase supplies from a new vendor, Tippett-Whyte recommends that dental practices ask questions about the source of the products, such as “Where was the product obtained?” and “Can you provide proof that the product was obtained directly from the manufacturer?” She adds that when products arrive, practices should always look at expiration dates and ensure that packaging is intact with no sign of tampering.

When shopping for supplies at tdsc.com, members should know that TDSC is taking every precaution to ensure authenticity and quality of items sold on the site. In fact, TDSC took a major step in 2017 and purchased a dental supply distributor. In addition to greatly increasing the company’s ability to stock the things members need and drive better on-time delivery rates, this acquisition also lets TDSC directly control the procurement of a majority of the products sold through the online site.

For products supplied by other distributors, TDSC evaluates partners using multiple quality-control factors such as:

- Company size, years in operation, market position and financial stability
- Range of products and ability to offer proven and tested alternates
- Supply chain and fulfillment strength with ability to scale up
- Experience working with online purchasing/fulfillment systems
- Ability for TDSC to continuously review product and service delivery
- Reputation for excellent service and reliability
- From burs and diamonds to instruments and infection-control products, tdsc.com offers average savings of 20 percent compared to MSRP and free shipping on every order, with no minimums. In the event shoppers are unable to find a specific product, they can request the item via email or by phone and TDSC will...
make an effort to responsibly source it. “You will discover a superior e-commerce experience and find the savings reliable. More shoppers on TDSC will allow more leverage to negotiate better pricing and more savings — a win for us all,” said Tippett-Whyte. “You should try it out! You have nothing to lose and fabulous savings to gain to help make your practice more successful.”

**To explore the catalog and shop negotiated savings, visit tdsc.com.** TDSC also offers a free price comparison service that analyzes shoppers’ invoices from other major suppliers to help them find product-by-product savings potential. Try it at tdsc.com/pricecompare.

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**Hiring and paying temporary employees: The compliance essentials**

Commonly, a dental practice will hire a temporary dental assistant, hygienist or front-office staff to fill in briefly for employee sick days, when the practice’s needs have increased or for an employee’s long-term leave of absence. CDA Practice Support finds that many employers are still puzzled about the requirements when hiring, classifying and properly paying these short-term employees.

“When practice owners hire to fill a short-term need, they mistakenly believe that the temporary workers are not employees simply because of their limited length of time in the practice,” says Michelle Corbo, employment practices analyst at CDA Practice Support. “Unfortunately, this leaves the employer at risk when they are out of compliance with new-hire documentation, classification and pay requirements,” she adds. There is no provision in the law that excludes a worker from compliance with employment laws solely because they work fewer hours. Regardless of whether the employee works an hour, a day, a week or on a trial basis, they are typically considered employees. Examples include:

- Part-time seasonal help
- Workers in training
- Employees hired on a trial basis (working interviews)
- Substitutes
- Workers paid less than $600 a year

**Complying with rules and regulations**

As with hiring any employee, most labor laws — including workplace safety, harassment, discrimination, notice requirements, documentation, minimum wage, payday, paid sick leave and overtime requirements — apply to temporary employees.

Here are best practices to follow to help ensure compliance with labor laws and regulations:

- Provide the employee with a written offer in advance outlining the terms of the employment relationship. (If nonexempt, use CDA Practice Support’s “Nonexempt Temporary Employee Offer Letter.”)
- Complete all required new-employee forms, notices and acknowledgements. (Use CDA Practice Support’s resource “New Employee Orientation and Onboarding Checklist.”)
- Complete required employee training. (Reference CDA Practice Support’s “Required Employee Training.”)
- Ask for and retain a copy of current licenses for licensed staff.
- Provide timely pay.

**Payday requirements**

If a dental practice employs an on-call employee for a single day, that employee must be paid at the end of the employee’s shift. Temporary employees
expected to work one day or on an on-call, day-to-day basis must be paid daily. Failure to do so can result in civil and criminal penalties. Labor Code section 201.3 provides that for employees employed for less than 90 days:

Wages are due and payable to an employee of a temporary service employer no less frequently than weekly, regardless of when the assignment ends. Wages for work performed during any calendar week shall be due and payable not later than the regular payday of the following calendar week…

But, if the worker does not meet the three-part test above, then they most likely should be treated like an employee and should be issued a W-2 form. For independent contractors, the employer may issue a 1099. However, if the independent contractor wasn’t paid more than $600, the employer doesn’t have to issue a 1099 form; instead, it is the contractor’s obligation to report the income on their tax return. See the IRS FAQ “Form 1099 MISC & Independent Contractors” at irs.gov for more requirements.

Use of a temporary or referral agency

When determining whether the temporary worker is an employee or an independent contractor, the employer must use the ABC test. The duties performed by dental office managers, dental assistants, RDAs, RDHs and some associate dentists are largely directed or prescribed by the dentist-employer. Given this, the general rule is that an individual is an independent contractor if:

A) the worker is free from control and direction over performance of the work, B) the work is outside the usual course of the business and C) the worker is customarily engaged in an independently established trade, occupation or business.

If the worker does not meet the three-part test above, then they most likely should be treated like an employee and should be issued a W-2 form. For independent contractors, the employer may issue a 1099. However, if the independent contractor wasn’t paid more than $600, the employer doesn’t have to issue a 1099 form; instead, it is the contractor’s obligation to report the income on their tax return. See the IRS FAQ “Form 1099 MISC & Independent Contractors” at irs.gov for more requirements.

Use of a temporary or referral agency

If using an agency to assist with hiring, employers should ask whether the agency is simply a referral agency or whether the workers are employed by the agency itself, as this is an important distinction when considering joint-employer liability risk. CDA reminds dentists that regardless of the arrangement made with the agency, anytime the employer hires a temporary staff person from an agency, the agency becomes what the law refers to as a “joint employer.” This means that the agency shares the responsibility for some issues, such as preventing harassment and discrimination.

Generally, employers who use the assistance of a referral-only agency are essentially employing the worker and should follow documentation requirements for a newly hired employee.

CDA Practice Support says dentists should ask the temporary agency the following questions before agreeing to accept an employee:

- Is the dental staff prescreened for a valid license?
- Does the agency perform a background check on dental staff?
- Is the dental staff an employee of the agency?
- Does the agency assume certain employment-related liabilities, i.e., workers’ compensation and Employment Development Department benefits?
- Does the agency process payroll for the dental staff, including all payroll taxes and the W-2 at the end of the year?

Help is one call away.

The CDA Well-Being Program

If someone you know or love may have an alcohol or chemical dependency problem, contact a support person near you for 24-hour confidential assistance.

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530.898.0821 (cell)
San Francisco Bay Area
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Central California
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If using an agency to assist with hiring, ask whether the agency is simply a referral agency or whether the workers are employed by the agency itself – an important distinction when considering joint-employer liability risk.

- How is the office invoiced for hiring the dental staffer from the agency?
- What is the rate the office pays for a temporary hire?
- Does the agency have a website?
- Is the agency associated with or endorsed by the local dental society?
- Is there a contract between the agency and the office upon hiring a temporary dental staffer?

When using a temporary agency that employs the temporary employees, follow these best practices:

- The temporary employee should only be paid through the agency.
- Hiring and firing should be handled by the agency.
- The duration of employment should be set forth at the beginning of the relationship and extended in writing if needed. Temporary employees are typically hired for nine months or less.

Regardless of the length of employment, when the employment relationship ends, provide the employee with a notice on change in relationship (Use CDA Practice Support’s “Employee Change in Relationship Notice”) unless the employee received a written offer at the onset of the employment relationship with a clear end date, in which case no official termination notice is necessary.

- For CDA Practice Support resources cited in this article, visit cda.org/practicesupport.

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Presenting sponsors dedicated to helping underserved

The 15th CDA Cares is around the corner and several major sponsors have stepped up to make the clinic another success. The CDA Foundation’s volunteer dental event is March 8-9 at the Solano County Fairgrounds in Vallejo, and about 1,950 people will receive oral health care at no cost thanks to the support of generous sponsors including Solano County, Henry Schein, Western Dental, Planmeca and The Dentists Insurance Company.

CDA Cares is held in high-need communities throughout the state. The event provides fillings, extractions, cleanings, limited dentures, anterior root canals and oral health education. Since 2012, CDA Cares has provided $22.35 million in dental services to more than 27,000 people who experience barriers to care.

Here’s how the sponsors will support the CDA Cares mission at the upcoming clinic.

**Solano County**

Solano County is collaborating with the Foundation once again to bring care to its community members. The county hosted CDA Cares previously, in 2014, to address and alleviate the barriers to oral health care that many local families face.

“It’s an honor that CDA Cares is coming back to Solano County for a second time. We’re more than happy to lend our support,” said John Vasquez, supervisor for Solano County District 4. “CDA cares is changing lives and it’s remarkable to see the amount of care this clinic is able to provide in two days.”

In addition to the monetary donation, Solano County has played an instrumental role in connecting the Foundation with other local sponsors and volunteer groups.

**Henry Schein**

Henry Schein is stepping in again to honor its values of serving the community.

“We are grateful that the CDA Cares Foundation continues to thrive in serving our underserved communities in such a big way and that we are able to be a part of this great effort,” said Burke Spielmann, Henry Schein zone general manager for Hawaii and California.

Henry Schein is an innovative-solutions company dedicated to helping its customers succeed by offering the products and services needed to deliver high-quality health care.

Whether they are donating supplies, technical support or time and skills, the Henry Schein team is on-site to help CDA Cares volunteers treat as many patients as possible during the two-day event.

“While donating needed supplies is essential and we are proud of this contribution, it is our team members who volunteer that we are most proud of.”

**Western Dental**

Returning for its 11th CDA Cares, Western Dental continues to practice its mission of providing access to

Together, we’re changing lives at CDA Cares.

On behalf of the CDA Foundation and all those who will receive care in Vallejo this month, thank you to the donors, sponsors, local committee and volunteers who are making it possible.

Be a part of this community effort to restore dignity, create smiles and shine a light on oral health care. Join in as a walk-in volunteer at CDA Cares Solano, March 8-9. And get ready to be a part of CDA Cares San Bernardino this fall.

See how we put compassion into action at cdafoundation.org.
affordable, high-quality care. With nearly 200 offices located throughout California, Western Dental is the largest provider of the Medi-Cal Dental Program. Familiar with the challenges patients face in finding care, it teams up with the Foundation each year to provide dental services that help improve individuals’ lives. For the Solano event, Western Dental provided a significant monetary donation and will have a strong contingent of volunteer staff on-site.

“With each CDA Cares event, I see the patients treated with great respect,” said Zhi Meng, DDS, clinical and operations leader for specialty care at Western Dental. “They leave with a visible sense of happiness and joy about the care they received.”

Planmeca
Dedicated to serving those in need, Planmeca has signed on again as a major sponsor for its third CDA Cares event.

“CDA Foundation is well-known for the work they do to help the underserved, and we knew joining their efforts would help us mutually achieve our goal of providing access to care,” said Robin Gathman, Planmeca’s trade-show and special events manager. Planmeca is the largest privately held company in the field of dental equipment. Since becoming a major sponsor in 2018, the company has honored its long-term commitment to the Foundation to provide three state-of-the-art Panorex X-ray machines for each event.

The company’s team members will be on-site to help run the machines and troubleshoot any problems that might arise.

The Foundation still seeks volunteer dentists and dental professionals for CDA Cares Solano March 8-9. Oral surgeons, pediatric dentists, lab technicians and nurses and physicians for medical triage are especially needed.

Online registration for volunteers will close at 11:59 p.m. on March 3, but walk-in volunteers will be welcome both days of the clinic.

For more information about volunteering, CDA Cares and the Foundation, visit cdafoundation.org/solano.

The March issue of the Journal of the California Dental Association discusses opioid misuse and provides important concepts of substance-use disorders, pain management and prescription-medication diversion that dentists should consider.

A comprehensive caries management guide for dental professionals to use in clinical settings will be included with the issue.

The Journal is an award-winning peer-reviewed scientific publication that keeps dentists up to date about scientific advances, business management strategies and new products.

Find this issue and archived issues of the Journal at cda.org/journal.

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5 WAYS CDA MEMBERS CAN BENEFIT FROM PURPOSE-DRIVEN SUPPLY SHOPPING

1. **Empowerment**
   The California Dental Association founded The Dentists Supply Company to support member dentists in being more competitive and efficient in a complex marketplace. With the collective buying power of CDAs large membership, individual dentists benefit from a level of savings that means more freedom in making practice decisions.

2. **Savings**
   Through tdsc.com, shoppers see 20% savings on average compared to MSRP.* With supplies trending at more than 6.5% of collections, the difference often adds up to thousands of dollars a year. That’s money dentists can choose to invest in part-time staff or new technology or use to inform decisions about their working hours and retirement goals.

3. **Convenience**
   Online shopping allows 24/7 access, but it also streamlines the purchasing process. Side-by-side product comparisons make it easy to find the best prices and features. Saved shopping lists allow practice staff to reorder in minutes, as well as reduce gaps and duplications in central supply areas. Plus, shipping is always free.

4. **Service**
   The easy-to-shop site is supported by a responsive team. TDSC’s experts provide exceptional service by phone and email, as well as through monthly live webinars and custom, product-by-product price comparisons. Shoppers can get assistance finding favorite supplies or request new items.

5. **Transparency**
   Through price comparisons, shoppers are seeing the difference between what they’ve paid other suppliers and their tdsc.com savings potential. Trust tdsc.com for clear and consistent pricing, quality products from only authorized vendors and discounts negotiated on your behalf.

“TDSC continues to grow, and get better and better, and offer unparalleled savings.”
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Shopper savings are adding up!